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INTERFACE

Evaluation of the management of the COVID-19 crisis up to summer 2021

Final report for the Federal Office of Public Health (FOPH)

Lucerne, 4 February 2022

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Evaluation period
From October 2020 – March 2022

Data collection period
From December 2020 to the end of June 2021

Meta-evaluation
The FOPH commissioned an external entity to carry out this evaluation study with a view to obtaining an independent and scientifically based response to essential questions. The interpretation of the findings, the conclusions and possible recommendations provided to the FOPH and other stakeholders may therefore differ from the FOPH's opinion or position.

The FOPH's Evaluation and Research Service conducted a meta-evaluation (scientific and ethical quality control of an evaluation) of the draft report, based on the quality standards of the Swiss Evaluation Society (SEVAL Evaluation Standards). The results of the meta-evaluation were passed on to the evaluation team and have been taken into account in this final version of the report.

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Federal Office of Public Health, Evaluation and Research Service (E+R), 3003 Bern,
www.bag.admin.ch/evaluationsberichte

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Abstract

The Federal Office of Public Health (FOPH) commissioned an evaluation of the planning, appropriateness and effectiveness of the health measures implemented during the COVID-19 pandemic. The evaluation commenced in October 2020 and the empirical work was completed at the end of June 2021. Based on a representative population survey, online surveys of selected groups of affected, the analysis of literature and numerous interviews with stakeholders, the following thematic areas were investigated in depth: the Allocation of responsibilities between federal government and cantons, the availability and use of digital data, the roles and responsibilities in public communications, the use of the expert skills of stakeholders and the securing of medical treatment capacity during the pandemic.

The evaluation concludes that the response of the federal government and the cantons federal government to the COVID-19 threat situation was mostly appropriate and, with some exceptions, timely. However, a lack of crisis preparation and inadequate crisis management have, in some cases, hampered the effectiveness and efficiency of the actions taken. The evaluation therefore makes various recommendations at a political, strategic and operational level.

Keywords: evaluation, crisis management, coronavirus pandemic, COVID-19, Federal Office of Public Health, digitalisation, federalism, healthcare provision.

1. Background and methodology

The management of the coronavirus pandemic crisis has been a considerable challenge for the Federal Office of Public Health (FOPH). In spring 2020, responsible therefore took the decision to commission an external evaluation of the pandemic planning process as well as the appropriateness and effectiveness of the health measures taken to reduce the spread of the coronavirus. The primary objective of the evaluation is to optimise future crisis preparation and crisis management. The questions examined during the evaluation as well as the methodological principles applied are described below. By way of introduction, we provide some important information and dates relating to the course of the crisis. These serve as a basis for the statements found subsequently in this report.

1.1 Course of the crisis

The first case of a coronavirus infection in Switzerland was confirmed on 25 February 2020. The first information note issued by the Federal Department of Home Affairs (FDHA) to the members of the Federal Council was dated 28 January of the same year. Preparations for a potential pandemic had been conducted prior to this time, with some of this preparatory work having spanned many years. In the figure below, the course of the crisis is divided into phases based on the measures taken by the federal government. The content of this report is also based on this classification.

F 1.1: Course of the crisis

	Designation	*Period*	*Explanation*	*Epidemiological development*
1	Crisis preparation up to the national lockdown	Up to 15 March 2020		
	– Prior to the pandemic	Up to 28 February 2020	Many years of preparation.	Start of the spread of COVID-19. First confirmed case in Switzerland on 25 February.
	– Initial measures during the first wave	28 February until 15 March 2020	Declaration of a special situation and start of measures on 28 February. WHO proclaims a pandemic on 12 March.	Increase in the number of cases from the end of February.
2	National lockdown during the first wave	16 March until 26 April 2020	Declaration of an extraordinary situation and restriction of large parts of the economy and social life.	Increase in cases up to the end of March before a decline in numbers.
3	Easing of measures after the first wave	27 April to 18 October 2020	Gradual reopening up to mid-July. Return to a special situation on 19 June.	Further decline in cases to begin with before increase in numbers from September.
4	Measures during the second wave	19 October 2020 to February 2021	Tightening of measures. Special situation maintained; start of first vaccinations.	Falling case numbers from November.
5	Measures during the third wave	March to April 2021	First steps to ease measures with increasing case numbers; cantonal test campaigns; expansion of vaccinations.	Increase in case numbers.
6	Easing of measures after the third wave	May until the end of June 2021	Further easing of measures, vaccination of broad population.	Falling case numbers.

Source: Interface/INFRAS.

In parallel to the measures, the development of the epidemiological situation can be followed based on the number of infections. The phases with increasing infection numbers (phases 2, 4 and 5) correspond to three waves and can be recognised as peaks in Figure F 1.2. The graph depicts excess mortality, i.e. the increased mortality rate between January 2020 and June 2021, in Switzerland relative to the situation in Austria and Sweden. The figures for Austria and Sweden are included in the graph, as this evaluation is underpinned by systematic comparisons with the situation in these countries (see information on the methodology in section 1.3). In Switzerland, an excess mortality rate relative to the prior years can be observed in spring 2020 and autumn/winter 2020/21. During the spring, while the impact of the coronavirus pandemic had a similar effect on mortality in Sweden, Austria was less severely hit. In autumn/winter 2020/21, however, the impact in Austria was similar to that seen in Switzerland, with Sweden being less affected on this occasion.

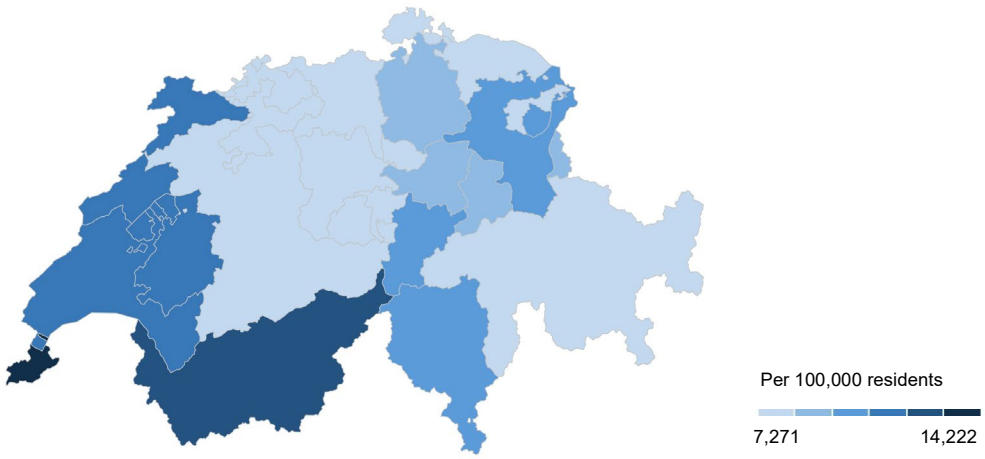
F 1.2: Excess mortality during the course of the crisis: a comparison of Switzerland, Austria and Sweden

Key: The graph presents the percentage differences in deaths between 2020/21 and the average for the period from 2015 to 2019.
Source: ourworldindata.org/coronavirus/ CC BY.

From the beginning of the crisis up to the end of June 2021, a total of 10,406 people in Switzerland died with a laboratory-confirmed COVID-19 infection. This equates to 124 people per 100,000 residents. In Sweden and Austria, this figure stood at 144 and 118, respectively, meaning that mortality in Switzerland was slightly higher than in Austria but lower than in Sweden.

During the course of the crisis, people have been affected by the virus to different degrees depending on their age. During the first two waves, it was older people, in particular, who contracted COVID-19. Subsequently, i.e. since the start of the vaccination campaign, it has been younger sections of the population who have borne the brunt. Differences can also be seen between the regions. Between February 2020 and June 2021, the most COVID-19 cases were recorded in French-speaking Switzerland (see figure below).

F 1.3: Reported COVID-19 cases per 100,000 residents in the cantons from the start of the crisis up to June 2021



Source: FOPH (2021): Epidemiological course. Geographical distribution. *https://www.covid19.admin.ch/en/epidemiologic/case?time=total*.

In summary, it can be said that, comparatively speaking, the health impact of the pandemic in Switzerland has been slightly greater than in Austria, but slightly less severe than in Sweden. It is striking that French-speaking Switzerland has been hit harder than other areas of the country. The Swiss National COVID-19 Science Task Force (hereinafter referred to as the "SN-STF") describes how French-speaking Switzerland, in particular, was severely impacted by the second wave of the pandemic in autumn 2020, citing a higher number of cases prior to the start of the second wave, i.e. in late summer 2020, as a possible reason for this development. However, it remains unclear why the case numbers in French-speaking Switzerland rose so sharply.[1] Assessing the above-average impact on the older population during the second wave is also particularly problematic.

1.2 Objectives and questions addressed by the evaluation

The evaluation focuses on crisis preparation as well as the appropriateness and impact of the health measures taken to reduce the spread of the coronavirus (outcome and impact). The measures include the restrictions placed on freedom of movement, the closure of businesses and services, the obligation to wear a mask on public transport and at demonstrations and the requirements to introduce precautionary measures. The overarching questions are as follows:

1. Have the federal government (especially the FOPH) and the cantons responded to the threat posed by the COVID-19 pandemic in a timely and appropriate fashion?
2. What potential for improvement exists in crisis preparedness, crisis management and its follow-up processes?

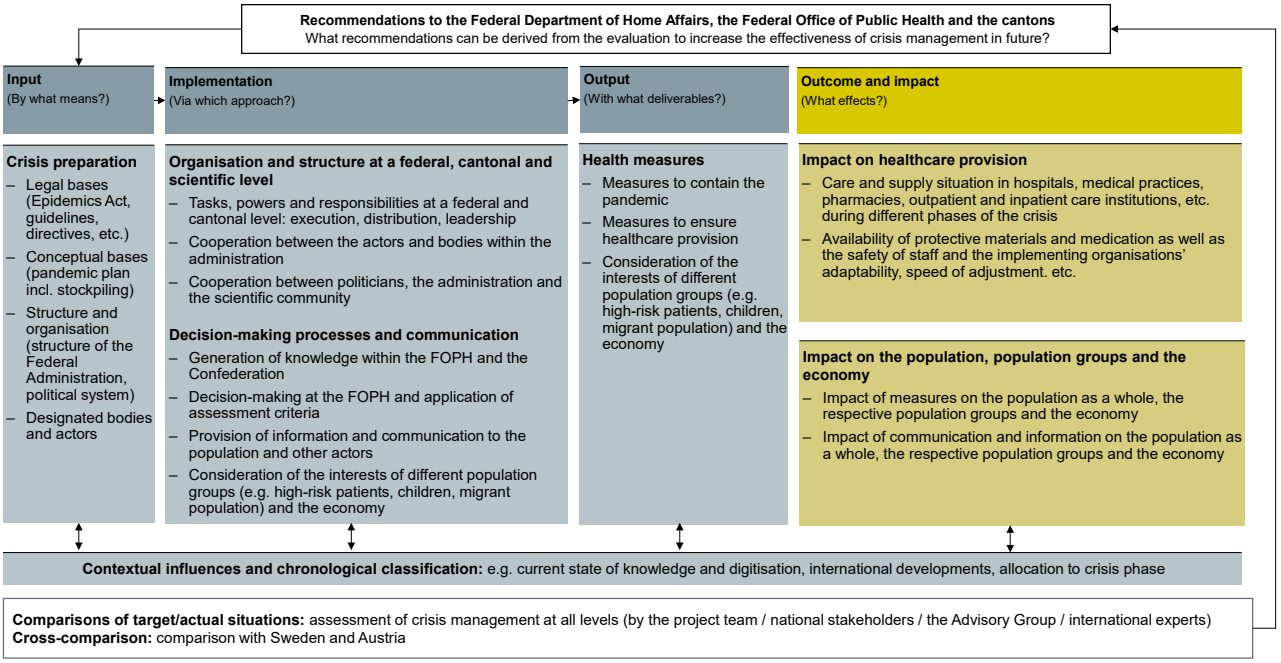
The primary objective is to identify mechanisms and options in political (legal framework), strategic (overriding focus) and operational (project work, implementation) terms. The central theme of the evaluation is to generate results that can be used for the revision of the Epidemics Act (EpidA) and pandemic planning. A secondary objective of the evaluation is to form a basis for responding to parliamentary initiatives.

The following figure shows the object of evaluation and the postulated interdependencies in the form of a simple impact model. The system levels and the areas stated in the specifications are addressed according to the impact dimensions of input, implementation, output, outcome and impact.[2] The evaluation questions are answered according to the impact model, taking account of the named areas.

1 Swiss National COVID-19 Science Task Force (2020). On regional differences in the second wave. Policy Brief. *https://sciencetaskforce.ch/en/policy-brief/on-regional-differences-in-the-second-wave/*, accessed on 9 September 2021.

2 The specifications differentiate between the following areas: crisis preparation, the organisational and leadership form of crisis management, the effectiveness of health measures and their impact on society (especially economic and social life) and context influences. The appropriateness and coherence of the health measures are also taken into account. See Bonassi, T. (2020): *Pflichtenheft Evaluation der Krisenbewältigung COVID-19* [Specifications for the evaluation of crisis management during the COVID-19 pandemic], Federal Office of Public Health, Bern.

F 1.4: Evaluation impact model



Source: Interface/INFRAS.

1.3 Methodological approach

The evaluation is based on the "backward mapping" approach.[3] Working on the basis of the effects, the relevant influencing factors are identified "backwards" according to the impact model.

1.3.1 Evaluation work steps

Step 1: Identification of key thematic areas

The starting point of the evaluation was formed by an in-depth analysis of how the crisis and the way in which it has been managed have impacted healthcare provision as well as the population and the economy. The relevant questions are highlighted yellow in the impact model (see Figure F 1.4). This impact analysis made it possible to identify key thematic areas as the crisis has unfolded. The following work was conducted in this context between December 2020 and March 2021:

- *Population survey:* In January 2021, an online survey of the Swiss resident population aged 15 and above was conducted. A total of 15,390 people took part in the survey. An important objective of the survey was to find out which consequences of the pandemic and the way in which it has been managed have represented a particular concern or burden to the population. The survey allows for representative statements to be made for three language regions, five age groups and according to gender. The methodology and process applied for the population survey as well as the thematic areas it covered can be found in Annex A 5.
- *Online surveys of stakeholder groups:* In January 2021, an online survey of managers of retirement, nursing and care institutions was conducted.[4] A total of 545 responses were received from managers of retirement and nursing institutions, with 417 responses being received from managers of care institutions. An online survey of employees providing outpatient care was also performed. A total of 5,139 people participated here. A third online survey questioned relatives of home residents and individuals requiring assistance who live at home. Some 3,849 people took part in this survey.[5] These surveys were conducted in order to ensure that the perspectives of individuals who have close

3 Elmore, R. F. (1979): Backward Mapping: Implementation Research and Policy Decision. In: Political Science Quarterly 94, 601 ff.

4 Retirement and nursing institutions are considered to be institutions that provide inpatient care, including retirement and nursing homes and assisted living facilities, among others. Care institutions are deemed to be institutions for people with impairments, institutions for people with mental illnesses or addictions as well as institutions for children and young people aged under 20.

5 The online surveys of the stakeholder groups were conducted in connection with the departmental research study "*Corona: Analyse der Situation von älteren Menschen und Menschen in Heimen*" ["Coronavirus: analysis of the situation of older people and people in homes"]. The study results publications can be found at: https://www.bag.admin.ch/bag/de/home/das-bag/publikationen/evaluationsberichte/evalber-uebertragbare-krankheiten.html, accessed on 29 August 2021.

contact with older people with nursing and/or care needs were taken into account during the identification of important pandemic-related topics.

- *Personal interviews with experts:* Between January and March 2021, 15 interviews were held with stakeholders from the realms of society and business. A further 22 interviews took place with stakeholders from the areas of healthcare and social services throughout Switzerland. During these interviews, focus was also placed on the question of which consequences of the pandemic and the way in which it has been managed have represented a particular concern or burden. Figure F 3 in the Annex contains a list of the respondents. The interview guidelines on which these discussions were based can be found in Annex A 4.3.
- *Literature analysis:* In addition to these surveys, a range of documents, secondary surveys and primary data analyses were searched for keywords relating to the impact of the crisis management measures. The objective here once more was to identify those thematic areas relating to the pandemic and its management that have represented a concern or a burden to society and the economy.
- *Involvement of the Advisory and Steering Groups:* The members of the Advisory and Steering Groups were incorporated in the evaluation by means of an online survey and interviews, which also aimed to identify relevant thematic areas with a view to the consequences of the pandemic and the way in which it has been managed. Between December 2020 and January 2021, a total of 24 people took part in the online survey, with five people being interviewed. The questions from the online survey can be found in Annex A 4.1, while the interview guidelines are available in Annex A 4.2. Figure F 1 in the Annex contains a list of the members of the Advisory and Steering Groups.

The thematic areas identified in the first step of the evaluation were prioritised with the help of international experts from the Evaluation Team. Here, the health, economic and social relevance of the thematic areas as well as the urgency for action to be taken at a political, strategic or operational level were taken into account. Care was also taken to ensure that the selected thematic areas were earmarked as relevant during the surveys by as many stakeholders as possible. Eleven thematic areas were selected for analysis as regards potential courses of action (see Figure F 1.5).[6]

Each of the prioritised thematic areas was described in the form of a fact sheet and also included hypotheses as to the cause of problems, possible need for action from a political, strategic and operational perspective as well as a legal assessment. Furthermore, our foreign colleagues from Sweden and Austria assessed whether and to what extent the topic in question was also relevant in their countries.

The thematic areas were prioritised by the Advisory Group at a rating conference.[7] The Steering Group then selected five of these thematic areas for in-depth analysis (see Figure F 1.5). The remaining six thematic areas were not pursued further within the framework of this evaluation. The results listed for these six thematic areas in section 3 are therefore largely identical to the fact sheets, which formed the basis for the rating conference. They reflect the current state of knowledge as at the end of March 2021.

6 Two of the originally selected 12 thematic areas were consolidated to form a single topic.

7 This is a method for surveying groups that combines quantitative and qualitative elements during the survey phase. This involves communicative validation and the enrichment of quantitative responses − not agreement among the respondents. See Keller et al. 2012.

F 1.5: Topic overview

Thematic areas analysed in depth (the situation up to the end of June 2021 was analysed)	*Thematic areas not analysed in depth (the situation up to the end of March 2021 was analysed)*
"Allocation of responsibilities between federal government and cantons as shown primarily by the example of their vaccination strategy and implementation"	"Availability, use of and requirement to wear masks"
"Availability and use of digital data"	"Testing and contact tracing strategy"
"Roles and responsibilities in public communications"	"Balancing the protection of people in retirement, care and day care institutions with the visiting rights of their relatives"
"Using the expert skills of stakeholders"	"Societal consequences of health protection measures"
"Securing of medical treatment capacity during the pandemic"	"Mental health consequences of health protection measures"
	"Economic consequences of health protection measures"

| Step 2: In-depth analysis of the thematic areas

Step 2 of this evaluation involves an in-depth analysis of the situation with respect to the five prioritised thematic areas up to the end of June 2021. The results can be found in section 4.

The analysis of these areas places an emphasis on the differentiated examination of the legal and conceptual bases as well as the organisational framework conditions (see Figure F 1.4 "input"), the specific implementation of crisis management in various bodies ("implementation") and the health measures that were taken ("output"). In each case, the objective was to differentiate between any deficits in the legal framework conditions ("policy failure") and implementation deficits ("implementation failure") and to identify any need for action. In addition to the knowledge gained in the preceding work steps, the basis for the in-depth analyses is formed by the study of public and internal documents as well as approximately ten expert interviews held with involved and affected parties for each topic area. Figure F 4 in the Annex contains a list of the respondents. The guidelines for these interviews can be found in Annex A 4.4.

| Step 3: Answering of evaluation questions

The starting point for the evaluation was formed by 20 questions specifically formulated in the FOPH's specifications. These questions related to the organisational and structural conditions of crisis management, the decision-making processes at the FOPH, the health protection measures and their communication as well as the impact of these measures on healthcare provision, the economy and the population. The questions also addressed the appropriateness of the way in which the federal government and the cantons have responded to the threat posed by COVID-19.[8] Figure F 2 in the Annex contains a list of the evaluation questions. In step 3 of the study, these evaluation questions are answered according to the impact model, primarily drawing on the information gleaned from the surveys conducted in step 2. Step 3 does, however, have a certain level of independence, as it is not possible to answer all evaluation questions in step 2 of the study on the basis of the topic-oriented surveys and interviews. In order to answer the individual evaluation questions, it was thus sometimes necessary to call on additional documents, including reports, scientific publications or previously unevaluated information collected during interviews with experts.

1.3.2 Evaluation criteria

Evaluation refers to the scientifically and empirically based assessment of policy on the basis of criteria set out in a transparent manner.[9] The field of evaluation-based scientific research provides suitable evaluation criteria for this purpose depending on the object of evaluation.[10] In this evaluation, the implementation, outputs, outcomes and impacts of the FOPH's activities in connection with the coronavirus pandemic are assessed (see Figure F 1.4). The evaluation of implementation is based on the assessment criterion of suitability. Based on this criterion, it is examined whether the

8 Bonassi, T. (2020): *Pflichtenheft Evaluation der Krisenbewältigung COVID-19* [Specifications for the evaluation of crisis management during the COVID-19 pandemic], Evaluation and Research Service, Federal Office of Public Health, Bern.

9 See in this regard Sager, F.; Hadorn, S.; Balthasar, A.; Mavrot, C. (2021): *Politikevaluation: eine Einführung* [Policy evaluation: an introduction]. Wiesbaden, p. 2, and Widmer, T.; Brunold, H. (2017): Evaluation Glossary of the FOPH, Bern.

10 Sager et al. (2021): *Politikevaluation: eine Einführung* [Policy evaluation: an introduction]. Wiesbaden, p. 100 ff.

FOPH "was able to implement the planned measures with the available resources, expertise and agreed distribution of tasks".[11] The outputs are evaluated on the basis of the criterion of appropriateness. The problem-solving capacity of the measures taken is investigated here.[12] It is evaluated whether the health measures taken were suitable and proportionate for achieving the desired goals in terms of their scope and quality. The evaluation of the outcomes, i.e. the effects of the FOPH's activities on healthcare, is based on the criterion of effectiveness. Here, it is examined whether the behavioural changes triggered in the addressees correspond to the objectives that the FOPH's measures aimed to bring about. The evaluation criterion of effectiveness is also used in the assessment of the effects on the population and the economy. This evaluation does not include assessments based on the criteria of the sustainability of the implementation organisation or the efficiency of the implementation and its effects.

1.4 Limitations of the evaluation

It is not only the measures, structures and processes of COVID-19 crisis management that have been and remain very complex when viewed over time. A further source of complexity is formed by the extraordinarily large number of areas of life and economic sectors that the measures have impacted. It was not possible to do justice to all aspects. It was the evaluation's task to set the most relevant focus areas together with the Steering and Advisory Groups. A further difficulty was the fact that the crisis continued to develop during the performance of the empirical work, repeatedly posing the FOPH with new challenges. It was therefore important to clearly limit the time period that formed the object of the evaluation. The identification of the thematic areas and their prioritisation lasted from December 2020 until March 2021. The analysis of the thematic areas that were not analysed in further depth therefore ended in March 2021. The population survey took place in January 2021. Section 2 therefore presents the situation at this time. The in-depth analysis of five thematic areas was concluded at the end of June 2021. At this point, however, the pandemic was not yet over.

It is also important to make reference to the very large number of reports and documents that were made available to the evaluation. In excess of 3,000 documents, newspaper articles, surveys and studies that had been published up to the end of June 2021 were evaluated for relevant keywords. However, a large number of new analyses, which may also contain findings that are relevant to this evaluation, are emerging on a continuous basis.

A particular challenge lay in the fact that the Evaluation Team, as part of the population, was affected by the subject of the evaluation itself. This is not a common occurrence when conducting such evaluations and places special demands in terms of separating how something is assessed on the basis of how somebody is personally affected by it and how it is evaluated on the basis of the data and information collected. The wide range of perspectives represented within the Evaluation Team and the fact that appraisals of foreign experts were also consulted helped to overcome this challenge.

Finally, it is important to make reference to the system limitations of the evaluation: The evaluation focuses on the health measures aimed at reducing the spread of the coronavirus. Health measures here are considered to be measures that are primarily aimed at containing the virus and protecting the health of the population. In our view, measures taken to cushion the economic impact of the pandemic, including the support provided to the economy as a whole and the compensation granted for the loss of wages, are not the direct subject of this evaluation.

1.5 Structure of the report and thanks

The report is divided into five sections. After the presentation of the background situation and methodology in this section, a summary of the most important results of the representative population survey conducted in January 2021 is provided in section 2 . Based on the surveys described in step 1 of the evaluation (identification of key thematic areas; see section 1.3.1), selected thematic areas relating to the FOPH's crisis management were analysed in spring 2021. The results of this analysis are presented in section 3. Section 4 contains the results of the thematic areas that were analysed in depth. These results are based on surveys and interviews conducted between the start of 2021 and the end of June 2021. In section 5, the results of the evaluation are summarised on the basis of the evaluation questions and recommendations are formulated.

This evaluation was made possible by the great willingness of around 100 actors in Swiss health policy to provide information. These include discussion partners, members of the Advisory and Steering Groups and those responsible for the Evaluation and Research Service of the FOPH. This should by no means be taken for granted, as the majority of these individuals have been faced with considerable challenges as the pandemic has progressed, including during the evaluation period. We would like to thank everyone involved for their support.

[11] Ibid., pp. 104–105.

[12] Ibid., p. 112.

2. Results of the population survey

In January 2021, a population survey representative of the whole of Switzerland was conducted as part of both the evaluation and a departmental research study of the FOPH. The main objective of this survey was to determine how the population assessed the crisis management of the federal government and the cantons as well as which consequences of the pandemic and the way in which it has been managed have represented a particular concern or burden to the population. As already described, this evaluation is based on the "backward mapping" approach. The means that it works on the basis of those effects that have particularly concerned or burdened society. The population survey thus represented a key component in the selection of thematic areas that were analysed in depth in this evaluation.

Around 15,000 people aged 16 and above participated in the survey, making it possible to obtain a representative picture of the views of the Swiss population (see section 1.3 as well as Annex A 5 on the methodology and thematic areas of the survey). With the net sample of 15,390 responses achieved, the margin of error (confidence interval) for the entire sample is +/−0.8% (at a value of 50%) with a certainty of 95% (significance level). If results are presented according to sub-group, the margin of error, as a rule, stands at a maximum of +/−1% to 2%. All differences between groups mentioned in this report are highly significant at least at the 1% level ($p<0.01$). In the interest of readability, the significance of the individual calculations is not stated.

2.1 Impact on the population

Let us first turn to the respondents' assessments with respect to their health and the stress they have been confronted with.

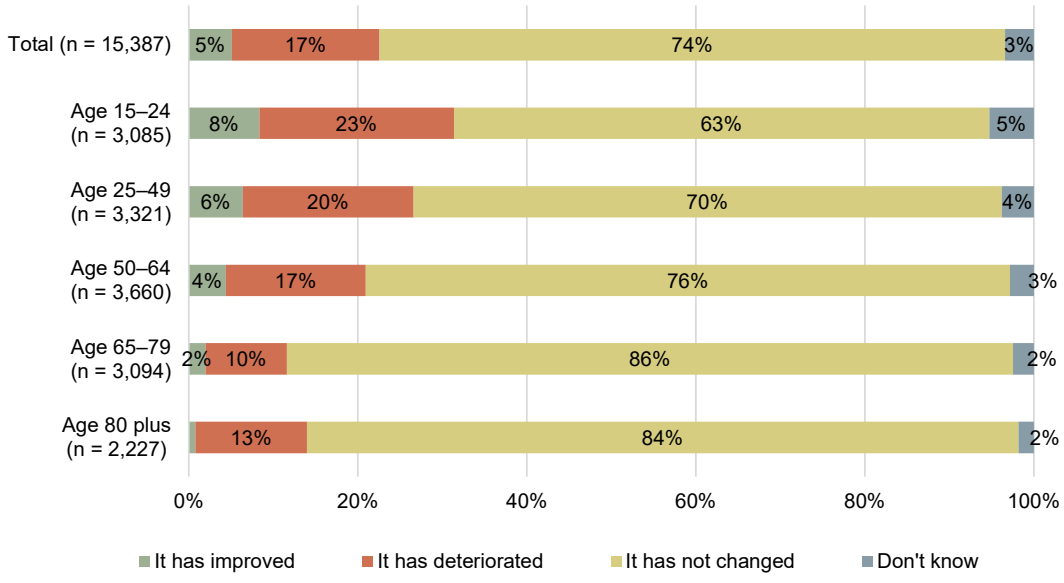
2.1.1 Impact on health

The participants in the population survey were asked whether their state of health had changed as a result of the coronavirus pandemic. According to the responses of the respondents, the pandemic has had a negative impact on some:

Influence on physical health

One in six respondents believed that they had experienced a deterioration in their physical health. As the following figure shows, it has primarily been young people who have suffered from the pandemic: The share of those aged 15 to 24 who reported a deterioration in their physical health is almost twice as high as for those aged 65 to 79 (23% versus 10%).

F 2.1: Influence of the coronavirus pandemic on physical health (age groups)



Question: In your opinion, has your physical health changed due to the coronavirus pandemic?
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

Influence on mental health

As many as every third respondent noted a deterioration in their mental health. Once again, the young population group has been particularly affected. Almost half of the young people and young adults (44%) surveyed aged between 15 and 24 have experienced a decline in their mental health. Around one-third of these young respondents reported that they had felt lonely on a frequent or very frequent basis, with young women being affected more often than young men. The pandemic has had a greater impact on the mental health of women (36.2%) than the mental health of men (30.1%), while the effect on households with children (36%) has been more marked than households without children (32%). People in urban areas (34.3%) have likewise been hit harder than those living in rural areas (32.4%). For most people, the reason for this deterioration has been the psychological burden stemming from stress, anxiety or loneliness (76%). Other key factors included fewer opportunities to engage in exercise and sport (55%) and difficult working conditions (36%). The worsening in people's mental health can primarily be attributed to the second wave or the pandemic as a whole. Just over one in ten (11%) of the respondents believed that the first wave in spring 2020 was particularly difficult.

With respect to the impact of the pandemic on mental health, only minor differences were observed between people with and without a migration background. The most striking difference can be seen in the proportion of those people whose mental health has improved during the course of the pandemic. People who have been living in Switzerland for less than five years were significantly more likely (9% versus 3% for respondents born in Switzerland) to state that their mental health has improved during the coronavirus pandemic. From the perspective of society, evaluating this finding and possibly deriving corresponding measures would be a valuable exercise.

Impact on visits to the doctor

Almost one in five respondents (18%) had either postponed or even completely forgone visits to the doctor or hospital treatment during the course of the pandemic, with women (21%) being significantly more likely to do so than men (15%). While two-thirds of these respondents had postponed appointments of their own accord, one-third had their appointments pushed back by the doctor. A total of just under 6,500 of the approximately 15,000 respondents have required medical assistance (e.g. a doctor's visit or hospital stay) at least once since the start of the coronavirus pandemic due to an accident or a non-COVID-19-related illness. Some 70% rated the help they received as optimal despite the coronavirus pandemic. Just under 30% believed that they received limited medical assistance, although the vast majority stated that they did not suffer as a result. Around 100 respondents had been seriously ill with COVID-19 and had received treatment in hospital. Of these individuals, more than half believed that they received optimal treatment. However, one in six of these 100 respondents reported that the treatment they received was so limited that it hindered their recovery. The corresponding share here was higher in women than among men.

2.1.2 Stress and concerns of the population

The health protection measures have had an impact on the everyday life of the population. Depending on the phase of the pandemic and people's respective living situation, the population has had to come to terms with various restrictions during the course of the crisis.

Stress experienced by the population due to the health measures

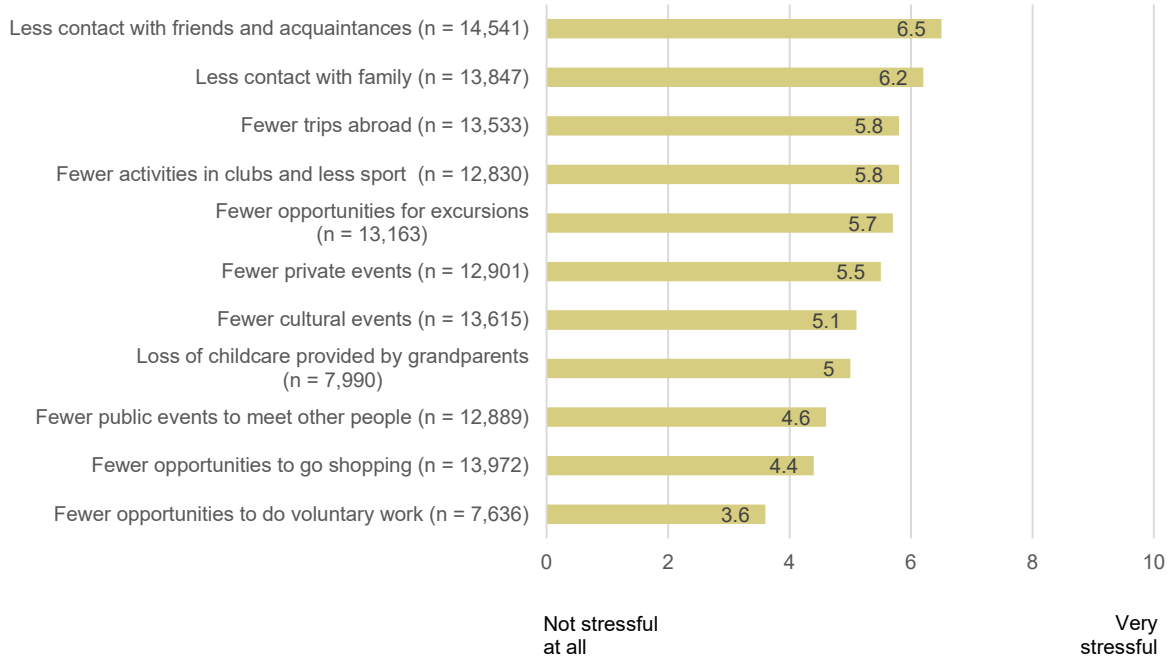
As can be seen in Figure F 2.2 below, the reduced level of social contact with friends, acquaintances and family was viewed by the respondents as the greatest burden. Nearly half of all those questioned stated that these restrictions have placed a severe strain on them (score of at least 8 on a scale on 0 to 10). The inability to travel abroad and the cancellation of club and sporting activities were also identified as sources of significant stress. In the case of young people aged 16 to 24, the stress caused by a lack of social contact (51%) as well as the absence of club and sporting activities (46%) stands out the most: Around one in every two young people stated that these restrictions have put a lot of strain on them. The reduction in public events where people can meet with others has been a greater hindrance for young people than for the rest of the population.[13]

For women, the loss of childcare provided by grandparents was said to have proven particularly difficult, with almost half (44%) stating that this had placed a very heavy burden on them (score ≥ 8).[14] One in four even rated this problem with the maximum score of 10. Some 3.6% of the respondents indicated that they had perceived an increase in violence in their family environment or in their relationship with a partner. Women made this observation more often than men, with respondents from French-speaking Switzerland (6%) also being more likely to share this view than people in the rest of the country. Generally speaking, members of the group aged 15 to 24 shared this experience most often (7%).

[13] Average stress rating for people aged between 15 and 24: 5.7.

[14] This figure includes both grandparents providing care and parents who reported an additional burden.

F 2.2: Stress experienced by the population due to various precautionary measures



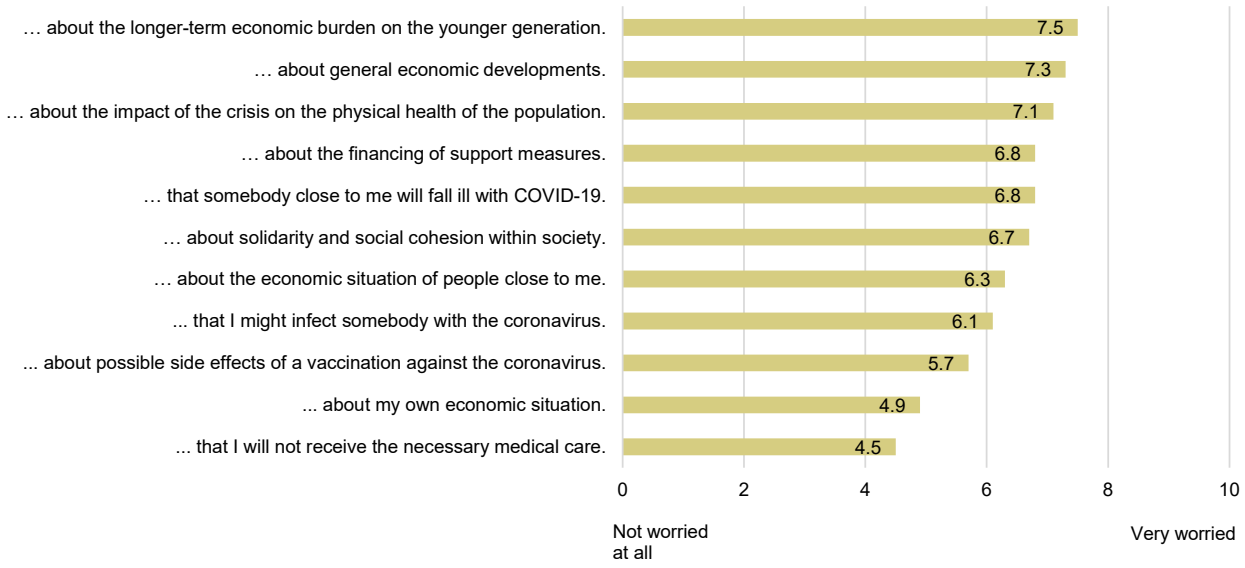
Question: Due to the coronavirus pandemic, our everyday lives have been subjected to various restrictions. How burdensome were or are these restrictions for you?
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

Concerns about long-term economic consequences, health and medical care

The pandemic caused various concerns for the population at the time the survey was conducted in January 2021. Some 38% of the respondents stated that they were very concerned about the pandemic (score of 8 or more on a scale of 0 to 10). The older generation aged 65 and over expressed the greatest level of concern (51% very concerned), while the youngest generation aged between 15 and 24 was the least concerned (23% very concerned).

As Figure F 2.3 below shows, negative long-term economic consequences are the greatest source of concern. This concern not only relates to general economic developments, but also, in particular, the longer-term economic burden placed on the younger generation. While the population surveyed was less concerned about their own economic situation, young people aged between 15 and 24 were more concerned than the rest of the population. Many people were also very concerned about the impact of the crisis on the population's mental health. In contrast, respondents were relatively less concerned about not receiving the medical care they need.

F 2.3: Concerns of the population about various aspects



Question: How about the following areas – are you concerned? N= 15,390.
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

2.2 Assessment of crisis management by the population

A second focus area of the survey was the assessment of the communication and actions of the federal government and the cantons.

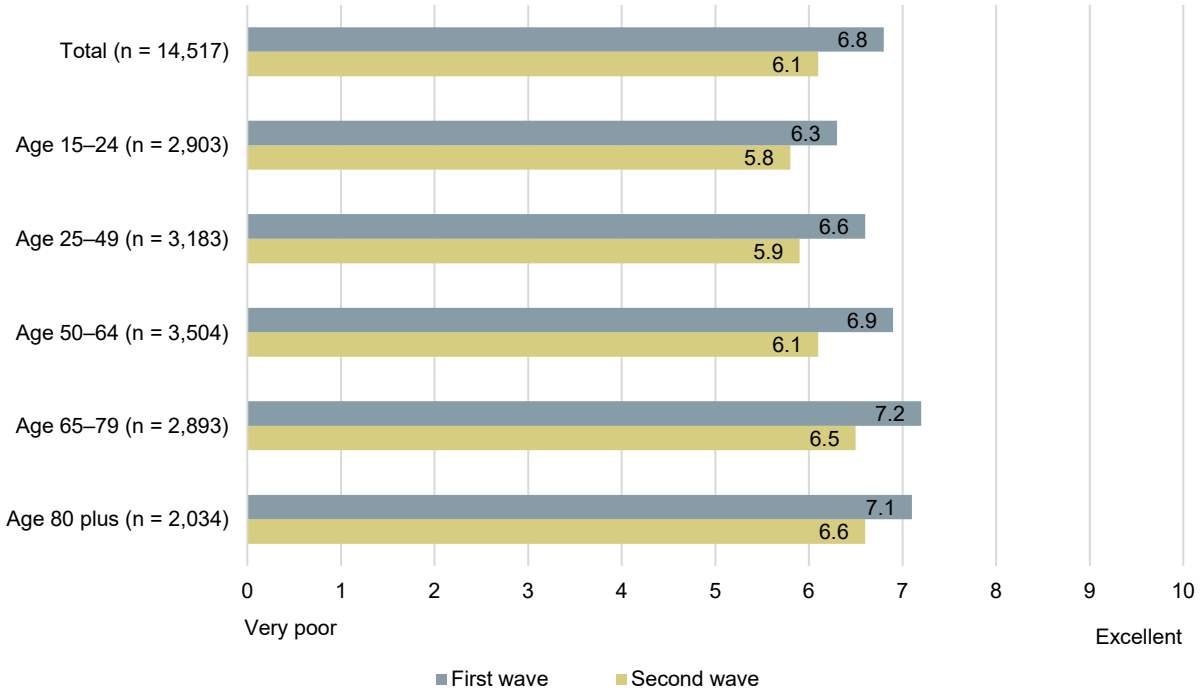
2.2.1 Communication

During the course of the pandemic, the federal government and the cantons have continuously informed the population about the latest developments and communicated the current precautionary measures. At a federal level, several press conferences have been held by the Federal Council and the FOPH. At the outset of the pandemic, the FOPH's "Protect yourself and others" campaign also informed the population about the applicable precautionary measures with numerous posters and a wide range of information materials.

Assessment of communication by the population

The survey results show that, on the whole, the population felt rather well or well informed by the federal government and the cantons. With an average score of 6.8 in the first wave, communication at the start of the pandemic was rated better than communication during the second wave, for which an average score of 6.1 was recorded. Older people felt better informed than younger people during both waves (see Figure F 2.4). If further socioeconomic characteristics are considered, it becomes apparent that women felt slightly better informed than men. The same applies to people from Italian-speaking Switzerland when compared to people from the rest of the country (only during the second wave). It is striking that people with a rather low level of education felt better informed than those with a higher level of education (only during the second wave). The same also applies to people with a migration background (only during the second wave) as well as those who have lived in Switzerland for less than five years compared to the rest of the population. Those surveyed attributed this result to the special efforts made by the authorities in favour of the migrant population.

F 2.4: Assessment of communication by the population during the first and second wave (age groups)



Question: How well informed about the coronavirus crisis do you feel overall by the federal government and the cantons?
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

The most cited criticism by far with respect to the communication of the authorities was the lack of coordination between the federal government and the cantons. For example, three-quarters of the respondents stated that the information they received was contradictory and that the federal government and the cantons did not provide enough coordinated information.[15] Of the respondents who tended to express criticism, 14% stated that the information was too complicated. The young population aged between 15 and 24 expressed a disproportionate amount of criticism with respect to the lack of information provided by the federal government and the cantons.

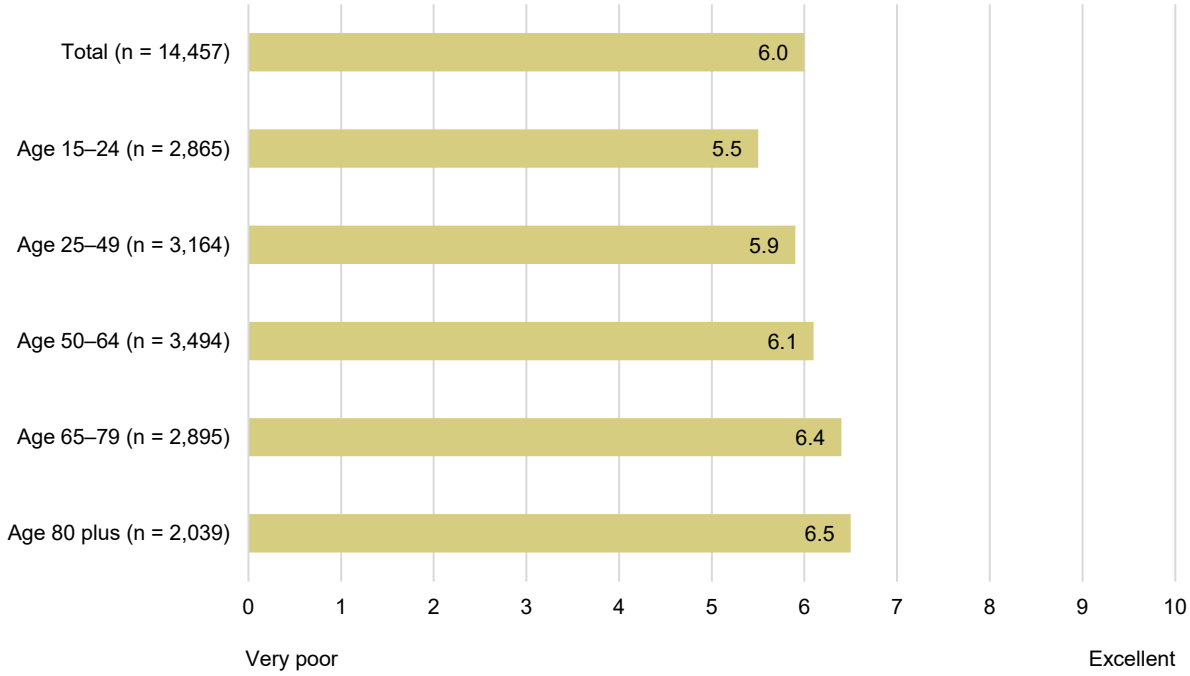
Comprehensibility of the decisions

Overall, the population believed that the federal government and the cantons had explained their decisions well (average score of 6 on a scale of 0 to 10). Just under one-third were of the opinion that the federal government and the cantons had provided excellent reasons for their decisions (score ≥ 8). Some 10% believed that the federal government and the cantons had given (very) poor reasons for their decisions (score ≤ 3). There were only minimal differences between the genders (average score for men: 5.8, women: 6.1). The level of satisfaction increased with age. While people aged between 15 and 24 gave an average rating of 5.5, this figure stood at 6.5 for those aged 80 and above (see Figure F 2.5).

Slight differences were also observed between individuals with different levels of education. In particular, people with a low level of education and individuals with a university degree assessed the justifications of the decisions better than those with other levels of education. It is also striking that people who have been resident in Switzerland for a shorter period tended to assess the justifications of the decisions more positively than those who have lived in Switzerland since birth. There were also differences between the various language regions. People from Italian-speaking Switzerland rated the justifications of the decisions slightly better (6.3) than people from German-speaking and French-speaking Switzerland (6.0).

[15] In response to the question “Why do you (in part) feel not so well informed?”, 74% of the 10,532 respondents checked the answer “The information provided is contradictory. The Confederation and the cantons do not provide enough coordinated information”.

F 2.5: Assessment of the justifications of the decisions of the authorities (age groups)



Question: How well do the and the cantons explain their decisions?
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

2.2.2 Confidence in the government

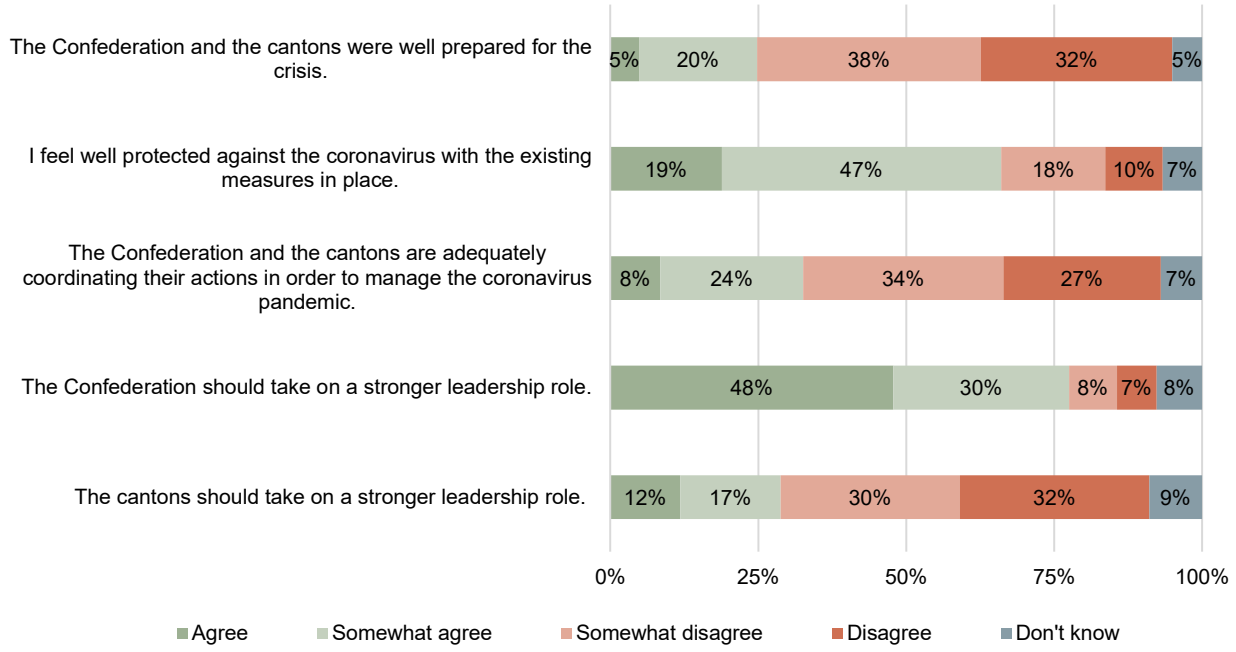
In the population survey, the respondents had to assess various aspects of the work carried out by the federal government, the cantons and the scientific community.

Assessment of the work of the federal government and the cantons

The majority of those surveyed were critical in their assessment of the preparation for the crisis (see Figure F 2.6). Some 70% of the respondents were of the view that the federal government and the cantons were rather poorly or poorly prepared for the crisis. A further point of criticism of the work of the federal government and the cantons was the lack of coordination they have exhibited. For example, 61% of the respondents tended to disagree or disagreed that the federal government and the cantons had acted in a sufficiently coordinated manner. A considerable majority of those surveyed (78%) wanted to see stronger leadership from the federal government.[16] Nearly a third (31%) expressed their desire to see stronger leadership from the cantons. Despite this criticism, at the time the survey was conducted in January 2021, two-thirds of the respondents felt rather well or well protected against the coronavirus by the measures taken by the federal government and the cantons.

[16] The desire for the Confederation to adopt a strong leadership role was also confirmed by the SRG Corona Monitor. In July 2021, 50% of those surveyed believed that the additional powers of the Confederation are justified and should remain in this form until the end of the crisis (see Sotomo research centre (2021): 8th SRG Monitor, study report, p. 36).

F 2.6: Assessment of the work of the federal government and the cantons



Question: Some statements on the work of the federal government, the cantons and the scientific community during the coronavirus pandemic can be found below. Please indicate to what extent you agree with these statements.
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

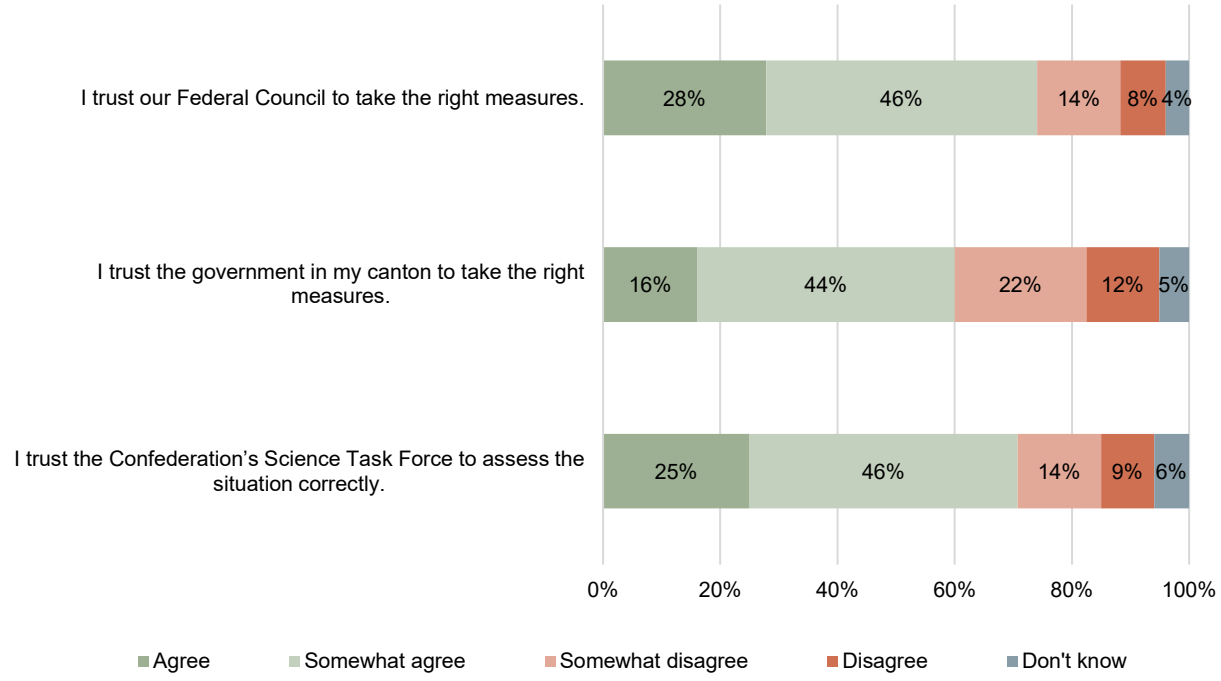
Confidence in the government and the scientific community

The survey results reveal that, on the whole, confidence in the government at the time the survey was conducted was high (see Figure F 2.7). In particular, there was a great deal of trust in the Federal Council: Three-quarters of the respondents agreed or tended to agree with the following statement: "I trust our Federal Council to take the right measures". Confidence in the cantonal governments was lower at 60%. One-third of the respondents did not trust or tended not to trust the cantonal governments. Confidence in the SN-STF to assess the situation correctly was also relatively high, with 71% expressing their faith in the task force.

If the answers regarding confidence in the Federal Council are evaluated in a differentiated manner according to different population groups, various striking features come to light. Confidence in the Federal Council was higher in French-speaking Switzerland (78%) than was the case in Italian- and German-speaking Switzerland (72% each). Trust in the Federal Council also increased with age: Of the respondents aged 15 to 24, "only" 64% agreed or tended to agree with the statement, while for those aged over 65 this figure was 82%. No differences were noted according to gender or level of education. It is worthy of note that the Federal Council enjoys a higher level of confidence (82%) among people who have lived in Switzerland for less than five years than it does among the rest of the population (74%). Individuals who tend to find themselves on the right of the political spectrum expressed a lower level of confidence (69%) than those who are more centrist in their political views or lean to the left (81%).

There were also marked differences in the level of trust expressed in the cantonal governments in the various language regions. In Switzerland's German-speaking cantons, approval was significantly lower (56%) than in French- and Italian-speaking Switzerland (69% and 71%, respectively). The level of trust in the cantonal governments also increased with age. Confidence was higher among individuals with a lower level of education and those who have not lived in Switzerland long than among the rest of the population. Only small differences were noted between the genders.

F 2.7: Confidence in the federal government, the cantons and the scientific community

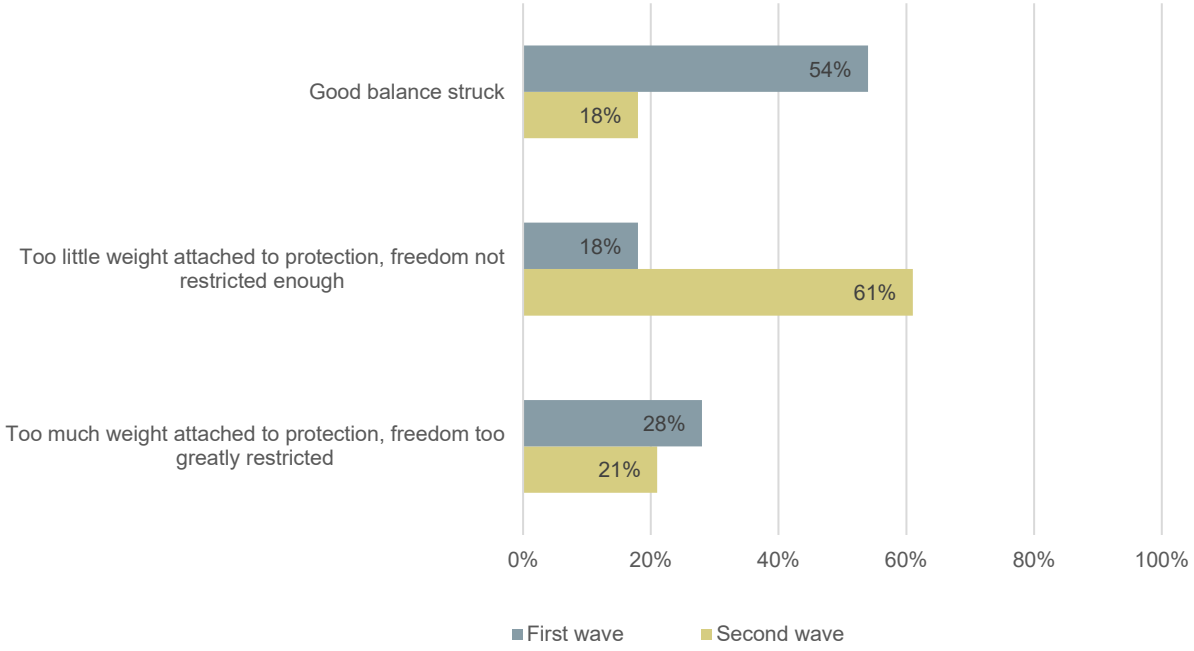


Question: Some statements on the work of the federal government, the cantons and the scientific community during the coronavirus pandemic can be found below. Please indicate to what extent you agree with these statements.
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

Assessment of the crisis management of the federal government and the cantons

The population was also asked how well the federal government and the cantons had managed the crisis during the two waves. The respondents rated the crisis management of the federal government and the cantons during the first wave as good to very good with 6.7 (on a scale of 0 to 10). For the second wave, however, this figure was much lower at 5.2. In the first wave, almost half of the respondents (45%) considered the crisis management to have been very good to excellent (≥ 8); in the second wave, this proportion dropped to just under 20%.

F 2.8: Weighing up the protection of health against the restriction of civil liberties



Question: The federal government and the cantons have had to weigh up various fundamental rights against each other during the crisis. In your opinion, how well have they handled this trade-off? n = 15,390.
Source: Interface/INFRAS, based on the INFRAS 2021 population survey.

The majority of the respondents (54%) opined that the federal government and the cantons did a good job in weighing up the protection of health and the restriction of civil liberties during the first wave.[17] In the second wave, however, a majority (61%) believed that the federal government and the cantons gave too little weight to preventive measures and failed to go far enough in restricting civil liberties.

Regarding the first wave, the respondents from Italian-speaking Switzerland were more critical in their assessment of the crisis management than people from the rest of the country (6.4 vs 6.7). When it comes to the second wave, the situation turned on its head, with people from German- and French-speaking Switzerland holding more critical views of the crisis management than those in Italian-speaking Switzerland (5.8 vs 5.2). Furthermore, the survey shows that people who have been living in Switzerland for less than five years rated the crisis management during the second wave much better than the rest of the population (6.2 vs 5.1). People with a higher level of education rated the crisis management significantly better (7.0) in the first wave than the rest of the population, while being less impressed during the second wave. A further observation was that people who are more on the right of the political spectrum were slightly more critical of the crisis management than the other respondents (first wave 6.6 vs 7.1, second wave 5.1 vs 5.4). Finally, it was seen that women and men rated the crisis management almost equally.

[17] The fact that, for the sake of simplicity, the survey only addressed and weighed up (individual) fundamental rights is not unproblematic from a legal standpoint. From a legal point of view, the primary issue is the balancing of fundamental rights that protect the individual and so-called "public interests", which are anchored in constitutional protection mandates (in particular, Art. 118(1) of the Federal Constitution: "The Confederation shall, within the limits of its powers, take measures for the protection of health.").

Acceptance of measures

The various health protection measures were generally met with a high level of acceptance. This was especially true in Italian-speaking Switzerland, but somewhat less so in French-speaking Switzerland. Around 70% of all respondents found it easy or rather easy to follow the measures. The requirement to wear a mask was also widely accepted at the time the survey was conducted: 90% of those surveyed considered wearing masks sensible or quite sensible. This was also true for the vast majority (89%) of the respondents who were politically more to the right. The closures were viewed more critically: The closure of shops was seen as making little or no sense by 46%, with this figure standing at 35% for the closure of schools, 24% for the closure of restaurants and 11% for the closure of clubs and bars.

2.3 Conclusion

According to the population survey, the following conclusion can be drawn with respect to the topics that have particularly concerned or burdened the population:

- From the population's point of view, the health impact of the pandemic has been a source of stress. One in six respondents believed that they had experienced a deterioration in their physical health. As many as every third respondent noted a deterioration in their mental health.
- The ordered reduction in social contact with friends, acquaintances and family was viewed as especially serious. Almost half of all those surveyed had been severely burdened by these restrictions. Women, in particular, had also suffered from the loss of childcare provided by grandparents.
- While surveyed members of the population did not express much concern about their own economic situation, they were somewhat more worried about the long-term economic consequences for society as a whole.
- Respondents were relatively less concerned about not receiving the medical care they need.
- The following can be said about the pandemic management of the federal government and the cantons: Around three-quarters of the respondents trusted the Federal Council to take the right measures. In January 2021, two-thirds of the population as well as three-quarters of those aged 65 and over felt that they were well protected by the measures in place. Overall, the population felt well informed about the coronavirus pandemic by the federal government and the cantons, although satisfaction levels were lower in the second wave.
- The most frequently raised points of criticism concerned communication, the lack of coordination between the federal government and the cantons and the crisis preparation. More than two-thirds of the population were of the opinion that the federal government and the cantons were poorly or rather poorly prepared for the crisis.
- A clear majority of the population had confidence in the SN-STF.

3. Analysed thematic areas (analysis up to the end of March 2021)

As mentioned in section 1.3, the starting point of this evaluation is formed by the way that healthcare provision, the population and the economy have been impacted by the crisis and the manner in which it has been managed. Based on the population survey, various online surveys of stakeholder groups, numerous discussions with experts and the analysis of documents, the Evaluation Team selected eleven thematic areas and proposed five to the Steering Group for in-depth analysis:

- Use of the expert skills of stakeholders
- Allocations of responsibilities between the federal government and the cantons shown primarily by the example of their vaccination strategy and implementation
- Roles and responsibilities in public communications
- Availability and use of digital data
- Balancing the protection of people in retirement, care and day care institutions with the visiting rights of their relatives
- Availability, use of and requirement to wear masks
- Securing of medical treatment capacity during the pandemic
- Testing and contact tracing strategy
- Societal consequences of health protection measures
- Mental health consequences of health protection measures
- Economic consequences of health protection measures

Each of these thematic areas was worked through. Five of the thematic areas were selected for in-depth analysis by the Steering Group in May 2021 with the involvement of the evaluation's Advisory Group. These in-depth analyses are the subject of section 4.

This section describes those thematic areas that were analysed between December 2020 and March 2021 and *not examined in-depth* within the framework of this evaluation. The presentation of each topic includes a legal assessment of how the respective topic should be addressed. Our foreign colleagues from Sweden and Austria also assessed whether and to what extent the topic in question has also been relevant in their countries. Finally, possible need for action is outlined in each case.

At this point, it must be explicitly pointed out that the following explanations on the thematic areas *not subjected to an in-depth analysis* neither conclusively nor comprehensively present the respective problem situation. On the one hand, the analyses reflect the state of knowledge in March 2021, meaning that they do not fully reflect the course of the crisis in the respective topic area over time. On the other, they are based on a comparatively narrow data base. For example, it was only possible to conduct around five interviews with experts for each topic. Despite these limitations, the concluding sections aim to identify important focus areas where action needs to be taken in the respective topic area with a view to optimisation potential.

3.1 "Availability, use of and requirement to wear masks"

Reducing the risk of infecting yourself and others is key to combating an epidemic. This includes wearing a mask as an individual measure. It is essential that there are enough masks available and that they are used correctly. On a positive note, the requirement to wear a mask has been implemented in various contexts and the wearing of masks has been well accepted by the population. The SN-STF provides a summary of the scientific basis for the use of masks.[18] However, healthcare providers and the population have been affected by various problems related to masks. The main problems have included the procurement and availability of masks, the recommendation regarding the wearing of masks and the timing of the introduction of the requirement to wear a mask.

[18] Swiss National COVID-19 Science Task Force (2021): Benefits of wearing masks in community settings where social distancing cannot be reliably achieved https://sciencetaskforce.ch/en/policy-brief/benefits-of-wearing-masks-in-community-settings-where-social-distancing-cannot-be-reliably-achieved/, accessed on 15 February 2021.

At the start of the crisis, hygiene masks were a scarce commodity. This resulted in a lack of planning security at hospitals and medical practices. It was often unclear whether enough masks would still be available in the coming week. Employees were encouraged to only wear one mask a day, and later up to two. There were also specific healthcare providers and population groups that had difficulty in obtaining masks. In particular, healthcare professionals providing outpatient services, people with a tight budget, retirement and nursing facilities and institutions for people with a disability were given too little consideration in the allocation of masks. Around 40% of the employees in the institutional survey stated in spring 2021 that protective materials tended not to be available or were not available in sufficient amounts at the beginning of the first wave. Two-thirds of the institutions pointed to the fact that getting hold of protective materials had proved a challenge during the first wave. More than half of the institutions stated their desire for the authorities to in future provide them with support in procuring protective materials to enable them to manage crises. Around one-third of the institutions expressed their wish to see specifications on stocks of protective materials.[19]

The communication of the FOPH on the availability and effectiveness of masks was unclear at the start of the pandemic. Mask-wearing was only recommended to the population at the end of April 2020 after the evidence from studies on the effectiveness of masks became ever clearer. In comparison to neighbouring countries, the requirement to wear a mask on public transport (July 2020) and in shops (October 2020) was introduced at a late stage across Switzerland.

3.1.1 Legal assessment

At the beginning of the pandemic at the start of 2020, there was public confusion about the benefits of masks in preventing the transmission of COVID-19. From a legal standpoint, it was also unclear to what extent the federal government, the cantons and healthcare institutions were authorised or required to stockpile masks. Art. 44 of the EpidA only obliges the Federal Council to ensure that the population is supplied with the most important therapeutic products suitable for combating communicable diseases, and even then only on a subsidiary basis to the Federal Act on National Economic Supply (National Economic Supply Act, NESA). Masks (unlike vaccines) are not considered therapeutic products within the meaning of the law (Art. 44 EpidA). Instead, they are considered items of protective equipment which, according to the correct interpretation, fall under the category of essential goods according to the National Economic Supply Act. The material scope of the National Economic Supply Act is broader than that of the EpidA. Unlike the EpidA, the National Economic Supply Act not only requires that the provision of therapeutic products is assured, but also the provision of protective equipment, which is similarly as important as therapeutic products in epidemic and pandemic situations. Under the National Economic Supply Act, it is primarily the business sector that should stockpile such goods. Should this not suffice, the Federal Council can oblige businesses to stockpile (Art. 7 NESA). Subsidiarily, the federal government can also build up its own stocks (Art. 15 NESA). In the run-up to the pandemic, however, the business sector, the health institutions and the federal government all failed to provide sufficient stocks of masks.

The described implementation deficit in pandemic preparation shows that the depicted legal regulations are not appropriate. As the stockpiling of masks incurs costs à fonds perdu if an epidemic or pandemic fails to materialise, it is not possible for the stockpiling of masks to be implemented to a sufficient extent in a normal situation. In principle, the legislator should incorporate an explicit basis for the stockpiling of protective equipment in the EpidA in order to create clarity. As such a basis was lacking, the Federal Council specified in COVID-19 Ordinance 3 of 19 June 2020 that important medicines, medical devices and protective equipment (Art. 11) that are urgently required to combat and prevent COVID-19 would be procured by the federal government to support the supply of the cantons and their healthcare facilities as well as charitable organisations (e.g. the Swiss Red Cross) and third parties (e.g. laboratories, pharmacies) if requirements could not be covered through the normal procurement channels (Art. 14(1)). The Ordinance was passed in anticipation of a new COVID-19 Act, which was not passed by Parliament until 25 September 2020, however. This unorthodox course of legal regulation shows how adaptable political decision-making processes can be in urgent cases in which the need for a decision to be taken is undisputed. In order not to damage the rule of law, however, this must not become the rule.

[19] The detailed results of the online surveys can be found in: INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions] , Zurich, and in the associated graphic volumes *https://www.bag.admin.ch/bag/de/home/das-bag/publikationen/evaluationsberichte/evalber-uebertragbare-krankheiten.html*, accessed on 9 September 2021.

3.1.2 International classification

Sweden			*Austria*		
Significance of the problem area			Significance of the problem area		
Major	Moderate	Minor	Major	Moderate	Minor
The Public Health Agency of Sweden (Swedish: Folkhälsomyndigheten; [FHM]) opposed the wearing of masks from the beginning. It justified this stance with fears that the masks may be used incorrectly and that mask-wearing would lead to more risky behaviour. The scientific community criticised this approach as not being backed up by corresponding evidence. While the FHM made reference to scientific literature, it highlighted the lack of a consensus view rather than pointing to the effectiveness of masks. The availability of masks for the population was very limited at the outset, with only a few using them in public spaces. Healthcare professionals and organisations representing specialists providing outpatient services and nursing care demanded the introduction of masks at their workplaces and even threatened to go on strike. Their concerns were rejected, however, allegedly on grounds of principle, but more likely due to the lack of masks. It was not until 7 January 2021 that it was officially recommended to wear a mask on public transport during peak hours. On 1 March 2021, this recommendation was extended to also include the wearing of masks outside peak hours. In spring 2021, however, it became apparent that people were taking less responsibility due to the prolonged duration of the pandemic and the availability of a vaccine. Despite the fact that sufficient masks are now available, the willingness to wear masks is declining.			At the start of the pandemic, masks were recommended for symptomatic individuals who had a confirmed case of COVID-19 and for everyone involved directly in the provision of patient care. With regard to the risk of exposure for those performing medical activities, gradations were made, according to which so-called FFP3 masks were only available to individuals directly involved in patient care with extended periods of exposure. Due to low stock levels and the difficulties experienced in obtaining masks of suitable quality on the global market, FFP3 masks were recycled and used for longer periods. The problem became apparent that Austria was unable to assure a self-sufficient supply of such masks and that there were insufficient quantities in stock. In addition, there were logistical problems with the distribution of the masks throughout the country. With the adaptation of the WHO recommendations, masks were increasingly recommended or prescribed in public spaces. This was especially the case when working indoors, when entering grocery stores or pharmacies, when using public transport or when travelling by car with several people from different households. During the further course of the pandemic, the requirement to wear a mask has also affected retirement and nursing homes as well as hospitals, where face coverings have to be worn in all indoor spaces. Originally, fabric masks were recommended. From January/February 2021, however, the recommendation was extended to include FFP2 masks, especially in light of the appearance of the Alpha variant in Austria. Older individuals (> 65 years of age), in particular, were provided with these by the state (five masks via post). Following the end of the second lockdown in December 2020 and the third lockdown in February 2021, the requirement to wear a mask was also extended to schools. In view of the high number of cases, some provinces made it compulsory to wear a mask in certain public spaces from April 2021.		

3.1.3 Need for action

The surveys reveal that the pandemic plan and preparedness handbook were little known to the hospitals and practices prior to the crisis and were also little used.[20] This contributed significantly to the shortage of masks available at the beginning of the crisis, meaning there is a need for action in this regard. Secondly, action needs to be taken in light of the obvious difficulties experienced with respect to the storage of mask reserves. There was some debate about the volume of stock that would be appropriate and efficient for a possible pandemic, as the materials have a limited shelf life and generate costs. At the outbreak of the crisis, in particular, it was also unclear what stocks, mask quantities, mask qualities and production possibilities were available. Thirdly, there is a need for action in the area of communication. The discussions held with specialists suggested that the FOPH's communication strategy with respect to the availability and effectiveness of masks was not sufficiently coordinated with scientific experts, both within the federal office and outside. There was also an assumption that the Federal Council initially refrained from issuing a recommendation for the general population due to the low availability of hygiene masks. It is possible that a very large number of require-

[20] FOPH (2018): Swiss Influenza Pandemic Plan. Strategies and measures to prepare for an influenza pandemic in Switzerland, Bern and FOPH (2019): preparedness handbook, Bern.

ments regarding specifications and sub-aspects arose very quickly in connection with the masks, with it not being realistic for these to be clarified in time. These include, for example, the type and duration of use of masks and the requirement to wear masks in various indoor and outdoor spaces.

3.2 "Testing and contact tracing strategy"

At its outset, in particular, the coronavirus pandemic presented those responsible with largely new challenges that had to be responded to very quickly with a limited level of knowledge. Against this background, tests were developed relatively quickly that allowed for the presence of the pathogen or an immune response to be detected as proof of an infection. Many different tests have been used during the course of the pandemic. The FOPH's strategy for determining who is to be tested and how has also evolved on a continuous basis. In order to contain the spread of the virus, a contact tracing system was likewise set up, while a quarantine requirement for those who had been in contact with infected individuals was prescribed.

The testing strategy of the FOPH has been repeatedly adapted over time, suggesting that its coherence and appropriateness have been questionable. Healthcare professionals shared their view that, generally speaking, more tests should have been made possible earlier in order to identify and thus isolate as many pre-symptomatic and ill patients as possible. Many experts rated Switzerland's testing density as insufficient throughout the survey period. Meaningful figures on the extent of testing and the demographic data of those tested, which would be necessary for efficient crisis management, were not available for a long time. The regulations regarding the accessibility of tests were complicated and limited the frequency of testing, while materials were repeatedly in short supply. The period between testing and notification of the test result was often too long to prevent further infections, with this being especially true at the outbreak of the crisis. According to interview statements, the federal government should also have moved quicker and been more generous in assuming test costs. From the second wave in autumn 2020, testing went better, as the FOPH's recommendations were better aligned with practice and the testing strategy had been expanded.

For healthcare providers and the operators of retirement, nursing and care institutions, the long quarantine period for contact persons has led to many staff absences. Hospital managers also pointed out that the modest testing frequency has been partly responsible for the overburdening of hospitals. At institutions, there was likewise too little testing in order to fulfil the mandate of protecting their residents. In some cases, providers of outpatient care were insufficiently integrated into the testing strategy. At the beginning of the crisis, in particular, there was a lack of clarity as regards the responsibilities for the testing regime and the relevant contact persons. The testing activities of family doctors varied greatly. The interface between pharmacies and medical practices was not defined clearly enough, meaning that it was not possible to coordinate their testing strategy. A further problem was that the test laboratories were involved in adjustments to the testing strategy too late to be able to adjust the test types and their personnel and material capacities accordingly.

According to the results of the population survey, only around 55% of people exhibiting symptoms such as a sore throat, loss of taste, fever or coughing had themselves tested for the coronavirus in January 2021. Older people, in particular, were less likely to be tested if they had symptoms.[21]

In the cantons, the setting up of test centres was a challenge that was approached very differently. There were considerable differences between the cantons in terms of their test offers. According to representatives of the FOPH, the resource-intensive contact tracing system overburdened individual cantons in autumn 2020. Contact tracing, which was assigned a very important role in containing the spread of the pandemic, stopped working at times. It was only possible to inform contact persons at a late stage or not at all about the risk and the need for quarantine.

While the SwissCovid app was also available to supplement the cantonal contact tracing efforts, it was not used enough, with the benefits remaining unclear for many respondents. Problems relating to implementation and the associated technology remained vivid in many respondents' memories.

3.2.1 Legal assessment

There was inadequate preparation for the performance, distribution and dispensing of tests in summer 2020 despite the fact that the EpidA provides the necessary legal basis for this. Under Art. 8(2)(a) of the EpidA, the FOPH can instruct the cantons to take certain measures in view of a particular threat to public health, especially to detect and monitor

[21] INFRAS (2021): *Situation von älteren Menschen und Menschen in Alters-, Pflege- und Betreuungsinstitutionen während der Corona-Pandemie. Grafikenband mit Ergebnissen der Bevölkerungsbefragung* [Situation of older people and people in retirement, nursing and care institutions during the coronavirus pandemic]. Graphic volume with results of the population survey, Zurich, p. 40.

communicable diseases. The federal government can also require businesses and event organisers whose activities increase the risk of disease transmission to provide prevention and information materials and to comply with a specific code of conduct (Art. 19(2)(b) EpidA).

The legal basis for the ordering of tests and targeted contact tracing is provided for under the title "Measures that apply to individual persons". This includes identification and notification as well as medical monitoring, quarantine and segregation.[22] Compulsory testing can be based on Art. 36 of the EpidA (medical examination), while contact tracing can be underpinned by Art. 33 (identification and notification) and Art. 34 (medical monitoring) of the EpidA. In both cases, according to the law, it is not only individuals who are ill, suspected of being ill or infected who can be recorded, but also individuals who are suspected of being infected and those who can spread pathogens.

All of the mentioned legal bases are formulated as discretionary provisions. In other words, the responsible authority in each case "may" order such measures if they are deemed suitable, required and reasonable for the persons concerned in the individual case, i.e. proportionate (Art. 30 EpidA). However, this does not mean that the competent authority is free in its decision-making. It is obligated to dutifully exercise the discretion provided for by law and is therefore required to order measures if they are considered suitable, required and reasonable (no discretion to decide whether measures should be ordered). Its discretionary powers are exhausted with the selection of measures (discretion to select, i.e. discretion as to which measures should be ordered). In a normal situation, the cantonal authorities alone are responsible for ordering (Art. 31(1) EpidA) and enforcing (Art. 32 EpidA) the measures. In contrast, in the special situation that was in force throughout the summer of 2020, the Federal Council, "after consulting the cantons", also had the authority, among other powers, to order these measures in relation to individual persons (Art. 6(2)(a) EpidA). This power of the Federal Council is also formulated as a discretionary provision ("The Federal Council may order ..."). However, the Federal Council must also make dutiful use of this discretion provided by law; if tests or contact tracing (or other measures that apply to individual persons) are therefore required in a special situation, it should order measures, with its discretion being limited to deciding which measures are most suitable and most reasonable for the particular purpose.

The Federal Council and the cantons also have parallel power to take preparatory measures "to limit the risks to and negative effects on public health at an early stage" (Art. 8(1) EpidA). Both the organisation of mass testing and contact tracing could therefore have been prepared as part of the pandemic planning by the responsible authorities of both the federal government and the cantons. For this preparation, the law also allows the federal government to take the lead and to instruct the cantons "to take specific measures in view of a special risk to public health", including "measures in relation to individual persons". However, the law explicitly designates the FOPH to "instruct" the cantons to take such measures (Art. 8(2) EpidA). The provision that the FOPH, as the federal administrative authority, should issue instructions directly to the elected cantonal governments or over their heads to the cantonal administrative authorities is presumably unacceptable to the cantons and therefore not very effective.

Overall, it should be noted that the EpidA, as a formal law that is subject to a democratic referendum, contains the prerequisites for testing and contact tracing. The fact that the provision in Art. 8(2) of the EpidA raises doubts about enforceability does not change this. The difficulties experienced in terms of systematic testing and contact tracing were due to the logistical and financial effort required as well as the still time-consuming analysis procedures at this point. They were not due to unsuitable legal framework conditions. On the contrary: To improve implementation, the federal government anchored various provisions to simplify matters in the COVID-19 Act of September 2020 (Art. 3b, 6a and 8a) and fleshed these out in COVID-19 Ordinance 3 (Art. 23a–24c tests, Art. 25–26c payment of costs). It should be examined which additional regulations at an ordinance level could further optimise implementation.

[22] According to Art. 32–35 of the EpidA; as well as Art. 41 regarding entry and exit, Art. 43 regarding the duty of companies that transport persons by rail, bus, ship or air internationally, airport operators, port operators, railway and bus stations and travel businesses to cooperate in carrying out the measures under Art. 41, Art. 58 (processing personal data), Art. 59 (disclosure of personal data), Art. 60 (information system) and now also Art. 60a (added on 19 June 2020, proximity tracing system for the coronavirus).

3.2.2 International classification

Sweden			*Austria*		
Significance of the problem area			Significance of the problem area		
Major	Moderate	Minor	Major	Moderate	Minor
Over time, there has been a change in testing priorities. Initially, people who had travelled to affected areas were tested and their contacts were traced. Due to a lack of test materials, however, the aim of tracking down contacts was soon abandoned. Priority was then given to testing those in need of care in hospitals as well as staff at nursing and retirement institutions. Some regions continued to trace contacts and thus tested a broader group of individuals. In June 2020, the population called for greater testing in the hope of restrictions being eased. The government subsequently committed to the realisation of large-scale testing. The objective was to carry out 100,000 tests per day, a figure that was not achieved until autumn 2020. Capacities were gradually increased during the autumn. Responsibility for the slow testing was assigned to the regional administrations. The development of an app to track infections was halted due to uncertainties regarding the storage of data and the anonymity of users. Surveys also showed that the majority of Swedes reject such an app. As no systematic tests were performed on a representative sample, it was not possible to reliably estimate the spread of infections and their development over time.			At the beginning of the pandemic, testing focused on those individuals who exhibited symptoms of a possible infection or posed an epidemiological risk. A big problem was the delay, both in terms of access to tests and the communication of the results. In cases in which an infection was detected, appropriate measures were therefore initiated too late. Testing was organised centrally (ad hoc test centres, primarily at hospitals), while decentralised testing (with family doctors or at peripheral medical institutions) was not available for various reasons. Testing capacities were gradually increased, with people without relevant training in infectious disease diagnostics or laboratory medicine increasingly being allowed to perform PCR tests. The testing strategies were primarily driven by the individual provinces and implemented differently. Focus was chiefly placed on PCR tests, with antigen tests being added later. Testing was extended to include asymptomatic patients, including the performance of mass testing in November/December 2020. However, only around 30% of the population made use of the opportunity to participate in mass testing. The mass tests had no impact on the occurrence of infection. They were also accompanied by unclear communication with respect to the significance of antigen tests. With the reopening of various areas of social life, entry tests (e.g. at the hairdresser's, when travelling by boat or upon visiting residents of retirement and nursing homes) or regular tests (schools – up to three times a week) were prescribed. The population now has very low-threshold access to tests paid for by the state.		

3.2.3 Need for action

The analysis makes clear that high-quality tests must be free of charge and easily accessible. This would allow for more social contact. Increased testing would also help reduce staff shortages at hospitals and institutions caused by long quarantine periods.[23]

A concerted approach between the cantons with national coordination and support could contribute to improving the efficiency and effectiveness of both testing activities and contact tracing. This requires clear specifications with respect to the scope and procedure as well as the tasks, powers and responsibilities of the FOPH and the cantons. Such specifications were lacking. The organisation of a very large number of mass tests as well as large-scale contact tracing over a period of months was not part of any pandemic scenarios known before the crisis hit. It was therefore not possible to base the ongoing planning of this work during the pandemic on any basic principles. This led to significant differences between the cantons in terms of the implementation and effectiveness of their contact tracing. These differences gave rise to uncertainty among the population with respect to the appropriateness of the measure. According to the representatives of the FOPH, some cantons also failed to systematically develop contact tracing over the summer of 2020, meaning that they were not always able to inform those affected in good time. It is possible that the necessary support from the FOPH was lacking. For instance, it was not possible to provide a national tracing database that was accepted by all cantons. The SwissCovid app had only a modest benefit, as too much time passed between an individual coming into contact with an infected person and them being informed that they were at risk.

[23] Swiss National COVID-19 Science Task Force (2020): The rationale for a substantial increase of resources for contact tracing and testing. Policy Brief. *https://sciencetaskforce.ch/en/policy-brief/the-rationale-for-a-substantial-increase-of-resources-for-contact-tracing-and-testing/*, accessed on 9 September 2021.

At a legal level, regulations should be considered that serve to improve implementation and regulate funding. At an operational level, the processes concerning the approval of testing procedures and the recommendation of testing activities need to be clarified. On the other hand, the role of the FOPH in contact tracing during the various phases of the pandemic should be specified. Coordination between the cantons should also be improved. The role that the FOPH can play in this regard needs to be clarified.

3.3 "Balancing the protection of people in retirement, care and day care institutions with the visiting rights of their relatives"

Older people and individuals with certain pre-existing conditions have an increased risk of suffering a serious case of COVID-19 upon contracting the disease. Retirement, nursing and care institutions have therefore been in the spotlight since the start of the coronavirus pandemic,[24] as they face significant challenges in protecting their residents. The strict measures as well as the high number of deaths at retirement and nursing institutions have been at the centre of public discussion. The situation of older people and people in institutions during the coronavirus pandemic was investigated in a research study commissioned by the FOPH.[25] For this purpose, an online survey was conducted in January 2021 that questioned the managers of retirement, nursing and care institutions, nursing and care staff as well as relatives of home residents and individuals requiring assistance who live at home. A supplementary survey of home residents is being conducted as part of a current study.[26]

For the interviewed *management staff at retirement, nursing and care institutions*, the provision of protective materials posed a particular challenge. Around 40% of the respondents stated that there were not enough protective materials available at the beginning of the pandemic. In addition, for around half of the institutions, the procurement of protective materials as well as the definition and implementation of regulations governing the exiting and visiting of the institutions proved difficult. They believed that what has worked well for the most part is the definition of a body responsible for hygiene measures and the appointment of a medical contact person for questions relating to precautionary measures. The contact addresses of relatives were also available at almost all institutions.

Two-thirds of the *nursing and care staff* surveyed had to work more than planned during both waves of the pandemic. Nevertheless, three-quarters stated that they had coped well with the additional workload. However, around half of the employees felt that the pandemic situation had negatively affected the quality of their work. Staff members increasingly had to take on care tasks that had been performed by relatives prior to the pandemic. The surveyed nursing and care staff viewed an increase in staffing, both with qualified personnel and support staff, as well as the provision of more protective materials as priorities in terms of what they would like to see change.

The *survey of relatives* revealed that both the relatives and the residents of the institutions suffered from the visiting bans. At the same time, the majority considered the measure to be necessary and accepted it. However, around half of relatives also stated that the person related to them living in an institution had difficulty in understanding the ban on visits. In the case of 346 of the relatives surveyed, the institution resident related to them died during the course of the pandemic, with 40% reporting that the person died from COVID-19. Around half of the relatives were unable to support their loved one living at an institution in the way they would have wanted in the time before their death. Some 51% of the relatives surveyed were of the view that the provision of care services deteriorated following the onset of the pandemic. One-third of the respondents opined that the provision of individual therapies had suffered. Among other things, the relatives would like to be involved to a greater extent by the retirement, nursing and care institutions, Spitex, the medical profession and the authorities in the event of a future pandemic.

When asked with respect to their preference between ensuring protection against the virus and the respecting of civil liberties at the institutions, the majority of the relatives surveyed attached greater importance to health protection. The survey of the institution managers revealed just how challenging it is to deal with this dilemma: Based on the situation at hand, almost half of the institutions decided differently between protection against the virus and the protection of

[24] Care institutions refer to institutions for children and young people as well as adults with impairments.

[25] INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions] , Zurich, and in the associated graphic volumes *https://www.bag.admin.ch/bag/de/home/das-bag/publikationen/evaluationsberichte/evalber-uebertragbare-krankheiten.html*, accessed on 9 September 2021.

[26] The study is entitled *"Covid-19: Lebensschutz versus Lebensqualität während der Covid-19-Pandemie – die Sicht der Betroffenen"* ["COVID-19: Protection of life versus quality of life during the COVID-19 pandemic – the perspective of those affected"]. It is scheduled to be published in mid-2023 (see *https://www.aramis.admin.ch/Grunddaten/?ProjectID=49793*).

personal rights. For the majority of the institute representatives surveyed, it is therefore important to have a certain degree of freedom in implementing the prescribed precautionary measures.

Nevertheless, irrespective of their individual risk situation, the majority of retirement, nursing and care institutions have at times imposed strict bans on visiting and leaving, thus massively restricting fundamental rights.[27] During the first wave, in particular, many institutions reacted to the threat posed by the virus by isolating their residents, in part in response to corresponding official regulations. The majority of relatives expressed their understanding for the temporary visitation bans. However, the lack of personal contact placed a significant emotional strain on many relatives as well as the institution residents. Only a minority of the relatives intervened with the institution's management or put up resistance. According to the relatives, some residents also found it difficult to understand the measures.

Despite the measures taken, it was not possible during either the first or second wave of the pandemic to adequately protect the residents of retirement and nursing institutions. This was often the case despite the introduction of the best precautionary measures. A high number of infections and deaths were recorded at retirement and nursing institutions. According to FOPH statistics, at least 49% of all confirmed COVID-19 deaths occurred at a retirement or care institution between the start of October 2020 and the end of February 2021.[28] Only those deceased individuals who were tested for COVID-19 and not transferred to a hospital were counted as deaths in a retirement or care institution.[29]

The employees at the institutions stated that they had also been and continued to be placed under considerable strain by the strict precautionary measures and more difficult care conditions. The death of residents who were unable to have their relatives visit, the fear and loneliness experienced by residents and the aggression shown by residents were all cited as sources of stress by the staff members, as was the fear of infecting somebody in their care. There are calls from politicians and interest groups for the better protection of persons deemed to be at especially high risk upon the easing of the general precautionary measures.

3.3.1 Legal assessment

According to Art. 19(2)(d) of the EpidA, the Federal Council may require public and private institutions that have a special obligation to protect the health of people in their care to take suitable preventive measures. The Federal Council did not make use of this possibility, which it also has in a normal situation, instead making recommendations at most. Political reasons, including the preservation of the cantons' responsibility for the provision of care and organisational autonomy, may have played a role. In taking this stance, the Federal Council actually avoided taking on responsibility for imposing mandatory standardisation. The consequences included the risk of unequal treatment, arbitrary house rules and the unnecessary isolation of people in care as well as a laissez-faire attitude that promoted the transmission of the disease. In any case, the approach adopted by the federal government often led to excessive demands being placed on the management teams of organisations, who were thus faced with the quandary of how to preserve the fundamentally protected rights of people in care and their contact persons while also taking responsibility for their protection. It would be worth examining whether the federal government should issue more specific regulations at an ordinance level with respect to the conditions under which the Federal Council is to make use of its powers and require public and private institutions that have a special obligation to protect the health of people in their care pursuant to Art. 19(2)(d) of the EpidA to take "suitable preventive measures". In particular, it would also have to be clarified what room for manoeuvre should be granted to the institutions to ensure that their specific situation can be given consideration to.

As long as the federal government refrains from issuing binding rules in accordance with Art. 19(2)(d) of the EpidA, responsibility in this regard will lie with the cantons. As supervisory bodies for hospitals and retirement, nursing and care institutions, they are required to issue binding rules with exceptions for justified individual cases. In any case, it is up to the cantons to advise and train the management of institutions regarding the rules and to inform the public about the rules.

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27 In 58% of the institutions, there has been a strict ban on visiting without exceptions since the start of the coronavirus pandemic during both or one of the first two waves. Source: survey of institution managers, ibid.

28 Ibid., p. 53.

29 Before the pandemic (2019), 44% of all deaths occurred in a retirement or nursing home. Source: INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions], Zurich.

3.3.2 International classification

Sweden			*Austria*		
Significance of the problem area			Significance of the problem area		
Major	Moderate	Minor	Major	Moderate	Minor
Sweden failed to adequately protect the residents of retirement and nursing homes during both the first and second wave of the pandemic. While such institutions accounted for 46% of COVID-19 deaths in spring 2020, this figure rose to 57% in autumn of the same year. This was despite an improvement in the availability of protective materials in the meantime, better treatment and testing options, optimised procedures and greater public awareness. Part of the older population, in particular those who did not yet require geriatric care, initially resisted the more stringent measures applied to them. However, they quickly accepted them in view of the high mortality rate. Nevertheless, some of the system's shortcomings became painfully obvious: In particular, the rule that medical staff should not provide outpatient care to residents of retirement and nursing homes proved problematic. This meant that residents who were no longer allowed to leave their retirement or nursing homes due to the pandemic did not receive adequate medical care. As healthcare is the responsibility of the regional administration and geriatric care is the responsibility of the municipal administration, the public debate has often assigned blame to the poor coordination between these levels for the shortcomings. More relevant, however, was likely the fact that COVID-19 was generally very widespread in Sweden, meaning that the virus infiltrated retirement and nursing homes via staff and, to a lesser extent, visiting relatives. Sweden's vaccination strategy prioritised the elderly, which led to a decline in mortality rates despite infections being widespread within the country.			During the first phase of the pandemic, retirement and nursing homes were largely sealed off. This was triggered, in particular, by a number of infection outbreaks in these areas. The reasons for this included the still insufficient level of knowledge and awareness with respect to the spread of infection and pre-emptive precautionary measures, the lack of resources for precautionary measures and the introduction of the coronavirus to the institutions by relatives and staff. In this respect, Austria was no different to other countries. The isolation of the homes was often associated with a ban on visits, a measure that placed great strain on many home residents as well as their relatives. This led to social distancing and associated health and psychological impairments. Too few prevention concepts were implemented over the summer of 2020. This applied, in particular, to concepts relating to the testing of caregivers (including those working in mobile support services), hygiene concepts for homes and hygiene training for staff members. This again led to frequent COVID-19 outbreaks in homes, resulting in a large number of hospitalisations and deaths. The measures in these critical areas were therefore tightened again in late autumn 2020 and visitor bans were imposed once more. A point of weakness remained the fact that home residents were able to leave at any time in order to meet relatives, for example. They were then able to return to the home without testing. This situation may have been a major source of new infections. The vaccination strategy in Austria aimed to prioritise the vaccination of residents at retirement and nursing homes and this objective was largely achieved in April 2021. The relaxation of visiting regulations was associated with this success: Since this time, it has increasingly been possible for various people to visit retirement and nursing homes under the condition that everyone presents a negative antigen test and wears an FFP2 mask.		

3.3.3 Need for action

The scale of the coronavirus pandemic caught many institutions partly unprepared. While it is true that at most institutions there were specialists who were responsible for hygiene issues, key aspects such as visiting regulations, procedures in the event of infections, the transferring of infected individuals and the training of staff in the use of protective materials were not defined in the majority of cases. In the first months of the pandemic, there was also a lack of protective materials. Faced with the unfamiliar pandemic situation, it was almost impossible for institution managers (and the authorities) to conduct meaningful and forward-looking risk assessments, as they did not even know where and how they might actually expose their residents to a risk and how great this risk might be. As a result, the freedoms of the residents of retirement, nursing and care institutions were severely limited at times. Nevertheless, it was not possible to provide residents with a good level of protection, especially in retirement and nursing institutions. At the same time, the measures taken placed significant emotional strain on some residents. With a view to future pandemics, the COVID-19 infections in the institutions should therefore be thoroughly analysed so that lessons can be learned. This will allow for the balance between the protection of the residents' health and their freedoms to be optimised in line with their needs and wishes. It must be ensured that the federal government exercises its powers in accordance with the EpidA and requires public and private institutions that have a special duty to protect the health of people in their care to take appropriate preventive measures if this proves necessary – as has been the case in the coronavirus pandemic, in particular. Generally speaking,

the federal government and the cantons should better coordinate their guidelines and recommendations and, where appropriate, involve the municipalities. When putting measures together, they should also take account of the associations representing the institutions and the nursing and care staff.

In the departmental research study *"Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen"* ["Coronavirus crisis: analysis of the situation of older people and people in institutions"] commissioned by the FOPH in 2020/21, various specific recommendations are formulated that aim to provide better and more comprehensive protection for residents of retirement and nursing institutions in the event of a future crisis. In particular, the following measures are proposed: take precautionary measures to ensure that adequate protection and testing materials are available; develop concepts and recommendations that show how residents in institutions can be well protected according to their individual risk situation without excessively restricting contact with others that is important for their social well-being and health; analyse the infection pathways within the institutions and clarify how the high rates of infection among staff members came about, what role they played and how protection could be improved in the event of a future pandemic; examine the financial impact of the pandemic on the institutions and check whether regulations are necessary with respect to the handling of financial compensation with a view to future pandemics.[30]

3.4 "Societal consequences of health protection measures"

The coronavirus pandemic and the health protection measures affect the entire population. In addition to protecting against infection, health protection measures also impact many other areas of life. There are a multitude of indirect consequences for the population. While the population as a whole is coping with the precautionary measures, there are groups of people who are particularly affected by them.

According to the population survey, 17% of the population has experienced a deterioration in their physical health, while 32% felt that their mental health had suffered. The primary reasons for these findings were the increase in psychological stress, the inability to engage in exercise and sport and difficult working conditions. In terms of social life, the closure of restaurants, shops and schools as well as the restrictions placed on sporting and social activities have caused the most problems. Less contact with friends and acquaintances, fewer opportunities to do sport and the fact that it has not been possible to travel or enjoy excursions to the same extent as before have all been sources of stress. The population also expressed its concern about solidarity and social cohesion. As the pandemic has continued, many young people and young adults have suffered from the measures aimed at limiting social contact. Due to the various health measures, including distance learning at universities, the closure of youth centres, clubs and bars, the introduction of travel restrictions and the capping of the number of people who can attend private events, the lives of young people and young adults have been severely restricted. This has increasingly led to psychological problems. During the first lockdown in spring 2020, schools were closed for several weeks, meaning they could no longer fulfil their function as a social meeting place. Social learning was not possible, despite the fact that this is especially important during childhood and adolescence. Recent studies also show that the educational disadvantages experienced by pupils from socially deprived families have increased as a result of the coronavirus pandemic.[31] The quality of education provided at all levels has also suffered due to the restrictions. Over the medium to long term, this may result in affected pupils and students experiencing disadvantages in their further education and later in their professional life. Some families have also been heavily burdened by the measures, for example as a result of home schooling and a lack of available leisure activities. The loss of childcare provided by grandparents while having to work from home at the same time has further exasperated the situation. The restriction of political rights was viewed more negatively by the younger generation than by the population as a whole.

According to those interviewed, many people with a migration background have been subject to increased risks of social isolation. The reason for this is that they have less access to digital media and due to language barriers are, in some cases, less able to understand the measures. Furthermore, the pausing of language courses has made it more difficult to learn Switzerland's national languages, thus representing an obstacle to the migrant population in integrating into society and entering the Swiss labour market.

Accident and emergency departments at hospitals and counselling services have noted an increase in domestic violence since the beginning of the coronavirus pandemic. While this development is not reflected in the current police crime statistics, these statistics do not cover all cases either. In the population survey, 3.6% of the respondents pointed to an

30 INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions], Zurich.

31 See for example: Institute for Educational Management and Economics, University of Teacher Education Zug: *HiS – Herausforderungen in Schule 2.0 (SJ 2021/22)* [CiS - Challenges in School 2.0 (SJ 2021/22)]. http://schul-barometer.edulead.net/HiS, accessed on 31 October 2021.

increase in violence in their family environment or in their relationship with a partner. Among people aged 15 to 24, the percentage of those who indicated household violence was twice as high at 7%.

According to those interviewed, the restrictions placed on the practising of faith and the charitable activities of religious communities have also been a source of strain for many people. Due to limitations on the number of people who can attend and the applicable hygiene regulations, access to places of worship has been difficult at times and important faith practices such as the Eucharist could not be performed. The restrictions on numbers were said to have given rise to difficult situations in connection with end-of-life care and funeral services, while the performance of pastoral activities has been difficult for religious communities.

3.4.1 Legal assessment

The state measures aimed at containing the coronavirus pandemic have led to restrictions on almost all fundamental rights provided under the Federal Constitution, namely equality before law, the protection of good faith, the right to life and to personal freedom, the protection of children and young people, the right to assistance when in need, the right to privacy, freedom of religion and conscience, freedom of information, the right to basic education, freedom of assembly, the guarantee of ownership and economic freedom (Art. 8–28 of the Federal Constitution). The epidemic legislation provides comprehensive legal bases for restrictions on the individual interests protected by the Federal Constitution. The decisive factor is the weighing up of these individual interests against general interests that justify the implementation of measures under epidemic legislation. It can certainly be said that this consideration has not been made in a legally incontestable manner in all specific cases. However, any deficits would have to be shown in a broad analysis of the individual cases.

The main problem with respect to implementation lies less in an inadequate balancing of legally protected individual and general interests by the responsible authorities and more in the different weighting assigned to public tasks or general interests, which during a pandemic situation not only come into conflict with individual fundamental rights, but also with each other. Specialists usually have a tendency to give priority to the general interests to which their area of expertise relates. This is true for teachers, who place an emphasis on providing education and thus a certain level of awareness, as well as for physicians and epidemiologists, whose primary interests lie in the combating of disease and the protection of health. The same can also be said for financial experts, who assign the greatest importance to the interests of tackling poverty and ensuring prosperity. Such expert assessments are one-sided. With respect to measures, it is up to the political and enforcement authorities to decide which general interests should be specifically assigned greater weight.

In the Federal Constitution, there is no weighting of the constitutionally recognised general interests. The interests of combating disease are commensurate with the tasks of combating ignorance, discrimination, isolation, oppression, violence and poverty. It would be up to the legislator to provide the necessary criteria for the weighting of public interests as part of specific measures in concrete cases. As it largely refrains from doing so, this balancing act, which is actually highly political in nature, is left to the government and administration, who have to take decisions on a precarious basis of legitimacy while being subject to public criticism.

3.4.2 International classification

Sweden			*Austria*		
Significance of the problem area			Significance of the problem area		
Major	Moderate	Minor	Major	Moderate	Minor
Most of the measures aimed at containing the spread of infections have been based on recommendations to the public to change their behaviour to ensure they keep their distance from others. This sets Sweden apart from many other countries that took more stringent measures. The main recommendations in Sweden were as follows: 1. limitation of the size of public gatherings; 2. restrictions on the operation of bars and restaurants and on the sale of alcohol; 3. closure of secondary schools and higher education institutions, including the provision of online teaching; 4. travel restrictions.			In Austria, a complete lockdown was imposed in March 2020. There were also travel restrictions, border closures, bans on going out and the prohibition of numerous sporting activities. The extensive isolation of the residents of retirement and nursing homes was perceived by them and their relatives as very stressful, often contributing to a deterioration in their health. The same applies with respect to the restricting of hospital visits. In the case of children and young people, the reduction in social contact as well as, in some instances, the difficult situations they faced at home due to the pandemic-related measures (home-schooling, home-office requirement, domestic aggression, parents'		

Even though a strict lockdown was not imposed, the pandemic has had impacts such as unemployment, an economic downturn, social isolation, anxiety and stress. While these changes were less marked than in other countries, they were still felt strongly by some groups. Older people became especially isolated during the pandemic and lost access to their family and social networks as well as to leisure activities. Children and young people also suffered from the lack of social contact. Although some school levels remained open, access to recreational facilities, organised activities and sports was limited. Distance learning was implemented for young people aged 16 and over, with schools and universities losing their role as social meeting places. Changing activity patterns gave rise to stress and an increase in conflicts within households, often resulting in domestic violence.	fears for the future/unemployment) appears to have led to a massive increase in mental disorders. At schools, there was a partial switch to digital teaching methods, which disadvantaged children without appropriate IT support. Children with learning difficulties and those with a migration background were particularly affected. While it was possible to have children who did not have care at home supervised at school, there were usually no lessons provided here. For the aforementioned reasons, children and young people find themselves at an educational disadvantage which, according to psychologists, will have a lasting impact and result in permanent disadvantages. Young people and young adults also complained about social isolation and the lack of community. Furthermore, the pandemic has led to the establishment and consolidation of extreme positions and points of view (e.g. “coronavirus deniers”, “zero-COVID strategies” and “permanent lockdowns”) which have dominated pandemic events and also exerted considerable influence on decision-makers.

3.4.3 Need for action

The Federal Council gave attention to the social impact of the pandemic at an early stage in the crisis. At the beginning of April 2020, for example, the FOPH already moved to provide financial assistance for easily accessible support services (e.g. the Pro Juventute child helpline at 147). Since August 2020, the “Social Impact” working group of the FOPH COVID-19 Task Force has been addressing the impact of the measures on society (e.g. psychological consequences or effects on dietary and exercise habits), while also looking at the access of vulnerable groups (migrant population, people affected by poverty, etc.) to healthcare and economic support measures. Issues such as domestic violence and addiction have also been brought into focus during the course of the crisis. They are being dealt with in the FOPH COVID-19 Task Force or in working groups together with the responsible federal or cantonal agencies.

However, the surveys have made clear that these efforts were frequently perceived as inadequate by the respondents during the period in which this topic was studied, i.e. up to March 2021. In a future crisis situation, the federal government should pay greater attention to the indirect consequences of the adopted health measures from the outset. Measures should thus be structured in such a way that the negative impact on the population and certain population groups, such as young people, is minimised to the greatest extent possible. In this way, it will be possible to reduce unintended medium- and long-term consequences, including mental illnesses, unequal educational opportunities and a lack of integration possibilities. Through the involvement of experts from the social sphere (psychology, education, political science, ethics, economics, social work, etc.) in crisis preparation, better account can be taken of the social impact of health protection measures.

3.5 “Mental health consequences of health protection measures”

Protecting mental health is an important health policy task of the cantons and, in some cases, also of the federal government (see section 3.5.1). At the start of the pandemic, focus was chiefly placed on containing the virus and protecting physical health. In various areas, however, it can be said that the health measures also have psychological consequences. This has already been discussed in part in section 3.4 .

Psychiatrists have observed an increase in the need for treatment, especially since the second wave. This development primarily affects children and young people as well as adults with mental health problems. Psychiatric clinics have been at full capacity, while psychologists have been overbooked. For professionals, the mediation of indicated treatments has proven increasingly difficult. This problem was also apparent in spring 2021. In the population survey conducted in January 2021, around one-third of the respondents indicated that their mental health had deteriorated due to the coronavirus pandemic. For people aged between 15 and 24, this figure was even 44%. The second wave was experienced as especially difficult.

The overburdening of healthcare professionals has also had psychological consequences. According to interviews, burnouts have increasingly been observed among staff operating on the front line as well as in management staff. There was also a fear that the pandemic would lead to people leaving the profession in the longer term. Due to the already existing shortage of specialist personnel, especially in the nursing sector, this was seen as a significant danger. People who come

into contact with COVID-19 patients in a professional setting sometimes also take very considerable steps to isolate themselves in their private lives, which can be a further source of psychological stress. It is not only worries about getting infected or the fear of being unable to cope with the situation that should be mentioned in this context. Having to provide end-of-life support to many dying individuals and the feeling of being unable to do justice to all patients have also been considerable sources of stress. During the first wave, there was greater hope among healthcare professionals and the prospect of a swift end to the pandemic. In many cases, the second wave triggered a sense of hopelessness among them.

The psychological consequences of the health protection measures were also evident in teachers, parents and children. The ordered closure of schools led to stressful situations, as reflected, for example, in the increased number of requests for parent counselling with children and adult protection authorities, social services and school authorities. The absence of leisure activities, a lack of contact with friends and conflicts within the family were particularly stressful for children and young people. Another group whose mental health has especially suffered from the health measures are those without a permanent residence permit. Due to fearing consequences under immigration law, many members of this group have opted against contacting the social welfare authorities. The discrepancy between the conditions to be met (job, language tests, etc.) and the requirement to remain at home has led to great uncertainty and psychological pressure. People with disabilities and their relatives have also been hit particularly hard. The loss of daily routines has resulted in a considerable psychological burden for them. Furthermore, during the first wave, family carers were no longer able to make use of respite services.

Finally, there is the question of how the focus of crisis communication on negative messages such as death figures, economic problems and unemployment will affect the mental state of the population in the longer term.

3.5.1 Legal assessment

From a legal standpoint, the prevention and treatment of psychological stress as such is only considered a federal task if the stress is deemed to be of clinical significance or is defined as a disease, and if it is also the direct consequence of a communicable disease or, as a disease, is classified as particularly dangerous or widespread (Art. 118(2)(b) of the Federal Constitution). In all other cases, its prevention and treatment fall under the responsibility of the cantons. As a rule, however, they are mainly responsible for the treatment and care of mentally ill individuals. Prevention, on the other hand, is not a priority for them. From a legal point of view, it is difficult to identify any implementation deficits. Nevertheless, the question may be posed as to whether the priorities between providing care to ill individuals and the prevention of disease are politically correct.

From a legal perspective, psychological stress that is not deemed to be of clinical significance as a consequence of measures implemented under epidemic law must, in principle, be taken into account when weighing up encroachments on fundamental rights and striking a balance between different public tasks. In this respect, reference can be made to the remarks on the social consequences of measures imposed under epidemic legislation. It should be noted, however, that with the authorisation of non-medical psychotherapists for independent billing at the expense of compulsory health insurance, which will enter into force on 1 July 2022, adjustments have been introduced that will also affect the access to care of people who have suffered additional psychological stress as a result of the coronavirus measures.

3.5.2 International classification

Sweden			*Austria*		
Significance of the problem area			Significance of the problem area		
Major	Moderate	Minor	Major	Moderate	Minor
There was no strict lockdown in Sweden. As a result, most of the people interviewed stated that they have been able to maintain their accustomed lifestyle during the pandemic. Nevertheless, many were concerned about the consequences of COVID-19. There was limited to access to healthcare for physical and psychological problems, while the loss of loved ones has been pervasive. The pandemic has also had other effects, including unemployment, an economic downturn, social and physical isolation, anxiety and stress. Older people have been hit particularly hard: In addition to a higher risk of infection and death, they have been subject to			It can be assumed that all population groups affected by the pandemic have experienced psychological effects, even if they are only partially or insufficiently quantifiable. This not only relates to the consequences of social distancing, the inability to visit relatives in retirement and nursing homes and the absence of opportunities to meet with friends or attend school, but also pandemic-related fears about the future, employment and standards of living as well about individuals' own health and that of their relatives. Psychological stress has also been caused by changes in life circumstances, including bans on going out, the loss of leisure activities, an absence		

more stringent restrictions and have run the risk of being faced with extended periods of isolation or quarantine. They have also expressed concerns about not receiving care when they need it. People with a migration background as well as older people without the required IT infrastructure or skills are also often especially affected by digital exclusion when physical interaction is no longer possible. Due to the introduction of distance learning at some school levels, limited access to recreational and sporting facilities and a lack of organised activities, children and young people reported increased anxiety and limited opportunities to use their right to education. Healthcare professionals have been identified as a group at especially high risk when it comes to mental illnesses related to COVID-19. Following the first wave, the government allocated around CHF 54 million to the provision of crisis support for healthcare professionals and geriatric nursing staff who worked with patients infected with COVID-19. This was intended to mitigate the consequences of the high workload over an extended period and the impact of being confronted with traumatic experiences.	of social contact and a feeling of powerlessness. A seemingly continuous flow of new problems in connection with the pandemic has created a sense of a never-ending crisis. Pandemic fatigue, i.e. exhaustion due to the pandemic, the measures that have been taken and perpetuated and the sometimes unclear communication, are also having a detrimental impact on mental health. Many people have complained about the lack of perspective and the appearance of new problems after some hope had emerged (e.g. vaccines have become available but new virus variants have emerged for which the vaccines may be less effective). There are also psychological and physical strains (e.g. duration and intensity of work, stress levels) due to the direct confrontation with pandemic-related problems and consequences. This applies, for example, to people working directly in medical fields or in related areas of responsibility as well to those in other system-relevant professions or who act as administrative or political decision-makers. As a result, it seems that mental health problems and illnesses have increased or become more entrenched across all age groups. The impact for the future health development of the population (including learning and development difficulties, educational and occupational disadvantages, violent crimes, manifest mental illnesses, suicide attempts, etc.) is unclear. However, a 2020 report by Statistics Austria does not show any increase in suicides.[32]

3.5.3 Need for action

During the initial phase of the crisis at least, mental health aspects were only given secondary consideration in the management of the pandemic. However, pre-existing factors for mental health problems may be exacerbated by the pandemic and the associated health measures. Tried-and-tested management strategies may cease to exist. The burdens caused by the pandemic are unevenly distributed: Certain groups of people have therefore particularly suffered at a psychological level. Too little consideration has been given to these groups in the response to the pandemic.

The future pandemic management strategy should increasingly incorporate psychological and protective factors, including loneliness, autonomy and social support. This includes, for example, giving consideration to issues such as the overburdening of healthcare professionals and including steps to avoid the loneliness caused by the measures taken to control the pandemic. Economic and social policy measures should be utilised to reduce risks to mental health. There may also be a need for action in terms of crisis communication. Differentiated crisis communication could help to avoid uncertainty and demonstrate that it is not only infection risks that are taken seriously and addressed, but rather also the social and psychological impact of precautionary measures. To support the situation of migrants who do not have a secure residence status, mechanisms should be established to suspend the requirements stipulated under foreign nationals law during a crisis. These mechanisms would then have to be clearly communicated at a federal level. It should be enshrined in law that in a prolonged crisis the federal government can also grant subsidies in favour of organisations that address the health and social consequences experienced by the most vulnerable.

3.6 "Economic consequences of health protection measures"

Based on the EpidA, the federal government has ordered various health protection measures aimed at slowing the spread of COVID-19. In particular, orders have been issued for the temporary closure of schools, non-essential shops, restaurants, bars, clubs and fitness centres. For the remaining businesses, a temporary home-office obligation was introduced. Capacity restrictions were imposed on shops deemed to be essential, while sporting and cultural events have had to be cancelled. The measures have had drastic economic consequences for many companies, self-employed individuals and

[32] Statistics Austria (2021): Causes of death, Vienna. https://www.statistik.at/web_en/statistics/index.html, accessed on 29 August 2021.

employees.[33] Many companies have been required to implement precautionary and structural measures with corresponding cost consequences. Depending on the sector and occupational group in question, companies have suffered sharp declines in turnover. With the COVID-19 credits, the federal government already moved to provide companies with access to liquidity in March 2020. Some of the parties interviewed in January 2021 feared that many businesses would nevertheless have to take on debt, negatively impacting their competitiveness and making future investments more difficult in the process. Upon the completion of the study in June 2021, however, these fears had not materialised. At this time, there were no signs of investment weakness.

The EpidA makes no mention of compensation or support benefits for companies and self-employed individuals. During the course of the pandemic, however, the financial compensation of the affected companies and self-employed individuals has been regulated by law via federal ordinances (see section 3.6.1). Despite the fact that COVID-19 credits, short-time work compensation and compensation for loss of earnings due to the coronavirus pandemic were decided on at a very early stage in the crisis, many suffering companies had to wait a long time for their aid money, as revealed by the various representatives of affected business and industry associations surveyed as part of the study. In some cases, they did not receive any financial support until spring 2021, while it was stated that a number of businesses and self-employed individuals didn't receive any support at all despite the fact that they had been hit hard by the crisis. There were also said to have been great differences in terms of implementation by the cantons and social insurance offices.

However, it is not only companies that have been severely hit economically by the crisis, but also individuals. According to the interviewees, the low-wage sectors of retail, hospitality, tourism and culture have particularly suffered from the pandemic. The short-time work compensation provided has also not been effective enough. In the case of individuals with a household income of less than CHF 4,000 per month, a study conducted by the Swiss Economic Institute at ETH Zurich has revealed that income has fallen by an average of 20%.[34] People in this group, in particular, were often released from their jobs. At the beginning of the crisis, the unemployment rate actually rose from 2.3% to 3.5% within the space of three months. It then stabilised, however. In order to avoid, or at least postpone, the expiry of unemployment benefits, additional daily allowances were granted for all unemployed individuals between March and August 2020 and between March and May 2021. Adjustments were also made to short-time working compensation in various points: In particular, the entitlement to benefits was lengthened, the waiting period was abolished and the compensation was extended to incorporate atypical employment relationships (e.g. temporary work, work on call). For low-income earners, a special regulation was introduced that allowed for short-time work compensation of up to 100%. Further measures included efforts to mitigate the impact of the pandemic on the cultural sector (incl. emergency aid for cultural workers) and compensation for loss of earnings due to the coronavirus pandemic. The latter made it possible to provide compensation that can be paid out quickly and retroactively in part.

The population survey revealed that individuals with a low level of education have been disproportionately affected by financial losses. However, during the study period, there was no increase in the number of social welfare cases. This suggests that the measures aimed at mitigating the economic impact of the crisis have had the desired effect. The parties surveyed in January 2021 feared that school leavers and those who had recently completed apprenticeships, in particular, would suffer from the consequences of the crisis. The concern was that those leaving school would be unable to find an apprenticeship, while apprenticeship graduates might struggle to find a follow-up role. Fortunately, this problem did not become apparent during the study period. The number of completed apprenticeship contracts in 2020 and 2021 was even slightly higher than the level seen in previous years. Seasonally adjusted, the youth unemployment rate of 2.1% at the end of October 2021 was actually marginally lower than the pre-crisis level.

Despite all of the measures taken, the coronavirus pandemic has led to a considerable slump in the overall economy. In 2020, real GDP fell by 2.4% compared to the previous year. In nominal terms, this equates to a decline in the amount of CHF 21 billion. Compared to the final economic forecast prior to the outbreak of the coronavirus crisis, the decline in prosperity in 2020 stood at CHF 34 billion. This is the total economic loss from the pandemic, only part of which can

[33] It can be assumed that the pandemic would also have had significant economic consequences for companies, self-employed individuals and employees if the public authorities had failed to take health protection measures. Many economic effects cannot be attributed solely to the health measures, but rather also to voluntary changes in the population's behaviour and the impact of the global economic slump. It cannot be said with certainty whether the economic impact of the pandemic would have been greater with or without official measures and this question has also not been investigated in depth. A comparison of the costs and benefits of official measures was generally not the subject of this evaluation.

[34] Martinez, I. et al. (2021): *Corona und Ungleichheit in der Schweiz – Eine erste Analyse der Verteilungswirkungen der Corona-Pandemie* [The coronavirus and inequality in Switzerland – an initial analysis of the distribution effects of the coronavirus pandemic]. KOF Studies, vol. 161, p. 1–29, Zurich.

be attributed to the health measures imposed. Up to March 2021, the federal government approved support funds and resources to tackle the crisis in the amount of CHF 52 billion. This figure corresponds to 7% of GDP and around 70% of annual federal expenditure.

In view of the current low interest rates and the relatively low level of public debt, the SN-STF assumes that the additional debt will be "well manageable in the crisis of the century".[35] However, it is uncertain how the crisis will impact economic development over the medium to long term. Experience after the first lockdown showed that economic activities rose dramatically in the affected areas following the reopening. Nevertheless, the State Secretariat for Economic Affairs (SECO) does not expect that the losses in prosperity triggered by the crisis will be quickly offset. In the long term, it is even expected that economic development will be somewhat reduced. SECO predicts that the economic consequences of the pandemic will hit young people hardest in the form of increased national debt, a view that is shared by the general population. According to the survey conducted as part of this evaluation, the latter also expects that the economic costs of the pandemic will primarily burden the younger generation in future.

3.6.1 Legal assessment

Shortly after the outbreak of the coronavirus pandemic in spring 2020, the question already arose as to whether the legal framework conditions in force at the time with respect to compensation for economic losses would be suitable for the circumstances experienced during a pandemic. When revising the EpidA in 2012, the legislator had worked on the assumption of the then undisputed principle of "compensation positivism", according to which injured parties can only recover losses or damages for unlawful state actions with the help of tort law. In principle, they have no entitlement to compensation if they suffer a loss or damage as a result of lawful action taken by the state. This excludes situations in which the loss or damage is triggered by expropriation, the withdrawal or restriction of vested rights, the revocation of a permit or an unreasonable special sacrifice or if the law provides for such an entitlement. As long as disease control measures are lawful, those affected would thus be left empty-handed if the EpidA did not provide for so-called equity compensation. This is provided for under Art. 64–69 of the EpidA with respect to loss or damage as a consequence of vaccination as well as in Art. 63 with respect to the economic impact of measures that apply to individual persons (in accordance with Art. 33–38 and Art. 41(3)). However, according to the dispatch on the revision of the EpidA, it is expressly not applicable to the economic impact of measures for the protection of the population and specific groups of persons within the meaning of Art. 40.[36]

This regulation proved to be problematic in 2020, as the economic damage suffered by a large number of self-employed individuals and companies as a result of the measures aimed at combating the coronavirus crisis affected the economy as a whole. The federal government moved rapidly to initiate improvements; initially with emergency ordinances based directly on the Federal Constitution and then with the democratically legitimised COVID-19 Act of 25 September 2020 and the COVID-19 Loan Guarantees Ordinance of 18 December 2020. Many ordinances on the mitigation measures have been amended during the course of the pandemic, in particular with regard to lost earnings, short-time work compensation and the measures aimed at supporting sport and culture. For example, the conditions that a company had to fulfil in order to receive hardship assistance were relaxed in the COVID-19 Hardship Assistance Ordinance in January 2021. In March 2021, the COVID-19 Act simplified and expanded access to compensation, financial aid and support benefits for businesses that had been directly or indirectly affected by measures as well as for self-employed individuals and employees. From a constitutional perspective, the unconventionally rapid legal anchoring of decisions with enormous financial implications was only acceptable due to the crisis situation as well as the urgency and importance of the measures. In future, the legislator must consider the compensation regulations in depth, detached from an acute pandemic situation, and amend them where the need arises.

35 Swiss National COVID-19 Science Task Force (2021): *Warum aus gesamtwirtschaftlicher Sicht weitgehende gesundheitspolitische Massnahmen in der aktuellen Lage sinnvoll sind* [Why far-reaching health policy measures make sense from a macroeconomic perspective in the current situation]. Policy Brief of 19 January 2021.

36 Federal Council (2010): *Botschaft zur Revision des Bundesgesetzes über die Bekämpfung übertragbarer Krankheiten des Menschen* [Dispatch on the revision of the Federal Act on Controlling Communicable Human Diseases] of 3 December 2010, Bern. P. 410.

3.6.2 International classification

Sweden			*Austria*		
Significance of the problem area			Significance of the problem area		
Major	Moderate	Minor	Major	Moderate	Minor
The most important factors that have had a negative impact on the development of the Swedish economy were: 1. the indirect impact of the global economic downturn, including reduced levels of global demand, input imports and travel; 2. increased uncertainty, which affected consumption levels in general and resulted in a marked negative response on the equity markets during spring 2020; 3. disruptions in production relating to reduced demand from interrupted supply chains. The number of redundancies increased sharply in all sectors at the start of the pandemic and once again in autumn 2020. In February 2021, the unemployment rate stood at 9.7% (compared to 6.8% in 2019). At the end of 2020, however, these figures had fallen back to the level of 2019. While all economic sectors were hit by a fall in turnover, the decline in the service sector (−3.6%) was more marked than in manufacturing (−2.9%). Private household consumption fell by 3.8% in January 2021 relative to 2020, following even steeper declines in spring 2020 compared to 2019. Several support packages were adopted to mitigate the effects of the crisis. The biggest included the provision of rapidly effective relief and the reduction of payroll taxes. Unemployment insurance, which was already comprehensive, was further expanded. Despite the very expansive fiscal policy in 2021, public finances are healthy. Sweden has considerable room for manoeuvre with respect to providing the economy with additional public funding in 2021.			In Austria, the pandemic has had far-reaching economic consequences. A nationwide lockdown was imposed on 15 March 2020. This included the closure of all tourism and accommodation businesses as well as restaurants, shops and service providers (with the exception of grocery stores, pharmacies, chemist's and pet supplies). There was also a call for businesses to switch to a home office set-up if possible. The government provided businesses with massive support and promised compensation payments. The system of "short-time work" was also newly introduced. This provides for the payment of 60% to 80% of an employee's salary in the event of a reduction in their working time. The aim here is avoid company closures and keep employees in the work process. In total, the number of unemployed and people in short-time work increased to over a million. There was an enormous rise in public debt and it is currently assumed that GDP in Austria will shrink disproportionately compared to the rest of Europe. The western regions of Austria, where a large share of value added is generated by the tourism sector, have been particularly hit by the economic slump. Following a reopening in the summer, hotels and restaurant businesses were closed once more with the second lockdown at the start of November 2020. It is interesting to note that company bankruptcies declined in Austria in 2020, a fact that is probably due to the support measures implemented by the federal government (likely also for ailing businesses).		

3.6.3 Need for action

Many companies were affected by a direct or indirect (partial) closure in 2020, posing them with a severe financial challenge. Most companies had not concluded pandemic insurance. The EpidA does not govern the provision of compensation to individuals or companies that suffer financial loss or damage due to health measures. Social insurance does not provide for compensation for loss of earnings for the self-employed. There were also no corresponding legal bases at a cantonal level. The federal government has therefore moved to mitigate the economic impact for companies and households with various instruments, including COVID-19 bridging credits, the expansion and simplification of short-time working arrangements and the provision of compensation for loss of earnings for the self-employed.

With a view to future crisis situations, the financial consequences of health protection measures for those affected should be governed by law at a federal level as essential aspects before a crisis actually hits. In particular, questions relating to liability, possible compensation for loss or damage and possible pandemic insurance need to be clarified. A situation in which measures with enormous financial implications have to be adopted in an unconventionally rapid manner from a constitutional perspective needs to be avoided. Clearer and more uniform legal foundations should also be created in all cantons to ensure that implementation is better organised from the outset in future crisis situations, corresponding laws do not have to be passed on an ad hoc basis and support measures quickly benefit those affected in keeping with comparable standards. Special attention should be given to protecting poverty-threatened individuals in precarious employment relationships (low incomes, little protection against dismissal, employment based on hourly wages, etc.) from short-term financial difficulties.

The discussion in this section does not claim to comprehensively present the economic impact of health protection measures during the coronavirus pandemic. On the one hand, the data set on which it is based is far too narrow. On the other, it only considers the time between the start of the pandemic and March 2021. Comprehensive ex-post evaluations

from an economic and political science perspective are essential. The latter would also have to closely analyse the internal administrative responsibilities and procedures as well as the implementation processes in the cantons. For example, it should be examined at which point and in what form topics such as the "subjective perception of economic uncertainty" or the "economic cushioning" of health protection measures were discussed and included in the FOPH's committees. It would also have to be checked whether SECO's guidelines were viewed as sufficiently clear by the cantons and, if not, what consequences this had for the stakeholder groups. If necessary, recommendations for action should be derived that will in future make it possible to already incorporate economic considerations in the assessment of health protection measures at the outset of a crisis and to avoid any inappropriate differences in implementation.

4. Thematic areas analysed in depth (analysis up to the end of June 2021)

In the first step of the evaluation, eleven thematic areas were identified and proposed to the Steering Group for in-depth analysis with the help of the Advisory Group. The Steering Group selected the following thematic areas for in-depth analysis: the "allocation of responsibilities between federal government and cantons as shown primarily by the example of their vaccination strategy and implementation", the "availability and use of digital data", the "roles and responsibilities in communicating with the population", the "Using the expert skills of stakeholders" and the "safeguarding of treatment capacities during the pandemic". We address these issues in this section. In addition to the knowledge gained in the preceding work steps, the basis for the in-depth analyses is formed by the study of public and internal documents as well as approximately ten expert interviews held with involved and affected parties for each topic.[37] The analysis focuses on the selected key questions, which were agreed with the Steering Group in May 2021. The answers to these key questions are based on a presentation of the initial situation, a legal assessment and an international classification of the topic. In concluding our remarks on each topic, we note the need for action at a political, strategic and operational level.

4.1 "Allocation of responsibilities between the federal government and the cantons as shown primarly by the example of their vaccination strategy and implementation"

Responsibility for ensuring the provision of healthcare lies with the cantons. Under constitutional law, however, the federal government has comprehensive powers to combat communicable diseases (Art. 118 of the Federal Constitution). The federal legislator differentiated these powers in the Federal Act on Controlling Communicable Human Diseases (Epidemics Act, EpidA) of 28 September 2012: In a normal situation, it delegates far-reaching responsibility to the cantons. However, in a special situation in which the ordinary enforcement bodies prescribed by law, i.e. the cantons, are unable to prevent the outbreak of a communicable disease, the Federal Council is required to consult the cantons, but has to decide itself to what extent it will order the legal measures. In the event of an extraordinary situation, the law assigns the Federal Council sole responsibility for ordering any necessary measures, irrespective of whether these measures are provided for by law or not.

On 28 February 2020, the Federal Council implemented these regulations and declared an extraordinary situation. A short time later, on 16 March 2020, it assumed sole responsibility after the extraordinary situation was proclaimed. The Federal Council announced the return to a special situation on 19 June 2020. The associated allocation of responsibilities between the federal government and the cantons remains in force today (as at October 2021). The following remarks address the strengths and weaknesses of this allocation of responsibilities and the possible need for action that arises from it.

4.1.1 Background

In the media, the allocation of responsibilities between the federal government and the cantons has repeatedly been the subject of criticism during the coronavirus pandemic. This was also the case during the discussions held in the first phase of this evaluation. While the centralisation of decision-making authority with the Federal Council during the extraordinary situation in some cases led to fears of an abuse of power among the cantons and the population, the various measures taken by the cantons during the special situation in autumn 2020 were sometimes described as a "federal patchwork". The federal government faced accusations of failing to fulfil its leadership role. It was also sometimes argued that the measures proposed by the FOPH took too little account of both the structural differences between the cantons and the specific epidemic situations. The cantons were criticised for failing to adequately coordinate their measures. It was suggested that in some cantons there may not have been sufficient capacities and technical expertise to deal efficiently with a challenge of this kind. Individual cantons were said to have taken measures with a suboptimal impact, for example with respect to testing and contact tracing, vaccination and the requirement to wear a mask. There is no question that the differences between the cantons unsettled the population, resulting in the calls for greater powers at a federal level becoming louder. In autumn 2020, in particular, federalism appeared to have reached its limits.

The in-depth analysis focuses on the issue of vaccination in order to provide examples of key processes in the cooperation between the federal government and the cantons. The example of vaccination was chosen, as it represents an extremely important health-related task that had to be managed in a short space of time. The federal government's Swiss Influenza

[37] The guidelines for these discussions with experts can be found in Annex A 4.4.

Pandemic Plan from 2018 identifies vaccination as the "most effective preventive measure for protecting individuals against infection, and the primary intervention axis of the control strategies".[38] The focus on the issue of vaccination means that numerous issues that also relate to the allocation of responsibilities between the federal government and the cantons are not addressed. These include, for example, the financial costs associated with restrictive measures, the definition and timing of the respective situations under the EpidA and the involvement of the cantons and the municipalities in the determination of measures.

4.1.2 Answers to the key questions

In this section, five key questions formulated together with the Steering Group are addressed in turn.

Have the roles of the federal government, the cantons and the municipalities been effectively assigned with respect to the procurement, distribution and communication of vaccinations? Have the responsibilities envisaged in the preparation also been implemented accordingly?

The federal government's Swiss Influenza Pandemic Plan from 2018 attaches great importance to vaccination. This may explain why the plan goes into detail about the responsibilities of the different actors with respect to procurement, distribution and communication.[39] The following division of responsibilities is prescribed:

- *FOPH:* Devising a vaccine procurement and supply strategy, preparing the procurement decision, directing and coordinating the vaccine supply in cooperation with the Epidemics Act Coordinating Body (KOr EpG) and the Federal Civil Protection Crisis Management Board, performing a technical situation assessment in cooperation with the Federal Commission for Pandemic Preparedness and Response (FCP), defining the technical guidelines for the vaccination process, ensuring the management and technical direction of information and communication in cooperation with the Federal Chancellery, providing a hotline for doctors.
- *Armed Forces Pharmacy:* Procurement, logistics and, if necessary, storage of the vaccines, concluding contracts with manufacturers and logistics firms, monitoring and ensuring distribution/delivery of vaccines throughout the entire logistics chain (logistics monitoring), repackaging and destruction if necessary.
- *Federal Commission for Vaccination (FCV):* Devising vaccine recommendations, assisting in devising the strategy, advising the FOPH in the choice of vaccines.
- *Swissmedic:* Reviewing, registering and licensing of vaccines, batch release, vigilance and quality/stability monitoring.
- *Cantons*: Defining cantonal distribution logistics and associated responsibilities and powers, monitoring and ensuring needs-based distribution within the canton, vaccination, destruction of surplus vaccines stored in the canton, compulsory-vaccination decree for population groups at high risk, for persons who are particularly exposed to infection and for persons who carry out certain activities.

The in-depth analyses show that the envisaged allocation of responsibilities was largely implemented as planned. Only the roles of the Epidemics Act Coordinating Body (coordination of measures in cooperation with the cantons) and the FCP (provision of advice to the FOPH on issues relating to strategy development and risk assessment) did not correspond to the plan. Neither body has made an appearance during the crisis.

Internationally, vaccines that greatly reduce the risk of suffering a severe case of illness and contain the spread of COVID-19 were developed in a very short time. Switzerland ordered vaccines at an early stage and the first doses were administered in December 2020. Since January 2021, the population has been vaccinated according to a COVID-19 vaccination strategy developed by the FCV and published jointly with the FOPH.[40] At the end of June 2021, 48.2% of the population had been fully vaccinated, while 6.1% had received a single vaccine dose.[41] Since this time, however, the speed of vaccination has decreased considerably. The challenge in the late summer of 2021 was to reach further population groups and motivate them to get vaccinated.

Generally speaking, the respondents believed that the tasks, powers and responsibilities with respect to vaccination were effectively assigned.[42] It was pointed out on several occasions that it is appropriate for the federal government to procure

38 FOPH 2018: Swiss Influenza Pandemic Plan. Berne, p. 14.

39 Ibid., p. 71.

40 FOPH and FCV (2021): *Covid-19-Impfstrategie* [COVID-19 vaccination strategy], as at 14 April 2021, Bern.

41 FOPH: COVID-19 Switzerland. Information on the current situation, *https://www.covid19.admin.ch/en/vaccination/doses*, accessed on 31 July 2021.

42 See also in this regard Rutz, S. et al. (2021): *Wirksamkeit und Kosten von Corona-Massnahmen und optimale Interventionsebene* [Effectiveness and costs of coronavirus measures and optimal level of intervention], Zurich. P. 57 ff.

vaccines and for the cantons to organise the actual vaccinations (locations, centres, distribution to service providers). Nevertheless, various problems were mentioned.

- According to some of the stakeholders surveyed from the areas of healthcare and social services, the granting of *authorisation* for vaccines was too slow. For example, the question was asked why Switzerland needs its own regulatory authority when it is no more flexible or quicker than its EU counterpArt. Difficulties were also experienced with the procurement of vaccines. Some respondents criticised the FOPH for failing to order sufficient quantities of vaccine. They also pointed to the fact that deliveries had been subject to delays and that it was unclear for a long time when and how many vaccine doses would be available. This in turn made it impossible for the cantons to plan their work efficiently and recruit staff to administer the vaccines. Reference was made to the special problem posed by the handling of the Johnson & Johnson vaccine, which had been approved but not purchased, leading to a sense of uncertainty among the population.
- It was also stated that the organisation of the *vaccination appointments* had not gone smoothly, with not all cantons being prepared for the start of the vaccination programme. The requirements relating to the cold storage of the vaccines as well as the size of the packages were also cited as factors that complicated organisation. According to interviews, improved dialogue between the cantons would have helped in dealing with the associated requirements more quickly. Some cantons were said to have already had well-developed concepts for the establishment of vaccination centres or the organisation of mobile vaccination teams at the beginning of the crisis. The fact that there were differences between the cantons in terms of the criteria they applied for prioritising the order in which people could register for vaccination was likewise considered problematic. It was also said that implementing this system of risk-based prioritisation proved difficult due to the extremely detailed nature of the risk criteria and the difficulty that many patients had in understanding them. The opinion was shared that in many cantons the arrangement of vaccination appointments was made even more difficult due to the inadequate registration procedures initially in place. Older people often had difficulties with registration, as this primarily had to be done online. Lengthy waiting times were also reported due to the fact that telephone hotlines were often overstretched.
- A further factor highlighted as making the implementation of the vaccination programme more difficult were the disputes concerning *payment for the administration of the vaccines* by hospitals and medical practices. Respondents described the setting of tariffs as non-transparent and exclusively geared towards the needs of large cantonal vaccination centres. It was opined that, where possible, the vaccination should be performed by a family doctor. Many of those interviewed pointed out, however, that the excessively low tariff has made the administration of vaccines unattractive for hospitals and family doctors. They believed that this could have had a negative impact, as family doctors, in particular, enjoy a high level of trust among the population and could contribute to a high vaccination rate.
- The *FOPH's internal responsibilities* for preparing and implementing the vaccination programme were viewed as unclear. It was stated that questions posed by citizens and the cantons, for example with respect to how long the vaccines were effective or the associated tariffs, were in some cases not answered or were only addressed at a very late stage. Those surveyed believed that the FOPH has worked in "silos" that have had very little dialogue with each other.
- Several respondents expressed severe criticism as regards parts of the federal government's *communication policy*. On the one hand, there was criticism that the federal government failed to provide information to the cantons or only did so shortly before it was made available to the population. This meant that it was almost impossible to incorporate family doctors and other information hubs in the information flow. As a result, it was opined that family doctors were not sufficiently informed and were unable to answer queries from the population in a satisfactory manner, leading to a sense of uncertainty. On the other hand, expectations of quickly available vaccination appointments were said to have been kept high by the optimistic statements from members of federal authorities despite the fact that the delivery of vaccines had been delayed.
- Finally, reference was made to a lack of *tools for the digital monitoring and management of vaccinations*. At the beginning of the vaccination campaign, for example, it was pointed out that vaccine doses had to be ordered from the FOPH using a paper form.

Despite the problems described, the allocation of responsibilities with respect to vaccination was generally viewed by the respondents as being appropriate. As with other health-related topics such as contact tracing, certification and testing, it can be assumed that there has been good cooperation between the federal government and the cantons. The respondents believed that where problems have emerged, this has been due to unclear responsibilities within the FOPH, poorly coordinated communication processes between the federal government and the cantons as well as a lack of digital tools for exchanging information and monitoring the spread of the pandemic. They also pointed to two fundamental problems in

the cooperation between the federal government and the cantons, which have not only affected health-related measures, but rather all measures of pandemic management:[43]

- The first problem is related to the federal government's consultation and information processes. Representatives of the cantons repeatedly pointed out that the federal government's consultation processes were too short to allow the cantons to establish consolidated positions across the various policy areas. This was not only the case within the individual cantons, but also across the different cantons. This was said to have led to the aforementioned "federal patchwork", which has shaken confidence in federalism to some extent. The situation with respect to ski terraces and opening hours in the restaurant sector were frequently cited as negative examples. There was a feeling that the cantons needed more time for the consultation procedures as well as for the communication of the decisions taken by the Federal Council. Often, the responsible internal administrative bodies as well as external partners had to be informed at the same time as the population, which the respondents believed led to a lot of uncertainty. However, those interviewed from the federal government pointed out that the pandemic situation has often necessitated rapid decisions and that the cantons did not have the structures and processes in place to bring these about in a coordinated manner.
- The second problem relates to the different positions of the cantonal actors. At both an operational (e.g. cantonal doctors or cantonal pharmacists) and political level, the federal authorities are confronted with a large number of different cantonal viewpoints. In some cases, there was also said to be tensions between the cantonal representatives, making the work of the federal authorities more difficult. Interviewees expressed the opinion that in many cases it was the federal government that had driven the coordination between the cantons, with the cantonal representatives often not being in a position to do so alone. One example given was the fact that there were phases in the summer of 2020 during which those responsible at an operational level in the cantons wanted to transfer responsibility for contact tracing to the federal government, while those working at the political level were of a different opinion.

What have been the advantages and disadvantages of the cantonal implementation?

The benefits of Switzerland's federal system are well known. According to many respondents, these benefits have also been felt during the vaccination campaign. It was opined that the cantons know the specific features of their territory best, be this with respect to how healthcare is structured or the sensitivities of the population. Even if, for example, it may have taken longer than necessary to establish the vaccination system, there was a view that Switzerland's federal structure allowed for vaccination to be organised in a manner that was tailored to the requirements of the individual cantons and thus effectively. The belief was also held that the cantonal anchoring of vaccination activities made it easier to reach the population. Furthermore, it was pointed out that the population, especially in rural regions, has greater trust in the cantonal government than it does in the politicians in the Swiss capital. Against this background, the prevailing view was that it was effective to leave the organisation of vaccine provision to the cantons, as envisaged in the Swiss Influenza Pandemic Plan. Nevertheless, there are aspects that should be addressed in a more uniform way with a view to future crises:

- In this context, it is the *monitoring* of indicators of how the pandemic is spreading and being combated that is primarily being alluded to. In particular, important information (e.g. number of cases, suspected cases, number of vaccinations by risk and age group) must be collected in future according to uniform requirements with a view to tracking the spread of the pandemic and containing it. It is true that the Ordinance on the Reporting of Observations of Communicable Diseases in Humans stipulates an obligation to report diagnoses. This reporting obligation includes both the reporting of suspected cases by doctors and laboratory reports on specific tests carried out.[44] The FOPH may also specify investigations to be performed by the authorities.[45] It is apparent, however, that the reporting system has numerous gaps that still existed in summer 2021 despite various improvements being made. Due to legal requirements, for example, reports on affected individuals are still compiled using names and addresses (and not via the policyholder number of the person affected), which have to be entered several times by the test centres, doctors and laboratories subject to the reporting obligation. This is not only time-consuming, but also prone to error, making it difficult to monitor and contain the pandemic.
- The need to *standardise the digital infrastructure and software* for key processes such as vaccination, testing and contact tracing (see also section 4.2) was also highlighted. Furthermore, in view of the diversity of the individuals recruited on an ad hoc basis, it was stressed that high priority must be given to additional quality assurance procedures.

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43 See in this regard Conference of Cantonal Governments (2020): *Corona-Pandemie: Das Krisenmanagement in der ersten Welle aus Sicht der Kantone, Zwischenbericht* [Coronavirus pandemic: crisis management during the first wave from the cantons' perspective], interim report, Bern.

44 FOPH 2018: Swiss Influenza Pandemic Plan, p. 34.

45 Ibid., p. 36.

- In various instances, there was a desire for more uniform and binding specifications from the *federal government and the cantons regarding vaccination and testing*. It was argued that such specifications would make the work of management figures easier, as they would be able to refer to official measures. It was likewise felt that it is easier for supervisors to implement binding guidelines issued by the authorities, as conflicts with staff can be reduced in this way.
- Certain respondents also expressed their desire for the *vaccination recommendations* of the FCV and FOPH to be more *binding* (see more in this regard below). The fact that these were implemented differently by individual cantons, for example with respect to the prioritisation of healthcare professionals, led to a sense of uncertainty among the population and specialists.

Opinions were split on the question of whether it is appropriate for individual cantons to try out new solutions by embarking on their own paths as part of a kind of "federal laboratory". While some welcomed the fact that this approach means that innovations are possible and concepts can be tested, others were sceptical. They pointed to the fact that Switzerland is too small for such experiments, stating that the population cannot understand why different rules are applied on the two sides of a cantonal border. This was said to have generated more resistance than progress in the combating of the pandemic.

How have the cantons cooperated during the crisis in general and on vaccination specifically? What has been the role of the municipalities?

In its interim report on the crisis management of the cantons during the first wave of the pandemic, the Conference of Cantonal Governments points to the challenges of intercantonal coordination.[46] The differences in the culture of cooperation between the cantons also became apparent in the discussions held on the topic of vaccination as part of the evaluation. At the beginning of the vaccination campaign, it was said that individual cantons were open to cooperation with other cantons. Some, for example, passed on vaccine doses to other cantons, while others were more cautious in this regard. Most of the respondents were in agreement that the ranking of vaccination progress between the cantons was started too soon, stating that the pressure exerted on the cantons by the federal government to vaccinate quickly had not been effective, as there were delivery delays at the same time.

The municipalities have not played a major role in the vaccination programme. The interviews indicate that in most cantons municipal resources have only been involved in the implementation of the vaccination campaign during the vaccination of residents of institutions. Individual towns and cities have also provided vaccination information for specific target groups, such as undocumented migrants. The general impression was that the municipalities have not been actively involved in the FOPH's crisis management. The FOPH has primarily turned to the cantons, an approach that has also been adopted by other federal agencies in line with the expectation of the cantons. Many cantons consider it exclusively their task to involve the municipalities in decision-making processes and the distribution of information. The discussions revealed, however, that this involvement has varied greatly in scale during the course of the crisis. The involvement of municipal authorities in cantonal crisis organisation is very important for effective crisis management, not least because they are often responsible for important areas of healthcare (e.g. retirement and nursing homes as well as Spitex).

The cooperation between the cantons was addressed in the "Implementation of the Epidemics Act (EpidA)" situation analysis, which was concluded in 2020. It was pointed out that the small-scale cantonal structure of Switzerland combined with the great autonomy and responsibility for implementation enjoyed by the cantons gives rise to diverging cantonal medical structures as well as different states of readiness and capacities to deal with tasks.[47] In the interviews conducted at the time, the view was expressed that the cantons had yet to develop a suitable process for handling topics that are to be worked out together (e.g. strategies, pandemic plan). The authors of the situation analysis concluded that the FOPH should assume a more pronounced national leadership role in implementing the EpidA in areas to be specifically defined.[48] This view was confirmed by several respondents who were questioned as part of this evaluation. Intercantonal cooperation is seen as one of the challenges that has to be addressed. Insufficient agreements between the

46 See in this regard Conference of Cantonal Governments (2020): *Corona-Pandemie: Das Krisenmanagement in der ersten Welle aus Sicht der Kantone, Zwischenbericht* [Coronavirus pandemic: crisis management during the first wave from the cantons' perspective], interim report, Bern.

47 Wüest-Rudin, D. (2020) *Situationsanalyse «Umsetzung des Epidemiengesetzes»* ["Implementation of the Epidemics Act (EpidA)" situation analysis]. On behalf of the Federal Office of Public Health, Bern, p. 69.

48 Ibid.

cantons on measures in the special situation as well as different approaches to monitoring activities such as testing, tracing, isolation and quarantine were identified as aspects that have made crisis management more difficult.

Have the recommendations of the FCV been sufficiently clear? Has there been a need for more binding guidelines?
The FCV developed a COVID-19 vaccination strategy at the end of 2020 and published it together with the FOPH.[49] Among other things, the strategy included recommendations with respect to prioritisation based on the disease burden of the target groups. From the respondents' perspective, the recommendations were sufficiently clear. However, they also pointed out that not all of the cantons have fully complied with this guidance, as it was provided in the form of recommendations from the FCV and not as instructions from the FOPH. Such recommendations are not legally binding. The following aspects generated debate:

- The fact that healthcare professionals and other individuals working in system-relevant professions were not specifically prioritised for vaccination was frequently viewed to be inappropriate. In this context, it was also pointed out that the recommendations had been compiled by a relatively small group of people, making it more difficult to gain acceptance among stakeholders.
- Furthermore, criticism was aimed at the *lack of differentiation* within the group of "other adults" who wanted to get vaccinated. The interviews revealed that some cantons had expected a differentiation to be made between those aged over and under 50 and also proceeded accordingly, while other cantons gave preference to individuals in system-relevant professions, including teachers. In this respect, several cantons and stakeholders expressed their desire for greater differentiation in the recommendations. Reference was also made to ambiguities with respect to the vaccination of individuals who had recovered from COVID-19. However, there were also respondents who advised against detailed specifications and differentiation, as this can make efficient implementation more difficult.
- A further problem concerned *materials* that accompany and support the implementation of the vaccination process, including teaching materials for specialists, explanations on vaccination, FAQs and information for patients. These documents were said to largely have arrived at the same time as the vaccine and thus too late. In particular, it was also revealed that the Italian version had arrived with a delay.

Generally speaking, various respondents would have welcomed the issuance of directives by the FOPH that were binding for all cantons on the basis of the FCV recommendations.

4.1.3 Legal assessment

In spring 2020, the Federal Council implemented the envisaged allocation of responsibilities under the EpidA in an exemplary manner and assumed sole responsibility following the declaration of the extraordinary situation. After the transition to the special situation, however, it allowed for uncertainty to develop with respect to the distribution of responsibilities between the federal government and the cantons. This ultimately led to individual cantons openly opposing the Federal Council's orders and thus the violation of the principle of federal loyalty.

During this time, the Federal Council made very restrained use of its powers to coordinate cantonal measures as provided for in the EpidA. Art. 77(1) of the EpidA instructs the federal government to supervise the implementation of the Act by the cantons, while Art. 77(2) states that it shall coordinate the implementing measures taken by the cantons "insofar as there is an interest in uniform implementation". "For this purpose", Art. 77(3) of the EpidA states that it may "a. specify the measures that the cantons must take to achieve uniform implementation; b. instruct the cantons to take specific implementing measures in response to risks to public health; c. require the cantons to inform the federal government about implementing measures; d. specify the requirements the cantons must meet in their preparatory and emergency plans". These provisions should provide the federal government with the basis for ensuring that COVID-19 is tackled in a coherent manner without generally denying the cantons the authority to order measures. The implementing measures specified under Art. 77 of the EpidA are addressed to the cantons. This is in contrast to the measures aimed at combating communicable diseases provided for under Art. 6 of the EpidA, which are addressed to the citizens of Switzerland and ordered by the cantons in a special situation if the federal government does not do so. In particular, the federal government made little use of the possibility provided under Art. 77(3)(a) of the EpidA to order measures for uniform implementation and to differentiate these at a regional level in order to take account of the different circumstances in the cantons. The responsible agencies may have refrained from utilising this possibility as they assumed that the term "uniform implementation" meant uniform rules and their uniform application across Switzerland. However, such an interpretation would be too narrow. If cantons in one region of Switzerland were to handle the implementation of measures so generously that infection rates there were much higher than in other regions, federal measures applicable to these cantons would be appropriate but would not be justifiable if applied to the cantons with lower rates of infection. Uniform

[49] FOPH and FCV (2021): *Covid-19-Impfstrategie* [COVID-19 vaccination strategy], as at 14 April 2021, Bern.

implementation can (and rightly should) therefore be ensured through measures that are differentiated in terms of their content according to the epidemic situation, provided that this aspect varies greatly from region to region. The ordering of nationwide implementing measures when in fact there is only a need for such measures in certain regions would unnecessarily trigger defensive reflexes in the other cantons. The law thus does not exclude differentiations in terms of content for implementing measures and, when interpreted correctly, even requires them. For corresponding differentiations to be made, however, it would be necessary to conduct systematic surveys of the effectiveness of implementing measures and the obstacles to their success in the cantons (e.g. difficult implementation in some cantons due to a lack of capacities or IT tools, inefficient organisation, weak political support).

The fact that the organisation of tasks at a federal level according to the EpidA was not very suitable proved to be especially problematic. This may ultimately have led to ambiguities that placed strain on the relationship between the federal government and the cantons. Numerous federal agencies and cantonal officials need to be involved in the decision-making processes on measures (the FOCP, FSVO, Armed Forces Pharmacy, fedpol, police command staff, Federal Office for Customs and Border Security and SDC as well as the CMS, SRC, Association of Cantonal Doctors, etc.). And according to the EpidA, a coordination body (Art. 54 EpidA), a task force (to advise the Federal Council and support the federal government and the cantons with coordination, especially in a special or extraordinary situation; Art. 55 EpidA), the FCV (Art. 56 EpidA) and the Swiss Expert Committee for Biosafety (Art. 57 EpidA) are directly involved in the decision-making process.

While the EpidA contains a whole series of provisions concerning vaccinations, they are primarily tailored to communicable diseases in a normal situation. These provisions cover issues such as the national vaccination plan (Art. 20 EpidA), the encouragement of people to be vaccinated by the cantons (Art. 21 EpidA), the ordering of mandatory vaccinations by the cantons (Art. 22 EpidA), international certificates of vaccination or other prophylaxis (Art. 23 EpidA), the monitoring and evaluation of vaccination measures (Art. 24 EpidA), the supply of therapeutic products including vaccines (Art. 44 EpidA) and financial assistance for manufacturing therapeutic products including vaccines (Art. 51 EpidA). No implementation deficit can be observed with respect to the normal situation.

However, it has been seen that the implementation of these provisions in a special and extraordinary situation is not problem-free, with this being particularly true for the aforementioned Art. 23 and 24 as well as Art. 44 and 51 of the EpidA. Art. 6 of the EpidA would authorise the Federal Council to declare vaccination mandatory in a special situation for at-risk population groups, particularly exposed individuals and individuals engaging in certain activities (Art. 6(2)(d) EpidA). On the basis of the general authorisation provided under Art. 7 of the EpidA, the Federal Council could, subject to reviewing the proportionality of such a measure, also prescribe mandatory vaccination for the entire population in an extraordinary situation. Finally, reference should be made to Art. 70 of the EpidA, according to which the federal government may undertake to cover any loss or damage for which the manufacturer of a therapeutic product not yet authorised by Swissmedic may be held liable as the consequence of the product being used as recommended or ordered by the federal government in a special or extraordinary situation. At an ordinance level, it is envisaged that the federal government will provide a model certificate of vaccination or other prophylaxis (Art. 50(d) of the Epidemics Ordinance [EpidO]). The Federal Council is also required to ensure the availability, "in particular", of vaccines against pandemic influenza as well as vaccinations and other therapeutic products against certain other diseases (Art. 60(a) EpidO). The wording "in particular" means that the list is not exhaustive. Instead, it is also intended to cover vaccinations and therapeutic products against other diseases that exhibit comparable risk potential to those listed, i.e. also for COVID-19.

4.1.4 International classification

Sweden			*Austria*		
Significance of the topic			Significance of the topic		
Major	Moderate	Minor	Major	Moderate	Minor
The lack of clarity with respect to where responsibility lies has proven to be a fundamental problem in Sweden's pandemic response. While the central government is responsible for clarifying the respective powers, there has been a lack of leadership and little possibility to take measures. In Sweden, responsibility for healthcare chiefly lies at a regional administrative level, with responsibility for geriatric care being assigned to the municipal administrations. The public debate has often attached blame for			The political decisions within the context of the pandemic have been based on outdated epidemic legislation from the 1950s. At the start of the pandemic, there were considerable local and regional differences with regard to infection epidemiology. This led to specific decisions being taken by some provinces (e.g. Tyrol), which were later followed by decisions at a federal level. As the pandemic has progressed, the lack of consistency in the decisions taken at a federal,		

the high mortality rate to the lack of coordination between the political levels.
In several instances, it appears as though the national and regional authorities were waiting for the other to act. This was evident, for example, in the tightening of restrictions in autumn 2020: Several regions believed that the national authorities had been too hesitant in imposing restrictions and ended up introducing local restrictions on their own.
Similarly, in the spring of 2021, there was a blame game about who was responsible for the slow pace of vaccination and the considerable regional differences. The Swedish authorities recognised at an early stage that rapid access to a COVID-19 vaccine would be crucial in enabling society to return to a more normal situation. As early as 20 May 2020, the government presented a vaccine strategy for Sweden, including a special vaccine coordinator.
By the end of February 2021, just under one-third of the promised vaccine doses had been delivered to the regions. At the end of July 2021, 78.6% of the adult population had received at least one dose, while 51.0% had received two doses of the vaccine. The public has generally been positive about vaccination and a high level of willingness to get vaccinated has been observed. More than 69% of those who have not yet been vaccinated intend to be, and a further 18% are likely to get the vaccine. Furthermore, current surveys show that there is also a very high level of willingness to be vaccinated among 16- to 19-year-olds.
Responsibility for the development and planning of the vaccination campaign lies with the national authorities, while the regional authorities are responsible for its implementation. This led to implementation problems during the initial phase. However, thanks to the wide availability of vaccines and the high willingness of the population to be vaccinated, this problem is no longer relevant.

provincial and district level has represented a problem. In many areas, there have been no clear guidelines for the country as a whole, with the provinces often having to rely on their own measures.
Overall, the crisis has laid bare a number of weaknesses in the cooperation between the various levels of government that had already existed before the crisis. In some cases, these weaknesses have been detrimental to how the pandemic has been controlled.
This problem has also been apparent with respect to vaccination. Significant local and regional differences in vaccination strategy, registration logistics, vaccine distribution and vaccination implementation initially impacted the pace of vaccination at both a provincial and district level. Vaccine procurement, including the conclusion of preliminary contracts, is conducted centrally by the EU. At a national level, the first vaccinations were started on 27 December 2020 with great political participation. However, the pace of vaccination subsequently fell well short of expectations. Vaccination progress was increasingly slowed by suboptimally prepared registration logistics, vaccine distribution and vaccination implementation in the provinces and districts. Coordination also didn't appear to always run smoothly at a municipal level. For example, vaccine doses were often left over following the vaccination of residents at retirement and nursing homes. These were then used to vaccinate individuals who did not belong to a risk group. The difficult logistical handling of the mRNA vaccines also represented an issue. The IT connection for the registration lists and their coordination at different vaccination providers likewise proved problematic, as did the deregistration of those who had been vaccinated.
Overall, the willingness to get vaccinated in Austria is rather high. At the beginning of August 2021, the vaccination coverage rate stood at around 52% (two doses). Since this time, easily accessible services, including the possibility to get vaccinated without registration, vaccination buses and vaccination offerings at shopping centres, have been expanded in order to reach less informed groups. Nevertheless, there is a certain amount of vaccination scepticism among parts of the population. Even though all of the provinces are endeavouring to optimally vaccinate their population based on different offerings, their overall vaccination coverage rates are similar.

4.1.5 Need for action

In summary, it can be said that the allocation of responsibilities between the federal government and the cantons as stipulated in the EpidA has proven its worth in many respects during the crisis. Problems have of course arisen during the pandemic with respect to cooperation between the different federal levels. However, this observation is neither unique to the crisis nor to Switzerland. Most of these problems are related to the heightened requirements in terms of coordination and consultation between the federal government and the cantons as well as the failure to deploy the Epidemics Act Coordinating Body (KOr EpG) earmarked for this purpose. The fact that digital tools for the monitoring and documentation of risks were not available in sufficient quality and the poorly coordinated communication with the public were further factors. It should be noted, however, that the involved parties generally tried to avoid any tensions. This can be seen, for example, in the strategic bases of the Swiss Conference of the Cantonal Ministers of Public Health (GDK) and the FDHA-FOPH of 22 October 2020, which defined principles, measures and forms of cooperation and prepared them on the basis of scenarios to ensure that action could be taken quickly and without fundamental differences of opinion in an emergency.[50] With regard to vaccination, it was also pointed out in the press that politicians had acted

[50] Swiss Conference of the Cantonal Ministers of Public Health (GDK) and the FDHA-FOPH (2020): *COVID-19-Bewältigung: Strategische Grundlagen der GDK und des EDI-BAG. Grundsätze – Massnahmen – Zusammenarbeit* [COVID-19 management: strategic bases of the Swiss Conference of the Cantonal Ministers of Public Health (GDK) and the FDHA-FOPH. Principles – measures – cooperation], Bern.

with surprising flexibility and speed.[51] With a view to further crises, however, a need for action can be identified at a political as well as at a strategic and operational level.

Political level

As far as the political level is concerned, the crisis has brought to light the need for optimisation in terms of the cooperation between the federal government and the cantons. In particular, in the planned revision of the EpidA and the pandemic plan, the division of tasks between the federal government and the cantons needs to be reviewed and further specified from an organisational, technical and financial perspective, in line with the findings of the analysis of Swiss crisis management conducted by the Institute of Crisis Management at ETH Zurich in autumn 2020.[52] The analysis of the special situation according to the EpidA published in 2018 points to the same need for action.[53] The authors of this study also suggested that appropriate structures and processes for decisions in specific cases be defined at an ordinance level or at least a regulation level.

Strategic level

At a strategic level, two areas of action can be derived from the in-depth analysis of the allocation of responsibilities between the federal government and the cantons.

- Firstly, there is a need for more binding agreements between the federal government and the cantons regarding the standardisation of digital tools for the collection, reporting and monitoring of data and activities. This issue is also not new within the context of the EpidA.[54] The management of the coronavirus pandemic has been made more difficult by this implementation deficit. Measures for dealing with this problem are explained in section 4.2.
- Secondly, the FOPH must generally be granted the legal powers to exercise and enforce stronger technical leadership vis-à-vis the cantons as well as other stakeholders (e.g. precautionary measures for retirement, nursing and care institutions as well as with respect to vaccination and testing).
- Unlike many cantons, the FOPH has a sufficient number of highly skilled employees in the area of public health. It is advisable for these experts, working together with directly affected stakeholders and the cantons, to define measures such as distance rules, precautionary measures for retirement, nursing and care institutions or priorities for vaccinations that are to be applied across Switzerland. This facilitates pandemic management and allows for resources that are already under great strain to be utilised efficiently in a crisis situation. This issue was also already addressed in an earlier study.[55]

Operational level

The in-depth analysis of the allocation of responsibilities suggests that focus should also be placed on the management and organisational structure of the FOPH in terms of need for action. It is not only outsiders who perceive the FOPH's crisis organisation as lacking in transparency. During the crisis, those operating outside the FOPH have had to observe how similar work is being performed by different bodies. In many cases, it has proven difficult to find the right contact person. Cantonal representatives complained that their questions were not answered or were answered too late. The situation has been aggravated by the fact that numerous staff changes have had to be processed both before and during the crisis. In some instances, young and inexperienced employees have had to take on new tasks in contact with the cantons. Despite a high level of personal commitment, inadequate support and insufficient resources have led to an overburdening of employees and further absences. This situation calls for improvements.

4.2 "Availability and use of digital data"

In order to respond effectively and efficiently to a pandemic, a comprehensive and up-to-date data basis is required. Three types of data sets are required: individual data on the infection and disease progression of patients, aggregate data on the prevention of the spread of the virus and data on the supply of care. In all areas, the cantons are responsible for the provision of data due to the powers assigned to them in the areas of healthcare provision and health protection. To

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51 Neue Zürcher Zeitung (NZZ) of 19 February 2021: *Der Traum vom raschen Durchimpfen droht zu platzen* [The dream of rapid vaccination at risk of bursting] (F. Baumberger), https://impfapotheke.ch/assets/aktuelles/19022021-nzz.pdf.

52 Wenger, A. et al. (2020): *Schweizer Krisenmanagement: Die Corona-Virus-Pandemie als fachliche und politische Lernchance* [Swiss crisis management: the coronavirus pandemic as a professional and political learning opportunity]. Bulletin 2020 on Swiss Security Policy, ETH Zurich, pp. 126−127.

53 Rüeffli, C.; Zenger, C. (2018): *Analyse besondere Lage gemäss EpG: Aufgaben, Zuständigkeiten und Kompetenzen des Bunde* [Analysis of special situations according to the EpidA: tasks, responsibilities and powers of the Confederation], Bern. P. VIII.

54 Wüest-Rudin, D. (2020): *Situationsanalyse «Umsetzung des Epidemiengesetzes»* ["Implementation of the Epidemics Act (EpidA)" situation analysis]. On behalf of the Federal Office of Public Health, Bern.

55 Ibid., p. 70.

enable the federal government to perform its tasks under the EpidA, it needs up-to-date data of all three types. Cooperation between the federal government and the cantons is therefore essential in order to ensure the provision and aggregation of data. Against this background, there is a considerable need for coordination between the federal government and the cantons – similar to the situation with vaccination. At the same time, the security of the data used must be guaranteed.[56]

4.2.1 Background

At the outset of the crisis, the availability and exchange of digital data on the pandemic was subject of intense public debate. In the media, for example, articles were published on the lack of systems for exchanging data between the federal government and the cantons, while criticism was also levelled at the reporting of coronavirus cases by fax. The inadequate data infrastructure was often associated with a lack of digitalisation at the cantonal administrations and federal offices. The criticism of shortcomings in terms of digitalisation can also be found in ETH Zurich's Bulletin 2020 on Swiss Security Policy. It emphasises that the problems in the Swiss pandemic preparation system had been known for a long time and had already been noted in previous evaluations at a national and international level.[57] Furthermore, the international literature in this area underlines the fact that the rapid establishment of response capacities represents an important pillar in successful crisis management.[58] In order to ensure this response capacity, an up-to-date data basis that is as complete as possible is required, especially in the case of very dynamic crises such as the coronavirus pandemic.

A differentiated assessment of the problems that have stood in the way of the use of digital data in managing the crisis is compiled below. Consequences for the future collection and evaluation of pandemic-relevant data at the FOPH are derived from this.

4.2.2 Answers to the key questions

This section answers the key questions that were developed together with the Steering Group. It was not possible to pursue all important questions. In particular, the challenge of how to advance the digitalisation of the Swiss healthcare system is not addressed. Furthermore, while the issue of data protection is included in the analysis as a reason for the lack of availability of digital data, a fundamental evaluation of "data protection during the crisis" was not conducted. Specific data protection problems, such as those experienced with the "meinimpfungen.ch" platform, are also not addressed.

What are the most important types of data that should have been available to manage the crisis? What data has been relevant? To whom has the data been made available? What types of data have been missing altogether?

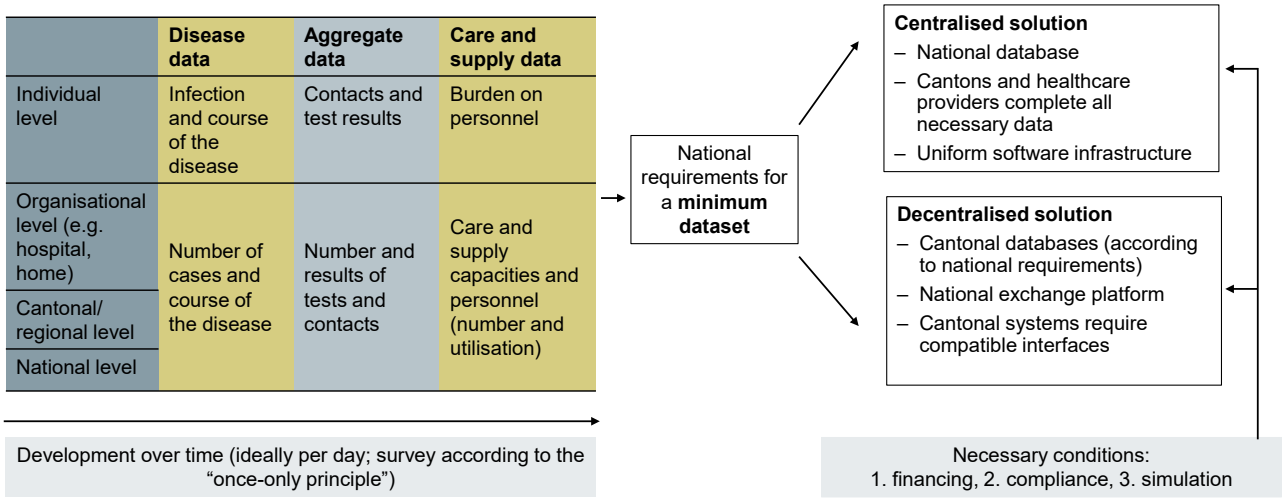
To manage a pandemic, various data is required that is provided by different actors and needs to be exchanged between various parties. Figure F 4.1 below provides a schematic overview of the relationships.

[56] Szvircsev Tresch, T. et al. (2021): *Sicherheit 2021* – trends and tendencies in public opinion on foreign, security and defence policy issues. Military Academy at ETH Zurich and the Center for Security Studies (CSS), Zurich, p. 24.

[57] Wenger, A. et al. (2020): *Schweizer Krisenmanagement: Die Corona-Virus-Pandemie als fachliche und politische Lernchance* [Swiss crisis management: the coronavirus pandemic as a professional and political learning opportunity]. Bulletin 2020 on Swiss Security Policy, ETH Zurich, pp. 116−117.

[58] Ansell, C.; Boin, A.; Keller, A. (2010): Managing transboundary crises: Identifying the building blocks of an effective response system. *Journal of Contingencies and Crisis Management*, *18*(4), pp. 195-207. Ansell, C., Sørensen, E., & Torfing, J. (2020): The COVID-19 pandemic as a game changer for public administration and leadership? The need for robust governance responses to turbulent problems. *Public Management Review*, 1–12.

F 4.1: Type of data to be collected and models of data exchange between organisations and levels



Source: Interface/INFRAS.

Data is required at an individual, organisational, cantonal and national level. The data should show the development of important indicators over time. On the one hand, this allows for the better calibration of pandemic measures and, on the other, for information to be obtained on the progression of the disease. Generally speaking, data should be exclusively collected in accordance with the once-only principle. This means that data only has to be entered in a digital system once and is then stored (on an anonymised basis) to be used on multiple occasions. This type of data use is being promoted by the Federal Statistical Office (FSO) in other areas.[59]

In order to provide the data required for pandemic management, specifications are required for a minimum national data set. On the one hand, the specifications need to be substantive, meaning that an agreement is reached on which information has to be collected. On the other, the specifications must also be of a technical nature. In order words, the data has to be collected in centralised or decentralised databases that are suitable for complex data exchange (e.g. no Excel sheets).

In reality, the data on which the management of the pandemic has been based has fallen a long way short of the ideal situation outlined. According to the experts, the following points, in particular, illustrate the problems experienced with respect to data that is only minimally available and whose evaluation is necessary for crisis management:

- The current pandemic demonstrates the necessity for an overview of cases (e.g. numbers of new infections) that is as accurate as possible. Data about disease progression in individuals is also needed. This requires "real time" diagnosis data from the perspective of the medical situation. A complete picture of the prevailing situation at the very outset of a pandemic is also imperative (ventilators, medication, beds). In the case of the coronavirus pandemic, these foundations have largely been lacking. In autumn 2020, the data was collected on a retroactive basis.
- The lack of case-based data meant it has not been possible to take measures to combat the pandemic based on the exact course of the crisis. For example, there has been no aggregation of different information regarding a COVID-19 case over time. The FOPH's reporting system does not meet this requirement. This is not the case with the University of Geneva's "COVID-19 hospital-based surveillance system", which is co-financed by the FOPH. This makes it possible to continuously record and monitor the entire course of a patient's health ("agent-based data"). However, this system is designed as a research project in which 21 hospitals are participating voluntarily.[60]
- To combat the spread of the virus, it is also necessary that both positive and negative test results are recorded in real time from the very beginning. In the case of a local coronavirus outbreak, for example at a school, it is not only important to know how many people have been infected, but also how many people have tested negative. The collection and aggregation of such data would allow for the more precise setting of coronavirus measures.

[59] Federal Statistical Office: Federal Council forges ahead with reusable data. Press release of 25 November 2020.

[60] Hospital-based surveillance of COVID-19 in Switzerland. https://www.unige.ch/medecine/hospital-covid/, accessed on 15 September 2020.

- The aggregation of data at a national level has worked poorly. What is required here is a functioning, sufficiently funded and tried-and-tested system. This is discussed in more detail later in the report.

What obstacles have been faced in making this data digitally available? What types of data have been unavailable on a centralised basis? What types of data has the FOPH been unable to use due to a lack of interoperability?

The interviews highlighted various problems that have led to the unavailability of relevant data during the crisis. The requirements of the EpidA, the differences between the cantons, the "compliance" of the cantons and providers, the coordination between the providers and authorities and the lacking use of existing systems, in particular, played an important role:

- *Epidemics Act:* One explanation for the lack of data can be found in the provisions of the EpidA, which assigns different areas of responsibility to the federal government and the cantons. The legislator had not sufficiently anticipated that a digital infrastructure allowing for the intercantonal and national exchange of data would be needed to manage an epidemic. Under a centralist approach, it would have been possible to declare an existing system as binding for the whole of Switzerland. However, due to the large degree of responsibility assumed by the cantons for data collection, a number of different systems have been used. For example, reference was made to the fact that there have been 17 different contact tracing systems in Switzerland, with the result that infected individuals were sometimes registered in three cantons. Another challenge highlighted in connection with the sharing of responsibilities and insufficient legal basis is that following the end of the crisis there will likely be a reduction in the capacities that have been created in many areas, which will go hand in hand with a loss of experience.
- *Differences between the cantons:* Some interviewees pointed out that there are significant differences between the cantons in terms of the quality of their digital infrastructure and data.
- *"Compliance" of the cantons and providers:* Another problem was said to be the failure of the cantons and providers to comply with agreements and to adhere to data collection guidelines. With respect to the reporting system, it was stated that there was an agreement that a minimum data set should be aggregated at a national level in order to more accurately reflect the course of the pandemic (e.g. socio-demographic data, contact cases). Under this agreement, the cantons were required to integrate the data into a national database. However, it was said that the data has often been delivered too late or not at all. Up to the time of the in-depth analysis in June 2021, for example, it was revealed that the "national data" on individuals in isolation and quarantine was still based on information provided by 19 of the 26 cantons. Up to this point, it had thus not been possible to map important indicators of the pandemic in real time. According to the experts, there is primarily a lack of political will in this regard. Some interviewees also suggested that medical practices had not always reported COVID-19 cases to the authorities. However, they were unable to state to what extent the reporting obligation has not been adhered to.
- *Coordination between the providers and authorities:* A further challenge has been the coordination of data recording and data collection between the authorities and healthcare providers. For example, the implementation of the Covid codes (for the SwissCovid app) in the cantons was stated to have been problematic. Many patients were said to have been unaware who could issue them with a Covid code. While the cantonal doctors were initially responsible for the distribution of codes, it was opined that they seem to have lacked routine in dealing with the large number of requests. Following an amendment to the relevant ordinance, family doctors and the FOPH infoline from Medgate were also able to distribute codes. It was pointed out, however, that a suitable digital solution had to be developed first.
- *Shortcomings in digital infrastructure:* The interviews also revealed that crisis management has been hindered by a lack of digital infrastructure. For example, reference was made to the fact that in large parts of Switzerland there was no patient management system that incorporated both the inpatient and outpatient sectors. It also appears that the existing data collection systems used in the FOPH's reporting were overstretched in light of the very large number of cases. It was said that there had generally been a reduction in the number of surveys in recent years due to the volume of work involved. While it was acknowledged that the FOPH has recognised these problems, there was a feeling that the responsible Communicable Diseases Division has received too little funding, while the Digital Transformation Division was only established in 2020. It was opined that the electronic patient record could close some of the gaps that have been identified. However, the view was that this would not sufficiently counteract the current lack of cooperation between healthcare providers and that it also would not solve the problem of the lack of confidence in the FOPH on the part of many service providers. Overall, despite many initiatives, the feeling was that there is a lack of political will to finance digital infrastructure and coordinated data management in the healthcare sector.
- *Lack of use of existing systems:* Since 2010, the ordinance to the EpidA has provided for a contact tracing system that could have been used by all cantons. Such a system is also envisaged for vaccination. The interviewees revealed that such programmes existed but were not "rolled out" by the FOPH. It was also said that these modules were only well known at the FOPH in the Communicable Diseases Division.

What role have data protection requirements played in the implementation of digital projects (e.g. databases for monitoring and control, IT applications to support the implementation of measures, granularity in the presentation of data to the public)?

Data protection is relevant to the implementation of measures against the pandemic in various areas. In its Annual Report 2020/2021, the Federal Data Protection and Information Commissioner highlighted the following aspects: (1) FOPH access to Swisscom mobility data, (2) data protection challenges with regard to the possible easing of measures for vaccinated persons, (3) data-protection-compliant implementation of the COVID certificate, (4) the proximity tracing app of the federal government (SwissCovid app), (5) the legal framework for contact data collection, (6) data protection aspects when working from home, (7) data protection requirements for the early detection of the coronavirus in the workplace.[61]

On the question of whether and to what extent data protection requirements have influenced the implementation of digital projects aimed at managing the pandemic, the interviewees expressed various views. Some felt that existing data protection laws have not been a major obstacle to the provision of the required data. Others, however, believed that existing data protection regulations do hinder efforts to combat the pandemic, with this especially being the case in instances in which data collection has largely had to be organised on an ad hoc basis – as in Switzerland. The extensive use of anonymised and protected data as part of the efforts to combat the pandemic has led to a high level of awareness of data security among the general public and in Parliament. This can be illustrated on the basis of the following examples:

- The interviewees pointed to projects at the beginning of the pandemic in which little attention was paid to data protection, including a mobility data tracking project undertaken together by Swisscom and the FOPH. It was only after public pressure and parliamentary initiatives that data protection issues were subsequently clarified, with the Federal Data Protection and Information Commissioner validating the use of the mobility data ex post.[62]
- During the development of the COVID certificate, data protection considerations were said to have been incorporated from the very beginning. According to the experts, the fact that data protection had been given attention at an early stage made it possible to avoid the issue of data protection becoming politicised further down the line.[63]
- Various actors indicated that data protection in Switzerland is not particularly restrictive, opining that with the appropriate level of political will and the right technical approach, data could be collected much more efficiently in Switzerland than is currently the case. It is suspected that data protection is also used as a pretextual explanation for a lack of political will or knowledge.
- Several interviewees pointed out, however, that the collection and dissemination of data would benefit from a stable legal basis. In particular, there was a view that the EpidA should, for example, regulate how the collection and exchange of relevant data between the various actors can take place in real time in the event of a pandemic. For instance, the interviewees made reference to the fact that during the course of the pandemic it has not been legally permitted to use AHV numbers to ensure that data is not collected on several occasions.

What role have different IT tools (used by the cantons, service providers, etc.) played in the implementation of digital projects and thus in the merging and use of data?

The interviews revealed that the interfaces between IT tools for merging different sets of data have sometimes represented a challenge. An initial problem highlighted was the integration of the primary systems into an overall system, ranging from data delivery right through to monitoring. If data relating to rapid tests is exchanged using Excel sheets – as has been the case in the current crisis – it is almost impossible to validate its quality. According to those interviewed, there is a need for an integrated and standardised data model or bidirectional interfaces for mutual data exchange.

A second problem identified arises from the fact that the various actors in the healthcare sector have failed to adequately coordinate their activities at all levels with regard to digital tools. For example, data on clinical findings has been collected in the reporting system by doctors and the cantonal medical services. However, while laboratories, pharmacies and other providers have generated further laboratory information, it was pointed to the fact that this has not been recorded in the reporting system. The interviews also revealed that it isn't always possible to link individual data, as there is no recognition feature. In this respect, it was opined that the systematic recording of AHV numbers could provide a remedy. Nevertheless, as was pointed out, there is still no comprehensive IT system in which such data can be exchanged.

61 Federal Data Protection and Information Commissioner (2021): Annual Report 2020/2021, Bern, p. 18.

62 Ibid., p. 18.

63 Ibid., p. 42.

4.2.3 Legal assessment

The federal government already introduced an extensive reporting system for communicable diseases upon revising the old Epidemics Act in 1970 in response to a typhus epidemic in Zermatt. With the revision of the relevant legislation in 2012, this system was expanded and refined (Art. 11–15 EpidA) and data processing was regulated in greater detail (Art. 58–62a EpidA; Art. 4–24, 88–99 EpidO). However, this digitalisation of information collection and processing is hardly reflected in these provisions. As digitalisation is neither explicitly nor implicitly formulated as a legal mandate, there is no implementation deficit in this regard. Nevertheless, in light of today's possibilities for data processing, the legal framework is no longer suitable. Provisions at an ordinance level would fail to do justice to the political scope and personal relevance of increased digitalisation. For this reason, action needs to be taken at the level of formal law.

This need to catch up has now been taken into account to some extent with the federal government's COVID-19 Act, in particular with the inclusion of Art. 60a (proximity tracing for COVID-19) and Art. 62a (linking of the proximity tracing system to foreign systems). However, these provisions are specifically related to the SwissCovid app and only marginally cover the need for action. It is worth examining whether it makes sense to continue on the path taken thus far and to regulate the handling of disease data against the backdrop of digitalisation in epidemic legislation. At present, Art. 11 of the EpidA provides for the operation of an early detection and monitoring system for communicable diseases without specifying the technology on which this system should be based. Responsibility for the system's operation is also broadly assigned; working "in cooperation with other federal agencies and the competent cantonal bodies", the FOPH is to "operate systems for the early detection and monitoring of communicable diseases" and "ensure coordination with international systems". Art. 3 of the EpidO also doesn't add anything with respect to data processing, merely mentioning systems that are to be operated "in particular". Art. 13 of the EpidA not only states the Federal Council's obligation to "stipulate the observations on communicable diseases that must be reported", but also the "methods, criteria and time limits for reporting". However, the associated powers of the federal government do not go so far as to allow it to prescribe certain technical data processing solutions to the cantons and the service providers that report to them, as such solutions cannot be set up in isolation for an epidemic-related early detection and monitoring system. Instead, they affect all data processing activities, including for completely different purposes which the federal government does not have the powers to regulate.

The digitalisation of these early detection and monitoring systems raises very fundamental and general questions, the significance of which goes far beyond the combating of communicable diseases. For example, it affects the federal relationship between the federal government and the cantons as well as the free choice of operational resources for managers of service providers that are subject to the reporting obligation. The latter is protected under the fundamental right of freedom of enterprise as well as under data protection and data security legislation. The associated questions should be answered in legislation in general and not in epidemic legislation that is specific to disease control. Otherwise, implementation difficulties are foreseeable.

An example in this regard is the revised Federal Data Protection Act of 25 September 2020 (FADP), which is to enter into force as soon as the implementing ordinance has been finalised. This regulates the processing of personal data of natural persons. It should be remembered that practically all data processed on the basis of epidemic legislation is to be treated as personal data. This is because as soon as basic information such as the affected individuals' gender, age and region of origin are documented, it is relatively easy to reconstruct who it belongs to. The same applies to pseudo-anonymised data in any case. The principle of purpose limitation for data processing is laid down in the Federal Data Protection Act (Art. 6(3) FDAP). This requires that a clear distinction be made between data processing for the purpose of combating communicable diseases and data processing for other reasons, such as medical and epidemiological research (knowledge purposes), the development of therapeutic products (economic purposes), the development of medical treatment techniques (medical purposes) or the improvement of public health (public health purposes). Personal data that is obtained within the framework of an early detection and monitoring system for the combating of communicable diseases and thus for the protection of the public policy interest of public health (= safe participation in public life) may generally not be made accessible for other purposes. This is unless the legislator assigns the same weight to these purposes as it does to the public policy interest of public health and allows for the data to be used for other purposes under formal law. These other purposes must be expressly declared as permissible in the EpidA (e.g. Art. 14(1) of the EpidA, which when interpreted correctly only permits use for research purposes related to communicable diseases) and regulated by the cantonal or federal legislator (depending on the federal jurisdiction for the respective matter) in legislation that is objectively related to these other purposes. In doing so, the legislator must not only focus on the general importance of the opposing general interests, but rather also take account of how significant the resources to be used are for the protection of these interests. If, for example, the contribution made by a SwissCovid app to the monitoring and identification of individuals suspected of being infected is modest due to technical immaturity, low dissemination, insufficient use or

other reasons, enabling the use of this app carries little weight even if the underlying interests of protecting health in the public interest are very important in themselves.

4.2.4 International classification

Sweden			*Austria*		
Significance of the topic			Significance of the topic		
Major	Moderate	Minor	Major	Moderate	Minor
The Public Health Agency of Sweden (FHM) has used a range of different monitoring systems to monitor the spread of COVID-19 across the country. The existence of various reporting systems, overlapping administrative responsibilities and changes in terms of both strategy and priorities over time have often led to problems in terms of coordination. No uniform system has been developed for collecting and providing an overview of data and information. Confirmed cases are reported in the SmiNet database, which has existed since 2004 and is a joint project of the FHM and infectiologists in the regions. The reporting of COVID-19 infections was made mandatory in February 2020. However, this requirement was subsequently curtailed and ultimately abandoned (although some regions retained it). It was then reintroduced in October 2020. Data on tested individuals is collected at an aggregate level though voluntary weekly reports by the country's laboratories. However, testing priorities have changed during the course of the pandemic, making it difficult to determine a consistent indicator of the spread of infections over time. To measure the prevalence of COVID-19, the FHM has also used the "Health Report" web panel. This comprises a group of invited individuals (approx. 4,500 people aged 2 to 90) from all over Sweden, who are selected from the population register and representative of the Swedish population as a whole. These individuals are surveyed on a regular basis in order to gain a picture of the population's health and how the people of Sweden view the issue of health. The introduction of a digital contact tracing app was rejected from the beginning, with opponents citing a violation of integrity as a reason. The National Board of Health and Welfare compiles information on hospitalised patients by collecting inpatient data from the regions and monthly reports from the patient registry. A special reporting module of the Swedish Intensive Care Registry monitors occupancy with intensive care patients who have COVID-19. Different definitions of COVID-19 deaths have been applied by different authorities and actors, leading to confusion in the debate.			In Austria, the networking of data was not adequately established at the beginning of the pandemic and there remains room for improvement. The first point to mention here is the insufficient level of digitalisation in the clarification of suspected cases. Patients were tested at ad hoc test centres (without systematic data collection), assignments were completed by hand and samples were sent to the laboratories in plastic bags. Only upon the samples being read in by the laboratories could the trail be followed again. In many cases, the results were not transmitted directly to the district administrative authorities, as no uniform IT systems were used. Different IT systems were utilised by the administrative authorities, hospitals, family doctors and laboratories. Information was often not read in digitally and findings were not transmitted or could not be transferred (e.g. between different hospitals), with this frequently still being the case. There were massive delays in the reporting of positive cases and with respect to contact tracing. For a long time, there was also no coordinated approach with respect to inter-district testing strategies and associated measures. Here too, there were different approaches at a provincial and district level with respect to contact tracing and related measures. The central transmission of data to the Agency for Health is often delayed. Digitalisation also still represents a problem in the interaction between clinics and the authorities, where there is no platform to enter patient-specific modifications (interpretation of findings, need for extended isolation, discharge from hospital); this still has to be done by calling the district administrative authorities or via e-mail. Digital contact tracing via apps has also never become well established – primarily because of fears of "surveillance" prevalent among the population and in the media. Over time, efforts have been made to improve the tools and to read in data directly. It has also been attempted to shorten the time for the generation and transmission of reports and thus to increase the effectiveness of contact tracing. The improvement and standardisation of IT data management has led to the quicker transmission of findings and thus to a better overview of infections. Case management has also been enhanced, thanks in part to knowledge of individuals' contact tracing status by those providing treatment and the authorities (especially if contact persons are resident in different municipalities, districts or provinces). Further factors include knowledge of individuals being treated on an inpatient basis and those who had been discharged, an insight into isolation orders, the speed with which findings are generated and the transmission and observation of tests by those affected. Based on the experiences gained and the practical knowledge of problems in the area of data management, proposals have been formulated for the health authorities and politicians with the aim of improving data integrity, data aggregation, data transmission and		

	the resulting courses of action, thereby allowing for more efficient and quicker steps to be taken.

4.2.5 Need for action

The need for action regarding digitalisation in the healthcare sector had already been recognised prior to the crisis. The information collected during the course of this evaluation indicates that prior to the pandemic this matter was not assigned a high priority at a political level either by the federal government or the cantons, with this also being true at an administrative level. For progress to be made in this area, however, there needs to be a corresponding level of political and strategic will with the provision of the necessary financial and human resources. The current momentum being seen in this area is more likely to be slowed by reservations on the part of the cantons and the providers with respect to national requirements for the collection and exchange of data than it is by any technical challenges.

Switzerland requires uniform, standardised data or at least data that is collected in a compatible manner if it is to depict the development of a pandemic. The system needs to be able to show infection clusters and transmission paths using real-world data from contact tracing and laboratory reports. A technical solution is also required that allows for the evaluation of the occupancy figures from all hospitals as well as from retirement, nursing and care institutions across all of Switzerland's cantons. A basis should also be created for the development of quantitative indicators that can be incorporated in decisions taken on the tightening and easing of measures. Specialists expect that these elements will facilitate better pandemic management and allow for the pandemic to progress in a more optimal manner.

At the authorities, a longer-term and forward-looking approach should be applied to the management of digital processes. The FOPH had already laid the groundwork here before the crisis with the creation of the Digital Transformation Division. Possible forms of cooperation with private technology providers should also be explored, while offering additional training on digital tools and the interpretation of data within the population and at healthcare providers is a further consideration. Based on these evaluation results, the following need for action, in particular, arises:

Political level

A political decision in favour of the establishment of a centralised or decentralised solution for the collection and exchange of data as well as the realisation of reliable assessments aimed at pandemic control is a matter of priority. The starting point, however, is formed in each case by a national "minimum data set", which is then implemented in a centralised or decentralised solution.

- In the case of a centralised solution, the centrepiece would be formed by a national database comprising a uniform software infrastructure. All of the necessary data would then be fed into this database by the cantons and providers. While the uniformity of the software would be pivotal here, data storage could also be logically separated. There are already various databases with functioning federal solutions, with one such example being the database for epizootic diseases in the area of animal protection. A national database is relatively easy to implement. However, it limits the room for manoeuvre of the cantons and providers.
- On the other hand, there is the option of a decentralised system in which there are cantonal databases that meet the national requirements in terms of their content and technology. In this scenario, the federal government provides an exchange platform for which the cantonal systems have compatible interfaces. A decentralised solution would give the cantons and providers a great deal of scope to take account of specific circumstances. This may lead to competition for particularly good solutions that would drive forward system development. In the case of a decentralised solution, however, there is a risk of compatibility issues and missing data.

Any decision in favour of a centralised or decentralised early detection and monitoring system would be of a political nature and, depending on the shape the system takes, would interfere deeply with cantonal powers in terms of healthcare provision and the entrepreneurial freedom of service providers subject to a reporting obligation. As such, the necessary fundamental decisions must be anchored at the level of formal law and specifically in the EpidA. What is important with a centralised solution is that the federal government can prescribe the use of newly developed IT systems to the cantons in the event of a pandemic.

Irrespective of the approach chosen, an architecture for the secure exchange of data from various systems is also required. It may be the case that the federal government will have to lend technical and financial support to the smaller cantons, in particular. A political decision to provide adequate financing for the selected solution is thus needed. What is clear is that the ad hoc development of a federal solution during the crisis has not worked sufficiently.

Strategic level

Firstly, at a strategic level, the once-only principle has to be enforced for data collection. This will require strategic planning that not only incorporates content-related priorities for data processing, but also a systematic analysis of the need for amendments to legislation in order to at least realise a minimum level of standardisation (in areas relating to epidemics, research and vocational training as well as other legislative fields). It also has to be ensured that the data is subsequently evaluated and made available in an efficient manner, for example as a dashboard that could be based on the electronic assessment of the National Emergency Operations Centre. Secondly, it needs to be ensured by the FOPH and the cantons in the short term that existing knowledge about data management is not lost. This is not only about interfaces, but also about expertise and analytical skills, including outside the authorities. The objective set out in the federal government's current medium-term planning of June 2021 to quickly clarify whether and how pandemic-specific digital systems can be adequately maintained in standby mode for future crisis situations and how responsibilities would be assigned between the federal government and the cantons in such cases is therefore very welcome.[64] The results of this evaluation show, in particular, that cantons have already started to reduce their capacities. An adjustment of the systems and the operational guidelines should thus not be too long in coming.

Operational level

At an operational level, regular exercises with the existing systems or system are needed under the guidance of the FOPH. After a political decision has been taken as to whether a centralised or decentralised system for the exchange and aggregation of data is selected, the system will have to be installed and tested. Clarity regarding who is responsible for what will be needed here.

4.3 "Roles and responsibilities in public communications"

According to the pandemic plan, informative and behaviour-shaping communication with the public represents an important component of pandemic management.[65] At a federal level, focus is placed on the regular press conferences at which the Federal Council and various specialist units of the Federal Administration address the population directly. The FOPH's "Protect yourself and others" campaign, which informs the population about the current measures and provides motivation and support via various channels (posters, social media, etc.), also plays an important role.

In addition to the federal government, a large number of other actors have also provided information on current events since the start of the coronavirus pandemic. Depending on the phase of the pandemic, the cantons, for example, have communicated regularly with their populations. Various scientists have also expressed their views on the course of the pandemic and the impact of the measures taken, thus contributing to public perception of how the crisis is being managed. A special role has been played by the members of the SN-STF, whose statements have received a great deal of attention. During the first and second wave, there were also appeals from healthcare professionals (doctors and nursing staff), which had a great impact through media and social media channels.

4.3.1 Background

During the discussions held in the first phase of the evaluation up to March 2021, various actors criticised individual aspects of communication with the public. One point of criticism, for example, was the FOPH's communication on the effectiveness and procurement of masks, which was said to have been lacking in coherence and clarity. The FOPH was also accused of sometimes not being proactive enough in its communication and failing to sufficiently justify its decisions. The results of the population survey likewise reveal certain points of criticism with respect to communication (see section 2.2.1).

As communication with the public plays a key role in the acceptance of measures and thus also successful crisis management, the Advisory Group prioritised this topic. Against this background, the Steering Group took the decision to analyse communication in greater depth, specifically addressing the issue of roles and responsibilities in communicating with the population in the event of a pandemic. The content of the communication is not subject of the in-depth analysis. Specific measures dealing with misinformation, conspiracy theories and similar issues that have posed a challenge to the FOPH's crisis management are also not included.

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64 Federal Council (2021): *Konzeptpapier Mittelfristplanung. Bericht des Bundesrates: Covid-19-Epidemie: Auslegeordnung und Ausblick Herbst/Winter 2021/22* [Medium-term planning concept paper. Report of the Federal Council: COVID-19 epidemic: overview and outlook autumn/winter 2021/22], Bern, pp. 21-22.

65 FOPH (2018): Swiss Influenza Pandemic Plan. Strategies and measures to prepare for an influenza pandemic in Switzerland. Berne, p. 24.

4.3.2 Answers to the key questions

How has the federal government approached the issue of roles and responsibilities in communicating health-relevant content? What legal and strategic bases have underpinned the organisation of communication activities? How have the roles and activities of the main actors changed during different phases?

The roles and tasks of the federal government in communicating with the population during the coronavirus pandemic are defined in various statutory regulations. The Government and Administration Organisation Act (GAOA) regulates the responsibilities and powers of the government and Federal Administration. It specifies the tasks and roles of the various actors in communicating with the population in general. Working in cooperation with the departments, the Federal Chancellery is responsible for informing the Federal Assembly, the cantons and the public about the decisions, intentions and actions of the Federal Council (see Art. 23 GAOA). In a crisis situation, the Federal Chancellery also performs an interdepartmental coordination function at an organisational level (see Art. 33(1bis) GAOA).

The provisions of the EpidA, which regulate the provision of information to the population about communicable diseases, are also relevant during a pandemic. In a normal situation, Art. 9 of the EpidA stipulates that the FOPH shall provide information to the population and regularly publish compilations and analyses about communicable diseases as well as recommendations on measures against communicable diseases in line with the current state of scientific knowledge and in consultation with other federal offices. Under the EpidA, the FOPH and the competent cantonal authorities should also coordinate their information activities. Furthermore, the coordination body earmarked in the EpidA is assigned the task of, among others, coordinating the provision of information and communication between the federal government and the cantons (see Art. 54 EpidA). The pandemic plan states that, depending on the escalation level, responsibility for communication lies with the FOPH/FDHA or, in instances in which several departments are affected, the Federal Chancellery.[66] The decision on responsibility lies with the Federal Council. The FOPH is responsible for the technical management of communication in all situations (see pandemic plan, section 2.1.1).

The interviews revealed that those responsible for communication at a federal level believed the division of tasks here has been clear and effective. They distinguished between two levels of oral communication with the public:

- *Political communication by the Federal Council:* The Federal Council, primarily represented by the Head of the FDHA and the President of the federal government, has communicated the political decisions and measures that have been taken. It has regularly informed the population about current political decisions in the form of press conferences.
- *Technical communication by the FOPH and other specialist units:* The responsible specialist units have provided the population with regular technical press briefings on the current state of knowledge. Due to the main topics of focus during a pandemic, technical communication has chiefly been carried out by the FOPH. Depending on the topic, however, other federal units (e.g. SECO, the Swiss Armed Forces) have provided the population with information in their area of expertise.

The Epidemics Act Coordinating Body has not played any role in the coordination of communication.

Depending on the phase of the pandemic, the federal government has assumed various roles in terms of oral communication with the public. Based on the interviews conducted, three phases of oral communication with the public by the federal government can be identified (see following figure).

66 Ibid.

F 4.2: Phases of crisis communication by the federal government

Organisation of communication	*Key characteristics of the phase*
Phase I: Mid-March until June 2020 – Extraordinary situation and thus assumption of sole leadership by the federal government – Rising case numbers, first wave, first lockdown between mid-March and mid-May including school closures	
– Intensive communication with the population by the Federal Councillor Alain Berset and Daniel Koch ("Mr Coronavirus") as Head of the Communicable Diseases Division – Coordination of communication by the Federal Chancellery	Explanation and reassurance phase – Major uncertainty about the virus and its consequences for Switzerland: How dangerous is the virus? Will the healthcare system be overstretched? – Intensive communication with the population: It was necessary to communicate at a technical level about the virus and its impact as well as at a political level about the wide-ranging decisions that were taken in Switzerland for the first time. – Direct communication between the Federal Council and the population/media: Certain actors in the public sphere, including the cantons and Parliament, were temporarily absent from the communication measures due to the extraordinary situation.
Phase II: July 2020 until October 2020 – Special situation and thus greater involvement of the cantons – Low case numbers during summer, increase in case numbers from autumn.	
– Handover of communication coordination from the Federal Chancellery to the FDHA/FOPH, responsibility returned to the cantons and the lead department (FDHA). – Retirement of Daniel Koch, who was replaced by Stefan Kuster as the new Head of the Communicable Diseases Division. – Measures and communication increasingly undertaken by the cantons.	Phase of the cantons – Significantly less communication from the federal government: One obstacle was the lack of coordination between the cantons themselves, neither in terms of measures nor with respect to communication. – Plenty of room for other actors in terms of communication: Various groups and scientists expressed their views in summer/autumn 2020. It was no longer clear what the strategy was in Switzerland for dealing with the virus. – Confidence in the federal government and the canons significantly hit: In terms of confidence in pandemic management, the low point was reached in late autumn. When coordination improved again and the federal government took on more of a leadership role once more, confidence returned to some extent.
Phase III: October 2020 until June 2021 – Strong increase in case numbers from autumn 2020 – Second lockdown from 22 December 2020 to 1 March 2021, no school closures – Vaccination of individuals considered to be at risk from January 2021	
– The Federal Chancellery took the lead in coordinating communication once more. – Resignation of the Head of the Communicable Diseases Division at the FOPH at the end of 2020. Since this time, the provision of technical communication to the population by the FOPH has been handled by the section heads Virginie Masserey (Infectious Diseases Section) and Patrick Mathys (Crisis Management and International Cooperation Section).	Phase of renewed communication leadership by the federal government – Visibility of the federal government increases once more: The Federal Chancellery has taken over again and ramped up its measures. – Increasing clarity of communication: Communication between the federal government and the cantons is better coordinated: Some of the Federal Council's appearances take place together with members of cantonal governments. – Growing pandemic fatigue among the population: The reservations of certain population groups about the measures increase. The measures are increasingly discussed in society. – Cantons continue to take on some responsibility: Even though the federal government has once more taken on a stronger role, some cantons pursue their own paths. – Parliament takes on a more active role again: Parliamentary bodies (e.g. committees) increasingly get involved in the public debate.

Source: Interface/INFRAS.

| How has the oral communication of the federal government been received by the population at different stages? How well and coherently does the population feel it has been informed?

The population's need for information has been great since the outset of the pandemic and remains so. At the same time, knowledge and the framework conditions are sometimes changing on a daily basis. Those responsible for communication at a federal level have thus been confronted with various challenges, such as the significant media interest (including the need for real-time data), complex contents and contexts, as well as the dynamics of the pandemic's development. Some

of the aforementioned challenges are included in the pandemic plan from 2018[67] and have therefore been incorporated in the federal government's communication strategies.

The results of the population survey show that overall the population has felt well or rather well informed by the federal government and the cantons (see section 2.2.1). However, the respondents were somewhat more critical in their assessment of the comprehensibility of the decisions. The points of criticism most frequently cited in the population survey were the lack of coordination between the federal government and the cantons and the provision of contradictory information.

The population surveys conducted by Sotomo reveal that the performance of the government and administration in terms of communication output was largely assessed positively to begin with during the first wave. Between October 2020 and January 2021, however, people's assessments deteriorated significantly. Since March 2021, communication has been viewed in a more positive light once more, but no way near as positively as at the outset of the pandemic.[68] A special evaluation concludes that more target-group-specific communication for the young population would be desirable.[69]

A study conducted by the University of Geneva assessed the federal government's communication with the public during the first wave as successful.[70] The following reasons were given for this view: Firstly, the Federal Council conveyed a uniform message despite the variety of communication channels used. Moreover, it did so in a positive manner and without formulating the message as a ban. Secondly, the behavioural recommendations were issued along with justifications. And thirdly, reference was made to national values such as freedom and personal responsibility. In contrast, a study that looked at the FOPH's reputation during the coronavirus crisis was more critical in its evaluation. The work conducted in this study covered the period between January and March 2020 and noted that the FOPH was perceived rather negatively by the public owing to its alleged failure to communicate honestly in connection with masks.[71] This was said to have shaken confidence, with a great deal of transparency in communication subsequently being required in order to regain the trust of the population.[72] The accusation levelled against the federal government that it spread misinformation about the effectiveness of masks is still circulating today. In July 2020, the SN-STF stated that the considerable uncertainty about the pandemic and the rapid pace of scientific research had to be taken into account in communication.[73] Furthermore, one of the communication experts interviewed as part of the evaluation pointed out that the provision of effective communication to the public necessitates a consensus in terms of content between the federal government and the cantons. For instance, the differences in opinion between the federal government and the cantons (e.g. the dispute about restaurant terraces), which were publicly aired during the winter, were said to have damaged people's trust in the government.

What have been the strengths and weaknesses of the roles assumed by the main actors at a federal level? Where have there been shortcomings and where is there need for improvement?

During the in-depth interviews, the respondents listed various strengths and weaknesses in terms of communication with the public. The following *strengths* were highlighted by those responsible for communication at the Federal Administration, in particular:

- The structures provided for crisis communication were said to have worked well, with the federal government's oral communication being characterised by the regular press conferences at which the Federal Council provides information on the latest decisions and measures (political communication) and the technical press briefings during which

67 The following challenges are already listed in the 2018 pandemic plan: uncertainty as to the extent and severity of the threat, ensuring that the public quickly achieves an adequate level of information about the crisis, handling inaccurate information, stigmatisation of and discrimination against sick people and their environment, solidarity with regard to precautionary measures.

68 Sotomo (2021): *8. SRG Corona-Monitor-Studienbericht* [8th SRG Corona Monitor Study Report], 9 July 2021, Zurich.

69 Sotomo (2021): *Die Schweizer Jugend in der Pandemie – Spezialauswertung des SRG-Corona-Monitors im Auftrag des BAG* [Swiss youth in the pandemic – special evaluation of the SRG Corona Monitor commissioned by the FOPH], July 2021. Zurich.

70 Schröter, J. (2020): *Vertrauen statt Verbote. Die Kommunikation des Schweizer Bundesrats und Bundesamt für Gesundheit in der Covid-19-Krise* [Trust instead of bans: the communication of the Swiss Federal Council and Federal Office of Public Health during the COVID-19 crisis], Zeitschrift für Sprachkritik und Sprachkultur. 16th volume, 2020, number 02/03, pp. 166–174.

71 commslab (2020): *Corona-Virus – Analyse und Impact auf BAG-Reputation – Bericht 3/2020, Untersuchungszeitraum 01.01.2020–04.10.2020*. [Coronavirus – analysis and impact on the FOPH's reputation – report 3/2020, study period 1 January 2020 to 4 October 2020]. 12 October 2020, Basel. The report does not explain whether this refers to the whole office or individual actors.

72 Ibid.

73 Swiss National COVID-19 Science Task Force (2021): Policy Brief "Communication and SARS-CoV-2" of 22 July 2020.

the FOPH shares technical background information (technical communication). At the weekly technical press briefings, the FOPH speaks directly to the public and answers questions from the press via a live stream.

- Reference was made to the fact that the public campaign "Protect yourself and others" had been launched at a very early stage and taken on an important guidance function. The campaign products were said to have been used intensively and attracted great attention, as demonstrated by the numerous companies and institutions that had downloaded and displayed the posters.[74] The pictograms and colour concept were thought to have worked well. It was thus felt that the FOPH had succeeded in taking a lead role in communicating with the population from the very beginning.
- Thanks to a joint Twitter channel set up by the federal government and the cantons as well as all emergency services via Alertswiss, those interviewed opined that it had been possible to distribute information to the population on a regular basis. This was said to have had the benefit that information from official sources has also been coordinated on social media.
- There was a view that the exchange of information between the federal government and the cantons has worked well. Thanks to the weekly meetings of the individuals responsible for communication, it was felt that there had been regular dialogue, ensuring that those involved had always known in advance what was to be communicated.
- Cooperation with the business community as regards communication with the public was also assessed as good. For example, numerous high-profile companies (e.g. major distributors, SBB, telecommunications companies) were said to have supported the federal government's communication work, for example by printing the campaign messages on shopping bags, displaying posters on all trains and at all train stations and inviting customers to download the SwissCovid app.

However, the interviewees also pointed to the following *weaknesses* and *challenges* in terms of communicating with the population:

- It was felt that the involvement of the scientific community has only been successful in pArt. There was a view that the members of the SN-STF have a difficult role that needs to be better regulated in future. As members of the SN-STF, they are said to have a large platform and thus a responsibility of which they must be aware. The scientists should thus present and explain the facts without assessing the communicated measures and any steps taken to ease restrictions. It was opined that a scientific advisory body to the government should prepare the decision-making bases rather than take decisions or make demands itself.
- In cases in which responsibilities are transferred from the federal government to the cantons, the view was that the latter also have to ensure the coordination of communication, something which has not happened. There was a feeling that the cantons had neither coordinated their measures nor their communication with one another. Those interviewed pointed to the need for the cantons to also appear and provide information together. Some thought that it may in fact be better if the federal government were not to delegate responsibility for communication to the cantons at any stage.
- Publicly expressed differences of opinion between the federal government and the cantons were labelled as particularly detrimental in terms of crisis communication (e.g. the dispute about restaurant terraces in winter 2020/2021). Here, however, there was a sense that this was less a communication problem than a dispute about who held what powers to act under the federal system during the crisis.
- It was seen as poor that the FOPH had supposedly communicated incorrect information, as was the case at the start of the crisis, in particular (e.g. incorrect reports on the death of a 9-year-old, incorrect figure on infection sites). Misreporting on the part of the FOPH has attracted intense media attention and at times has led to strong public criticism. Since summer 2020, it was said that the FOPH has invested a great deal of work into validating information, almost eliminating incorrect reports in the process.
- Time and again, reference was made to the communication on the issue of mask-wearing at the beginning of the crisis. The interviews revealed that the accusation that the FOPH deliberately withheld information on the effectiveness of masks in order to deflect attention from its insufficient stocks still persists in certain sections of the public to this day. In retrospect, it was felt that the FOPH should have communicated more clearly here and taken issue with this accusation more actively.

4.3.3 Legal assessment

In principle, the Federal Council is responsible for ensuring "that consistent information on its assessments, plans, decisions and provisions is provided promptly and regularly" (Art. 10(2) GAOA) unless special legal provisions to protect overriding public or private interests state otherwise (Art. 10(3) GAOA). Special legal provisions to protect overriding public or private interests, which are reserved under Art. 10(3) of the GAOA, can be found, inter alia, for the combating of communicable diseases, namely in Art. 9 and 54 of the EpidA.

[74] The posters have been downloaded around 5 million times (as at summer 2021).

In a normal situation, Art. 9 of the EpidA stipulates with respect to communication that the FOPH shall provide information to the public, specific groups of persons, authorities and experts and regularly publish compilations and analyses about communicable diseases. It likewise states that the FOPH shall publish recommendations on measures against communicable diseases and on handling pathogens in line with the current state of scientific knowledge and in consultation with other federal offices and coordinate its information activities with the competent cantonal authorities. The FOPH also ensures that the cantons receive the relevant information for the prevention and combating of communicable diseases. The competent federal and cantonal agencies exchange research results, specialist knowledge and information about training and monitoring programmes among themselves (Art. 10 EpidA). Under Art. 54 of the EpidA, responsibility for the coordination of information activities by the federal agencies and cantonal authorities lies with a coordination body. This body serves to promote federal cooperation and comprises representatives from the federal government and the cantons, who are jointly responsible for its establishment. Other specialists may also be included as required. In accordance with Art. 19(2)(c) of the EpidA, the Federal Council can also require public health and education institutions to offer information on the dangers of communicable diseases and advice on their prevention and control. The special legal provisions provided in the EpidA go no further than this regulation of information activities, which is tailored to the normal situation. It therefore also applies to crisis situations such as the special and extraordinary situations outlined under Art. 6 and 7 of the EpidA.

The information activities of the Federal Council and the FOPH have remained within this legally prescribed framework. Depending on the situation, coordination between the FOPH and other federal agencies was either prepared by the FOPH or made possible by inviting representatives of the other federal agencies to the technical press briefings. The information activities of the cantons and the federal government with respect to the provision of public information were generally coordinated by the Federal Council, the FOPH and the Executive Committee of the Swiss Conference of the Cantonal Ministers of Public Health (GDK). However, coordination between the cantonal ministries of public health was inadequate from summer 2020 following the transition from the extraordinary situation to the special situation. From the outside looking in, it is not always possible to see the extent to which factual differences in implementation within the scope of discretion left open by the federal government were responsible here and the extent to which this was merely due to the inadequate coordination of information on factual positions that were actually compatible.

The public information activities of individual members of the SN-STF gave rise to great confusion and irritation among the public. In this respect, the description of the SN-STF's reporting and communication task under section 4 of the "Framework mandate to the Swiss National COVID-19 Science Task Force"[75] proved to be problematic. According to this, the other members of the SN-STF may express themselves freely at any time in their function outside their affiliation to the task force (e.g. as head of an institution or as a professor or researcher), provided they explicitly declare this. The situation improved upon the Federal Council assuming its leadership role to a greater extent once more in the special situation at the end of 2020 / start of 2021, also ensuring that its claim to leadership became clear in the communication.

4.3.4 International classification

Sweden			*Austria*		
Significance of the topic			Significance of the topic		
Major	Moderate	Minor	Major	Moderate	Minor
From March 2020, on behalf of the government, the Public Health Agency of Sweden (FHM) held almost daily press conferences in cooperation with the Swedish Civil Contingencies Agency, the Swedish Medical Products Agency and the National Board of Health and Welfare in which they presented their assessment of the situation and their recommendations. The press conferences, which were broadcast live, were followed by many people. The Swedish Civil Contingencies Agency was tasked with the preparation of communication materials that were to be used in public spaces and media channels. These materials were also created in different languages to ensure access to everyone and to prevent the spreading of misinformation and rumours.			At the beginning of the pandemic, communication was carried out very stringently by the federal government and the provincial governors. In some cases, experts were also involved in press conferences at a provincial level in order to explain the infection situation or the importance of measures. Communication has subsequently been less stringent as the pandemic has progressed, meaning that the content conveyed has no longer been observed by some sections of the population. In particular, this relates to the comprehensibility and consistency of decisions, the different weighting assigned to measures and the subsequent debate in the media about them. The latter has in part been due to differing expert opinions and conflicting statements by interest groups about the pandemic and the measures taken. Above all,		

[75] https://sciencetaskforce.ch/wp-content/uploads/2020/12/Science_Task_Force_Mandate_2020.pdf.

Part of this mandate entailed tracking the Swedish population's attitude towards the authorities' recommendations and their motivation to follow them (corona barometer). This allowed for the messages and means utilised to convey them to be adjusted in a way that ensured different groups (e.g. young people) were reached. The communication strategy has also included working with organisations, associations and municipalities in order to reach as many individuals and groups as possible. More than 85% of the population states that they are well aware of the authorities' recommendations and believe that they have sufficient knowledge to deal with the risks of COVID-19. An even larger share of the population feel that the communication has been clear and influenced their willingness to follow the recommendations. However, individual target groups have complained about a lack of transparency and the perceived lack of a scientific basis behind most of the decisions. For this reason, confidence in the management of the crisis has declined over time. A study[76] on crisis communication in Sweden indicates that actors at a national level did not have adequate knowledge of the needs of the regions and municipalities. The study's findings therefore suggest it would in future be advisable to have a more flexible structure for cooperating on and coordinating communication that can be adapted to the nature of the specific crisis. It is also said that better use must be made of the knowledge about the target groups and citizens that is available in the municipalities and regions.	the raising of hopes ("light at the end of the tunnel") that never materialised has contributed to a sense of disgruntlement among the population with respect to the information they have received. There has been a failure to communicate content in a clear, transparent, uniform and comprehensible manner, with no reference being made to that fact that, for example, in a pandemic situation strategic changes often have to be made at short notice as many things cannot be foreseen. Based on these experiences, it can be concluded that objective, fact-based communication is important for the population. However, the discussion on suitable measures has also been politicised in Austria. Approaches and topics have become the subject of party-political disputes with different points of view (e.g. the issue of testing and free tests or the debate whether mandatory vaccination should be enforced or for which professional groups), a fact that has hampered crisis communication and led to the population becoming disillusioned with the information provided to them (e.g. pandemic-specific information programmes and media reports have been avoided). In Austria, the allocation of responsibilities with respect to communication and standardisation between the different administrative levels (federal, provincial, municipal) has proven inadequate. It also appears that further efforts are needed to reach people who do not use normal communication channels. This may be because they live in social or ethnic "bubbles", are mistrusting of the communication provided or are only marginally involved in the country's social and health system.

4.3.5 Need for action

In terms of oral communication, a distinction was made between political communication by the Federal Council and technical communication by the various specialist units, with the FOPH clearly assuming the lead role here. For large parts of the pandemic, the Federal Chancellery has led both the interdepartmental coordination of communication and the coordination of communication between the federal government and the cantons.

Political level

At a political level, action needs to be taken with respect to the clarification of powers and responsibilities as well as the coordination of communication between the federal government and the cantons during a special situation. Between the summer and autumn of 2020, the federal government transferred responsibility to the cantons following the transition from an extraordinary situation to a special situation, reducing its oral communication activities accordingly. Responsibility for communication with the public now lay with the cantons. However, there was little coordination between the cantons in this regard. There was an increase in the number of communicating bodies, while the content of the communication provided was unclear. According to the Sotomo surveys, there is a close correlation between the way an institution's communication is perceived and the level of trust it enjoys.[77] Confidence in the authorities declined accordingly during this phase. In order to avoid uncertainty and the associated loss of confidence, the assignment of communication tasks between the federal government and the cantons in a special situation must be clarified. Based on the in-depth analysis, two possibilities emerge:

1. The federal government remains responsible for the management and coordination of communication during all phases of the pandemic: Clear and transparent communication with the public is important for the acceptance of measures among the public. If responsibility for communication with the public remains with the federal government

[76] See Jämtelid, K. et al. (2021): *Kriskommunikation i samverkan* [Collaboration on crisis communication].

[77] Sotomo (2021): *8. SRG Corona-Monitor-Studienbericht* [8th SRG Corona Monitor Study Report] Zurich.

throughout the pandemic, the respective contact persons also remain constant, thus increasing confidence in the government. In this case, however, decision-making powers regarding the measures taken would also have to remain with the federal government.

2. *Strengthen coordination between the cantons:* In a crisis, it is important that the content coming out of all communicating bodies is consistent. If several bodies are issuing communication at the same time, the coordination of this communication is therefore a key success factor. According to the pandemic plan, this coordination task falls to the federal government. Should responsibilities be transferred from the federal government to the cantons during a phase of the pandemic, it must be ensured that communication is coordinated among the cantons. To this end, coordination between the cantons needs to be optimised and suitable vessels and procedures need to be developed and defined.

Depending on the desired approach, the division of tasks between the federal government and the cantons during different phases of the crisis needs to be specified accordingly in the Government and Administration Organisation Act and/or the EpidA. The legal requirements in the Government and Administration Organisation Act and the EpidA in the area of coordination and communication also need to be examined. As the coordination body provided for under Art. 54 of the EpidA has not performed its legal mandate during the course of the coronavirus pandemic, the coordination activities of the Federal Chancellery have not led to any duplications. Nevertheless, it should be examined if it would be advisable to make a legal amendment here to clarify the assignment of coordination tasks.

Strategic level

Involving the scientific community is an important factor in managing a crisis. First and foremost, external scientists from various disciplines play a key role in advising the government so that it can make decisions that are as evidence-based as possible and underpinned by the latest scientific knowledge. However, the advice of scientists also contributes to raising the credibility and acceptance of government action.[78] The SN-STF's communication with the public has not been successful at various points of the pandemic. With a view to future crises, the clarification of roles is a matter of urgency: On the one hand, an advisory body is needed that supports the government in its decision-making processes and with the development of appropriate measures, supplementing the advice provided by the specialists at the FOPH. Its members are thus close to the political decision-makers. The experts interviewed were in agreement that members of a government-appointed advisory body should refrain from criticising the government in public, as this has a detrimental effect on the acceptance of decisions. On the other hand, scientists who are not members of the government's scientific advisory body and who are perceived as independent should also be consulted. Their involvement in press conferences can also be important in incorporating independent expertise. However, they are to be presented in their capacity as scientists and not as members of a government-appointed advisory body.

Operational level

During the interviews with various communication managers, it became apparent that there has been regular coordination between the federal government and the cantons since the start of the crisis. Weekly meetings were said to have taken place between the communication managers of the federal government, individual cantons and conferences. During these, the federal government and the cantons have provided information on which communication measures were planned and how they were to be communicated. Communication materials, including posters and visuals, have also been exchanged. This exchange has proven advantageous. However, the majority of outsiders expressed criticism at the way the content of the communication of the federal government and the cantons has been coordinated, with this especially being the case between summer and autumn 2020. In a crisis situation, a clear line needs to be taken in public at the different levels of government at all times. While it is possible to communicate transparently that certain aspects have been the subject of debate, the discussion itself should not be held in public. Although the coordination of content between the federal government and the cantons is not a communication task, it is a key prerequisite for targeted communication with the public.

4.4 "Using the expert skills of stakeholders"

In the interviews held during the first phase of the evaluation, various industry associations and representatives of particularly affected population groups complained that the federal government and the cantons had not involved them enough in the development of measures and the communication of decisions. According to the interviewees, this has sometimes resulted in measures being taken and implemented that were impractical. Certain stakeholders have therefore tried to take corrective action during the implementation of measures. A particular point of criticism on the part of the stakeholders was that they had neither been asked about their needs nor for suggestions. Some respondents even complained that the Federal Council and the FOPH had ignored their queries and proposals.

[78] See Hyland-Wood, B. et al. (2021): Toward effective government communication strategies in the era of COVID-19.

4.4.1 Background

This section examines the structures and processes of stakeholder involvement in the decision-making processes of the FOPH and analyses where they have proven successful and where – with a view to future crises – there is a need for action. Particular attention is paid to the possibility of utilising the stakeholders' technical expertise (e.g. concept development, monitoring of implementation). Stakeholders are understood be actors from the realms of business, society and healthcare, but do not include the cantons, regional conferences, municipalities or federal agencies. The analysis is limited to selected aspects. Focus is placed on the Using the expert skills of stakeholders by the federal government and, in particular, by the FDHA and the FOPH as key actors in the development of health measures. The extent to which the stakeholders were involved by the cantons was not investigated in depth.

4.4.2 Answers to the key questions

How have stakeholders been involved?

There have been and still are various structures in place for the involvement of stakeholders by the federal government:

- During the extraordinary situation at the beginning of the pandemic, the Federal Council Coronavirus Crisis Unit (KSBC) was convened, including representatives from the departments and the cantons. However, representatives from the areas of civil society and the economy also participated in the meetings and provided input.[79] During this period (April to June 2020), civil society was represented by a "COVID-19 Civil Society Point of Contact", which the NGO "staatslabor" was responsible for setting up and running. The aim of this liaison office was to better channel and harness the commitment of civil society for the management of the coronavirus crisis and to ensure that the voices of civil society were heard. Among other things, staatslabor organised a round table with 20 representatives from civil society organisations. A website was made available for direct enquiries from citizens. The business community was involved via the "Economic Promotion Office", which comprises various industry associations. The aim of this point of contact was to ensure the well-coordinated procurement, production and distribution of the relevant medical supplies. The KSBC was dissolved when the extraordinary situation ended in June 2020.
- Various stakeholders are represented in the different working groups of the FOPH COVID-19 Task Force and other federal agencies. Within the FOPH COVID-19 Task Force, representatives from the economy (economiesuisse, the Swiss Employers' Association and the Swiss Trade Association) and the trade unions support the steering committee at a strategic level in an advisory capacity. At an operational level, stakeholders from the realms of civil society and healthcare are represented in some of the numerous working groups.
- According to the information provided by the FOPH, there is no formalised stakeholder management within the FOPH. The structures are said to have grown over time, with around 20 topic-specific vessels for exchanges with stakeholders having been established, each with a direct contact person at the FOPH. Regular exchanges take place within these vessels.
- According to statements made by individual industry associations, direct exchanges with members of the Federal Council take place periodically.

From the discussions held with the stakeholders, it became clear that they have only been able to participate to a limited extent, with this especially being the case at the start of the pandemic. While the Swiss Influenza Pandemic Plan lists stakeholders, the list is not differentiated by topic. The FOPH therefore did not have a good basis for quickly consulting key stakeholders or delegating tasks. The FOPH's network was not very comprehensive prior to the pandemic. According to the interviews, there was no or insufficient contact with important organisations, including those with a national reach. From the stakeholders' perspective, there was also a lack of clear contacts within the FOPH to whom they could turn. Requests from stakeholders often came to nothing. The organisational chart of the FOPH COVID-19 Task Force was only communicated in a rudimentary fashion, a point of view also backed up by the statements of the FOPH itself.

The stakeholders were not only said to be inadequately involved in the specification of measures, but also in their communication. Some stakeholders reported that they had learned relevant information from the media. Others complained about a lack of information on the implementation of measures (e.g. the payment of support funds). The type of communication was also criticised by individual stakeholders. Several parties opined that the FOPH's communication on ongoing discussions and the planning of measures has not been very open, meaning it has not been possible to contribute specific suggestions in a proactive manner.

From the stakeholders' point of view, the lack of stakeholder involvement has meant that the decisions taken have often not been practical enough. Representatives from the bar and club trade, the gastronomy sector, institutes for the disabled, childcare facilities and providers of outpatient medical care likewise made statements to this effect. For example, during

[79] Federal Council Coronavirus Crisis Unit (KSBC) (2020): final report, Bern.

the first phase of the pandemic, institutes for the disabled were said to have been treated in the same way as retirement and nursing institutions, despite the fact that those affected were exposed to a different risk situation. At the outset of the crisis, in particular, it was felt that the quicker involvement of key stakeholders would have made it possible to base the decisions taken with respect to closures and precautionary measures more on the realities on the ground.

A further consequence of the lack of involvement of relevant stakeholders was said to be that they thus tried to make their voices heard at various levels. This meant that well-organised interest groups were able to access decision-makers more quickly and negotiate solutions for themselves, while stakeholders with less lobbying power were not heard. There was a view among individual respondents that cultural workers, the bar and club trade and young people were disadvantaged. It was thought that other parties such as GastroSuisse had been able to build up public pressure and hold talks and negotiations directly with the Federal Council.

| Which consultation and delegation structures and processes have worked well with respect to stakeholder involvement, and which less so? Where have opportunities been missed to make use of the expert skills of stakeholders? Where have there been differences according to the phases of the pandemic?

As the pandemic has progressed – from the second wave – several parties felt that things have improved in terms of stakeholder involvement. There was a sense that stakeholders have been increasingly consulted, with tasks being delegated to them. The following structures and processes were said to have proven their worth:

- *COVID-19 Civil Society Point of Contact:* Thanks to the COVID-19 Civil Society Point of Contact within the KSBC, it was possible to communicate voluntary services to the administration during the first wave of the pandemic. These included, for example, neighbourhood help platforms and online services to help tackle domestic violence. A further task of the COVID-19 Civil Society Point of Contact was to identify the concerns of civil society and to shine a light on "blind spots". In principle, direct participation in the KSBC meetings on a weekly basis allowed for these concerns to be addressed quickly and for solutions to be initiated. However, in view of the significant feedback from stakeholders stating that they were not listened to enough, especially during the first wave of the pandemic, it seems that this second task of the COVID-19 Civil Society Point of Contact was not fulfilled to the necessary extent and/or that this liaison office was not publicised enough.
- *Working groups of the FOPH COVID-19 Task Force:* In addition to representatives from federal agencies and the GDK, actors from the healthcare sector (e.g. H+ (the Hospitals of Switzerland) and CURAVIVA) and civil society have also been represented in working groups, including those dedicated to measures or the social impact of the pandemic. The interviewed stakeholders viewed these vessels as appropriate. Despite a rather complex structure and long paths to the decision-makers, the interviewees felt it has been ensured that issues and concerns got through to the decision-makers and that stakeholders have been able to contribute their expertise during the implementation of measures. One example here are the FOPH's recommendations for precautionary measures in retirement and nursing institutions, on which CURAVIVA worked closely and which the organisation later communicated widely via the cantons and cantonal associations.
- *Task forces of other authorities:* FOPH representatives have also participated in the task forces of other authorities. One example given was the representation of the FOPH in the working groups of the Swiss Conference for Social Welfare (SKOS). This was said to have significantly improved the exchange of information with respect to stakeholders who fall under the responsibility of this professional association (e.g. young people, asylum seekers, nurseries and institutions for the disabled). Topic-based exchange forums and direct contact persons at the FOPH were felt to have led to closer dialogue between the affected parties and the FOPH, resulting in the development of a mutual understanding. The FOPH believed that the cooperation with the umbrella organisations has played a valuable role and eased the burden placed on it, in part thanks to their role in developing precautionary measures.

Respondents also expressed criticism with respect to the created organisational structures and the processes for the involvement of stakeholders by the FOPH. It was stated that the FOPH's organisation is not clear to those looking in from the outside and that there is also a lack of clarity as regards according to which criteria stakeholders are included in the working groups of the FOPH COVID-19 Task Force. Several actors were said to have offered their assistance without being considered. Some respondents noted that the processes for stakeholder involvement are not clearly defined at the department and office levels, while others complained about an asymmetry in the way stakeholders have been consulted by the Federal Council and the respective departments. Communication was said to have primarily taken place with the economic umbrella organisations, which did not always represent the opinions of the most affected sectors.

The interviews with stakeholder representatives indicated that the FOPH's stakeholder management resulted in the squandering of opportunities to make use of stakeholder expertise when specifying measures or offering support and relief to the authorities. This can be seen in the following individual examples:

- According to several of the actors interviewed, the problems faced in retirement, nursing and care institutions did not make their way onto the federal government's agenda until too late. As a result, the elderly and people with disabilities were said to have consistently found themselves isolated, with corresponding negative effects on their well-being.[80] It was felt that earlier exchanges and dialogue with the associations would have led to better-balanced and differentiated solutions being identified.
- According to representatives of the medical profession, better use could have been made of the resources of the umbrella associations, for example to obtain a representative view of opinions or to incorporate non-binding expertise from the professional organisations. There was a feeling among the respondents that the view of family doctors was not given sufficient consideration in connection with strategic and operational issues.
- With respect to vaccinations, the opinion was shared that actors with specialist expertise, including the pharmaceutical industry, logistics providers and wholesalers, have not been or have only insufficiently been represented in the operational working groups at a federal level. According to the interviews, the pharmaceutical industry has proactively offered technical expertise and support on several occasions, for example in connection with the safe distribution of vaccines to the regions, the development of the vaccination campaign and the provision of information and training materials for healthcare professionals at vaccination centres. It was said that this knowledge has only partially been taken into account. Within the pharmaceutical industry, there is sometimes the impression that it is not viewed as a serious partner by the federal government.

How can stakeholder involvement be improved? How should the federal government organise itself so that it can take account of the stakeholders in an appropriate form depending on the situation?

From the statements above, it is clear that greater stakeholder involvement in the sense of utilising their expertise could prove useful. At the same time, it needs to be taken into account that the involvement of stakeholders is challenging, especially in the case of measures to be anchored in federal law. There is a fundamental conflict between the need for decisions to be taken quickly during a pandemic and the fact that stakeholder involvement generally takes time. Furthermore, the boundary between technical input and attempts to peddle influence is often blurred when consulting stakeholders. Finally, risks also arise with respect to confidentiality or indiscretion in exchanges between authorities and stakeholders.

Taking account of these challenges, the following lessons can nevertheless be derived for stakeholder management both before and during future pandemics:

- *Specify the details of stakeholder management during pandemic preparation:* In the run-up to crises, the federal government should specify more clearly for which types of crises and situations which stakeholders are relevant. Here, a distinction needs to be made between stakeholders that are to be involved in strategic issues and those who are to be called on for the operational implementation of measures.
- *Anchor stakeholder management in the crisis organisation:* The bodies and contact persons responsible for stakeholders should be clearly defined in the crisis organisation. Stakeholders should be able to raise their concerns quickly with a central body. In order to remain capable of action, a triage of concerns should be ensured, with priority concerns being quickly forwarded to the right contact persons.
- *Increase the involvement of stakeholders in the crisis organisation:* In order to utilise the resources of stakeholders, it has proven advantageous to create regular forums of exchange. The remarks above on missed opportunities show that the circle of stakeholders, especially in the working groups of the FOPH COVID-19 Task Force, could be expanded at an operational level. It would likewise be advisable to involve selected stakeholders in a central management body at a federal level. Here, care must be taken to ensure that the interests of the most affected social groups and sectors are represented.
- *Involve stakeholders in the decision-making process:* In principle, stakeholders that (have to) implement adopted measures should be involved in the decision-making process at an operational level. The implementation of measures should be developed discursively, with tasks being delegated to stakeholders. At a strategic level, these stakeholders should be consulted on issues relating to feasibility and acceptance wherever possible. Accelerated, digitalised or conference-based consultation procedures can be used to shorten the stakeholder consultation process.
- *Make greater use of existing stakeholder structures for crisis management:* In order to preserve internal resources and even speed up decision-making processes, the administration could make greater use of existing stakeholder structures for crisis management and delegate tasks. With the involvement of the relevant actors, for example, it would have been possible to make use of existing coordination and consultation structures to take quick and broad-based decisions in the area of vocational training. On the other hand, the federal government could have called on

[80] See INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions]. Zurich.

actors with hotlines (e.g. doctors' networks, pharmaceutical industry field staff) to answer enquiries from the population. Where possible, private organisations should also be involved in order to encourage civic engagement and to coordinate these efforts. From the point of view of individual respondents, little appreciation or value was assigned to existing initiatives in this regard.
- *Appraise stakeholder management after the crisis and maintain sporadic dialogue:* The contacts established and lessons learned during the current crisis should be systematically appraised and documented as well as incorporated in pandemic planning. It would also be conceivable to maintain sporadic dialogue with those stakeholders with whom there is little contact outside pandemic situations.

What preparatory arrangements can stakeholders make on their side in order to optimally support the authorities with crisis management? Can their involvement be improved? How should the federal government organise itself so that it can take account of stakeholders in an appropriate form depending on the situation?

The coronavirus pandemic necessitates rapid responses, as the pandemic situation can evolve very dynamically. Against this background, it has been and remains difficult for the FOPH to take all stakeholders adequately into account due to time constraints. The stakeholder landscape is broad and complex, meaning that the efficient involvement of stakeholders is challenging. The stakeholders can also make their own arrangements that allow them to provide optimal support to the authorities:

- Actors with similar concerns should network more within their specific interest group and present their needs to the authorities in a more coordinated and consolidated manner. Smaller organisations, in particular, could develop partnerships that make it easier for them to deal with the flood of information they are confronted with during a crisis and to process the ever-changing content. They could develop procedures on how to efficiently form a cohesive opinion. From the interviews, it appears that individual groups have adopted this organisational approach, for example by establishing alliances and holding round tables.
- Another possibility would be to step up the exchange of good implementation practices – for instance with respect to precautionary measures.
- The interviews revealed that the authorities sometimes still do not adequately view the stakeholders as competent partners. Stakeholders could make their expertise and resources more visible to the authorities and offer them proactively.

4.4.3 Legal assessment

The participation of the cantons, political parties and interested groups in the opinion-forming and decision-making processes of the federal government is governed in the Consultation Procedure Act (CPA). Such a procedure is mandatory for constitutional amendments, draft laws and international treaties that require a referendum or affect the fundamental interests of the cantons. This is also true for ordinances and other projects that have major political, financial, economic, environmental, social or cultural implications. In all other cases, a consultation procedure may be conducted, but this is not obligatory. There are also the provisions of the Government and Administration Organisation Act. According to Art. 57b of the GAOA, the federal government may involve stakeholders if its tasks "a. require specialist knowledge that is not available in the Federal Administration; b. require the cantons or additional interested circles to be involved at an early stage; or c. are to be carried out by a decentralised unit of the Federal Administration which is not bound by directives". The form of extra-parliamentary committees is also specified for this purpose. Furthermore, the EpidA also only provides for the consultation of the cantons in the following instances: before ordering measures that apply to individual persons or the population, before introducing duties for healthcare professionals to cooperate in the combating of communicable diseases and before ordering mandatory vaccinations for population groups at high risk, for persons who are particularly exposed to infection and for persons who carry out certain activities (Art. 6(2) EpidA).

The COVID-19 Act only lists the cantonal governments and the umbrella organisations for the social partners as stakeholders that the Federal Council is required to consult when drawing up measures that relate to their responsibilities (Art. 1(3) COVID-19 Act). If the Federal Council, the FDHA or the FOPH involve stakeholders outside these procedures either before or during the decision-making process, this step is not taken on the basis of a legal obligation, but rather in the interest of ensuring orders that are targeted and comprehensive in terms of their content and implemented in an effective manner. The EpidA thus makes no reference to an explicit obligation for the competent federal and cantonal authorities to involve private stakeholders that are affected by prevention and control measures in the decisions on the associated implementing measures. This applies even if they are expressly to be included or obliged to cooperate on the basis of other legislation.[81] In light of the large number of relevant stakeholders, it is also difficult to imagine how, in the event of a crisis, they could be involved in the decision-making processes for official implementation decisions in a

[81] See in this regard Annex A 6.

manner that would be perceived as fair or at least acceptable by all stakeholders. In principle, it is at the political discretion of the competent authorities to determine the extent to which they consider their involvement to be important and correct; under current legislation, there is no apparent legal basis for a claim to equal involvement outside the statutory procedures. There is therefore no implementation deficit if they refrain from involving them.

The greater the time pressure for decisions to be taken, the less comprehensive the cooperation between state authorities and organised interest groups can be. In view of the sometimes significant time pressure faced as the pandemic has progressed, it can be assumed that the competent authorities have involved stakeholders on a selective basis. The extent to which they have made the right choice both during the pandemic and in their pandemic preparation primarily comes down to the political imagination and judgement of the respective state authorities, who bear responsibility for their decisions and the consequences thereof.

4.4.4 International classification

Sweden			*Austria*		
Significance of the topic			Significance of the topic		
Major	Moderate	Minor	Major	Moderate	Minor
The Swedish approach to pandemic management has differed from other countries not only in terms of the decisions taken, but also how they have been reached. In particular, the influence of the health authority in Sweden has been greater than in other countries, even within the Nordic states. The government has been marginalised and thus followed the advice of its experts, while dissenting expert opinions have been ignored and at worst stigmatised. One reason for this is constitutional in nature. The Swedish authorities have a great deal of legal autonomy vis-à-vis the government. The government defines the objectives for the agencies' activities and the available budgets at the start of the year. After this point, however, it no longer has any power to intervene in the agencies' application of the law or to decide on cases. There is also a cultural reason for the low participation of other interest groups. The Swedish culture of trust and cooperation is so marked that a majority of citizens will even support measures that require great sacrifices in the short term. The population trusts the expert opinion and believes that this sacrifice is worthwhile. This culture of consensus limits the pressure that a discordant minority is willing to exert. However, the level of dissent has increased since autumn 2020 when the emergence of a second wave of infections dashed any remaining hopes that herd immunity may already have been acquired.			Following the first wave and a stabilisation in the occurrence of infection, measures were also gradually relaxed in Austria. The decisions in this regard were taken by politicians. Different task forces have been set up at a ministry and government level with specialists and interest group representatives who have been consulted on their assessment of certain scenarios. However, they have largely not been involved in the decision-making processes. Criticism has repeatedly been levelled at the occasional lack of transparency of decisions and their proportionality. There has also been disapproval about the failure to take account of specific professional, trade and interest groups and the fact that decisions have been taken at short notice, meaning there has also been a need to swiftly implement the associated legislative changes. Some sectors have felt particularly neglected or that their situation has not received sufficient attention, especially in comparison to neighbouring countries (e.g. cultural sector, fitness sector, gastronomy). The involvement of stakeholders is crucial in terms of evaluating medical information and technical evidence. It is also key for deriving recommendations for action. The situation for politicians has certainly not been made any easier by the fact that they have sometimes had to evaluate diametrically diverging interests and expert opinions as well as specific wishes and fears before deriving measures and adapting them to the corresponding situation within the pandemic. Specific representation from the various interest groups has been helpful here (e.g. the Austrian Economic Chamber, teacher representatives, the Austrian Chamber of Doctors and the Austrian Chamber of Pharmacists). There has been little coordination of information or recommendations for action from professional medical or scientific societies. As a first lesson, the government recently re-established the "Supreme Health Council" and set up a specific sub-group on the pandemic/coronavirus comprising various experts.		

4.4.5 Need for action

In summary, it can be said that the FOPH's stakeholder management was inadequate during its crisis preparation and the initial phase of the pandemic. Many interest groups were not sufficiently involved in crisis preparation and management. With a view to future crises, the FOPH should engage in more systematic stakeholder management. Generally speaking, the federal government should also adopt a more systematic approach to involving stakeholders in the fleshing

out of measures. At the same time, the FOPH has to be able to respond quickly in a crisis situation. Processes therefore need to be defined that allow for interest groups to be involved in a targeted manner and also for decisions to be taken within a reasonable timeframe. There is also a need for action with respect to the federal government's communication of measures to the target groups, with the provision of information to stakeholders at an earlier stage being one such example. The FOPH has done a great deal and improved a lot during the course of the crisis with respect to the use of the expert skills of stakeholders. It now needs to be ensured that it is possible to draw on the experiences gained in the event of a future crisis.

Political level

The involvement of stakeholders in crisis management is only partially regulated by law. There is a need to examine how far this aspect should and can be legally standardised beyond the currently applicable legislation. The basis here could be formed by the criteria that have to be observed under the Consultation Procedure Act with respect to the involvement of stakeholders in decisions that are submitted to Parliament to be ruled upon or the criteria stipulated under the GAOA on the appointment of extra-parliamentary committees. Such criteria as well as minimum procedural provisions for the selection of stakeholders could be stipulated in the ordinances to the EpidA. From the point of view of practicability, however, it is questionable whether the ordinances should also standardise which stakeholders specifically are to be effectively involved during a pressing crisis or prescribe a procedure to be applied for the selection and prioritisation of stakeholders. In a crisis, fast and flexible decisions and action are required that should not be hindered and bound by legal selection and procedural obligations. On the other hand, it would seem sensible to set up a *retrospective* review mechanism in the form of a simple complaints procedure. Working on an ex-post basis and with a view to future crises, it would thus be possible to look at things calmly and clarify whether the authorities responsible for implementation have made reasonable use of the discretion bestowed upon them or have misused their discretionary powers.

Strategic level

At a strategic level, the FOPH should have a clear idea of which actors should be involved in which types of decisions in order to increase the quality and thus the effectiveness and acceptance of the decisions to be taken. It needs to be determined which expertise and structures of the stakeholders can be used and in what form. In times of crisis, the federal government should call on the stakeholders to consolidate their concerns and suggestions within the stakeholder group.

Operational level

At an operational level, action needs to be taken to define the structures and processes of stakeholder management, thus ensuring they are anchored in pandemic planning and implemented in the event of a pandemic (see also section 4.4.2):

- *Specify the details of stakeholder management during pandemic preparation:* This entails more specifically defining the key stakeholders at a strategic and operational level in the pandemic plan and expanding the network of contacts to include actors from the economic and social sectors.
- *Anchor stakeholder management in the crisis organisation:* Regular forums of exchange should be created in order to harness the resources of stakeholders. Specific contact partners for stakeholders must also be created within the FOPH and communicated accordingly.
- *Increase the involvement of stakeholders in the crisis organisation:* It must be ensured that the most affected stakeholders and those responsible for implementation are involved in the crisis organisation.
- *Involve stakeholders in the decision-making process*: Stakeholders that have to implement adopted measures should be involved in the decision-making process at an operational level. Accelerated digitalised or conference-based consultation procedures can be used to shorten the stakeholder consultation process.
- *Make greater use of existing stakeholder structures for crisis management:* In order to preserve internal resources, the administration could make greater use of existing stakeholder structures for crisis management and delegate tasks.
- *Appraise stakeholder management after the crisis and maintain sporadic dialogue:* The contacts established during the current crisis should be appraised and documented as well as incorporated in pandemic planning.

4.5 "Securing of medical treatment capacity during the pandemic"

In principle, responsibility for the prevention and treatment of diseases lies with the cantons. This only becomes a federal task when it comes to the combating of communicable diseases, as is the situation in a pandemic. In the case of communicable diseases, it is a central and coordinative task of the federal government and the cantons to establish specific treatment capacities depending on the pathogen and its characteristics. At the same time, it is necessary to maintain standard medical care. Ensuring coordination between the federal government and the cantons on these issues is both necessary and challenging.

During the coronavirus pandemic, the Federal Council has made use of many starting points provided under current epidemic legislation to limit the spread of the virus and to ensure the capacity to treat people suffering from COVID-19. Constraints in terms of the possibilities for medical care and the availability of staff mean that this capacity has not been unlimited and has had to be weighed against the need for regular care when the number of cases has increased. It was therefore stipulated under the Federal Council's COVID-19 Ordinance of 16 March 2020 that healthcare facilities such as hospitals, clinics, medical practices and dental practices were prohibited from performing non-urgent (elective) medical procedures and therapies.[82] This regulation entered into force on 26 April 2020. Later on in the pandemic, the Federal Council moved to no longer restrict procedures and therapies despite case numbers rising sharply in autumn 2020. Instead, it was left to the cantons and healthcare facilities to decide on the continuation or discontinuation of procedures and therapies.

4.5.1 Background

In the first phase of the evaluation, criticism was expressed that standard care was overly restricted in spring 2020 and was not handled in a sufficiently differentiated manner. Especially during this period, but also later on as the pandemic progressed, it was not conclusively clear which measures had been taken to maintain standard care and which criteria had guided the selection of measures. There was also a lack of clarity as regards whether the measures had proven worthwhile and which additional financial costs had been incurred in connection with their implementation. The following sections therefore look at the issue of safeguarding treatment capacities during the coronavirus pandemic and highlight the need for action arising from this. Focus is placed on the provision of standard care, i.e. non-pandemic-specific care, by family doctors, outpatient therapists, hospitals (e.g. cancer therapies, operations and the treatment of people with chronic illnesses), retirement, nursing and care institutions and Spitex.

4.5.2 Answers to the key questions

What problems have hospitals, practices, retirement, nursing and care institutions and Spitex been confronted with in ensuring standard care during the various phases of the crisis? What have been the causes of these problems?

At the beginning of the crisis, protective masks, disinfectants and tests were in short supply at healthcare facilities. According to those interviewed, outpatient therapists, in particular, were not given enough consideration upon protective materials being made available. In border regions, cross-border commuters working in Swiss hospitals were said to have had great difficulty in reaching their place of work due to the restrictive public health measures at the border. The uncertain supply of medicines due to delivery routes being cut off as well as panic buying and pandemic-specific needs were also highlighted as particular issues. One example given was chronically ill patients, in particular, having to switch to alternative medicines during the first wave of the pandemic.

The criticism expressed in the first phase of the evaluation, according to which standard care had been too greatly restricted in spring 2020, was reinforced in the in-depth analyses. However, there was little dispute among those questioned that standard care has to be scaled down to a certain degree depending on treatment capacities and the regional spread of the virus. The interviewees did stress, however, that the lack of flexibility in existing capacities in many regions gave rise to unnecessary cancellations of important operations and therapies. In some cantons, for example, it was said that in the area of psychiatry it had only been possible to maintain emergency care, while surgical clinics that were not involved in the treatment of COVID-19 patients were temporarily shut down. It is suspected that Switzerland's political leaders did not trust the healthcare institutions to decide independently on the discontinuation of activities.

In the scientific literature, there is a suspicion that certain patients, and especially long-term recipients of outpatient care, did not receive adequate care during the first phase of the pandemic due to the severe restrictions placed on standard care.[83] There are also reports that the number of people attending accident and emergency departments was below average, tumours were discovered late and patients also had to wait a long time for therapies and surgical treatments despite considerable suffering. The fact that patients no longer showed up at healthcare facilities out of fear also played a role, with the message of "stay at home" having become firmly fixed in their minds. However, more than two-thirds of those questioned who had required medical assistance due to an accident or illness stated in the population survey that they had received optimal medical treatment despite the coronavirus. Nevertheless, approximately 20% of the population

[82] According to COVID-19 Ordinance 2 of 13 March 2020 (status as at 21 March 2020), *non-urgent* procedures were deemed to be, in particular, procedures that "may be carried out at a later time, unless the person concerned may be expected to suffer disadvantages that go beyond minor physical and psychological complaints; or serve predominantly or solely aesthetic purposes, or bring increased performance or well-being".

[83] Rachamin, Y., et al. (2021). Impact of the Covid-19 pandemic on the intensity of health services use in general practice: a retrospective cohort study. International Journal of Public Health, 66.

indicated that they had postponed or even foregone visits to the doctor's or hospital treatment due to the pandemic (see section 2.1.1).

Overall, many representatives from hospitals and authorities stressed that it had been important and right for the healthcare sector that elective procedures had no longer been prohibited from the second wave in autumn 2020, with control in this regard now being assigned to the healthcare facilities themselves. The view was that patients requiring medical attention were less likely to stay at home as a result. However, it was emphasised that it was only possible to maintain high-quality care because employees had been prepared to put in an above-average effort over an extended period. It was pointed to the fact that many of the procedures postponed at hospitals at the beginning of the crisis had to be caught up on, meaning that healthcare professionals had been placed under significant strain on a sustained basis. For example, many institutions reported that growing staff shortages are increasingly becoming a problem and have led to additional absences due to individuals being overburdened. A further factor referenced was that the rapid spread of COVID-19 in autumn 2020 had meant that the disease was repeatedly transmitted to non-COVID-19 departments, resulting in employees becoming infected. The high occupancy of intensive care units has also led to cancellations of elective procedures.

Furthermore, the in-depth analyses show that cooperation between different hospitals as well as between the hospitals and the health authorities has not run smoothly in every respect. Criticism of the low level of cooperation within individual regions as well as across different regions was expressed on several occasions. According to the interviewees, only a few patients have been transferred within or between regions due to different incidences of the virus or capacities. At the same time, however, it was also stressed that culture and language need to be taken into account when transferring patients in this way and that patients cannot simply be sent to different locations like a parcel in the post.

The situation with family doctors has varied. Some had taken the decision to close their practices following the prohibition of elective procedures, while others remained open and primarily maintained contact with their vulnerable, older patients. As responsibility for standard care lies with the cantons, it was said that primary care providers were not involved in the national crisis organisation for a long time. According to several of those interviewed, the FOPH only had a slight awareness of the role played by family doctors in the provision of general care and the possible role they could assume in pandemic-specific care. For example, there were said to have been almost no requests for family doctors to help in administering vaccines or to provide follow-up care to those who had recovered from COVID-19.

At many retirement and nursing institutions, temporary shortfalls in the provision of care were highlighted as a result of family doctors taking the decision to no longer visit sick individuals outside their practices in spring 2020. In the interviews, it was reported that it became more difficult to access external therapies. Some hospitals were said to have been reluctant to admit patients from retirement and nursing institutions as they wanted to reserve space for younger individuals. In the survey conducted in spring 2021, around 20% of the representatives of retirement and nursing institutions indicated that the quality of care had either deteriorated or tended to deteriorate during the crisis.[84] Spitex reported that in spring 2020, in particular, clients had no longer made use of certain services. This was primarily the case in the areas of housekeeping and support as well as, to a secondary extent, in the area of care. In the survey, around 40% of employees at Spitex organisations stated that the quality of their work had been either somewhat or very impaired. In some cases, private Spitex organisations had also discontinued the provision of services and sent clients to public Spitex organisations.[85]

What have been the measures that have allowed for the provision of safe standard care while also ensuring pandemic-specific care? According to which criteria have these measures been defined? Have the measures and selection criteria proven successful?

There have been a range of measures that have been used to provide standard care while also ensuring pandemic-specific care:

Separation of COVID-19 and non-COVID-19 patients at hospitals and medical practices

As provided for in the pandemic preparedness handbook, COVID-19 and non-COVID-19 patients have been physically separated from one another in healthcare facilities. This has been achieved by separating entire hospitals, buildings,

84 INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions]. Zurich.

85 INFRAS (2021): *Corona-Krise: Situation von älteren Menschen und Menschen in Institutionen: Grafikenband mit Ergebnissen der Befragung beim Pflege- und Betreuungspersonal 2021* [Coronavirus crisis: situation of older people and people in institutions: graphic volume with results from the survey of nursing and care staff in 2021], Bern.

floors or wards and their access routes. At smaller family doctor practices, rooms have been allocated accordingly. All of those interviewed considered the separation of patients to be a key and effective measure.

Differentiated implementation of the ban on elective procedures and therapies
On its own admission, the FOPH deliberately left room for discretion in the implementation of the regulation on the prohibition of non-urgent procedures and therapies in spring 2020. Some of those interviewed emphasised that the possibility to define more precisely what constituted elective procedures and therapies themselves had been helpful in enabling them to maintain standard care capacities to the greatest extent possible. There were significant differences in how this federal requirement was implemented:

- In most of the hospitals surveyed, the operational detailing of the regulation took place as part of regular briefings of hospital management in close contact with the respective institutional special COVID-19 task force. The cantonal authorities were not involved. Depending on the hospital, various medical disciplines and operations management were likewise involved in the decision-making process. Ad hoc decisions were also taken in individual cases depending on whether a patient had been assigned or come in via the accident and emergency department. The decision not to perform non-urgent procedures was also influenced significantly by the current number of patients who at any one time were suffering from COVID-19 and being treated in the intensive care unit of the respective institution.
- In the canton of Vaud, the General Directorate of Health within the Ministry of Health defined elective procedures. These directives were issued in cooperation with the cantonal crisis unit, whose members also included hospitals and association representatives.
- In hospitals with an affiliated doctor system, the decision on whether to perform procedures was often difficult and sometimes led to a sense of resentment. In some places, attempts were therefore made to develop a committee for the categorisation of procedures with a composition that was as neutral as possible.

In particular, interviewees from the area of outpatient primary care felt that the requirement to define elective procedures and therapies more precisely was not effective. In their experience, patients have themselves defined what constitutes an urgent or non-urgent reason to seek a medical professional. Coding specialists stressed that it would be overly complicated to use diagnosis or treatment codes to underpin the creation of differentiated guidelines in the form of a list based on the degree of urgency.

Expansion of equipment
Thanks to the rapid acquisition of sufficient ventilators and the expansion of bed capacities, it has been possible to largely avoid restrictions in the provision of care due to infrastructural requirements.

Expansion of human resources, especially at hospitals
According to those interviewed from the relevant areas, it has been possible to create additional capacities by shifting staff, training employees at their own hospitals and deploying military and civil defence personnel at hospitals and nursing institutions. In individual cantons, anaesthetists were officially transferred from hospitals offering elective procedures and therapies to the central hospital so that emergency and intensive care services could be maintained there. In some cases, employees of the Spitex organisations have been "loaned" to nursing institutions and hospitals. Between the first and second wave, employees sometimes received training to enhance their knowledge of intensive medical care, thus allowing them to increasingly provide support to the intensive care units and boost the hospital's capacity. Members of the Swiss Armed Forces and civil defence have been able to provide valuable logistical and nursing support at hospitals and nursing institutions in many places.

Provision of care to patients at home via the delivery of medication and video consultations
Thanks to virtual consultations and the delivery of medication, it has been possible to provide care to patients – especially the elderly – at home. According to many family doctors and psychotherapists, the shift to providing consultations via phone or video was quite successful, making it possible to at least hold some of the consultations that would otherwise have entailed a risk of the patient contracting COVID-19 had they been held at a practice or during a home visit. According to the interviews, outpatient therapists (from the areas of physiotherapy, occupational therapy, speech therapy and nutritional counselling) found the change to digital consultations more difficult, as they were less prepared for the transition from a technical perspective.

More efficient exchange of information between service providers and authorities
Improvements in the way information is exchanged, especially between the hospitals, has also made a significant contribution to safeguarding standard care. The following developments have been observed in this respect:

- When the number of cases in French-speaking Switzerland was higher than in the German-speaking regions of the country in spring 2020, there was little cooperation. The hospitals appreciated that the information and deployment system of the Coordinated Medical Services was expanded quickly, allowing for efficient exchanges about hospital capacities, especially with respect to intensive care units. Previously, it had been much more difficult to plan elective procedures in an efficient manner.
- In some cantons, the exchange of information between the hospitals has worked well, with occupancy figures being exchanged on a daily basis or several times a week and patients being allocated to standard care accordingly. These exchanges have taken place at an operational level between the doctors.
- The area of organ transplantation is an enlightening example of how a system for exchanging information has been enhanced. National and international cooperation has been standard for a long time for the planning and performance of transplantations. During the crisis, there has thus been detailed knowledge of the resources available at the various locations, making it possible to allocate procedures on a centralised basis. In this way, treatments that an individual hospital was no longer able to provide could be carried out quickly at a supraregional level. The model's underlying approach of a "stepwise shutdown" of transplantation activities (as opposed to their complete discontinuation) was applied.[86] According to the interviews, it would be quite conceivable to also use this model for urgent procedures outside the field of transplant medicine.

What additional expenses have been associated with the implementation of the measures? Who has financed them?
There is no doubt that the pandemic has had a considerable impact on the cost of medical care. In response to the postulate "Clarify the impact of the health costs of the pandemic on the various payers", the Federal Council submitted an interim report in June 2021 containing an initial qualitative assessment of the costs incurred during the pandemic.[87] In this interim report, it points out that the federal government as well as the cantons, health insurers and policyholders must expect additional expenditure for medical care. However, it will only be possible to reliably estimate the level of this expenditure towards the end of 2022.

On 10 March 2020, the FOPH issued its first statement on questions regarding the financing of treatment provided to patients with COVID-19 in the publication "Illustration of inpatient cases and COVID-19 treatments".[88] The aim of the publication was to ensure that a uniform practice was in place throughout Switzerland for the regulation of inpatient treatment and the corresponding assumption of costs for the duration of the coronavirus pandemic. Among other things, this involves the application of a standardised approach across Switzerland as regards remuneration for the inpatient treatment of COVID-19 patients, the provision of intensive care treatment in non-certified intensive care units and the treatment of patients in supplementary temporary premises (e.g. containers or tents).[89] The FOPH has based these regulations on prior consultations with the affected umbrella organisations (H+ (the Hospitals of Switzerland), santésuisse and curafutura), SwissDRG AG and the Swiss Conference of the Cantonal Ministers of Public Health (GDK).

On 4 April 2020, the FOPH published a fact sheet concerning the outpatient sector. This document contains recommendations from the FOPH for temporary solutions for the billing of consultations provided at a physical distance rather than at a practice or patient homes. It affects the consultations of specialists, including delegated psychotherapists, midwives, physiotherapists, occupational therapists and speech therapists.[90]

The discussions conducted as part of the evaluation and review of the available documents revealed that the service providers were critical of both the appropriateness and timeliness of the communicated principles:

- Firstly, it was pointed out that some of the issues were clarified relatively late in the day. The aforementioned fact sheets were said to have left many questions unanswered with respect to the assumption of additional expenses and the provision of compensation for reduced income. In order to safeguard the provision of healthcare, it was stated

86 Immer, F., et al. (2020). In the eye of the hurricane: the Swiss Covid-19 pandemic stepwise shutdown approach in organ donation and transplantation. Swiss Medical Weekly, 150: w20447.

87 Federal Council (2021): *Auswirkungen der Corona-Pandemie auf die Kostenträger im Gesundheitswesen. Zwischenbericht des Bundesrates in Erfüllung des Postulates 20.3135 SGK-SR vom 21. April 2020* [Impact of the coronavirus pandemic on healthcare payers. Interim report of the Federal Council in fulfilment of postulate 20.3135 SGK-SR of 21 April 2020], Bern.

88 FOPH (2020): *Abbildung der stationären Fälle beziehungsweise Behandlungen von Covid-19* [Illustration of inpatient cases and COVID-19 treatments]. Fact sheet dated 10 March 2020, Bern.

89 See in this regard: FOPH website "Coronavirus: health insurance arrangements". https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/regelung-krankenversicherung.html, accessed on 9 September 2021.

90 Ibid.

that service providers had to make decisions with considerable financial implications as early as spring 2020 without knowing whether and to what extent these services would be co-financed by compulsory health insurance.

- Secondly, the restrictions imposed in spring 2020 led to underemployment of the workforce and a loss of revenue in many places. In order to keep bed capacities free for patients suffering with COVID-19, the hospitals utilised reserve capacities. Until now, the hospitals and the cantons have had to bear these costs themselves. In the interviews with representatives from institutions and the cantons, various approaches were described as to how these expenses are allocated. While some cantons quickly signalled to the hospitals that the costs would be covered, others do not want to pay. The Federal Council has adopted the standpoint that lost revenue resulting from the treatment ban it issued during the first wave in spring 2020 cannot be compensated for by the federal government owing to the lack of a corresponding legal basis. The SpitalBenchmark Association, which has calculated the associated costs on behalf of Swiss hospitals and clinics, assumes a figure of around CHF 880 million to CHF 980 million.[91]
- Retirement and nursing institutions have been faced with the problem that many additional care and administrative costs cannot be settled via the health insurance providers. It has also not been possible to claim for lost income from non-medical services (e.g. public restaurants, the renting of space to external parties).

In summary, it can be said that the financing and tariffing questions raised by healthcare providers with respect to health services were only answered in pArt. However, there was no assumption on the part of the respondents that these cost issues had a negative impact on the quality of care. They pointed to the fact that they made sure to buy as many materials as possible when making purchases and that a great deal of investment had also been made in intensive care staff. It was said that the risk was taken that the costs would not be covered by the public sector or the health insurers.

4.5.3 Legal assessment

In a normal situation, responsibility for ensuring care lies with the cantons, while the federal government primarily has powers in two areas, namely in guaranteeing the safety of therapeutic products (Swissmedic) and ensuring access to healthcare services (compulsory health insurance [OKP]). It also has responsibility for the regulation of medical technologies and ensuring the country's supply of essential goods and services, including in the event of severe shortages. The latter is subsidiary to the national economic supply and, where necessary, may run contrary to economic freedom. The interaction between the various cantonal (namely the cantonal hospital offices, cantonal medical services and service providers) and federal (namely the FOPH, Swissmedic and Armed Forces Pharmacy) actors proves its worth during a normal situation with endemic diseases. However, this system has complicated matters during the special and extraordinary situations declared during the coronavirus pandemic, as it can hinder the rapid and coordinated implementation of measures aimed at combating the disease.

Although Art. 118(2)(b) of the Federal Constitution provides the federal government with extensive powers to combat (among others) communicable diseases, the legislator has reserved the implementation of measures under epidemic legislation to the cantons unless the law explicitly assigns responsibility in this regard to the federal government (Art. 75 EpidA). The federal government may coordinate the cantons' implementing measures where it is deemed that there is an interest in them being implemented in a uniform manner. To this end, it may, in particular, prescribe measures to the cantons aimed at ensuring uniform implementation and, where there is a risk to public health, instruct the cantons to implement certain implementing measures. However, it has to address such measures exclusively to the cantons, who are then responsible for ensuring they are implemented appropriately (Art. 77 EpidA). The federal government cannot directly impose regulations on or issue instructions to service providers on the basis of these coordination powers. This means that in the case of a pandemic necessitating the declaration of a special situation, authority and responsibility for the treatment of diseases is not transferred to the federal government. Instead, it only gains the power to order measures specified by law in accordance with Art. 6(2) of the EpidA. If a special situation currently applies and the cantons differ in the regulations that they order, this is because the federal government has only ordered measures on a selective basis and, in some cases, because the cantons have disregarded the orders issued under federal law and failed to enforce them. In an extraordinary situation, the powers of the federal government are expanded compared to those bestowed upon it in a special situation, meaning that it is no longer restricted to only ordering the measures specified under Art. 6(2) of the EpidA. Instead it can order any measures (under epidemic law) and is limited in its power solely by the subsidiarity, effectiveness and proportionality requirements pursuant to Art. 30 of the EpidA, Art. 1(2bis) of the COVID-19 Act and Art. 5 of the Federal Constitution.

The situation is different with respect to preparatory measures under epidemic law, with responsibility here being assigned to the federal government and the cantons. The FOPH (not the Federal Council) may instruct the cantons to take

[91] https://www.srf.ch/news/schweiz/corona-rechnung-dicke-post-fuer-den-bundesrat-spitaeler-koennten-millionen-fordern, accessed on 31 August 2021.

certain preparatory measures in accordance with Art. 8(2) of the EpidA. And under Art. 19(2) of the EpidA, the Federal Council can order a whole catalogue of preparatory measures that are directly addressed to businesses and institutions in the healthcare and education sectors or, more generally, to businesses and organisers whose activities increase the risk of disease transmission. It is thus necessary to distinguish between healthcare and treatment, on the one hand, and disease control (for communicable diseases), on the other. And within the latter, a differentiation must also at least be made between early detection, monitoring, prevention and preparatory measures.

The example of prioritisation between emergency and elective procedures illustrates the questions that can arise when the complex allocation of responsibilities is only roughly outlined. Based on their responsibility for healthcare provision, the cantons decide, where necessary, whether elective procedures should be postponed in favour of COVID-19-related and other emergency procedures. This is not only the case in a normal situation, but also in a special situation as stipulated under the EpidA; the federal government can only order such prioritisation in an extraordinary situation, as its powers to issue orders are then open-ended in terms of content. In a normal and special situation, however, the federal government has the option to refrain from procuring and allocating the quantities of medicinal products not used for the prevention and combating of COVID-19, meaning that hospitals and clinics have to forgo the performance of elective procedures. This is because elective procedures performed on both an outpatient and inpatient basis can only be scheduled if this is permitted by sufficient stocks of essential medicinal products. The FOPH's justification for this indirect prohibition of elective procedures is that the allocation of scarce medicinal products for the treatment of COVID-19 patients takes priority and that it is important to prevent the development of supply bottlenecks for these patient groups due to the performance of elective procedures.[92] Here, it is worthy of note that there is no legally binding definition of how elective procedures are to be distinguished from emergency procedures, meaning that the service providers could counteract the efforts of the FOPH to a certain extent by narrowing the definition of what constitutes an elective procedure. Since the end of the extraordinary situation at the end of spring 2020, however, the federal government has no longer made use of the option described to prioritise emergency procedures, instead leaving it to the cantons to limit the performance of such procedures. There is a lack of transparency as regards whether the hospitals thus suffered financial losses for the whole of 2020 and 2021 or caught up on the postponed elective procedures at a later time. A further aspect that should be discussed in connection with the topic of elective procedures, the importance of which goes far beyond epidemic control, are the criteria on which the prioritisation or rationing of treatment measures should be based if the available capacities are insufficient. There is a complete lack of legal criteria in this regard.

The autonomous distribution of emergency patients following consultation between the service providers, including across cantonal and even national borders, appears to have largely proven successful in practice. The cantons would, however, have the option of ensuring distribution procedures by means of intercantonal agreements if necessary, while the federal government could, on a subsidiary basis and within the framework of the supervisory and coordination powers assigned to it in connection with the enforcement of epidemic legislation (Art. 77(f) EpidA), prescribe to the cantons how patients are to be distributed or instruct them to ensure distribution. During the coronavirus pandemic, it has not proven easy to allocate adequate resources for the required care, prevention, monitoring and early detection services. An important reason for this is undoubtedly the way in which the assumption of costs for the implementation of the EpidA has been regulated. According to these regulations, the cantons have to bear the costs for measures that apply to the population or individual persons if the costs are not otherwise covered, i.e. in particular by health, accident and military insurance. The cantons are also required to assume the costs for epidemiological investigations as described under Art. 15(1) of the EpidA (Art. 71 EpidA) even if (in a special or extraordinary situation) the federal government has ordered these measures. The federal government is only obliged to bear the costs of providing the population with therapeutic products (Art. 73 EpidA), and even then only as a subsidiary measure to health, accident and military insurance, as well as the costs of international travel measures insofar as these are not borne by the transport companies (Art. 74 EpidA). The epidemic legislation does not adequately regulate the bearing of costs for preparatory measures aimed at preventing and limiting risks and impairments to public health at an early stage, i.e. preparatory measures for the detection and monitoring of communicable diseases. It is also not sufficiently clear who bears the costs for measures in relation to individual persons, measures in relation to the population and measures for the distribution of therapeutic products that the FOPH can instruct the cantons to take (Art. 8 EpidA).

The critical point in the coronavirus pandemic has not turned out to be financial and material resources, but rather human resources. The Federal Council (after consulting the cantons) can require doctors and other healthcare professionals to participate in combating communicable diseases in a special situation – and all the more so in an extraordinary situation

92 See *Erläuterungen zur Verordnung 3 vom 19. Juni 2020 über Massnahmen zur Bekämpfung des Corona-Virus (Covid-19-Verordnung 3; SR 818.101.24)* [Explanatory notes on Ordinance 3 of 19 June 2020 on the measures to combat the coronavirus (COVID-19 Ordinance 3; SR 818.101.24)], version of 20 August 2021, p. 18 on Art. 25 of this ordinance.

(Art. 6(2)(c) EpidA). However, where there is a lack of professionally trained staff, this power is of little use. Structural adjustments are required, but these lie outside the content covered by epidemic legislation.

There is a need to review the regulation of the authorisation of medicinal products by Swissmedic under the Therapeutic Products Act during special and extraordinary situations as outlined in the EpidA. The sometimes long duration of the procedures for the authorisation of COVID-19 vaccines for adults and children has been met with public criticism. Possibilities for the legal regulation of accelerated authorisation procedures in the event of a pandemic should be clarified, including the acceptance of test results from other bodies, such as the European Medicines Agency (EMA) or the US Food and Drug Administration (FDA).

The stockpiling of material resources required during the pandemic for monitoring (e.g. digitalisation of the reporting system), prevention (e.g. protective masks, alcohol for disinfection) and treatment (e.g. planning for the separation of COVID-19 and other patients) purposes was certainly inadequate. An obstacle here was the complex interplay between the various different pieces of legislation at a federal level; the legislation covering national economic supply, therapeutic products, foodstuffs, alcohol and civil protection as well as other laws overlap with the epidemic legislation in terms of their content.

4.5.4 International classification

Sweden			*Austria*		
Significance of the topic			Significance of the topic		
Major	Moderate	Minor	Major	Moderate	Minor
The capacity of the intensive care beds, the number of which had more than doubled in the Stockholm area during the pandemic, was never needed. Ventilators were always available in sufficient numbers despite the fact that the spread of COVID-19 was much greater in Sweden than in neighbouring countries. In order to ensure the availability of enough nursing staff, especially in the Stockholm area, more employees were hired or transferred, while special leave was revoked and overtime ordered. This culminated in the “crisis service agreement” during the summer of 2020. Triage was also done to reduce the pressure placed on hospitals and especially intensive care units. Elective treatments were restricted between March 2020 and June 2021. Two priority criteria were set for determining elective procedures that should not be postponed: 1. diagnosis and treatment of malignant or suspected malignant diseases; 2. treatment of illnesses where a delay of 0 to 3 months would impair or make impossible the same treatment that would have been given immediately, for example abortion procedures, childbirth, treatments for children and certain surgical and orthopaedic treatments. In both cases, patients with the best chance of receiving treatment in the absence of resources were favoured over others, with an individual assessment always having to be made in each case. In May and November 2020, one in two respondents feared that they would not receive care due to the coronavirus pandemic, and one in five cancelled medical or dental treatment that had already been booked. Older people were severely impacted by these difficulties. According to the national healthcare guarantee, all patients have the right to an initial consultation or specialist treatment in the form of an operation or procedure within 90 days. In June 2021, the share of patients awaiting care who received this within 90 days stood at 89%. This com-			Measured by population, Austria has one of the highest number of hospital and intensive care beds in the EU. This was a contributing factor in ensuring that the provision of care to COVID-19 patients during the first wave in spring 2020 was well managed. In this first phase, the federal government and the provinces set requirements for bed capacities and for keeping beds free for the care of COVID-19 patients. This led to a massive ramping down of regular medical care and the postponement of elective procedures or screenings from mid-March 2020. A differentiated picture emerged in the practice outpatient sector. While numerous practices remained closed for fear of infection and/or due to a lack of protective equipment, others attempted to maintain regular care services. Dedicated areas were set up at hospitals in order to separate patients suspected of having COVID-19 in the admission areas from those without specific symptoms or epidemiological risks. As the incidence of infections rose, ever more inpatient areas were converted into COVID-19 stations at the expense of regular care. Fear of contracting COVID-19 led patients to cancel check-ups or screenings or opt against seeking medical help for specific complaints. During the peak phase of the pandemic as well as during less stressful months, the coordination of bed occupancy chiefly took place at a provincial level. In the province of Tyrol, weekly video conferences were held between the attending healthcare professionals in the hospitals in order to ensure that their approach was as coordinated as possible and that mutual support was provided (transfers, comparison of therapy standards). Step-by-step plans based on the number of patients were also developed for this purpose. These plans concerned which wards and intensive care units should be occupied first by COVID-19 patients and which ones should take care of non-COVID-19 patients. As the number of COVID-19 patients requiring inpatient care increased, there was a gradual shift of resources from non-COVID-19 to COVID-19 areas.	

pared to a low of 84% in September 2020 and a figure of almost 90% in the same month prior to the pandemic (June 2019). It was only possible to replace a fraction of primary care with remote treatment. The share of remote treatment remained constant at 5% between June 2020 and June 2021, while the proportion of contact via phone or e-mail fell from 17% to 12% (possibly due to improvements in and the distribution of specialised remote treatment apps). In December 2019, these shares had stood at 1% and 5%, respectively. There were widespread concerns about long waiting times due to this pent-up need for medical care. As time passed, the situation in the hospitals eased. In order to keep waiting times short when catching up on elective appointments, outpatient appointments were also offered in the evening and at weekends in individual regions. In 2021, the government in Stockholm earmarked funds to compensate for the additional expenditure and losses caused by the crisis due to the restrictions imposed on standard care.	This was also associated with a prioritisation of procedures according to medical urgency, leading to the postponement of elective procedures. Here, focus is placed on the medical indication and the level of urgency as well as of course, to some extent, the availability of intensive care capacities, especially if it has to be assumed that an extended period of intensive care will be needed after operations. In cases in which intensive care capacities or normal inpatient care options were exhausted, patients were transferred between hospitals. A nationwide concept was established for this, with two coordinators for the intensive care beds and interhospital coordination for normal patients. As the crisis has progressed, the provision of capacities has been made much more flexible in order to ensure that regular medical care can be maintained for as long as possible and elective procedures can also be performed. There is a small “buffer” of available beds that can quickly be used for COVID-19 patients or converted back into normal beds. The utilisation of intensive care capacities remains a key factor in the introduction of political measures (lockdowns, amendments to regulations).

4.5.5 Need for action

In Switzerland, it has been possible to ensure high-quality specific care during the coronavirus pandemic. For the most part, it has also been possible for standard care to be provided in full and in high quality. A variety of strategies have been applied by the FOPH, the cantons and healthcare providers. In addition to the FOPH, important contributions have also been made by other federal agencies, including the Armed Forces Pharmacy, the Coordinated Medical Services (CMS) and the Medical Services Coordinating Body (SANKO). The population has been well cared for, especially thanks to the enormous commitment shown by staff. No evidence of errors or shortcomings in medical care were identified. Fortunately, disaster medical measures have not had to be utilised, even though they have been prepared in gymnasiums and military hospitals. Nevertheless, there is a need for action. The Federal Council has already taken this on board to some extent and incorporated it in its medium-term planning of 30 June 2021.[93] To make it possible for hospital capacities to be accurately assessed in future, it is planning to conduct a retrospective survey of postponed and performed procedures. It likewise mentions the importance of the information and deployment system of the Coordinated Medical Services for providing a good overview of the situation in the intensive care units. In order to improve capacities, it also states that it will be necessary to support hospitals with additional professional staff. Finally, it points to the need for the EpidA to be revised.

Political level

In summary, there is the following need for action at a political level:

- A greater differentiation needs to be made with respect to the reach of different pieces of legislation, in particular as regards the stockpiling of material resources. This concerns the legislation covering epidemics, national economic supply, therapeutic products, foodstuffs and alcohol as well as other laws.
- The federal government should be able to order measures to strengthen the security of supply and healthcare provision in special and extraordinary epidemic and pandemic situations. This is possible without the need for constitutional amendments, as Art. 118(2)(b) of the Federal Constitution provides the federal government with extensive constitutional powers to combat communicable diseases. In the COVID-19 Act, the federal government has now introduced a catalogue of measures to improve the security of supply and healthcare provision (Art. 3(1–5) and Art. 10). After the current pandemic has subsided, further improvements should be immediately initiated, as it is likely that awareness of the problem will diminish once more as the issue disappears from the political spotlight.
- Requirements for the minimum availability of selected active ingredients for basic medical care and production capacities for protective materials should be enshrined in law by Swissmedic (via the authorisation procedure), the

93 Federal Council (2021): *Konzeptpapier Mittelfristplanung. Bericht des Bundesrates: Covid-19-Epidemie: Auslegeordnung und Ausblick Herbst/Winter 2021/22* [Medium-term planning concept paper. Report of the Federal Council: COVID-19 epidemic: overview and outlook autumn/winter 2021/22], Bern.

Federal Office for National Economic Supply (FONES; compulsory stockpiling), SECO (personal protective equipment) and the FOPH. This should allow for the provision of safe care to both the population and employees of healthcare facilities, especially during the early phase of a pandemic. Systematically speaking, the right place for this is the epidemic legislation. The legislation on therapeutic products, which covers their safety and efficacy, is affected by the procedure for the authorisation of medicinal products (accelerated authorisation procedure).

- Through the revision of the EpidA, healthcare facilities are to be checked more stringently with respect to whether they have a minimum quantity of protective materials available. The EpidA should stipulate the FOPH's powers to monitor whether a minimum amount of protective materials required by the service providers in a special or extraordinary situation is available at all times and in sufficient quality, while also defining the Federal Council's powers to take measures in relation to the responsible bodies if necessary. It needs to be regulated at a legislative level whether the federal government and the cantons designate and organise the responsible bodies and whether services providers can be obliged to provide reserve capacities; implementation can be regulated at an ordinance level.

Strategic level

At a strategic level, action needs to be taken in the following dimensions:

- The experiences gained during the pandemic must be integrated into any considerations on the further development of healthcare professions and the debate on the shortage of skilled workers. The pandemic-specific goal must be to prevent employees from being overburdened during crisis situations to the greatest extent possible. Here, it is important to keep in mind that a pandemic can last several years. To this end, for example, a greater level of flexibility in the deployment of healthcare professionals between different wards, hospitals, cantons and regions would be beneficial in ensuring that more potential staff are available (including the creation of cantonal or regional staff pools, the subsidiary deployment of other supporting professionals and the establishment of volunteer pools). Here, the organisation of work and the content of further training (e.g. generalist versus specialist content) need to be scrutinised. This will require conceptual input.
- At a strategic level, the FOPH is called on to develop scenarios that present an alternative to the complete discontinuation of non-urgent, elective treatments during the early phase of a pandemic. The FOPH should also compile concepts that have proven successful during the COVID-19 crisis in limiting or maintaining standard medical care in the form of a nationwide overview of good practice examples.
- Outpatient primary care providers, i.e. in particular family doctors, Spitex and pharmacies, should be more involved in pandemic preparations. Differentiated measures should aim to ensure that services can also remain accessible in the outpatient sector in compliance with precautionary measures at the same time (separation of infectious and non-infectious patients, use of protective materials, etc.). The measures should also accommodate the wish of primary care providers to take on as much individual responsibility as possible in deciding whether to limit or maintain their services.
- Discussions should be held between the FOPH and the cantons and healthcare facilities to determine the supply of hospitals, beds, practices and employees that should be available in the event of a pandemic. Here, particular attention should be paid to ensuring that not only a pandemic-specific perspective is adopted, but rather that considerations relating to the provision of standard care are also taken into account. In this context, the cantons should systematise supraregional and intercantonal cooperation so that it can be drawn on in the event of a crisis. In doing so, it needs to be remembered that it is not only absences due to illness that are to be expected. Quarantine and isolation regulations imposed on carers themselves or their family members could also exacerbate shortages. On the one hand, a sufficient number of employees are required. On the other, there is a need for solutions to pandemic-related absences.
- The information and deployment system of the Coordinated Medical Services should be expanded. It has proven its worth during the current pandemic for exchanging data on occupancy rates. Following the crisis, for example, the system could continue to be used for the transferring of patients, meaning that people are well acquainted with and practised in using the technology in the event of a new pandemic. In this regard, cooperation between the federal offices would have to be expanded.
- For the funding of additional services due to pandemic-specific care and as part of standard care, financing arrangements need to be agreed in advance between the federal government, the cantons and healthcare providers. Providers should be able to provide pandemic-specific services on a break-even basis.

Operational level

A medical crisis has to be addressed on the basis of medical process experience in complex systems. Practitioners from various professions in the areas of inpatient and outpatient care should be involved in crisis management to ensure that the actual operational implementation of measures on the ground is regularly compared to the strategy.

5. Conclusion and recommendations

The FOPH's specifications stated 20 questions to be answered by the evaluation of the management of the COVID-19 crisis. Below, we answer these questions based on the data and information collected as well as publicly available documents that were not yet used in the previous steps of the analysis. This is followed by our conclusion and overarching recommendations.

By way of introduction, it must be noted that due to the methodological approach adopted by the study it was not possible to conduct the empirical analysis of all questions in the same depth. While various questions, including those related to the maintenance of healthcare provision, were the subject of in-depth analysis (see in this regard section 4), others (especially those concerning the cooperation between the Federal Administration and the scientific community) were deliberately excluded from this evaluation. The Steering Group decided on the selection of the thematic areas to be studied in depth. Here, particular consideration was given to the preferences of the broadly composed Advisory Group and the fact that some of the non-prioritised thematic areas are the subject of comprehensive studies being conducted by other institutions.

Finally, it is important to point out that the following conclusion and recommendations of the evaluation cover the entire study period in accordance with the mandate provided. This may result in important weaknesses being highlighted even if improvements have been observed in connection with these issues as the crisis has progressed.

5.1 Overall results

The structure of this section is based on the evaluation impact model (see Figure F 1.4). The questions in the specifications on the organisational and structural conditions of crisis management as well as the decision-making processes within the FOPH are answered first. We then go into the assessment of health protection measures and their communication before finally addressing the questions on the impact of the measures on healthcare provision and the economy. The evaluation is concluded with a summary of whether the federal government and the cantons have responded in an appropriate and timely manner to the threat posed by COVID-19. When answering the questions, brief reference is made to the information bases drawn on in each case.

5.1.1 Organisation and structure

A first group of questions addresses the organisational and structural conditions of crisis management within the FOPH.

How have the federal government and the cantons approached their tasks, allocations of responsibilities at different points in time? Has the division of tasks proven successful? What role has been played by the Epidemics Act Coordinating Body?

The allocation of responsibilities between the federal government and the cantons was examined in depth as part of this evaluation (see section 4.1). The EpidA, which was approved by the electorate in 2013, has played a significant role in clarifying the tasks, allocations of responsibilities of the federal government and the cantons during the crisis. In spring 2020, the Federal Council implemented the envisaged allocation of responsibilities under the EpidA and assumed sole responsibility following the declaration of the extraordinary situation. As the report on the evaluation of crisis management during the coronavirus pandemic published by the Federal Chancellery in December 2020 made clear, the transition to the special situation in April 2020 allowed for uncertainty to develop with respect to the distribution of responsibilities between the federal government and the cantons: "There was too little coordination in returning from the extraordinary situation to the special situation in June 2020. The cantons should have been contacted at an early stage prior to this transition in order to have allowed them to better prepare for the new situation. Due to the lack of coordination during this transition, the cantons and the Federal Administration had different ideas with respect to their new and old roles".[94] This finding was largely confirmed by this evaluation. In summer 2020, the federal government failed to sufficiently exercise the responsibilities bestowed upon it by the EpidA to order certain measures itself in a special situation that normally fall within the responsibility of the cantons. On the other hand, the cantons have been unable to keep the pandemic situation under control independently without central government intervention. However, the evaluation also reveals that the federal government's leadership was only questioned by the cantons at a few points in time (e.g. the opening of restaurant terraces in ski resorts) following this difficult phase.

[94] Federal Chancellery (2020): *Auswertungsbericht zur ersten Phase der Corona-Pandemie vom Dezember 2020* [Evaluation report on the first phase of the coronavirus pandemic of December 2020], Bern, p. 22.

In various areas, the division of tasks stipulated in the EpidA has proven its worth. This is shown by the results of the evaluation, especially with respect to the thematic areas of vaccination and communication. For example, the respondents were largely in agreement that it was right for the federal government to be responsible for the procurement and distribution of vaccines, while the cantons took on responsibility for the organisation of the actual vaccinations. They likewise agreed that it was right and important that the federal government took the lead in communicating with the population. On the other hand, the majority of the respondents were critical of the period during summer 2020 when the Federal Council stepped back somewhat in terms of its communication activities. However, there are also areas, such as contact tracing and testing, which are not centrally regulated to a sufficient degree in the EpidA.

The Epidemics Act Coordinating Body (KOr EpG) was earmarked as a permanent coordination body to support cooperation between the federal government and the cantons in the event of an epidemic.[95] The intention was for this body to cover the need for a permanent specialist authority body between the federal government (FOPH) and the cantons (cantonal medical profession). The Epidemics Act Coordinating Body was explicitly not conceived as a crisis-response agency or a management body. It has the task of supporting a designated crisis management task force in special and extraordinary situations.[96] To the best of our knowledge, the Epidemics Act Coordinating Body has not been deployed during the coronavirus pandemic.

How should the cooperation between politicians, the administration and the scientific community be assessed?
The following answer to the evaluation question is based on numerous public documents. Various interviewees also touched on this topic. The Federal Chancellery's evaluation report of December 2020 makes clear that cooperation between the scientific community and the administration proved difficult at the beginning of the crisis. The report notes that lines of conflict between the FOPH and scientists from the fields of epidemiology and virology had already existed prior to the crisis, with some of these also becoming apparent during the pandemic. With the creation of the SN-STF, the scientific community has been better integrated and cooperation has improved.[97] This impression is also confirmed by an extensive study compiled at the University of Basel, which looks at the role of science in the management of the coronavirus pandemic in Switzerland.[98] The SN-STF has provided the FOPH with access to the expertise of its network to answer science-related questions, something that was appreciated by several respondents interviewed by the Evaluation Team. The FCV and its president, in particular, have also played an important role. The coordination of communication between the Federal Council and the SN-STF has been spared any major incidents since autumn 2020. At a political level, however, the SN-STF has remained controversial. As recently as March 2021, the National Council's Economic Affairs and Taxation Committee wanted to ban the SN-STF from publicly commenting on measures against the coronavirus.[99]

Viewed over the entire course of the crisis to date, the cooperation between the Federal Council, the administration and the scientific community has thus worked well. This is evident from the aforementioned study as well as from the discussions we have held and media reports. It is not only the SN-STF that has proven its worth, but rather also individual extra-parliamentary committees and other channels of contact between the Federal Administration and the scientific community, some of which have existed for several years. However, this assessment does not mean that the cooperation between the scientific community, politicians and the administration should not be reconsidered and, where necessary, reorganised in view of future challenges. For example, the various roles need to be clarified: On the one hand, the government should have an advisory body that supports it and the FOPH's experts in taking decisions and developing appropriate measures. On the other, the public debate needs scientists who are not members of the government's scien-

95 Federal Council (2010): *Botschaft zur Revision des Bundesgesetzes über die Bekämpfung übertragbarer Krankheiten des Menschen* [Dispatch on the revision of the Federal Act on Controlling Communicable Human Diseases], Bern.

96 FOPH 2018: Swiss Influenza Pandemic Plan, p. 20.

97 Federal Council (2010): *Botschaft zur Revision des Bundesgesetzes über die Bekämpfung übertragbarer Krankheiten des Menschen* [Dispatch on the revision of the Federal Act on Controlling Communicable Human Diseases], Bern, p. 24.

98 Hofmänner, A. (2021): The Role of Science in the Swiss Policy Response to the Covid-19 Pandemic Scientific report, Basel. See also the NZZ from 12 August 2021, interview with the Head of the Swiss National COVID-19 Task Force Prof. Martin Ackermann (in German): "From the outside looking in, it appeared that there were mainly tensions and differences of opinion. However, the experience was quite different in our everyday dealings. We maintained close dialogue with the Federal Office of Public Health from the very beginning and subsequently with the Department of Home Affairs. We later extended this dialogue to include talks with the parliamentary groups within the Swiss Parliament. This did a great deal in terms of creating a mutual understanding".

99 SDA Keystone-SDA-ATS AG (2021): *Nationalratskommission präzisiert Maulkorb für Taskforce* [National Council Committee specifies Task Force gagging order]. SDA report, Bern: *https://www.parlament.ch/de/services/news/Seiten/2021/20210305161011724194158159038_bsd171.aspx*, accessed on 31 October 2021.

tific advisory body. Cooperation with social scientists and humanities scholars (e.g. from the fields of psychology, sociology, education, integration, political science, philosophy and ethics) should also be improved. The aforementioned work of the Swiss Science Council, the Parliamentary Control of the Administration and the Federal Chancellery is expected to provide a basis for this.

How appropriate and timely has the regulation of financing and tariffing issues been with respect to healthcare services?

As described in the in-depth analysis (see section 4.5), the pandemic has had a major impact on the costs of medical care. On the one hand, the responsible FOPH department moved quickly to make important clarifications, thus allowing for COVID-19 treatments to be billed for in full, even in special circumstances. On the other hand, important financial questions remained unanswered or a source of political debate. In order to safeguard the provision of healthcare, the service providers had to make decisions with, in some cases, considerable financial implications as early as spring 2020 without knowing whether and to what extent these services would be co-financed by compulsory health insurance. While it has been possible to settle some of these costs retroactively, this has not been the case for the large pArt. The Spital-Benchmark Association, which has calculated these costs on behalf of hospitals and clinics, assumes a figure of around CHF 880 million to CHF 980 million. Some of these costs involve reserve capacities, which ensure that emergencies can be handled at all times. However, others also relate to lost revenue resulting from the ban on elective procedures issued by the Federal Council. Considerable uncovered costs have also been incurred in retirement and nursing institutions, as it has not been possible to settle additional care and administrative expenses via the health insurance providers.

In summary, it can therefore be said that the financing and tariffing issues relating to healthcare services have only been regulated in an appropriate and timely manner to a certain degree.

Is there need for improvement at an organisational, structural and leadership level with a view to the management of future crises?

The following statements are largely based on publicly accessible documents. This topic was also frequently raised in the discussions held as part of the evaluation despite the fact that it was not explicitly the subject of an in-depth analysis. The report on the evaluation of crisis management during the coronavirus pandemic published by the Federal Chancellery in December 2020 already points to the fact that the federal government's key crisis-response agencies failed to perform the roles and tasks assigned to them.[100] The authors of Bulletin 2020 on Swiss Security Policy, which was published by ETH Zurich's Center of Security Studies at the end of 2020, state that "it has come as a surprise to most experts during the course of the crisis that none of the crisis units have been deployed as planned".[101] It is also noted that the FOPH, as the lead specialist authority, has taken on responsibility for large parts of overall crisis management in view of the ad hoc nature of the crisis organisation at an operational level. "The FOPH, as the lead agency in the fight against communicable diseases, already faced enormous pressure in performing its core health and epidemiological tasks throughout the entire escalation period of the first phase. It became apparent early on that human resources were limited. This may lead to the overburdening of key personnel and have an adverse effect on the staying power of the lead specialist authority".[102] It is precisely these phenomena that were confirmed in the organisational analysis commissioned by the FOPH in December 2020.[103] The discussions conducted as part of this evaluation have also made clear that the FOPH was not sufficiently prepared for the crisis in organisational terms. Human resources that would have allowed for important proactive planning, especially with regard to crisis management, were not available. People had to handle topics that they were not familiar with at short notice and take on roles for which they were hardly prepared. This contributed to the fact that it was not only outsiders (e.g. cantonal representatives, conferences, the business sector, service providers) who viewed the FOPH's crisis organisation as lacking in transparency, but also its own employees. Although crisis manuals were available, there was little awareness of their existence. During the crisis, those operating outside the FOPH have had to observe how similar work is being performed by different bodies. In many cases, it has proven difficult to find the right contact person. The situation has been aggravated by the fact that numerous staff changes

[100] Federal Chancellery (2020): *Auswertungsbericht zur ersten Phase der Corona-Pandemie vom Dezember 2020* [Evaluation report on the first phase of the coronavirus pandemic of December 2020], Bern, p. 15.

[101] Wenger, A. et al. (2020): *Schweizer Krisenmanagement: Die Corona-Virus-Pandemie als fachliche und politische Lernchance* [Swiss crisis management: the coronavirus pandemic as a professional and political learning opportunity]. Bulletin 2020 on Swiss Security Policy, ETH Zurich, p. 129.

[102] Ibid., p. 129 f.

[103] Grund, S. (2020): *"Internes Arbeitspapier V1 − Organisations- und Prozessanalyse sowie Klärung des Optimierungspotentials der COVID-19-Krisenorganisation auf Stufe Abteilung Übertragbare Krankheiten (MT) zusammengestellt für BAG"* [Internal working paper V1 – Organisational and process analysis and clarification of the optimisation potential of the COVID-19 crisis organisation at the level of the Communicable Diseases Division (MT) compiled for the FOPH"].

have had to be processed both before and during the crisis. Changing responsibilities within the FOPH have proven difficult to handle, especially for smaller organisations. Much the same phenomenon was observed by the author of the evaluation of the FOPH's internal organisation in managing pandemic influenza H1N1 in 2020, who described an urgent need for improvement.[104]

There is thus need for improvement at an organisational, structural and leadership level with a view to the management of future crises. On the one hand, this need relates to the federal government's crisis organisation as a whole. Discussions need to be held as regards where responsibility for crisis management should lie at a federal level. The FOPH's structures were excessively burdened by the ad hoc nature of the overarching framework. However, the need for improvement also relates specifically to the FOPH's organisation.

5.1.2 Decision-making processes

The second area of the evaluation addresses questions concerning the decision-making processes within the FOPH.

How has the federal government and/or the FOPH gone about generating knowledge? Have all relevant bodies and authorities been involved?

The following statements are chiefly based on publicly accessible documents. These show that the FOPH was already cooperating with scientific institutions in a number of ways prior to the pandemic.[105] Various extra-parliamentary committees have also played an important role in supporting the FOPH during the development and implementation of political measures. For example, the Swiss Influenza Pandemic Plan was compiled together with the Federal Commission for Pandemic Preparedness and Response (FCP), which in addition to representatives of the cantons, municipalities and service providers, also includes various scientists. In the context of the management of the coronavirus pandemic, it is also important to mention the Federal Commission for Vaccination. Furthermore, long-standing and close collaborations exist with individual institutions, including the National Centre for Infection Prevention (Swissnoso) and the Swiss School of Public Health. Numerous scientists from different disciplines also work at the FOPH itself.

The aforementioned study compiled at the University of Basel on the role of science in the management of the coronavirus pandemic in Switzerland makes clear that the FOPH largely dispensed with advice from external scientists at the outset of the crisis.[106] According to statements made by respondents, this was in part due to personal reasons and partly due to the fact that internal resources were considered to be adequate. In mid-March 2020, scientists approached the Federal Council with the proposal to form a scientific expert group. Following negotiations at the highest level, the SN-STF was formed on 1 April 2020 and took a seat in the Federal Council Coronavirus Crisis Unit (KSBC). With the SN-STF, around 90 proven scientists were involved in crisis management and contact with the scientific community was stepped up considerably. Following the dissolution of the KSBC in mid-June 2020, the status of the SN-STF was left uncertain for a time. From 1 August 2021, it was assigned to the FOPH COVID-19 Task Force, which advises the Federal Council via the FDHA. This meant that the SN-STF no longer had a direct link to the Federal Council, a fact that was viewed critically by various scientists involved. Nevertheless, both the scientific community and the FOPH felt that the cooperation has been constructive and of value. Up to the end of June 2021, the SN-STF had compiled relevant scientific findings in around 90 "Policy Briefs", most of which were considered to be very valuable by the FOPH officials.[107] Since summer 2020, regular exchange meetings have been held between the SN-STF, the FOPH and the GDK. In addition to drawing on the SN-STF network to clarify urgent pandemic-related issues, the FOPH also supports the "Corona Immunitas" research programme. This programme comprises 14 Swiss universities and healthcare organisations and was created to investigate the spread and impact of COVID-19 in Switzerland and to provide politicians with a decision-making basis that enables them to adopt proportionate and effective measures to protect the Swiss population and the healthcare system. Another important role is played by the FCV, whose president has become a key national contact person for vaccination issues.

[104] Sauter, Chr. (2010): *Pandemische Grippe H1N1. Evaluation der BAG-internen Organisation und Prozesse* [Pandemic influenza H1N1. Evaluation of the FOPH's internal organisation and processes]. Management Summary, Zurich.

[105] See: FOPH Evaluation and Research Service (E+R) (2019): *Forschungskonzept Gesundheit 2021–2024* [Health Research Concept 2021–2024], Bern.

[106] Hofmänner, A. (2021): The Role of Science in the Swiss Policy Response to the Covid-19 Pandemic Scientific report, Basel.

[107] See Swiss National COVID-19 Science Task Force (2021): Policy Briefs https://sciencetaskforce.ch/en/policy-briefs-english/ , accessed 9 September 2021.

Against this background, we come to the conclusion that the FOPH, following initial difficulties, has involved the relevant bodies and authorities in the generation of knowledge. However, the task of the FCP has to be optimised. Despite its name, it has not played a significant role in the management of the pandemic.

How have decisions been taken within the FOPH? Who has had decision-making authority over the measures suggested to the Federal Council and the proposals for their subsequent easing?

Despite not being the subject of an in-depth study, views on the decision-making process within the FOPH were aired in various expert discussions. There are also public reports on this issue. Generally speaking, decision-making on COVID-19 matters has followed a similar process to that applied to Federal Council business prior to the pandemic. However, decisions have been taken much quicker and at a higher cadence. The FOPH has handled mandates from the Federal Council in the relevant working groups of the FOPH COVID-19 Task Force, with proposals being finalised in cooperation with the FDHA General Secretariat and the strategic management of the FOPH COVID-19 Task Force commenting on the revised versions. The final decision on the content of the versions to be presented to the entire Federal Council has ultimately been taken by the FDHA. An external organisational analysis of the FOPH's Communicable Diseases Division and its subordinate bodies, which was carried out in autumn 2020, indicates that decision-making within the FOPH was relatively unsystematic and limited to a few individuals during the initial phase of the crisis.[108] Among other factors, the analysis points the finger here at the Federal Council's "encroachments" on the FOPH's lead department, which made overall management, including resource planning, order allocation and processing within the FOPH, much more difficult on the whole.[109]

Discussions held as part of the evaluation also made clear that the FOPH was not sufficiently prepared for a long-lasting pandemic. While the office has several crisis manuals,[110] their content is largely unknown within the FOPH, a fact that was also identified by the evaluators of the 2010 study on crisis management during the H1N1 pandemic.[111] The organisational analysis of 2020 as well as the discussions we held indicate that the challenges of a pandemic had been massively underestimated, especially in terms of the number of cases, the duration of the crisis, the sectors affected and the demands placed on leadership. However, the requirements for cooperation with other FOPH units as well as with other offices and the cantons were also misjudged. Despite this, the interviewees left open the question of whether significantly better crisis preparation would still have seen the FOPH pushed to its limits in any case.

According to which assessment criteria has the Federal Council taken its decisions and thus imposed measures? What trade-offs have been made in terms of health aspects and other effects?

The work of the Federal Council is not the subject of this evaluation. The following remarks are thus limited to an analysis of the bases that the FOPH has presented to the Federal Council for its decision-making. This reveals that, during the initial phase of the crisis, focus was placed on measures aimed at containing the spread of the virus. These included, for example, a public campaign with advice on behavioural and hygiene measures (launched on 27 February 2020), the provision of information for cross-border commuters and other individuals crossing Switzerland's national borders and the expansion of the capacities of the FOPH's information lines in order to allow for the increasing demand for information to be met. The economic and social consequences only came into view at a later stage. The Federal Council did, however, already address measures aimed at mitigating the economic impact of the spread of the coronavirus on 13 March 2020, allocating funds totalling around CHF 10 billion. This was supplemented by a comprehensive package of measures amounting to CHF 32 billion, which was adopted on 20 March 2020. The aim of these measures was to maintain employment, secure wages and provide support to the self-employed. Measures were also taken in the cultural and sports sectors to prevent bankruptcies and cushion the effect of dramatic financial consequences.[112] The social impact of the pandemic was addressed for the first time on 7 April 2020 under the title "Prerequisites and success factors for the implementation of the transition and containment strategy". The issues looked at included school closures, childcare services, the provision of support in cases of domestic violence, assistance for psychological care options as

[108] Grund, S. (2020): *"Internes Arbeitspapier V1 − Organisations- und Prozessanalyse sowie Klärung des Optimierungspotentials der COVID-19-Krisenorganisation auf Stufe Abteilung Übertragbare Krankheiten (MT) zusammengestellt für BAG"* [Internal working paper V1 – Organisational and process analysis and clarification of the optimisation potential of the COVID-19 crisis organisation at the level of the Communicable Diseases Division (MT) compiled for the FOPH"].

[109] Grund, S. (2020): *Organisations- und Prozessanalyse* [Organisational and process analysis], Zurich.

[110] FOPH (2018): FOPH crisis manual version as at 2018: following review in the context of GNU17 and SFU17. The evaluation of the FOPH's internal organisation and processes during the pandemic influenza H1N1 still refers to a crisis manual of the FOPH's Public Health Directorate (Sauter Chr. 2010). This manual could no longer be found.

[111] The same was reported by the H1N1 evaluation conducted in 2010.

[112] Federal Council press release of 20 March 2020.

well as preventive and socio-medical measures. These and other topics concerning the health, economic and social impact of the pandemic have regularly been the subject of discussion documents submitted to the Federal Council.

| Overall, have the decision-making processes been appropriate, transparent and comprehensible? Is there need for improvement at the level of decision-making?
The decision-making processes have been the subject of various in-depth analyses, with this being especially true in the case of the work conducted into the allocation of responsibilities between the federal government and the cantons (see section 4.1) and the involvement of stakeholders (see section 4.4). Both the interviews and our analysis of the available documents have made clear that, following an initial familiarisation and coordination phase, cooperation with stakeholders can be judged as appropriate on the whole. Since April 2020, it has also been possible to base decisions on the current state of knowledge thanks to the systematic collaboration with the SN-STF and other partners from the scientific community. The proposals submitted to the Federal Council by the FDHA have presented the underlying situation in each case as comprehensively as possible and provided differentiated assessments.

However, the federal government's decision-making processes have placed great strain on the cantons. The numerous consultations, which have usually had very short deadlines ranging from a few days to a matter of hours, have been challenging, as opinions have had to be consolidated between the various directorates within the cantons as well as between the cantons. It was said that these processes have been made difficult in part by the fact that the federal government's documents were often not made available in French until a late point in time and sometimes did not exist at all in Italian. The transparency of the Federal Council's decision-making was also questioned by some of the cantons.[113] In particular, there was criticism that the feedback from the cantons expressed in the consultations was frequently not taken into account even when it was submitted by the vast majority of the cantons. Those interviewed made reference to "alibi consultations" in this context. It was also criticised that the complex structure of the working groups within the FOPH COVID-19 Task Force meant that several groups worked on similar or even the same issues and nevertheless came to different conclusions. This was said to have caused uncertainty.

5.1.3 Health protection measures and their communication

Let us now turn our attention to the impact of the health measures adopted by the Federal Council and the communication of these measures.

| What has been the overall impact of the health measures on various areas? Which desired effects have been achieved and what have been the possibly undesired effects?
The health measures have aimed to protect the population from contracting COVID-19, contain the spread of the virus and thus prevent the overburdening of treatment capacities in hospitals. These measures have affected almost all parts of social and economic life. The effects associated with these measures were the subject of the population survey conducted as part of this evaluation in January 2021 (see section 2). The impact of the measures on the population and the economy was also addressed in the first part of the evaluation (see sections 3.4 to 3.6).

The pandemic has negatively affected the health of various population groups. While the measures taken have in many cases helped to prevent illnesses and deaths, they have also caused psychological stress. Key stress factors have included the requirement to work from home, the loss of childcare, a lack of social contact and the fear of being infected. According to the population survey, 32% of the respondents felt that their mental health had suffered during the pandemic. Due to a lack of exercise and sport, among other factors, 17% of those surveyed noted a decline in their physical health. For example, current analyses point to an increase in weight among the population due to changes in dietary habits as well as health consequences owing to the postponement of elective medical procedures.[114] Furthermore, experts fear that the closure of schools during the first lockdown and later also the suspension of classroom teaching at secondary schools

[113] The cooperation between the Confederation and the cantons is currently the subject of ongoing work being conducted by the Conference of Cantonal Governments and the Federal Chancellery, see in this regard Bonassi, T. (2021). *Krisenbewältigung Covid-19: Übersicht Forschung und Evaluation* [COVID-19 crisis management: overview of research and evaluation], Federal Office of Public Health, Bern.

[114] See Rudolph, T.; Eggenschwiler, M.; Kralle, N. C. (2021): *Food Consumption 2021 - Ess- und Verzehrverhalten in Deutschland, Österreich und der Schweiz* [Food Consumption 2021 - dietary and consumption habits in Germany, Austria and Switzerland]. St. Gallen: Institute of Retail Management. Rachamin, Y., et al. (2021). Impact of the Covid-19 pandemic on the intensity of health services use in general practice: a retrospective cohort study. International Journal of Public Health, p. 66.

could adversely affect the educational opportunities of children and young people, especially those from socially disadvantaged families, and the quality of education as a whole. During the pandemic, it has also proven difficult for young people to enter the world of work.

Various sectors of the economy have suffered greatly from the health measures. For example, temporary closures and limitations on the number of people who can attend certain venues have led to a loss of turnover for numerous companies. The development and implementation of precautionary and structural measures have also generated additional costs for many businesses. The provision of economic assistance has been able to soften the impact of these financial burdens for large parts of the economy.

For the Swiss economy as a whole, both domestic and global health measures have led to a sharp decline in economic output. For example, Switzerland's gross domestic product fell by 2.9% in 2020, which corresponds to a loss in prosperity of CHF 21 billion. The economy recovered in spring 2021: The gross domestic product (GDP) increased by 1.8% in the second quarter of 2021 relative to the prior-year period and almost returned to pre-crisis levels (–0.5% versus the fourth quarter of 2019). At an international level, Switzerland has fared much better than other countries in most economic sectors. In the EU, economic output is still 2.6% down, while in Germany this figure is even 3.3%.[115] However, as current analyses conducted by the Swiss Economic Institute at ETH Zurich show, the picture varies from sector to sector. While the industrial sector, retail trade and wholesalers have already staged a strong recovery, the situation has only eased slightly for restaurants and other service providers.[116] The fact that Switzerland, like Sweden and the US, is doing relatively well is likely due in large part to the fact that the measures taken have been less stringent than in other countries.

What role has the provision of information to the population played here? Has this information been clear and comprehensible in each case?

The provision of information to the population was the subject of an in-depth analysis conducted as part of this evaluation (see section 4.3). The population survey of January 2021 also addressed how the information efforts of the federal government and the cantons had been perceived (see section 2.2). The provision of adequate information to the population has proven a major challenge for the federal government and the cantons due to the complex circumstances they have been faced with and the ongoing pandemic. The population has had to be informed about the existing health protection measures on a continuous basis and motivated to follow the behavioural rules. Transparent and trustworthy communication by the government and the administration has been key in ensuring that the drastic measures imposed have been supported and implemented by the population. In addition to official communication by the federal government and the cantons, numerous epidemiologists and virologists from Switzerland and abroad have played a role in shaping public debate via the media.

The stakeholders surveyed were almost unanimously positive about the federal government taking on leadership for communication at the start of the crisis. In contrast, the phase during summer 2020, when the federal government tended to leave communication with the public to the cantons, was assessed negatively. The results of the population survey of January 2021 also show that the respondents felt well informed on the whole, with communication during the first wave being rated better than in the second wave. The FOPH's "Protect yourself and others" campaign enjoyed a high degree of recognition and informed the population of the current behavioural rules during everyday life in a simple and clear manner.

However, more than half of the respondents viewed the justifications of the decisions provided by the federal government and the cantons as average to poor. At the start of the pandemic, difficulties were caused by individual pieces of misinformation, which adversely affected confidence in the authorities at times. However, thanks to enhanced internal quality control procedures in checking information, this problem has largely been resolved over time. At the outset of the pandemic, in particular, the constantly changing level of knowledge about the effectiveness of measures represented another problem. To this day, the population is especially critical of the federal government's change of mind on the effect of masks. Finally, the dynamics of the pandemic's development have frequently meant that statements made by the Federal Council have had to be retracted (e.g. the timing of the introduction of the COVID certificate, planned

[115] Neue Zürcher Zeitung (2021): *Corona-Virus: Daten zum Wirtschaftsverlauf in Echtzeit* [Coronavirus: real-time economic performance data], *https://www.nzz.ch/wirtschaft/coronavirus-und-die-wirtschaft-daten-in-echtzeit-zeigen-erholung-ld.1561501?reduced=true*, accessed on 6 September 2021.

[116] See KOF press release from 4 August 2021 *"Die Pandemie verliert wirtschaftlichen Schrecken"* ["Pandemic's reign of economic terror subsides"].

reopening steps). Experts suggested that future communication with the public should make greater reference to uncertainties due to the course of the pandemic and the state of scientific knowledge.

Overall, have the communication processes been appropriate, transparent and comprehensible?
In this evaluation, communication with the public has been analysed in depth (see section 4.3). This analysis has shown that the roles of the various actors at a federal level were clear and considered to be effective by those affected. Communication with the public has been shaped by regular press conferences at which the Federal Council has announced its latest decisions and measures and the FOPH, as the lead specialist authority, has provided background information on the development of the pandemic and the current state of knowledge. This division of tasks between political and technical communication corresponds to the legal bases provided under the Government and Administration Organisation Act and the EpidA. The Federal Chancellery has fulfilled its role in coordinating the communication between the federal government and the cantons. The FOPH's "Protect yourself and others" campaign has also played a pivotal role in the communication with the public by providing information on the current behavioural rules at an early stage and on a broad scale. In the meantime, the critical statements made in public by individual members of the SN-STF have been unhelpful. They have had a difficult dual role to play in their functions as independent scientists, on the one hand, and an advisory body to the government, on the other. In the media's portrayal and the public's perception, the two roles were not made sufficiently transparent, giving rise to confusion. Apart from this, however, the communication can on the whole be assessed as appropriate, transparent and comprehensible.

Is there potential to optimise communication with the public?
Areas of potential where communication could be optimised were highlighted, in particular, in the in-depth analysis of the roles and responsibilities in communicating with the population (see section 4.3). This revealed that there is a need for the responsibilities of the federal government and the cantons to be clarified in a special situation. It should be specified whether leadership remains with the federal government or is to be partially transferred to the cantons. If the cantons issue communication, it is essential that the information is coordinated and harmonised between the cantons. This was not the case between summer and autumn 2020. As clear communication is important in a crisis, it seems more effective and advisable for central information to be provided by the federal government. Further potential for optimisation lies in the way in which the SN-STF communicates with the population. The government's scientific advisory board should not comment on policy decisions in public. Instead, this task should be left to scientists who are not members of a task force.

Which health measures have proven successful? Where is there need for optimisation in this respect?
A growing number of studies confirm the effectiveness of health measures such as those that have been used or continue to be used in Switzerland to contain the spread of the virus and protect the population's health.[117] In particular, this relates to individual protection measures, including the wearing of masks and keeping distance from others, as well as restrictions on large gatherings of people, the banning of events and the closure of shops, restaurants and other facilities. Various studies conclude that the health measures have led to a clear decline in new infections.[118] Just how great the contribution of the individual measures has been, cannot be clearly determined, as many measures have been implemented at the same time. Nevertheless, the studies available indicate that the restrictions placed on gatherings and the measures imposed at the workplace were especially effective (limited number of people at meetings, the closure of restaurants and shops, the requirement and recommendation to work from home). The literature also shows that early restrictions at the onset of a new wave in the virus' spread followed by gradual (instead of abrupt) reopening steps as the wave subsides are beneficial. From the evaluations to date, it is not yet definitively clear to what extent the relatively high number of people who fell ill and died in Switzerland in autumn/winter 2020 compared to other countries was linked to the late implementation of measures during the second wave.

Although school closures also curb the incidence of infections, in retrospect they have proven to be one of the least appropriate measures from a social perspective, as the side effects within society are especially great (e.g. psychological

[117] Brauner, Jan M., et al. (2021): Inferring the effectiveness of government interventions against Covid-19. Science 371.6531.

[118] The Swiss National COVID-19 Science Task Force (2021) has compiled Policy Briefs on various measures, for example on lockdowns, testing, tracing, isolation, quarantine, masks and border controls. *https://sciencetaskforce.ch/policy-briefs/,* accessed on 9 September 2021. Comprehensive descriptions can be found in the following publications: Pleninger, R.; Streicher, S.; Sturm J.E. (2021): Do COVID-19 Containment Measures Work? Evidence from Switzerland. Swiss Economic Institute of ETH Zurich (KOF) Working Papers 494, Zurich, and Rutz, S.; Mattmann, M.; Funk, M.; Jeandupeux, D. (2021): "*Wirksamkeit und Kosten von Corona-Massnahmen und optimale Interventionsebene*" ["Effectiveness and costs of coronavirus measures and optimal level of intervention"]. Grundlagen für die Wirtschaftspolitik Nr. 23. State Secretariat for Economic Affairs SECO, Bern, Switzerland.

strain, educational opportunities).[119] In hindsight, the general postponement of elective procedures as a measure to relieve the pressure on intensive care units must also be viewed critically. Initial studies have shown, for example, that these postponements have had negative health consequences.[120] Finally, there is also a need to scrutinise the precautionary measures implemented at institutions for people in need of assistance. On the one hand, the civil liberties of residents were severely restricted. On the other, the effectiveness of the ban on visiting and leaving with respect to the residents' health was greatly diminished by the daily contact they had with care and nursing staff. Further information in this regard can be found in section 3.3.

Generally speaking, the indirect consequences of adopted health measures must already be considered during the preparation of future crisis situations and sufficiently taken into account in the decision-making process. In this way, it will be possible to reduce unwanted medium- and longer-term consequences, including mental illnesses, unequal educational opportunities and a lack of integration possibilities. This will require, among other things, the greater and earlier involvement of specialists from the areas of social affairs, education, psychology, ethics, etc. Within the Federal Administration, the knowledge and know-how of administrative bodies from the realms of society and education should also be better integrated.

5.1.4 Impact on healthcare provision

We will now turn our attention to the impact on healthcare provision.

| How has the situation with respect to the provision of care in hospitals, medical practices, pharmacies, etc. developed during the different phases of the crisis?

As the remarks on the topic of masks (section 3.1) and the in-depth analysis on the securing of medical treatment capacities (section 4.5) show, the care situation was difficult at the beginning of the pandemic. In particular, protective materials such as masks and disinfectants were not available in sufficient quantities. The population survey revealed that one in five people have delayed or even completely forgone visits to the doctor or hospital treatment during the course of the pandemic. One in six of the respondents who had been severely ill with COVID-19 reported that the treatment they received was so limited that it hindered their recovery. Although the hospitals have faced significant challenges, they have for the most part ensured the provision of qualified care for the population. Only during the periods in which the hospitals found themselves at their most stretched, namely in spring and autumn/winter 2020, was it necessary to postpone elective procedures and treatments.

Pandemic-specific care was not an explicit subject of in-depth analysis as part of this evaluation. However, it can be deduced from the surveys and interviews conducted that this care also remained guaranteed at a high level of quality. It is true that hospitals reached their capacity limits on several occasions. However, according to expert discussions, they never had to triage patients in the intensive care units. In contrast, the FOPH and the cantons gave little attention to medical practices in their crisis management. Pandemic planning was based on a model that was conceived without incorporating outpatient care. In spring 2020, however, many outpatients were affected by the restricted provision of care. In the case of pharmacies, security of supply was at risk, especially at the start of the crisis. In some cases, it was necessary to switch to alternative medication. Spitex as well as retirement, nursing and care institutions were faced with considerable challenges and would have liked greater support from the authorities.[121]

| Have the responsibilities been clear? Overall, how should the care situation be assessed in terms of availability and timeliness?

In general, the responsibilities have been clear and have largely been in the hands of the cantons. One area of difficulty was the federal government's intervention with the ban on elective procedures in spring 2020, which affected the cantonal sovereignty otherwise applied to healthcare provision. The survey of experts did not allow for a clear conclusion to be drawn as to whether it would have been appropriate to define in more detail what exactly is meant by "elective

[119] See also Rutz, S.; Mattmann, M.; Funk, M.; Jeandupeux, D. (2021): "*Wirksamkeit und Kosten von Corona-Massnahmen und optimale Interventionsebene*" ["Effectiveness and costs of coronavirus measures and optimal level of intervention"]. Grundlagen für die Wirtschaftspolitik Nr. 23. State Secretariat for Economic Affairs SECO, Bern, Switzerland.

[120] Swiss National COVID-19 Science Task Force (2021): The double burden of operating near intensive care saturation in Switzerland. Policy Brief, Bern.

[121] See in this regard sections 2.1, 3.4, 3.6 and INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions]. Final report on behalf of the Federal Office of Public Health.

procedures and therapies". What is clear, however, is that the financial consequences associated with the ban were inadequately regulated in advance, with this still being the case today.

As described above, in terms of availability and timing, the care situation can be assessed positively during the initial phase of the crisis, with the exception of difficulties relating to the procurement of protective materials and some important medicines. This was primarily thanks to the healthcare professionals, who performed at an above-average level, especially in the intensive care units. There has also been increasingly better cooperation between the hospitals, which has been made easier by the information and deployment system of the Coordinated Medical Services. The provision of psychiatric care for children and young people continues to be viewed critically.[122]

| What has to be ensured in future so that the provision of healthcare to the population as a whole is guaranteed to the greatest possible extent?

In the in-depth analysis on the securing of medical of treatment capacities, we addressed the need for action in detail (see section 4.5.5). At a legislative level, the federal government must, in particular, be given greater powers to secure the provision of care during crises. The corresponding specifications in the relevant legislation, including that covering national economic supply, therapeutic products, foodstuffs and alcohol, also need to be better coordinated. National coordination is likewise required for the procurement of goods that are vital for pandemic management. For the funding of additional services required for pandemic-specific care as well the provision of standard care, financing arrangements also need to be agreed between the federal government, the cantons and healthcare providers.

In addition, the experiences gained during the pandemic must be integrated into any considerations on the further development of healthcare professions and the debate on the shortage of skilled workers. The FOPH should hold discussions with the cantons and healthcare facilities to determine the supply of hospitals, beds, practices and employees required in the event of a pandemic. Outpatient primary care should also be incorporated in pandemic preparations to a greater extent. Attention should be paid to ensuring that not only a pandemic-specific perspective is adopted, but rather that considerations relating to the provision of standard care are also taken into account. In addition, it has to be remembered that it is not only employee absences due to illness that are to be expected, but also due to quarantine and isolation regulations. In this context, it is also important that cooperation at both a supraregional and intercantonal level is strengthened. In this regard, the proven role played by the information and deployment system of the Coordinated Medical Services during the course of the pandemic should be further developed and institutionalised.

5.1.5 Impact on the population and the economy

Finally, the evaluation investigated several questions relating to the impact of the measures on the population and the economy.

| To what extent have the interests of different population groups and the economy been taken into account during the coronavirus crisis? In particular: How should the way in which risk groups have been handled be assessed?

The management of the pandemic has required the federal government and the cantons to constantly weigh up various interests and to balance the need for health protection with the negative health and economic consequences of precautionary measures and the restrictions they place on personal rights. Various questions that arise in this context were addressed in the first part of the evaluation (see sections 3.3 and 3.6). However, none of these thematic areas were the subject of an in-depth analysis. The question of whether the various interests have been appropriately taken into account should not be judged here. This is a political consideration. It can only be assessed to what extent these interests and areas of conflict were recognised and incorporated in the decision-making process.

The evaluation shows that the protection of population groups at high risk, i.e. older people, residents of retirement and nursing institutions and individuals with certain chronic illnesses, has always been a high priority in the FOPH's decision-making processes. The federal government moved quickly to enact health protection measures for these population groups and clearly communicated this as a priority. The federal government has also prioritised risk groups during the vaccination campaign. One point of criticism with respect to the consideration of risk groups, however, is that the federal government primarily turned its attention to hospitals when faced with the initial shortage of protective materials, with retirement and nursing institutions only receiving support at a later time. Strict precautionary measures in the form of bans on visiting and leaving at the start of the pandemic also led to great suffering among residents and relatives and had

[122] Stocker, D., et al. (2021). *Der Einfluss der Corona-Pandemie auf die psychische Gesundheit der Schweizer Bevölkerung und die psychiatrisch-psychotherapeutische Versorgung in der Schweiz* [The impact of the coronavirus pandemic on the mental health of the Swiss population and psychiatric-psychotherapeutic care in Switzerland]. Final report. Berne.

a negative impact on the health of residents at retirement and nursing institutions. Institutions for people with impairments were also subject to strict bans on leaving despite the fact that their residents did not belong to risk groups. This shows that the interests of people in institutions were not taken into account in a sufficiently differentiated manner at the start of the pandemic. Initially, there was a lack of recommendations and support for the institutions in dealing with this situation. Where binding regulations were imposed by the cantons, this was often done too generally and without taking account of the negative side effects. Furthermore, the bans on visiting and leaving were unable to prevent the significant spread of COVID-19 in the institutions, as a high proportion of staff contracted the disease and presumably contributed to the spread of the virus.

Compared to other countries facing the same infection situation, the federal government and the cantons have tended to be more reluctant in adopting restrictive precautionary measures. On this basis, it can be concluded that the federal government and the cantons have given comparatively strong consideration to other interests besides health protection. However, there are also indications that individual population groups did not initially come into focus and that the negative side effects of precautionary measures were not adequately anticipated. One such example here are children and young people, with access to large parts of their everyday lives being restricted by various precautionary measures. The closure of schools and educational establishments has also negatively impacted their ability to enjoy the fundamental right to education and equal opportunities. Sections of the migrant population have also especially suffered from the precautionary measures, as in many cases they have not had simple access to digital media. These negative consequences of health protection measures were in most cases only addressed at a later point. During the course of the crisis, this topic has also been treated as a priority within the FOPH COVID-19 Task Force.

The extent to which the interests of the individual economic sectors have been taken into account could not be examined in detail as part of the evaluation. Discussions with representatives from different economic sectors revealed, however, that the various industries have been able to make their voices heard to different degrees and at different times. Well-organised economic sectors have been able to build up more pressure, in some cases via the media or a direct link to the Federal Council, and thus negotiate better solutions for themselves. Overall, the picture that emerges is that there has been greater success in developing solutions that take account of economic interests than there has in creating solutions to protect societal interests and tackle secondary problems at a social level. This is likely due to the fact that the interests of population groups are more diffuse, more complex and less well organised.

How do the respective stakeholders assess the crisis and how it has been managed by the federal government and the cantons? Do they consider the communication with them to have been transparent/appropriate?

As shown in section 4.4, many key stakeholders felt that they were not or insufficiently involved in decision-making processes and communication during the initial phase of the crisis. Some stakeholders reported that they had learned relevant information from the media. Others complained about a lack of information at a cantonal level and on the implementation of measures (e.g. the payment of support funds). This was true, in particular, in the case of representatives of retirement, nursing and care institutions as well as family doctors, Spitex and pharmacies.

Although the discussions conducted as part of the evaluation indicated on numerous occasions that there is an important need for optimisation, they also revealed that the stakeholders held a positive view of how the crisis has been managed by the federal government and the cantons. Reference was regularly made to the moderate level of excess mortality compared to other countries, the less restrictive sanctions and the effective economic support measures.

Does stakeholder involvement need to be optimised to enable them to put forward their interests?

The possibilities for optimising stakeholder involvement were explored in detail in the in-depth analysis on the use of the expert skill of stakeholders (see section 4.4). It was pointed out that while important, it is also difficult to fully involve relevant stakeholders in crisis situations that necessitate rapid responses. The federal government is also confronted with greatly diverging interests. Nevertheless, the results of the evaluation show that the FOPH's stakeholder management was inadequate during its crisis preparation and the initial phase of the pandemic. Various interest groups were not involved or only consulted too late. As the crisis has progressed, the FOPH has improved its stakeholder involvement on the whole. However, the in-depth analysis makes clear that opportunities were missed in some cases to utilise stakeholder expertise, develop practical and needs-oriented solutions and delegate tasks to associations or civil society organisations. In order to successfully involve stakeholders in a crisis situation, it is necessary to define the most important stakeholders in advance. The FOPH failed to do this. Its crisis organisation does not provide for explicit stakeholder management. There is also still a lack of transparency as regards the criteria according to which stakeholders were assigned to the working groups of the FOPH COVID-19 Task Force. This has meant that stakeholders have not been able to make their voices heard on an equal footing.

It should also be noted, however, that some stakeholders have failed to make sufficient arrangements to optimally support the federal government in its crisis management. The in-depth analysis revealed that individual organisations and associations quickly joined forces in order to put forward their interests and proposals with one voice. In contrast, other stakeholders have made almost no effort to link up with one another so that they can present their concerns to the authorities in a consolidated and coordinated manner or have only done so at a late stage.

5.1.6 Summary

Have the federal government (in particular the FOPH) and the cantons responded in a timely and appropriate manner to the COVID-19 threat situation? Generally speaking it can be said, that the federal government and the cantons have responded was mostly appropriate and, with some exceptions, timely to the COVID-19 threat situation. The FOPH took its mandate to protect the population very seriously. Equally, the cantons, the cities and municipalities as well as the institutions tasked with healthcare provision accomplished a great deal in their efforts to protect the population and to address the threat posed by the virus. In the core area of medical provision, Switzerland was successful. The system did not break down and—as far as is known to date—no triage was required in Intensive care units in response to the great number of COVID-19 patients. It is not only the fact that it has managed to ensure the provision of high-quality healthcare throughout the crisis that demonstrates the appropriateness of the federal government's response, but rather also the relatively high level of acceptance of the measures among the population. This was evidenced by the population survey conducted as part of this evaluation (see section 2.2) as well as numerous other surveys. In addition, 60% of the Swiss electorate approved of the new COVID-19 legislation on 13 June 2021 1. The appropriateness of other measures, some of which were deemed controversial, has also been confirmed by the Federal Supreme Court,[123] which in July 2021 ruled on the appropriateness of cantonal measures such as the restrictions placed on events and the requirement to wear a mask in shops. In light of the legal bases and the threat posed by the virus, the court judged these measures to be appropriate. This assessment is also based on the fact that the authorities are accorded a wide margin of discretion and the measures have to be assessed based on the current level of knowledge at any one time. In September 2021, however, the Federal Supreme Court was more critical of the far-reaching restrictions placed on rallies in the canton of Bern.[124]

On three points, the federal government's responses are to be judged as less appropriate:

- Firstly, the measures imposed to protect the particularly vulnerable population group, that is, older people and residents of retirement and care homes and users of day care facilities, at the beginning of the pandemic. The strict protective measures in the form of lockdowns and bans on visitors caused great distress among the residents and their relatives, and in certain cases they resulted in negative health outcomes. The main cause of this problem appears to be insufficient crisis preparedness on the part of the federal government, the cantons and the institutions affected.
- Secondly, reservations are in order concerning the appropriateness of school closures during the first lockdown in spring 2020. They constituted a great burden on parents, children and young people and might yet have drastic consequences for the overall educational development of many children and young people. However, compared to other nations, school closures in Switzerland were relatively short.[125] The Federal Council recognised the problems associated with this measure at a relatively early stage and thus decided against repeating it in subsequent waves.
- Thirdly, the appropriateness of the ban of non-urgent (elective) surgeries must be challenged. Healthcare provision being the responsibility of the cantons, they were already obligated to mandate, if necessary, the deferment of such procedures in favour of emergency surgeries.

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[123] Federal Supreme Court (2021): Federal Supreme Court press release of 21 July 2021. *Kantonale Corona-Massnahmen: Beschwerden abgewiesen* [Cantonal coronavirus measures: appeals dismissed]. *https://www.bger.ch/files/live/sites/bger/files/pdf/de/2c_0793_2020_2021_07_21_d.pdf*, accessed on 9 September 2021.

[124] Federal Supreme Court (2021): Federal Supreme Court press release of 3 September 2021. *Kantonale Corona-Massnahmen: Berner Beschränkung von Kundgebungen auf 15 Teilnehmer unverhältnismässig − Urner Regelung nicht zu beanstanden* [Cantonal coronavirus measures: restriction of rallies in Berne to 15 participants disproportionate – Uri regulation not objectionable]. *https://www.bger.ch/files/live/sites/bger/files/pdf/de/2c_0290_2021_yyyy_mm_dd_T_d_12_19_10.pdf*, accessed on 9 September 2021.

[125] Tagesanzeiger (2021): *"Schweiz machte Schulen weniger lang zu als die meisten anderen Länder"* ["Switzerland closed schools for less time than most other countries"], *https://www.tagesanzeiger.ch/schweiz-machte-schulen-weniger-lang-zu-als-die-meisten-anderen-laender-708824180089*, accessed on 18 September 2021.

The timeliness of the federal government's and of the cantons' response must be assessed in line with the different stages of the crisis: (see Figure F 1.1):

- *Crisis preparedness previous to the national lockdown:* The Epidemics Act (EpidA) as well as a pandemic plan were in place. However, the only pandemic plan available was for influenza, which presumes a different risk situation. Moreover, the FOPH's crisis management suffered from pre-existing problems including the lack of a digital strategy and the failure to stockpile protective materials, none of which could be solved at short notice in in the context of pandemic management. In addition, The FOPH had not previously defined clear internal processes, and its existing preparedness handbooks were not widely known about. Therefore, the commissioning of the crisis mode took a long time for the FOPH. Furthermore, it must be taken into account that the Federal Council assigned the Task Force FOPH with the central tasks of crisis management rather than the bodies designated in the ordinances relating to the federal government's crisis management. The FOPH's insufficient crisis preparedness impeded the timely adoption of measures and, in part, also diminished their appropriateness.
- *National lockdown during the first wave:* More or less at the same time as the neighbouring states, the federal government responded to the threat when very little was known about the spread and the danger of the virus. The lockdown appears to have been a timely measure since it allowed transmission to be curbed promptly.
- *Easing of measures after the first wave:* The analyses suggest that the cantons were somewhat surprised by the transition to the "special situation" according to the EpidA on 19 June 2020, despite their having urgently called for it. The fact that they were insufficiently prepared (e.g., where contact tracing is concerned) for the second wave that built up in autumn 2020 is indicative of this problem. At the same time, the Federal Council renounced its leadership role, despite the EpidA stipulating that the Federal Council can assume that role in the special situation. This is evidenced by the late introduction (by international comparison) of the requirement to wear masks.
- *Measures during the second wave:* In the second wave, many cantons waited before they imposed measures. The cantons became increasingly aware of the dilemma that imposing measures might be associated with their having to cover costs. Economists suspect that economic reasons were behind the cantons' decision to speculate on an order being issued by the federal government.[126]The fact that the cantons were unable to agree on measures also cost time. The contact tracing system was overstretched with a very high number of cases in autumn 2020, meaning that many affected individuals were contacted too late. In terms of data availability, the FOPH fell a long way short of its goal of being able to adapt measures based on real-time data despite the development of a dashboard during the course of the crisis. Neither the quality nor the linking of data was sufficient for this. Various factors were therefore responsible for the failure of the federal government and the cantons to respond in a timely manner to the looming threat in late summer 2020, which led to Switzerland experiencing a high rate of excess mortality compared to other countries. The government administered vaccines to the first population groups in December 2020, at approximately the same time as our European neighbours did. As before in the autumn, coordination problems occurred between federal government and cantons in the winter of 2020/21. These problems were related to the fact that the Federal Council demanded a vaccination pace of the cantons for which it did not supply a sufficient number of doses.
- *Measures during the third wave:* In this phase of the pandemic, the demand for vaccines could increasingly be met, despite initial waiting times for appointments of up to several weeks. For many aspects of the pandemic, crisis management was a well-functioning process by this point. The fact that the epidemiological situation had improved thanks to the growing immunisation rate and the broadening scope of testing initiatives probably also played a part in this.
- *Easing of measures after the third wave:* By the time the data collection concluded at the end of June 2021, the majority of those wishing to get a vaccine had received one. In parallel, the federal government developed a uniform and internationally recognised COVID certificate. With this certificate for those who are vaccinated, recovered or have a negative test, the Federal Council allowed venues with an increased risk of infection to be gradually reopened, at least partially, in various steps. It also made international travel increasingly possible. No other time-sensitive measures were taken during this phase.

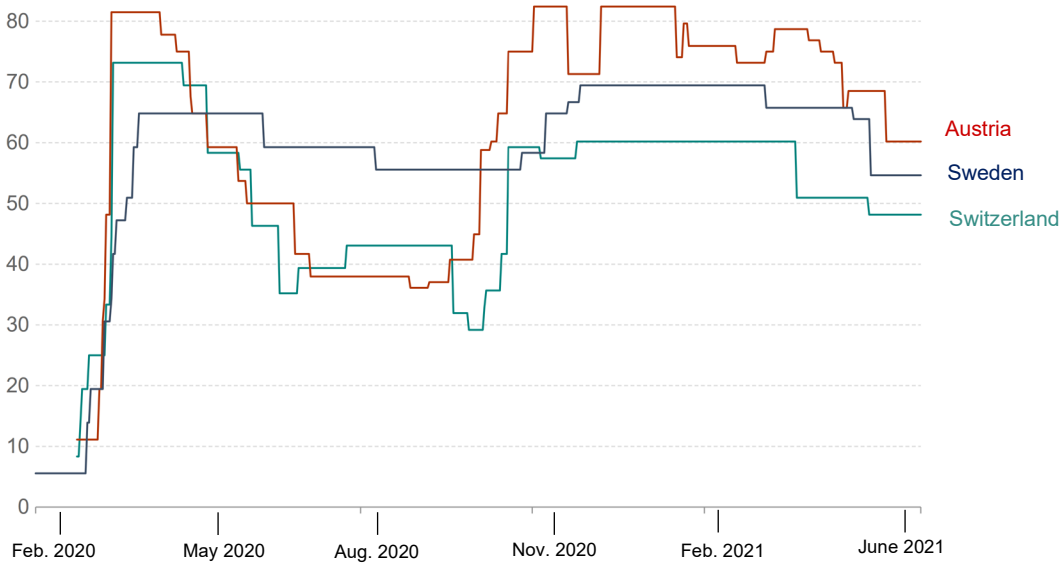
The evaluation concludes that the federal government and the cantons have mostly responded to the threat posed by the COVID-19 pandemic in an appropriate and, with a few exceptions, timely fashion. However, the problems identified indicate that a lack of crisis preparation and inadequate crisis management in some cases have significantly hampered the effectiveness and efficiency of the action taken. We address the measures that should be taken to avoid these problems in a potential future crisis in section 5.2.2 .

[126] See also in this regard Rutz, S. et al. (2021): *Wirksamkeit und Kosten von Corona-Massnahmen und optimale Interventionsebene* [Effectiveness and costs of coronavirus measures and optimal level of intervention], Zurich.

Which strategies and measures may have led to certain problems in Austria and Sweden being less or more pronounced than in Switzerland? What can Switzerland learn from this?

In summary, it can be said that governments in all countries have called on people to change their behaviour, take on burdens and make sacrifices for the common good.[127] There is no immediately apparent correlation between the specific national measures and mortality rates: While Sweden and Switzerland imposed similarly strict measures in the first and second wave of the crisis, Austria took stronger steps. Between the first and second wave, the Swedish measures were the most stringent.[128] However, compulsory schools in Sweden were not closed for a single day, whereas in Switzerland and Austria there were 34 and 74 days, respectively, on which no lessons took place (see following figure).[129]

F 5.1: Index of the severity of the measures from the beginning of the crisis up to June 2021



Key: The measure index of the University of Oxford.
Source: ourworldindata.org/coronavirus/CC BY.

However, a connection can be presumed to exist between the rigidity of the measures and the economy. For example, Sweden and Switzerland have suffered less from the economic consequences of the pandemic than Austria, which adopted much stricter measures for a long period.[130] Statistical analyses also reveal that the rigidity of measures provides a significant explanation for the economic impact of the coronavirus pandemic. However, structural factors, including the openness of the national economy and the significance of tourism, are also decisive[131] and could provide an important explanation for why Austria has been more affected.

Switzerland's vaccination coverage rate at the end of June 2021 was roughly the same as Austria's (37% of the total population fully vaccinated) and slightly higher than Sweden's (34%).[132] It is unknown, however, to what extent this

[127] https://ourworldindata.org/coronavirus, accessed on 9 September 2021.

[128] To measure the severity of these restrictions, researchers at the University of Oxford defined a measure index based on nine indicators. These include the requirement to work from home and the placement of restrictions on public events, among others. See in this regard: https://www.bsg.ox.ac.uk/research/research-projects/Covid-19-government-response-tracker, accessed on 21 September 2021.

[129] Tagesanzeiger (2021): *"Schweiz machte Schulen weniger lang zu als die meisten anderen Länder"* ["Switzerland closed schools for less time than most other countries"], https://www.tagesanzeiger.ch/schweiz-machte-schulen-weniger-lang-zu-als-die-meisten-anderen-laender-708824180089, accessed on 18 September 2021.

[130] OECD real GDP forecast. https://data.oecd.org/gdp/real-gdp-forecast.htm, accessed on 9 September 2021.

[131] Gern, K.-J., Hauber, Ph. (2020): *Corona-Effekte im internationalen Vergleich* [An international comparison of coronavirus effects]. In: Wirtschaftsdienst – Zeitschrift für Wirtschaftspolitik, number 11, pp. 899-900. Springer-Verlag. Heidelberg. https://www.wirtschaftsdienst.eu/inhalt/jahr/2020/heft/11/beitrag/corona-effekte-im-internationalen-vergleich.html, accessed on 21 September 2021.

[132] COVID-19 Data Explorer. https://ourworldindata.org, accessed on 9 September 2021.

indicator is related to the national vaccination strategies. What can certainly be ruled out is a link to the availability of the vaccine, as sufficient doses were available in all three countries.

The statements on the situation in Austria and Sweden in connection with the thematic areas investigated as part of this evaluation point to similar problems despite different political starting positions. Coordination between different levels of government, a lack of digitalisation, challenges regarding the transparency and comprehensibility of communication, economic and social uncertainty, the failure to consider psychological consequences (at least during the initial phase of the pandemic), the postponement of elective procedures, a high number of deaths in retirement and nursing institutions and subsequent rigid protection with strict bans on visiting have been issues that have had to be addressed in all three countries. Lessons can be best learned from Sweden's approach to communication, as government measures here have consistently been met with a high level of acceptance. However, this may be more down to cultural reasons than any action on the part of the government (e.g. high level of trust in the state and science, high degree of social solidarity).

5.2 Identified need for action and overarching recommendations

Sections 3 and 4 of this report note the need for action in various areas. This need for action is summarised in tabular form in section 5.2.1 below. Five overarching recommendations are then set out in section 5.2.2.

5.2.1 Identified need for action

Section 3, which contains the analysis of the FOPH's crisis management in connection with selected thematic areas that were not covered in depth, identifies a need for action with respect to "availability, use of and requirement to wear masks", the "testing and contact tracing strategy", "balancing the protection of people in retirement, care and day care institutions with the visiting rights of their relatives", the "societal consequences of health protection measures", the "mental health consequences of health protection measures" and the "economic consequences of health protection measures". The following figure summarises the need for action in these areas. It also indicates which of the overarching recommendations presented below (see section 5.2.2) have incorporated this need for action.

F 5.2: Identified need for action in the six areas not analysed in depth

Thematic area	Need for action in the priority area	Recommendation*
Availability, use of and requirement to wear masks	– Raising awareness and increase use of the pandemic plan and the associated handbook – Strengthening of the stockpiling and production capabilities and increase awareness of their existence – Adjustment of public communication strategy and communications around mask-wearing	2
Testing and contact tracing strategy	– Initiating measures to secure a sufficient number of high-quality testing kits – Preparation of a coordinated course of action for the cantons – Review of the legal framework for the funding of testing and contact tracing	1, 2
Balancing the protection of people in retirement, care and day care institutions with the visiting rights of their relatives[133]	– Development of strategies and recommendations that detail how residents of institutions might be protected successfully without excessively limiting their contacts – Place institutions under obligation to implement suitable concepts and measures and to conduct checks – Examination and regulation of financial consequences	2, 4, 5
Societal consequences of health protection measures	– Shifting of attention to the indirect effects of heath measures – – Stronger involvement of expert skills from the field of community	4, 5
Mental health consequences of health protection measures	– Ensuring that psychological risk and protective factors such as loneliness, autonomy and social support are included in the deliberations from the start	4, 5

[133] See also: INFRAS (2021): *Corona-Krise: Analyse der Situation von älteren Menschen und von Menschen in Institutionen* [Coronavirus crisis: analysis of the situation of older people and people in institutions], Zurich.

Thematic area	Need for action in the priority area	Recommendation*
	– Implementation of economic and social political measures for the reduction of mental health risks, specifically for at-risk groups – Creation of a legal framework for the federal government to grant subsidies for organisations that address the health and societal effects on vulnerable populations during a crisis	
Economic consequences of health protection measures	– Introduction of legislation for the compensation of financial losses resulting from protective health measures and preparation of enforcement by the cantons – – Conducting comprehensive economic and political science-based ex-post evaluations – – Ensuring the FOPH adequately takes into account the potential impact on the population's economic situation when considering public health measures in future	2, 5

Key: Recommendation* = required action has been incorporated in superordinate recommendation no....
Source: Interface/INFRAS, see section 3.

Section 4 presents the results in the five areas analysed in depth (up to the end of June 2021). The following figure summarises the need for action identified in these areas. In each case, a distinction is made between the need for action at a political, strategic and operational level, and reference is also made to the relevant overarching recommendations.

F 5.3: Identified need for action in the five areas analysed in depth

Thematic area	Focal points of the need for action	Recommendation*
Allocation of responsibilities between the federal government and the cantons based on the example of the vaccination strategy and implementation	*Political level:* – Review and specify the division of tasks between the federal government and the cantons from an organisational, technical and financial perspective *Strategic level:* – Reach and implement more binding agreements between the federal government and the cantons regarding the standardisation of digital tools for the collection, reporting and monitoring of data and activities – Transfer power to the FOPH so that it can exercise and enforce stronger technical leadership vis-à-vis the cantons as well as other stakeholders *Operational level:* – Define the FOPH's leadership and organisation structure in a crisis	1, 3, 4
Availability and use of digital data	*Political level:* – Seek the establishment of formal legal regulations that define a minimum data set that is collected across Switzerland on a uniform basis and that also clarify how access to this data is ensured (centralised or decentralised solution) – Develop architecture for the secure exchange of data between different systems *Strategic level:* – Apply the once-only principle to data collection – Ensure that existing knowledge about data management is not lost in the short term *Operational level:* – Perform regular exercises with the existing system(s)	1, 2, 3

Thematic area	Focal points of the need for action	Recommendation*
Roles and responsibilities in communicating with the population	*Political level:* – Clarify the powers and responsibilities of the federal government and the cantons in communicating with the population in a special situation, specify legal bases if necessary – Optimise coordination between the cantons in the area of communication *Strategic level:* – Clarify the roles of scientists in the area of communication *Operational level:* – Optimise the coordination of content between the federal government and the cantons as a prerequisite for ensuring targeted communication with the public	1, 4, 5
Use of the technical expertise of stakeholders	*Political level:* – Review the legal regulations regarding the involvement of stakeholders during a crisis on the basis of the Consultation Procedure Act (CPA) *Strategic level:* – Identify the relevant stakeholders and expertise for the FOPH in a crisis – Define processes for their involvement in crisis management *Operational level:* – Define stakeholder management structures and processes, anchor them in pandemic planning and implement them in the event of a pandemic	1, 4
Safeguarding of treatment capacities during the pandemic	*Political level:* – Better harmonise the provisions on “stockpiling” found in the various pieces of legislation – Strengthen the federal government’s disposal options to ensure the security of supply and healthcare provision – Establish minimum availability of selected active ingredients *Strategic level:* – Incorporate experiences from the pandemic in activities aimed at overcoming the shortage of skilled workers, including improving the flexible deployment of employees – Develop alternative scenarios in order to avoid the discontinuation of non-urgent procedures – Discuss a minimum supply of beds, practices and personnel for pandemics, taking standard care into account – Expand the information and deployment system of the Coordinated Medical Services – Adjust/review the regulations on the financing of healthcare provision in the event of a pandemic *Operational level:* – Involve practitioners from different inpatient and outpatient care professions in crisis management	1, 2, 4

Key: Recommendation* = Need for action has been incorporated into overarching recommendation number ...
Source: Interface/INFRAS. see section 4.

5.2.2 Overarching recommendations

Based on the identified need for action, we have formulated five overarching recommendations. They primarily aim to optimise the FOPH’s crisis management in a future crisis.

| Recommendation 1: We recommend the FOPH and the federal government improve their organisational preparedness for the next crisis.

In terms of organisation, the FOPH was insufficiently prepared for the coronavirus pandemic. Although crisis handbooks exist, staff and management had little knowledge of them. The office did not have all the crucial skills required for crisis management, which is why some people were forced to take on tasks for which they were not, or were insufficiently, prepared. Against this backdrop, it is unsurprising that the designation of responsibilities within the FOPH was perceived to lack transparency by outsiders and to an extent also by the employees themselves. It also explains key personnel

facing work overload, the neglect of important points of contact, the emergence of ad-hoc structures and a workforce struggling to fulfil their obligations. [134] We therefore recommend that the FOPH

- develops new basic principles for its crisis management,
- strengthens the crisis management skills among its workforce and secures the resources necessary to ensure proactive planning in crisis situations, and
- carries out regular management drills.

However, the development and implementation of effective crisis management structures and processes within the FOPH can only succeed in the organisation of crisis management at a level superior to the FOPH is reliably implemented in the event of a crisis.[135] This was not the case in the COVID-19 pandemic. To a certain extent, the FOPH's problems were the result of the ad-hoc nature of its superior bodies crisis management strategy. To ensure that the FOPH can play an effective and efficient role in addressing the next crisis, it is therefore also necessary to review the federal crisis management. We therefore recommend that the Federal Department of Home Affairs (FDHA) works towards clarifying swiftly at federal level, whether a crisis response should be based on the established structures within the federal administration or if it is expedient to activate the crisis management bodies as prescribed by current legislation (e.g. ad-hoc Federal Council Crisis Unit, Federal Civil Protection Crisis Management Board, Epidemics Act Coordinating Body). Based on this clarification, basic principles for crisis management should be developed and implemented at federal level. Depending on the crisis management organisation, legislative adjustments might become necessary.

Recommendation 2: We recommend that the federal government and the cantons regulate healthcare provision in the event of a pandemic within a more binding framework and plan it more holistically.
Universal availability of protective materials and of crucial medication was not guaranteed at the beginning of the crisis. The federal government's pandemic plan and the associated preparedness handbook were little-known, notably within retirement, care and day care institutions. We recommend that the federal government and the cantons regulate healthcare provision in the event of a pandemic in a more binding framework and plan it more holistically:

- The Federal Department of Home Affairs (FDHA) should work towards a stringent regulation of pandemic preparedness at federal level. The cantons must ensure that these regulations are enforced and that their enforcement is monitored. Concerning this matter, there is a need for action from a legal perspective While the current epidemics legislation offers various starting points for the Federal Council from which strengthen its pandemic preparedness, the enforcement of these provisions is being hampered and, in part, made impossible, by the complex interplay of different legislations at federal level. This is compounded by the fact that supply assurance for sufficient health personnel, building facilities and funding options fall into the purview of the cantons, which means that overlapping remits between federal government and cantons affect their enforcement. It must therefore be examined how a systematic, singular regulation for epidemic and pandemic preparedness in the EpidA might help to prevent redundancies and overlapping remits at enforcement level.
- The FOPH should incorporate its experiences from the pandemic in its deliberations for the future development of health professionals and its discussions about the issue of skills shortage. In future, it must be taken into account that crises can be long-lasting and that crisis management both in hospital and outpatient care requires a sufficient number of qualified health professionals at all times. In addition to making healthcare professions more attractive overall, specific preparations must be made to allow for a flexible deployment of qualified healthcare staff in various fields of activity (e.g., wards, hospitals, day care, medical practices, outpatient care, retirement, care and day care facilities) in the event of a crisis. This warrants a review of the organisation of work and of the content of continuing training (e.g., generalist vs. specialist content).
- In addition to ensuring security of supply in the event of a crisis, the FDHA and the GDK should work towards providing full access to primary health care at all times. Non-hospital primary healthcare providers, notably general practitioners, outpatient care providers and pharmacies should be more involved in crisis preparedness. Nuanced measures should target the preservation of access to key outpatient services during a lockdown, in compliance with protective measures.

[134] See also in this regard: Wenger, A. et al. (2020): *Schweizer Krisenmanagement: Die Corona-Virus-Pandemie als fachliche und politische Lernchance* [Swiss crisis management: the coronavirus pandemic as a professional and political learning opportunity]. Bulletin 2020 on Swiss Security Policy, ETH Zurich, p. 130.

[135] Federal Council (2019): *Weisungen über das Krisenmanagement in der Bundesverwaltung* [Directives on crisis management in the Federal Administration], Bern.

Recommendation 3: We recommend the FOPH collaborates with the cantons and other actors in the healthcare provision in advancing the digitalisation of and data management in the health sector and in regulating these aspects.

The need for action relating to the digitalisation of the health sector has been widely acknowledged even before the crisis. However, political-strategic commitment—and, with it, the necessary financial and personnel resources—is required to ensure this task is being addressed in a timely manner. Technical challenges are not the main threat to maintaining the current momentum; it is the cantons' and the providers' reservations against national standards on data collection and exchange. Against this background, we recommend the following:

- The FOPH, the cantons and other actors within the healthcare sector, should collaborate and swiftly develop, and agree on, a stringent national strategy concerning the collection, digital exchange and analysis of health relevant data.
- The actors mentioned should ensure that the strategy includes a minimum data set as well as provisions concerning the standardisation of digital tools for the collection, transmission and monitoring of data and activities. Fortunately, these strategic goals are now part of the Federal Council's medium-term plan of June 2021. However, political decisions concerning funding and nationwide implementation are required in addition to a strategy.
- The FDHA should promote changes to the Epidemics Act that would allow for the implementation of the agreed-upon strategy. Based on current law, the federal government in theory already has the power to advance the digitalisation of the epidemiological reporting system up to and including the entry of information by service providers. However, digitalisation not being named implicitly or explicitly as a statutory obligation, there is a need to make changes to the Epidemics Act, that is, at the level of a formal piece of legislation that is subject to a referendum. Regulating this issue at ordinance level would not be commensurate with its significance concerning the protection of personal information and would not do justice to the fact that such changes will entail infringements on the freedom to conduct a business (e.g., by stipulating a specific data management system be used).

Recommendation 4: We recommend the FOPH, the federal government and the cantons arrange for the systematic involvement of actors that are also of key importance in the event of a pandemic in the decision-making process and in the enforcement of measures.

Key actors in healthcare provision have been insufficiently involved in the management of the COVID-19 pandemic. This was mainly the case because of the FOPH's lack of stakeholder management tools. To address this issue, we recommend the following:

- The FOPH should develop a clear notion of which actors must to be included in what kind of decision in the event of a crisis.
- The FOPH should cultivate an ongoing dialogue with these actors and define their role in pandemic planning. Both things are designed to increase the effectiveness and acceptance of the decisions to be made—specifically those in the purview of the Federal Council and the cantonal governments.
- Moreover, the FOPH should also engage in systematic stakeholder management outside times of crisis.
- Other federal offices as well as the cantons should identify unique points of contact for the stakeholders in times of crisis.
- Finally, the federal government should reassessand regulate its cooperation with the science community in the event of a crisis based on the investigations of the Federal Chancellery, the Science Council and the Parliamentary Control of the Administration.

Recommendation 5: We recommend the FOPH considers and addresses health as a holistic challenge even in the event of a pandemic, during the planning and the enforcement of measures.

The World Health Organization (WHO) considers health to be a state of complete physical, mental and social well-being.[136] The representative population survey revealed that the heath measures were significant burden for a great part of the population. Liberties were limited, social contacts, movement and sport were lacking, the economic outlook was precarious for some, work and instruction took place at home. The situation was strain on the mental health of many. What is more, the fundamental rights of residents in retirement and care homes institutions and of their relatives were strongly limited over by the measures restricting visits and the right to leave the premises. The school closures during the first lockdown in the spring of 2020 were another significant infringement of basic rights with potentially drastic effects for the educational development of many children and young people. While the Federal Council did pay attention to the societal impact of the pandemic on in the crisis, the evaluation leaves no doubt that this issue was not considered

[136] World Health Organization (WHO) (1946): Constitution signed in New York on 22 July 1946.

the extent that it should have been in its crisis preparedness efforts. Against this background, we recommend the following:

- Analogous to its strategy in the area of non-transmissible diseases, the FOPH should formulate its strategy in accordance with the WHO's definition of health (state of complete physical, mental and social well-being) in its pandemic planning and management efforts.
- Where possible, the FOPH should anticipate indirect effects of health measures early on and consider them to a greater extent in its pandemic planning.
- The FOPH should involve more specialists from the fields of psychology, pedagogy, political sciences, ethics, economy, social work, etc. in its pandemic preparedness efforts and in the planning of its measures. The stakeholder management involving multiple parties suggested in recommendation 4 will support this objective.

Annex

A 1 Members of the evaluation's Advisory and Steering Groups

F 1: Members of the evaluation's Advisory and Steering Groups

First name, last name, institution	*Member of Steering Group*	*Member of Advisory Group*
Andrea Arz de Falco, FOPH *(Chair of the Advisory and Steering Groups)*	x	x
Patrick Mathys, FOPH	x	x
Salome von Greyerz, FOPH	x	x
Hans C. Matter, FOPH	x	x
Michael Gerber, FOPH	x	
Barbara Thévoz Lagast, FOPH	x	
Herbert Brunold, FOPH	x	
Michael Jordi, Swiss Conference of the Cantonal Ministers of Public Health	x	
Stefan Kuster, formerly with the FOPH (until 31 July 2021)	x	
Gregor Lüthy, FOPH	x	
Mike Schüpbach, FOPH		x
Nora Romero Kronig, FOPH		x
Gerald Scharding, Federal Civil Protection Crisis Management Board		x
Erika Laubacher-Kubat, Federal Chancellery		x
Sabina Littmann-Wernli, Federal Social Insurance Office		x
Werner Meier, Federal Office for National Economic Supply		x
Andreas Rieder, Swiss Office for Gender Equality		x
Christoph Berger, Federal Commission for Vaccination		x
Anne Iten, Federal Commission for Pandemic Preparedness and Response		x
Lukas Gresch, Secretary General of the Federal Department of Home Affairs		x
Bernhard Wicht, Swiss Conference of Cantonal Ministers of Education		x
Seraina Grünig, Swiss Conference of the Cantonal Ministers of Public Health		x
Bernhard Frey Jäggi, Conference of Cantonal Police Commanders of Switzerland *(represented by Orlando Gnosca at the rating conference)*		x
Andreas Stettbacher, Coordinated Medical Services		x
Daniel Aeschbach, Armed Forces Pharmacy		x

First name, last name, institution	*Member of Steering Group*	*Member of Advisory Group*
Josef Widmer, State Secretariat for Education, Research and Innovation		x
Eric Scheidegger, State Secretariat for Economic Affairs		x
Helga Horisberger, Swissmedic		x
Rudolf Hauri, Swiss Association of Cantonal Doctors		x
Marcel Durst, Association Spitex privée Suisse *(represented at the rating conference by Kai Trachsel)*		x
Daniel Höchli, CURAVIVA Switzerland		x
Carlos Quinto, FMH Swiss Medical Association		x
Anne Bütikofer, H+ (the Hospitals of Switzerland)		x
Peter Saxenhofer, INSOS Switzerland		x
Martin Born, pharmaSuisse *(represented at the rating conference by Marcel Mesnil)*		x
Alexander Widmer, Pro Senectute		x
Marianne Pfister, Spitex Switzerland		x
Andreas Widmer, National Centre for Infection Prevention (Swissnoso)		x
Céline Antonini, curafutura		x
Adrian Jaggi, santésuisse		x
Erika Ziltener, Swiss Society for Quality Management in Health Care		x
Henri Bounameaux, Swiss Academy of Medical Sciences		x
Roswitha Koch, Swiss Nurses' Association		x
Jörg Kündig, Association of Swiss Municipalities		x
Franziska Ehrler, Swiss Association of Cities *(represented at the rating conference by Marlene Iseli)*		x
Marcel Tanner, Swiss National COVID-19 Science Task Force		x
Karolina Frischkopf, Swiss Red Cross		x
Susanne Gedamke, Organisation for Patient Protection SPO		x
Philippe Luchsinger, mfe (Swiss family doctors and paediatricians association)		x

Source: Interface/INFRAS.

A 2 Evaluation questions and methods

F 2: Evaluation questions and methods

Overview of evaluation questions according to FOPH specifications	*Observation periods and methods*				
	Phase 1: Crisis preparation up to the national lockdown (up to 15 March 2020)	*Phase 2: National lockdown during the first wave (16 March to 26 April 2020)*	*Phase 3: Easing of restrictions (27 April to 18 October 2020)*	*Phase 4: Measures during the second wave (19 October 2020 to February 2021)*	*Phases 5 and 6: Measures during the third wave and easing of restrictions (up to 30 June 2021)*
1. Questions at the level of the population, population groups and the economy					
1.1 To what extent have the interests of different population groups and the economy been taken into account during the coronavirus crisis? In particular: How should the handling of risk patients be assessed?	**D** / S / PD	**D** / S / PD / **PS** / SS / **QI** / PA / IC	**D** / PD	**D** / S / PD / **PS** / SS / **QI** / IC	**D** / S / PD
1.2 What is the assessment of the respective "stakeholder groups" on the crisis and how it has been managed by the federal government and the cantons? Has the communication with them been transparent/appropriate?	**D** / S	**D** / **PS** / SS / **QI** / RC / PA	**D** / S	**D** / **PS** / SS / **QI** / RC	**D** / **QI** / RC
1.3 *What improvements have to be made to the communication with "stakeholder groups" so that they can present their interests?*	**D** / S	**D** / **PS** / SS / **QI** / RC / PA	**D** / S	**D** / **PS** / SS / **QI** / RC	**D** / **QI** / RC
2. Questions at the level of healthcare provision					
2.1 How has the situation with respect to the provision of care in hospitals, medical practices, pharmacies, etc. developed during the different phases of the crisis?	**QI**	**D** / PS / **QI** / RC / PA / IC	**D** / **QI**	**D** / PS / **QI** / RC	**D** / **QI** / RC
2.2 Have the responsibilities been clear? Overall, how should the care situation be assessed in terms of availability and timeliness?	**QI**	**D** / **QI** / PA / LA / IC	**D** / **QI**	**D** / **QI** / PA / LA / IC	**D** / **QI** / PA / LA / IC
2.3 What has to be ensured in future so that the provision of healthcare to the population as a whole is guaranteed to the greatest possible extent?		**D** / **QI** / PA / IC	**D** / **QI**	**D** / **QI** / PA / IC	**D** / **QI** / PA / IC
3. Questions at the level of health measures					
3.1 What has been the overall impact of the health measures on various areas? Which desired effects have been achieved and what have been the possibly undesired effects?		**D** / ASGS / PS / SS / **QI**	**D** / S	D / ASGS / PS / **QI**	**D** / **QI**
3.2 What role has the provision of information to the population and communication with the actors played here? Has this information and communication been clear and comprehensible in each case?	**QI**	**D** / S / ASGS / PS / SS / **QI** / RC	**D** / S	D / ASGS / PS / **QI** / RC	**D** / **QI** / RC
3.3 Which health measures have proven successful?		**D** / ASGS / PS / **SS** / **QI**	**D** / ASGS / PS / **QI**	**D** / ASGS / PS / **SS** / **QI**	**D** / **QI**
3.4 For which health measures is there a need for optimisation?		**D** / ASGS / PS / **QI** / RC / PA	**D** / ASGS / PS / **QI** / RC / PA	D / ASGS / PS / **QI** / RC / PA	**D** / **QI** / RC / PA
4. Questions regarding organisation, structure and leadership at a federal, cantonal, administrative and scientific level					
4.1 How have the federal government and the cantons approached their tasks, powers and responsibilities at different points in time? Has the division of tasks proven successful? What role has been played by the Epidemics Act Coordinating Body?	**D** / **QI** / **LA**	**D** / **QI** / PA / LA	**D** / LA	**QI** / LA	**QI** / LA
4.2 How should the cooperation between politicians, the administration and the scientific community be assessed?	**D** / **QI**	**D** / **QI** / PA / IC	**D** / PA	**QI** / PA / IC	**QI** / PA / IC
4.3 How appropriate and timely has the regulation of financing and tariffing issues been with respect to healthcare services?	**D** / **QI** / PA	**D** / **QI** / PA	**D** / QI / PA	**D** / QI / PA	**D** / QI / PA
4.4 Is there a need for improvement at an organisational, structural and leadership level with a view to the management of future crises? Is there optimisation potential in terms of communication and other areas?	**D** / S / QI	**D** / **QI** / RC / PA	**QI**	**D** / **QI**	**D** / **QI**
5. Questions at the level of procedures, decision-making processes and communication					
5.1 How has/have the federal government and/or the FOPH gone about generating knowledge? Have all relevant bodies and authorities been involved?	D / **PA**	**D** / **QI**	D / QI / **PA**	**QI**	**QI**
5.2 How have decisions been taken within the FOPH? Who has had decision-making authority over the measures suggested to the Federal Council and the proposals for their subsequent easing?	**D**	**D** / QI / **PA**	QI / **PA**	**QI**	**QI**
5.3 According to which assessment criteria has the Federal Council taken its decisions and thus imposed measures? What trade-offs have been made in terms of health aspects and other effects?	**D** / LA	**D** / **QI** / **PA** / LA	**D** / **QI**	**QI** / **PA** / LA	**QI** / **PA** / LA

Overview of evaluation questions according to FOPH specifications	*Observation periods and methods*				
	Phase 1: Crisis preparation up to the national lockdown (up to 15 March 2020)	*Phase 2: National lockdown during the first wave (16 March to 26 April 2020)*	*Phase 3: Easing of restrictions (27 April to 18 October 2020)*	*Phase 4: Measures during the second wave (19 October 2020 to February 2021)*	*Phases 5 and 6: Measures during the third wave and easing of restrictions (up to 30 June 2021)*
5.4 Overall, have the decision-making and communication processes been appropriate, transparent and comprehensible?	**D**	**D** / S / **QI** / RC/ **PA**	**D** / **QI**	**QI** / RC / **PA**	**QI** / RC / **PA**
5.5 Have the federal government (especially the FOPH) and the cantons responded to the threat posed by the COVID-19 pandemic in a timely and appropriate fashion?	**D** / DF	**D** / PD / PS / **QI** / RC / **PA** / LA	**D** / **QI**	D / PD / PS / **QI** / RC / **PA**	D / PD / **QI** / RC / **PA**
6. International classification					
6.1 What has been the relevance of selected problems in Sweden and Austria?		**IC**	**IC**	**IC**	**IC**
6.2 Which strategies and measures may have led to certain problems in Austria and Sweden being less or more pronounced than in Switzerland? What can Switzerland learn from this?		**IC**	**IC**	**IC**	**IC**

Key: D = evaluation of documents, S = evaluation of secondary surveys, PD = evaluation of primary data, ASGS = Advisory and Steering Group survey, PS = population survey, SS = stakeholder survey, QI = qualitative interviews, RC = rating conference, PA = process analyses, LA = legal assessment, IC = international classification. Bold font = method can make a significant contribution to answering the evaluation questions, normal font = method can make a supplementary contribution to answering the evaluation questions, italic font = the list of questions in the specifications has been added to.
Source: Interface/INFRAS.

Method	*Source*	*Observation periods*	*Number*
D = evaluation of documents	Available documents: – Fundamental documents, including the Epidemics Act, pandemic planning, WHO Guidelines – FOPH documents, including slides on organisational and process analysis – Parliamentary initiatives – Further studies and reports by the Federal Administration and the cantons, including the report of the Federal Council of 27 May 2020 on the exercise of its powers under emergency law and the implementation of referred committee motions since the beginning of the coronavirus crisis – Documentation of the Federal Council's health measures	 1−5 1−3 1−5 1 and 2 1−5	Various documents
S = evaluation of secondary surveys	Available third-party studies, including the FORS COVID-19 MOSAiCH study, SRG and ETH coronavirus surveys and the Bern University of Applied Sciences' study on the impact of the crisis on SMEs	1−5	Various documents
PD = evaluation of primary data	Available indicators and statistics, including figures on infections and hospitalisations, implementation monitoring by the FOPH and the excess mortality figures of the Federal Statistical Office	1−5	Various data
PS = population survey	Own survey of the resident population aged 15 and above (representative sample), together with the research mandate "Analysis of the situation of older people and people in homes"	1−5	15,390 people
SS = stakeholder survey	Own survey of various stakeholder groups, together with the research mandate "Analysis of the situation of older people and people in homes": Responsible retirement and nursing homes and homes for people with disabilities	1−5	962 people

Method	*Source*	*Observation periods*	*Number*
	Employees of retirement and nursing homes as well as homes for people with disabilities and Spitex organisations		5,139 people
ASGS = Advisory and Steering Group survey	Own survey of members of the Advisory and Steering Groups	1−5	24 people

QI = qualitative interviews	Own survey:
	– Members of the Steering and Advisory Groups
	– Representatives from the population and economic sector:
	  – Representatives of associations / specialist bodies from the fields of education, care and integration as well as the world of work, the national economy and particularly affected sectors such as tourism, culture and sport
	– Representatives from the healthcare sector:
	  – Representatives from hospitals, medical practices, pharmacies and the social services
	  – Representatives of CURAVIVA Switzerland, INSOS, the Swiss Nurses' Association (SBK) and the Swiss Spitex association, among others (together with the research mandate "Analysis of the situation of older people and people in homes")
		
		1−5
		1−5
		
		1−5
			
			5 people
			16 people
			
			24 people

RC = rating conference	Workshop with members of the Advisory Group	1−5	34 people
PA = process analyses	In-depth analysis of five selected problem areas – Discussions with experts for each problem area – Public and internal documents	 1−5 1−5	 45 people Various documents
LA = legal assessment	Support for the evaluation provided by a legal expert: Prof. Christoph Zenger, Zenger Advokatur und Beratung	1−5	1 person
IC = international classification	Analysis in Sweden and Austria by local experts: – Prof. Maria Perrotta Berlin, Stockholm School of Economics Corona – Prof. Günter Weiss, Medical University of Innsbruck, member of the advisory team of the COVID-19 Task Force of the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection Inclusion of relevant international platforms, including the COVID-19 Health System Response Monitor (HSRM) of the European Health Observatory	2−5 2−5	2 people Various documents

Source: Interface/INFRAS.

A 3 Respondents

F 3: Respondents in the first step of the evaluation (analysis up to the end of March 2021)

Person and institution	*Asked about the following perspectives*				
	Federal government	*Cantons*	*Economy*	*Society*	*Healthcare and social services*
Andrea Arz de Falco, FOPH	x				
Virginie Masserey, FOPH	x				
Patrick Mathys, FOPH	x				
Salome von Greyerz, FOPH	x				
Stefan Kuster, formerly with the FOPH	x				
Michael Jordi, Swiss Conference of the Cantonal Ministers of Public Health		x			
Anne Bütikofer, H+ (the Hospitals of Switzerland)					x
Arnaud Perrier, Geneva University Hospitals					x
Philippe Eckert, Lausanne University Hospital					x
Isabelle Gisler Ries, University Hospital of Basel					x
Jaques Donzé and Ronan Beuret, Neuchâtel Hospital Network					x
Thomas Fehr, Graubünden Cantonal Hospital					x
Michael Döring, Lucerne Cantonal Hospital					x
Pietro Cippà, Cantonal Hospital Corporation (EOC)					x
Ernst Borter, Valais Hospital					x
Beat Walti, Swiss Private Clinics					x
Carlos Quinto, FMH Swiss Medical Association					x
Philippe Luchsinger, mfe (Swiss family doctors and paediatricians association)					x
François Héritier, College of Family Medicine (KHM)					x
Claudia Galli, Swiss association of professional healthcare organisations (SVBG)					x
Enea Martinelli, PharmaSuisse					x
Ursula Dubois, isa Migration Office Bern					x
Edith Lang, Social Services of the Canton of Lucerne					x
Markus Kaufmann, Swiss Conference for Social Welfare					x

Person and institution	*Asked about the following perspectives*				
	Federal government	*Cantons*	*Economy*	*Society*	*Healthcare and social services*
Nathalie Barthoulot, Swiss Conference of Cantonal Ministers of Social Affairs					x
Peter Saxenhofer, INSOS Switzerland, and Daniel Höchli, CURAVIVA					x
Marcel Tanner, Swiss National COVID-19 Science Task Force					x
Dagmar Rösler, Swiss Teachers' Association (LCH)				x	
Gisela Kilde, Fribourg Network of Children's and Youth Organisations (Frisbee)				x	
Kathrin Bertschy and Maya Graf, Alliance F				x	
Bashkim Iseni, Lausanne Office for Immigrants (BLI)				x	
Peter Marbet, Caritas				x	
Bastienne Joerchel, Centre Social Protestant Vaud (CSP)				x	
Milan Kostresevic, Working Group of Christian Churches in Switzerland (AGCK-CH)				x	
Andrea Gehri, Ticino Chamber of Commerce			x		
Nicolo Paganini, Swiss Tourism Federation			x		
Casimir Platzer, GastroSuisse			x		
Dagmar T. Jenny, Swiss Retail Federation			x		
Max E. Katz, Swiss Travel Association			x		
Alexander Bücheli, Zurich Bar and Club Commission			x		
Roger Schnegg, Swiss Olympic			x		
Nina Rindlisbacher and Alex Mezmer, COVID-19 Culture Task Force			x		

Source: Interface/INFRAS.

F 4: Respondents in the second step of the evaluation (analysis up to the end of June 2021)

Person and institution	*Questioned on the following thematic areas analysed in depth*				
	Allocation of responsibilities between federal government and cantons as shown primarily by the example of their vaccination strategy and implementation	*Availability and use of digital data*	*Roles and responsibilities public communications*	*Using the expert skills of stakeholders*	*Securing of medical treatment capacity during the pandemic*
Elise de Aquino, FOPH	x				
Céline Gardiol, FOPH	x				
Christine Kopp, FOPH				x	
Gregor Lüthy, FOPH			x		
Adrian Kammer, FOPH			x		
Vincent Koch, Stefanie Johner and Mirjam Lutz, FOPH					x
Walter Grolimund, Pascal Walliser and Silvan Maletti, FOPH		x			
Damir Perisa, FOPH		x			
Mario Kaufmann and Stefan Katz, Coordinated Medical Services		x			x
André Simonazzi, Federal Chancellery			x		
Andreas Pfenninger, Swissmedic					x
Eric Scheidegger, State Secretariat for Economic Affairs				x	
Adrian Lobsiger, Federal Data Protection and Information Commissioner		x			
Christoph Berger, Federal Commission for Vaccination	x				x
Martin Ackermann, Swiss National COVID-19 Science Task Force			x	x	
Edouard Bugnion, Swiss National COVID-19 Science Task Force		x			
Sven Streit, Swiss National COVID-19 Science Task Force		x		x	x
Christian Arnold, Canton of Uri	x	x			x
Sami Kanaan, City of Geneva	x				
Bettina Bally and Luca Albertin, Zurich Department of Health	x	x			x
Lukas Engelberger, Swiss Conference of the Cantonal Ministers of Public Health	x		x		x

Person and institution	*Questioned on the following thematic areas analysed in depth*				
	Allocation of responsibilities between federal government and cantons as shown primarily by the example of their vaccination strategy and implementation	*Availability and use of digital data*	*Roles and responsibilities public communications*	*Using the expert skills of stakeholders*	*Securing of medical treatment capacity during the pandemic*
Gaby Szöllösy, Swiss Conference of Cantonal Ministers of Social Affairs				x	
Yvonne Gilli, FMH Swiss Medical Association	x	x		x	x
Reinhold Sojer, FMH Swiss Medical Association		x			
Anne Bütikofer, Guido Speck, Gianni R. Rossi, Joseph Müller and Giorgio Pellanda, H+ (the Hospitals of Switzerland)				x	x
Philipp Walter, Solothurn Hospitals		x			
Jürg Hodler, University Hospital Zurich					x
Franz Immer, Swisstransplant					x
Adrian Vatter, University of Bern				x	
Andreas Ladner, University of Lausanne			x		
Boris Rauscher and Bernhard Schneider, Swiss Association for Crisis Communication			x		
Michael Herrmann, Sotomo			x		
Alenka Bonnard, staatslabor				x	
Sven Seitz, Pfizer				x	

Source: Interface/INFRAS.

A 4 Bases for the survey of experts in the first step of the evaluation

A 4.1 Short online survey of members of the Advisory and Steering Groups (December 2020)

Collection of the most relevant health measures, effects on healthcare provision, the population and the economy as well as the associated surveys, reports and studies from the perspective of the members of the evaluation's Advisory and Steering Groups via e-mail.

Questions:

- From your perspective as a member of the evaluation's Advisory/Steering Group, which health measures of the federal government and the cantons have given rise to the greatest difficulties and challenges? What are these difficulties and challenges? Who has been affected by them and when?
- Which health measures have proven successful?
- What additional health measures would you like to have seen?
- Which surveys/reports/studies can you recommend that the Evaluation Team should take into account when assessing the measures and their impact?

A 4.2 Interview guidelines for the members of the Steering Group (analysis up to the end of March 2021)

Topic block 1: Assessments regarding the need for action

Please assess the need for action in the following areas, taking account of aspects that have already been identified and which are being addressed:

- Crisis preparation in the FOPH; in the Federal Administration; in the cantons; responsibilities
- Organisational and leadership form of crisis management in the FOPH; in the Federal Administration; in the cantons, handling of the FOPH's proposals by the Federal Council
- Health measures that have and have not proven their worth in terms of their
- appropriateness (suitability)
- coherence (consistency)
- effectiveness
- Impact of health measures on the economy, social affairs and society
- Communication with the public, with the "stakeholder groups" (hospitals, family doctors, etc.)
- Cooperation with the scientific community

Topic block 2: Aims and focus of the evaluation

In your view, which measures and effects should be examined in greater depth by the evaluation due to the fact that they are perceived as particularly problematic by Swiss society (civil society, business, etc.)?

- Restriction of freedom of movement
- Prohibition of elective procedures in hospitals
- School closures
- Masks or no masks
- Ban on political gatherings
- Closure of shops
- Communication with the public
- Financing and tariffing issues
- Care and supply situation in hospitals, medical practices, pharmacies, etc.
- Other

A 4.3 Interview guidelines for discussions with stakeholders during the first phase (analysis up to the end of March 2021)

Interview guidelines for stakeholders from the healthcare sector

Outcome and impact

- How has the care and supply situation in your areas developed during the different phases of the crisis?
- What has gone well in the different phases? What hasn't gone so well?
- How have you perceived the availability of protective materials, medication and other medical supplies (e.g. ventilators, beds) during the different phases of the crisis?
- How satisfied have you been with the communication and provision of information by your organisation, the federal government (FOPH), the cantons and, where applicable, other organisations during the various phases of the crisis?

Measures

- Which health measures have been especially relevant for your organisation?
- How do you assess the impact of these health measures in relation to the different phases of the crisis?

Input / preparation for the next crisis

- With a view to a future crisis, which areas would you deem a priority in terms of need for action at a structural/organisational level? With respect to the FOPH, the federal government, the cantons, your organisation, your members, your target group?
- Do you believe there is a need for changes to be made, for example to the existing pandemic plan or the pandemic planning process as a whole? If so, in which areas? And should any adjustments be made to the law and/or its enforcement/implementation?

Conclusion

- From your perspective, are there any other key issues that you would like to draw our attention to?

Interview guidelines for stakeholders from the realms of society and business

Introduction

- Please provide a brief explanation of your function and role in relation to the coronavirus pandemic.

1. Impact of the pandemic and health measures

- Which thematic areas related to the coronavirus pandemic are topical for you right now?
- How have the pandemic and the federal government's health measures during the various phases of the crisis impacted your population group or sector? What have been the biggest challenges for your population group / sector?
- During the first wave in spring 2020?
- Between the first and second wave?
- During the second wave from November 2020?
- After the tightening of measures (mid-January 2021)?
- What medium- and longer-term impact do you expect the coronavirus pandemic to have on your population group / sector?

2. Assessment of crisis management by the federal government and the cantons and communication

- In your opinion, how well have the federal government (main focus) and the cantons acted in their management of the crisis during the various phases of the pandemic?
- How do you assess the crisis preparation of the FOPH; the Federal Administration; the cantons?
- How do you assess the assignment of responsibilities during the current crisis at a federal/FOPH/cantonal level with a view to a future crisis?
- How do you assess the political leadership of the pandemic response in the different phases?
- How do you assess the processes during the current crisis at a federal/FOPH/cantonal level with a view to a future crisis?
- What have been the strengths and weakness of the action they have taken?
- Have the federal government and the cantons taken the right health measures at the right time? Have the measures been consistent (coherent)?

- How greatly has your population group / sector been affected by the measures and how have the measures had an impact in your view?
- Which health measures have been especially problematic for your organisation? Why is this?
- Which health measures have proven successful and do you consider to be appropriate?
- How well have you been able to put forward the interests of your population group / sector in the decision-making processes? How well have the interests of your population group / sector been taken into account?
- Have the federal government and the cantons placed an appropriate emphasis on the task of combating the pandemic relative to other public tasks (schools, culture, sport, economic competition)?
- How have the federal government and the cantons communicated during the different phases? In your view, what has gone well? And what hasn't?
- How well has the scientific community (Task Force) performed its task, especially as regards advising the responsible authorities and ensuring a reliable medical and epidemiological knowledge base?
- How do you assess the cooperation between the federal government/FOPH and the scientific community?
- Where do you believe there is a need for optimisation?

3. Lessons from the crisis

- What would the federal government and the cantons have to do differently in the preparation and management of a future pandemic, both in a general sense and specifically in relation to your population group / sector? What lessons would they have to learn? For example, with respect to:
- Preparation
- Measures
- Communication
- Responsibilities
- Organisation (e.g. clarification of official responsibilities; provision of structural, human and financial resources)
- Processes (e.g. cooperation between federal authorities, between the federal government and the cantons, between the authorities and services providers; coordination of cantonal measures)
- Involvement of stakeholder groups
- Would you welcome the creation of a politically responsible task force for special and extraordinary pandemic situations?
- Do you think that legal adjustments are also required to ensure it is possible for the right measures to be taken (faster) in future? If so, which?
- Do you believe that constitutional adjustments to the division of tasks at a federal level are worthy of consideration or even necessary?

Conclusion

- From your perspective, are there any other key issues that you would like to draw our attention to?

A 4.4 Interview guidelines for discussions with stakeholders during the second phase (analysis up to the end of June 2021)

Interview guidelines for discussions on the "allocation of responsibilities between federal government and cantons as shown primarily by the example of their vaccination strategy and implementation"

Distribution of roles

- How would you describe the distribution of roles between the federal government, the cantons and the municipalities in terms of the procurement and distribution of vaccines and communication on the topic of vaccination?
- Was the intended distribution of roles clear?
- And has it also been adhered to?
- In your view, what has gone well in terms of the distribution of roles? And what hasn't gone so well?
- What potential for improvement do you see for the future?
- Is "vaccination" a good example for analysing the strengths and weaknesses of cooperation during the crisis or have other thematic areas thrown up completely different questions?

Cantonal implementation of vaccination

- In your opinion, what have been the advantages of the cantonal implementation of the "vaccination" programme, both at a general level and more specifically with a view to the IT tool for the handling of vaccinations?
- What have been the disadvantages of the cantonal implementation at a general level and more specifically with a view to the IT tool for the handling of vaccinations?
- In what areas has federalism had a positive impact on crisis management? In which areas has it had a negative impact?
- Where do you see potential for improvement here?
- Where have there been regional collaborations between the cantons with respect to vaccination? What have been the limits in this respect?
- Where would it have been possible to make greater use of synergies and collaborations?
- What roles have the municipalities assumed in this area?
- Should the role of the municipalities have been different (e.g. greater involvement)? If so, how?

Guidelines of the federal government

- How do you rate the recommendations of the Federal Commission for Vaccination in terms of their relevance?
- Are they sufficiently clear, for instance with respect to the rules for prioritising certain groups of people for the receipt of vaccines (e.g. healthcare professionals, teachers, older people)?
- Have they been communicated clearly enough?
- Why are there differences in cantonal implementation?
- Should the federal government have made adherence to these recommendations more binding?
- What has been good? Where do you see potential for improvement here?
- And how do you rate the federal government's guidelines regarding the range of vaccination options (e.g. mobile vaccination services, vaccination at home [with or without a doctor], vaccination at pharmacies)?
- Have they been communicated clearly enough?
- Have they been sufficiently binding?
- What has been good? Where do you see potential for improvement here?

Federal assignment of powers

- Regarding the allocation of responsibilities in general and specifically with respect to vaccination:
- What improvements/adjustments need to be made to the legal framework (political) for comparable situations?
- For example, should the federal government be able to issue more binding guidelines (e.g. regarding the IT vaccination tool)? Vaccination offers?
- Should special political bodies with decision-making powers be established between the cantons and the municipalities (e.g. establishment of a lean management body with equal representation at a political level for cooperation between the federal government and the cantons in a crisis, as proposed by the Conference of Cantonal Governments)?
- What improvements/adjustments need to be made in terms of strategic considerations (overriding focus) for comparable situations?
- Should special administrative bodies be created between the cantons and the municipalities?
- Should a uniform exchange platform for the transmission of data between the federal government, the cantons and the municipalities be established?

- Should the mandate of the Federal Commission for Vaccination be expanded? Should the cantons be represented in it?
- Should the cantons be motivated to make regional and neighbourhood cooperation more intensive and binding in a crisis situation?
- What improvements are required in terms of implementation (operational level)?
- Should the federal government and the DDPS have taken on responsibility for the organisation of the vaccination programme at a national level? Advantages? Disadvantages?
- What support could the FOPH provide the cantons in a crisis situation in order to facilitate the quick and efficient implementation of measures similar to vaccination?

Conclusion
- From your perspective, are there any other aspects that you would like to draw our attention to?

Interview guidelines for discussions on the "availability and use of digital data"

Type of data
- What are the most important types of data that should be available to help manage a pandemic crisis?
- Term "data": e.g. occupancy figures, incidence figures, mortality, mutations, special COVID-19 Dashboard page of the FSO, mobility data, wastewater data, data with/from pharmaceutical companies, different data types and sources
- Who has needed what data at which points in the crisis? To whom has the data been made available?
- Federal Council, cantonal governments
- Federal authorities, cantonal authorities
- Hospitals, practices, homes and Spitex
- Media/population
- What data has been available in the current pandemic?
- What data has been lacking? Why has this data been lacking?
- Has there been relevant data whose collection has only been addressed during the course of the pandemic?

Digital availability of data
- What important data has been available digitally? What important data has not been available digitally?
- Has there been data that has only become available digitally during the course of the pandemic? If so, which data?
- What types of data have existed in a digital form but have not been made centrally accessible?
- What obstacles have been faced in making this data digitally available?
- What types of data has the FOPH been unable to use due to a lack of interoperability?

Data protection
- In your opinion, what role have data protection requirements played in the implementation of digital projects (e.g. contact tracing, central overview of hospital occupancy figures)?
- What requirements have been placed on these projects?
- What restrictions on data protection have been accepted?
- Where do you see potential for improvement in this area?

Potential for improvement for future crises
- What suggestions for improvement do you have for the future and with respect to the accessibility of relevant data and digitalisation?
- In your view, how can the obstacles currently experienced in the area of data availability and digitalisation be reduced in future?
- What improvements/adjustments need to be made to the legal framework (political) in future?
- What improvements/adjustments need to be made in terms of strategic considerations (overriding focus)?
- What improvements are required in terms of implementation (operational level)?
- Where do you see the biggest challenges for the future in the area of digitalisation/data?

Conclusion
- From your perspective, are there any other aspects that you would like to draw our attention to?

Interview guidelines for discussions on "roles and responsibilities in communicating with the population"

Introduction

- Please provide a brief description of your position and professional link (tasks/responsibility) to the coronavirus pandemic.
- Not from the FOPH/FCh: Have you taken on additional tasks/responsibilities due to the coronavirus pandemic? If so, which?
- FOPH/FCh: What additional tasks/responsibilities have you taken on due to the coronavirus pandemic?

Experiences/assessment

- In your view, who have been the federal government's main actors in its Communication with the public during the coronavirus pandemic?
- If the interviewees do not reveal this of their own accord: What have been the roles/tasks of the main actors? How has the communication worked?
- How have the roles and activities of the main actors changed during different phases of the pandemic?
- FOPH/FCh: What challenges have you been confronted with in communicating with the public in the various phases of the pandemic?
- For example, misinformation, the communication of bad news, the coordination of information activities with the cantons, the comprehensibility of information.
- FOPH/FCh: Looking back, what has gone well in terms of Communication with the public? Which structures/processes/measures have proven successful?
- FOPH/FCh: What has gone less well? Where have there been problems?
- Experts: How do you assess the federal government's Communication with the public during the various phases of the pandemic? What has gone well? Where have there been problems?
- What role has the SN-STF played in communicating with the population and how do you assess this?
- FOPH: To what extent was the FOPH prepared for communicating with the population during a pandemic? Was a corresponding communication concept (or a similar mechanism) already in place at the start of the pandemic?
- Were the responsibilities clear?
- Was the necessary crisis communication expertise available or was it possible to call in experts in a timely manner?
- How have tasks been divided with other federal offices, especially the Federal Chancellery?
- FCh: To what extent was the federal government prepared for communicating with the population during a pandemic? Was a corresponding communication concept (or a similar mechanism) already in place at the start of the pandemic?
- Were the responsibilities clear?
- Was the necessary crisis communication expertise available or was it possible to call in experts in a timely manner?

Outlook/potential for optimisation

- How should Communication with the public be organised and implemented in a future crisis (similar to the coronavirus pandemic)? Which agencies at a federal level should assume a lead role here? What preparations need to be made for this?
- Under the Epidemics Act (Art. 9), the lead role for Communication with the public is assumed by the FOPH in normal circumstances.[137] In your view, does this assignment of responsibility also work in a crisis situation or should the Epidemics Act be adapted/amended?
- How can the coordination of information between the federal government and the cantons be ensured? What existing vessels and structures can be used?
- Will new/additional coordination bodies be required in a future crisis situation?

Interview guidelines for discussions on the "use of the expert skill of stakeholders"

Organisation/processes regarding stakeholder management

- How is the involvement of stakeholders organised within the FOPH? Were appropriate structures and processes already in place? Which have been established in light of the coronavirus pandemic?
- How have stakeholders been involved in decisions on precautionary measures and the easing of restrictions?

[137] In a normal situation, Art. 9 of the Epidemics Act stipulates that the FOPH shall provide information to the population and regularly publish compilations and analyses about communicable diseases as well as recommendations on measures against communicable diseases in line with the current state of scientific knowledge and in consultation with the other federal offices. Under the Epidemics Act, the FOPH and the competent cantonal authorities should also coordinate their information activities.

- FOPH only: What strategy have the federal government and the cantons pursued in terms of stakeholder management?
- Have the federal government and the cantons actively approached stakeholders?
- On what basis have stakeholders been involved?
- Which social groups / economic sectors have been adequately involved? And which haven't? Have there been differences in the various phases?
- What vessels/tools have the federal government and the cantons used to involve stakeholders?
- On what issues have stakeholders been consulted? Which tasks have the federal government and the cantons delegated to stakeholders?
- How have stakeholders been informed of the federal government's decisions? Has the federal government involved stakeholders in communicating its decisions to the public?
- How have the stakeholders organised themselves?
- What developments have been seen with respect to stakeholder involvement on the part of the federal government and the cantons as well as on the part of stakeholders during the various phases of the epidemic?

Experiences/assessment
- FOPH only: What challenges have you been confronted with in terms of involving stakeholders?
- Looking back, what has gone well with respect to stakeholder involvement? Which structures/processes/measures have proven successful?
- What has gone less well? What has not proven successful?
- How and to what extent has it been possible to utilise stakeholder expertise? What opportunities have been missed in this regard?

Outlook / potential for optimisation
- How would the involvement of stakeholders have to be organised and implemented in a future crisis?
- What precautionary measures can stakeholders make in order to optimally support the authorities with crisis management?
- What are the consequences for politics, legislation, the federal government and the cantons?

Conclusion
- From your perspective, are there any other aspects that you would like to draw our attention to?

Interview guidelines for discussion on the "safeguarding of treatment capacities during the pandemic"

Ensuring standard care
- What problems have hospitals, practices, homes and Spitex faced with respect to ensuring standard care during the various phases of the crisis?
- Term "standard care": Corresponds, for example, to cancer treatments by specialists, operations, the treatment of individuals with chronic illnesses by family doctors as well as psychosocial care in homes provided by in-house doctors and by Spitex.
- What have been the causes of these problems?
- In your view, how could these problems be avoided in future?

Measures to ensure standard care
- What have been the measures that have allowed for the provision of safe standard care while also ensuring pandemic-specific care?
- According to which criteria have these measures been defined?
- For example, separation of COVID-19 and non-COVID-19 patients,
- elective procedures,
- mobile services,
- expanded opportunities for transfers / initial allocations, both within the region and in cooperation with other parts of the country.
- Have the measures and selection criteria proven successful?
- If so, why?
- If not, what do you think would have to change for them to be successful in future? How could this have been avoided?
- Where do you see potential for improvement with respect to measures?

Costs of standard care

- What additional expenses have been associated with the implementation of the measures?
- Who has financed them?
- Who do you think should bear the costs?
- Do you think the costs could have been reduced?

Future restrictions on standard care

- Based on the current state of knowledge: What differentiated measures would the FOPH and the cantons have to take in future as regards restricting standard care?
- What needs to be taken into account here?
- What are the biggest challenges for the future that you see in this area?
- How could they be addressed?
- When you think about maintaining standard care,
- what improvements/adjustments need to be made to the legal framework (political) in future?
- what improvements/adjustments need to be made in terms of strategic considerations (overriding focus)?
- What improvements are required in terms of implementation (operational level)?

Conclusion

- From your perspective, are there any other aspects that you would like to draw our attention to?

A 5 Methodology and topics of the population survey

F 5: Methodology and process of the population survey

Population, sample	Permanent Swiss resident population aged 15 and above. Stratified random sample (N = 37,263): Stratification was performed according to three language regions, five age groups and gender. The sample size per stratum was at least 1,160 people. This meant, for example, that a disproportionately large sample was drawn for older women in the Italian-speaking region. Sampling basis: Sampling was performed by the Federal Statistical Office (FSO) on the basis of the Sampling Frame for Person and Household Surveys (SRPH). This is based on the data supplied by the cantonal and municipal population registers.
Number of participants, response rate	n = 15,390; response rate: 41% (complete responses) Response rates by age category: – Aged 15 to 24: n = 3,085, response rate of 44% – Aged 25 to 49: n = 3,321, response rate of 47% – Aged 50 to 64: n = 3,660, response rate of 52% – Aged 64 to 79: n = 3,094, response rate of 44% – Aged 80 plus: n = 2,227, response rate of 24% Representativeness: The net sample is representative according to language region, age, gender and educational level. The data was weighted accordingly. To this end, the composition of the net sample was compared with figures on the effective population. People born in Switzerland, who account for 66.3% of the total population, are slightly overrepresented in the sample at 71.6%. Confidence level and margin of error.[138] With the net sample achieved, the confidence level of evaluations for the total stands at 99% and the margin of error is 1% to 2%.
Recruitment	Invitation sent by post via the Federal Office for Buildings and Logistics. One postal reminder.
Implementation	Online survey in three languages Period: 7 January to 4 February 2021 Average time to complete the survey: 27 minutes

Source: Interface/INFRAS.

[138] Confidence level: Probability with which the sample accurately reflects the stance of the selected population. Margin of error: Range (in percent) by which the responses from the population may differ from those of the sample.

F 6: Topics of the population survey

Topics	*Questions*
Sociodemographic characteristics	– Age, gender, education, origin – Household size, children in the household – Gainful employment (yes/no), sector if applicable
Impact on health and healthcare provision	– Health status before the coronavirus pandemic – Current health status, change since the beginning of the pandemic – Health-relevant behavioural changes – Impact on psychosocial health – Access to healthcare
Communication and acceptance of measures	– Assessment of the federal government's communication and the level of information provided – Understanding and acceptance of measures – Confidence in the government (especially the federal government) – Assessment of the appropriateness of the measures and recommendations, strengths/weaknesses
Impact and difficulties	– Impact on own life: at a private level, at work or as part of education – Challenges during different phases of the pandemic – Worries and fears, impact on financial situation
Intergenerational relations	– Solidarity experienced and help provided – Assessment of behaviour of younger/older generation – Use of digital communication tools – Impact on intergenerational relations

Source: Interface/INFRAS.

A 6 Stakeholders who have to be explicitly involved or are obliged to cooperate by law

The Epidemics Act makes no reference to an explicit obligation for the federal and cantonal authorities responsible for the ordering of measures to involve private stakeholders in decisions on implementing measures relating to prevention and control measures that affect them. This applies even if they are expressly to be involved or obliged to cooperate by law. These stakeholders include, in particular:

- The scientific community, on the basis of whose findings official recommendations should be regularly "adapted" in accordance with Art. 9(3) of the EpidA: as well as
- Doctors, hospitals and other public or private healthcare institutions as well as any persons piloting a ship or aircraft (who are to report observations that indicate a risk to public health to the port or airport operator), who according to Art. 12 of the EpidA are required to feed reports into the early detection and monitoring system and who the Federal Council may require to decontaminate, disinfect and sterilise medical devices in accordance with Art. 19(2)(a) of the EpidA;
- Laboratories designated as national reference centres and confirmation laboratories and entrusted with special tests and other special tasks (Art. 17 EpidA) and/or cantonal networks of regional laboratories or high security laboratories that work together with the competent federal authorities (Art. 18 EpidA);
- At a general level, "businesses and event organisers whose activities increase the risk of transmitting the disease", i.e. restaurants, clubs, event promoters, travel agencies, etc., which the Federal Council may oblige to provide prevention and information materials and comply with a specific code of conduct (Art. 19(2)(b) EpidA);
- Public health and education institutions that the Federal Council may oblige to offer information on the dangers of communicable diseases and advice on their prevention and control (Art. 19(2)(c) EpidA);
- "Public and private institutions that have a special obligation to protect the health of people in their care", namely hospitals, homes, prisons, etc., which the Federal Council may require to take suitable preventive measures (Art. 19(2)(d) EpidA);
- "Companies that transport persons by rail, bus, ship or air internationally, airport operators, port operators, railway and bus stations and travel businesses" that are required to cooperate in carrying out the measures stated under Art. 41 of the EpidA (Art. 43 EpidA);
- Businesses that are involved in allocating therapeutic products, distributing therapeutic products, facilitating the import and export of therapeutic products, maintaining stocks of therapeutic products or providing therapeutic products to Swiss citizens living abroad (Art. 44 EpidA);
- Import/export companies as well as transport companies (Art. 49 EpidA; including the transportation of dead bodies: Art. 46 EpidA);
- "Companies that transport persons by rail, bus, ship or air, airport operators, port operators, railway and bus stations and travel businesses" that are required to cooperate in carrying out officially ordered measures (Art. 47(2) EpidA).

In addition there are actors who receive financial assistance from the federal government (or the cantons). These include, in particular:

- Public and private organisations for measures in the national public interest for detecting, monitoring, preventing and controlling communicable diseases (Art. 50 EpidA);
- Manufacturers of therapeutic products under Art. 44 of the EpidA (Art. 51(1) EpidA); national reference centres and confirmation laboratories (Art. 52 EpidA);
- Other recipients of financial assistance and other financial facilities in accordance with Art. 2 (exercise of political rights), Art. 3 (healthcare provision), Art. 4 (employee protection), Art. 4a (entering the employment market), Art. 5 (foreign nationals and asylum), Art. 6 (cross-border commuters), Art. 8 (company meetings), Art. 10 (security of supply), Art. 11 (cultural sector), Art. 11a (public events), Art, 12 ff. (people affected by hardship), Art. 12a/13 (sports sector), Art. 14 (media sector), Art. 15 (persons affected by loss of earnings), Art. 16 (occupational pension schemes) Art. 17 ff. (unemployment insurance), and Art. 17c (publicly run extra-familial childcare facilities) of the COVID-19 Act.

Finally, mention should be made of the actors to whom the FOPH and the cantonal authorities responsible for the implementation of this Act disclose personal data – including the health data required to prevent the spread of a communicable disease – in accordance with Art. 59 of the EpidA (doctors required to treat communicable diseases; cantonal authorities that carry out tasks related to detecting, monitoring, preventing and controlling communicable diseases; other federal authorities, insofar as it is necessary in order to implement the legislation applied by those authorities).

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A 8 List of legal sources

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