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Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

Evaluation of COVID-19 Crisis Management Until Summer 2021

Opinion of the Evaluation Steering Committee

Bern, April 2022

Background

SARS-CoV-2 reached Switzerland in the first few months of 2020 and presented politics, the economy and society with their biggest challenge for decades. Managing the COVID-19 pandemic has constituted a great challenge for both the international community and Switzerland, and especially for the Federal Office of Public Health (FOPH).

Given the extensive reach of its competence and decisions, the FOPH took the decision at an early stage of crisis management to have a critical, independent assessment conducted of its crisis preparedness and the measures taken. The Evaluation Steering Committee, which includes representatives from the FOPH and the General Secretariat of the Swiss Conference of the Cantonal Ministers of Public Health (GS-GDK) commissioned INTERFACE Politikstudien to review the first period of pandemic management (spring 2020 to summer 2021) and provide scientifically-based responses to the key questions below:

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

Subsequent periods of pandemic management, i.e. the time after summer 2021, were not taken into consideration in this evaluation. The recommendations are thus to be viewed in the light of the situation that prevailed at the time and the level of experience that had been acquired. During the crisis, the FOPH made every effort to continually optimise its crisis management. Certain recommendations made in respect of the evaluation period have thus lost some of their significance, having been taken up and implemented by the FOPH in the course of its pandemic management already.

At this point, it is also important to note that a number of the recommendations are not directed solely at the FOPH but also concern higher-level organisational units and the Federal Council. Hence, not only have gaps in the FOPH's crisis management been identified but fundamental recommendations have also been made for improving the crisis management of the federal government. These do not fall within the FOPH's sphere of influence and must therefore be assessed and implemented by the competent units (in most cases the Federal Council). At the same time, they must be considered in an integral, (content-) coordinated manner with the findings from other ongoing evaluations. The following should be taken into account here, for example:

- *Evaluation of the Federal Chancellery:* At its meeting of 11 December 2020 the Federal Council noted the Federal Chancellery's report on the assessment of crisis management during the first phase of the COVID-19 pandemic and issued various mandates for the improvement of crisis management. The report constitutes the first part of the ongoing overall evaluation of the federal government's management of the crisis. The second phase of the COVID-19 pandemic is currently being evaluated.

- *Evaluation by the Conference of Cantonal Governments (CdC)*: The CdC conducted an assessment of the collaboration between the federal government and the cantons during the first wave of the COVID-19 pandemic. An evaluation of the collaboration during the second wave is currently in progress.
- *Evaluation of the Federal Civil Protection Crisis Management Board (CCMB).* The Federal Office for Civil Protection is reviewing the usefulness of the CCMB in pandemic management and will submit proposals on how crisis organisation at federal level could be organised in future.
- The *Control Committees of the National Council and the Council of States and also the Parliamentary Control of the Administration* have taken up different aspects of the fight against the pandemic and will draw up corresponding reports and recommendations for the attention of the Federal Council.

The recommendations contained in the evaluation are set out in full below. The steering committee's opinion is, however, limited to the areas which fall within its competence and responsibility.

Recommendations from the external evaluation and assessment from the perspective of the Evaluation Steering Committee

In the evaluation, the scientific review conducted of the impact of the crisis and its management on the healthcare system, the economy and the population identified eleven key thematic areas requiring analysis and action, five of which were examined in depth. These were the allocation of responsibilities between federal government and the cantons, the availability and use of digital data, the roles and responsibilities in public communications, the use of expert skills of the stakeholders and the securing of medical treatment capacity during the pandemic.
In their analysis, the authors come to the conclusion that the federal government and the cantons generally responded in an appropriate and – with some exceptions – timely manner to the COVID-19 threat situation and that the challenges were fundamentally well mastered. Despite this, inadequate crisis preparedness and insufficient crisis management considerably impaired the effectiveness and efficiency of the actions taken in certain cases. The authors drew up five overarching recommendations on the basis of their analysis.

The recommendations are set out below and assessed from the perspective of the Evaluation Steering Committee.

Recommendation 1: ***The FOPH and the federal government are recommended to improve their organisational preparedness for the next crisis.***

The FOPH should therefore:
- develop new basic principles for its crisis management,
- strengthen the crisis management skills among its workforce and secure the resources necessary to ensure proactive planning in crisis situations, and
- carry out regular crisis management drills.

The Federal Department of Home Affairs (FDHA) should therefore:
- work 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, EpidA Coordination Body). Based on this clarification, fundamental principles for crisis management should be developed and implemented at federal level. Depending on the crisis management organisation, legislative adjustments might become necessary.

Assessment of Recommendation 1 by the Evaluation Steering Committee
It is undisputed that improvements in crisis organisation were required in all areas of the federal administration at the start of the pandemic – this has not only been recognised in the context of

the present evaluation but was also noted in very similar form in the evaluation of the Federal Chancellery's management of the crisis. Relevant weak points were identified both at federal government level and at the FOPH itself and these must be rectified in future. Suitable measures were, however, put in place in response to this after the first wave already, and a new smoothly-functioning crisis organisation was established until such time as it was disbanded with the return to the normal situation.

The following starting points should be adopted for implementing the improvements in the FOPH's crisis management:

- The FOPH, as a specialist office, remains in charge of preparing decisions both during normal times and in the event of a health crisis. It must therefore adopt a central, leading role in the management of a health crisis. To ensure that the necessary human resources and specialist skills are available during a crisis, the FOPH proposes the designation of specialists in other areas of the administration who can then, rapidly and straightforwardly, be mobilised and integrated in its own crisis organisation (for a limited period of time). The requisite specialists should be available to the FOPH from the areas of HR, communication, legal matters and information technology, for example. During the corona pandemic, the FOPH had to recruit these specialists itself at a time when it already had a very high workload.
- The existing FOPH crisis handbook – which forms the basis for crisis management – will be completely revised as a matter of urgency, setting out the basic principles for organisational and procedural issues.
- The areas of risk and crisis management and also Business Continuity Management (BCM) should similarly be taken up in the framework of this revision. This also tallies with mandates from the first phase of the evaluation of the Federal Chancellery.

Recommendation 2:   The federal government and cantons should regulate healthcare provision in the event of a pandemic within a more binding framework and plan it more holistically.

The FOPH should therefore:
- incorporate its experiences from the pandemic in its deliberations on the future development of health professionals and its discussions on the topic 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 the flexible deployment of qualified healthcare staff in various areas 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 the content of continuing training (e.g., generalist vs. specialist content).

The FDHA should therefore:
- work towards the 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 to 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 falls in the purview of the cantons, which means that overlapping remits between federal government and cantons affect their enforcement.

The FDHA and the Swiss Conference of the Cantonal Ministers of Public Health (GDK) should therefore:

- work towards providing full access to primary healthcare at all times if possible, alongside crisis-specific healthcare. 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.

Assessment of Recommendation 2 by the Evaluation Steering Committee
The issue of healthcare provision emerged as a key point in the management of the pandemic. There are several reasons for this. When the three-phase model[1] was introduced at the latest, measures were geared to capacity utilisation in the healthcare system (essentially the hospitals). The available resources have also repeatedly been a focus of social and political discussions. The supply of (critical) medical goods was inadequate during the first phase of pandemic management but was then rapidly improved.

Work on implementing the recommendation regarding the basic principles has already started in some cases (revision of the Epidemics Act and the national and cantonal pandemic plans). A holistic approach is to be adopted here together with a broader understanding of health. Greater attention should be paid to mental health and the situation in socio-medical institutions, for instance. Several mandates were given to the FOPH in the context of corresponding accepted postulates[2]. Apart from inpatient care, consideration is also to be given to outpatient care and other areas, such as laboratories or the pharmacies, for example.

The availability and security of supply of critical medical goods are indisputably key factors in the provision of healthcare. When it comes to security of supply, various mandates have emerged from the evaluation of the Federal Chancellery's management of the crisis since the end of 2020. The FOPH is responsible for the mandate "Improvement of the supply of medical goods and products" and is currently working on this.
Further mandates with a bearing on security of supply are being processed by other offices (e.g., mandate for the Federal Office for National Economic Supply).

In responding to the recommendation for further development of the healthcare professions, the implementation of the "Nursing Care Initiative" must similarly be addressed. This was adopted by the people and the cantons on 28 November 2021 and is to be introduced in two stages on the basis of the Federal Council decision of 12 January 2022. The first stage involves a training offensive for graduate nursing and the direct billing of certain services by specialist nurses.
When it comes to the topics listed in the recommendation, the second stage offers scope for improvement. This should include, in particular, working conditions commensurate with the requirements, continuous professional development and the skills-based deployment of nursing staff, as well as appropriate remuneration for the nursing services provided. The Federal Council has commissioned the FOPH to submit implementation proposals this year together with the State Secretariat for Economic Affairs (SECO), the State Secretariat for Education, Research and Innovation (SERI) and the Federal Office of Justice (FOJ).

For all the means of improvement set out above, it is important to consider the allocation of responsibilities between the federal government and the cantons and address the mandates accordingly. Regulations must be introduced, such as in the Epidemics Act, in order to secure the requisite binding nature. The pandemic plan in its current form is consensual in nature. A more

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[1] In spring 2021, the Federal Council defined a three-phase model outlining the strategic procedure up to the exit from COVID-19 against the backdrop of an increasing vaccination coverage rate and the introduction of broad and repetitive testing.
[2] Postulates available in French/German/Italian:
21.3234 | Wie steht es um den psychischen Gesundheitszustand der Schweizerinnen und Schweizer?;
21.3457 | Psychische Gesundheit unserer Jugend stärken;
21.3220 | Die Auswirkungen von Covid-19 auf die Gesundheit von Kindern und Jugendlichen;
20.3721 | Alters- und Pflegeheime und Wohnheime für Menschen mit Beeinträchtigungen. Aufarbeitung der Corona-Krise;
20.3724 | Covid-19. Situation für ältere Menschen;
21.3230 | Bericht zu den Auswirkungen auf die Gesellschaft der Massnahmen zur Bekämpfung der Corona-Pandemie und Möglichkeiten zu deren Heilung

binding character must therefore be considered for the pandemic plan. This point has already been taken up as a requested change for the revised version of the Epidemics Act. In addition, when the pandemic plan is revised, it should be clarified with the cantons and the other circles involved whether and in what form more binding requirements or legal bases ought to and could be created in response to this concern.

Recommendation 3:   *The FOPH should collaborate with the cantons and other actors in healthcare provision in advancing the digitalisation of, and data management in, the health sector and in regulating these aspects.*

The FOPH should therefore:
- together with the cantons and other actors within the health sector 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 therefore:
- 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 therefore:
- promote changes to the Epidemics Act that would allow for 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 health information and would not do justice to the fact that such changes will entail infringements of the freedom to conduct a business (e.g., by stipulating a specific data management system be used).

Assessment of Recommendation 3 by the Evaluation Steering Committee
The need for action in this area is clearly acknowledged. The actors, data and competencies in the healthcare sector are highly heterogeneous. On the one hand, a large number of different actors (hospitals, medical profession, homes, laboratories, pharmaceutical industry, etc.) participate in the processes and, on the other hand, all the different levels of government are involved. Added to this comes the fact that health data are highly sensitive data. Great importance must therefore be attached to protecting the data and to data quality.

In January 2022, a "Report on Improving Data Management in the Healthcare Sector" was published.[3] The federal administration is setting out to sustainably improve data management in the healthcare sector through a variety of measures. These include automatic reporting systems between different actors, a concept for the identifiers to be used for individuals and institutions in health registers, and also the configuration of a specialist group comprising the Confederation, cantons and associations for directing and steering joint holistic data management.

Even before the COVID-19 crisis, the FOPH had started work on adapting the reporting systems so that all the partners could be linked in digitally. The measures introduced as of spring 2020 for improving data management were aimed first and foremost at boosting digitalisation of the data procurement, data evaluation and data presentation process steps. To achieve this, it was also necessary to find a means of better networking the individual processes and systems. Since the system landscape is highly complex due to the many actors involved (private service providers,

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[3] Report on the improvement of data management in the healthcare sector (in German)

federal government and the cantons) and the particularly sensitive nature of the data, it was not possible to close all the gaps and implement a sustainable optimum overall solution within this short period of time.

A number of different projects were successfully implemented in the course of pandemic management. These included a major expansion of the reporting systems, the setting up of the dashboard and the implementation of the certificate system. A detailed list of the corrections already put in place can be found in the above-mentioned report on the improvement of data management in the healthcare sector.

Recommendation 4: ***The FOPH, the federal government and the cantons are recommended to 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.***

The FOPH should therefore:
- develop a clear notion of which actors must be included in the preparation of what kind of decision in the event of a crisis,
- cultivate an ongoing dialogue with these actors and define their role in pandemic planning. Both things are designed to increase the quality and hence the effectiveness and acceptance of the decisions to be made – specifically those in the purview of the Federal Council and the cantonal governments,
- also engage in systematic stakeholder management outside times of crisis.

Other federal offices and the cantons should therefore:
- identify unique points of contact for stakeholders in times of crisis.

The federal government should therefore:
- reassess and regulate its collaboration 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.

Assessment of Recommendation 4 by the Evaluation Steering Committee
It is undisputed that crisis management can only be successful if all the relevant partners and stakeholders are involved to a sufficient extent. As far as the tasks and responsibilities of the FOPH are concerned, however, it should be noted that this specialist office can only involve stakeholders on a level-appropriate basis, i.e. at its own "decision-making level". Corresponding processes and forms of organisation must then also be introduced on an overarching basis at the political level in order to allow stakeholders to be involved in a meaningful manner. Relevant findings from the evaluation of the Federal Chancellery are already available on this in the form of recommendations. Initial reports have also been submitted regarding the implementation status of the mandates issued.

From the FOPH's perspective, a great deal of progress was made and lessons learned during the crisis with regard to stakeholder involvement. Hence, collaboration with the scientific task force and the different cantonal conferences and stakeholders, etc. was standardised and integrated in the FOPH's crisis structure and processes. The lessons learned in respect of stakeholder management are being incorporated in an appropriate manner in the revision of the FOPH pandemic plan and crisis handbook.

Even if, over the course of the past months, it has proved possible to successfully inform stakeholders such as the culture, catering or travel sectors in good time – with the support of other federal offices in some cases – and enable them to participate, it will scarcely be feasible to optimally involve all the stakeholders in federal and cantonal crisis organisations in a subsequent crisis. Establishing sustainable collaboration in normal times, however, will make it significantly easier to cope with crises through

existing networks, vessels and contacts. Where possible, therefore, clear (and not just single) points of contact should be mutually established and made known.

With regard to collaboration with the science community, recommendations will be following from other ongoing studies (e.g., Federal Chancellery, Parliamentary Control of the Administration, Science Council, etc.) that can be taken into account and used both by the FOPH and the higher-ranking authorities.

Recommendation 5: *The FOPH is recommended to consider and address health as a holistic challenge even in the event of a pandemic, during both the planning and the enforcement of measures.*

The FOPH should therefore:
- in the same way as for its strategy in the area of non-transmissible diseases, formulate its strategy in accordance with the World Health Organization's (WHO) definition of health (state of complete physical, mental and social well-being) in its pandemic planning and management efforts,
- anticipate indirect effects of health measures early on and consider these to a greater extent in its pandemic planning,
- 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.

Assessment of Recommendation 5 by the Evaluation Steering Committee

The COVID-19 crisis is and will remain first and foremost a health challenge, but all sectors of our society have been impacted by what has happened and by the management of the crisis. In the course of the past two years, it has become clear that direct and indirect effects of the (health) measures implemented have affected society to differing extents. Due attention has been paid to this fact and hence not only representatives from medicine and epidemiology were considered for the membership of the national scientific task force but also representatives from the economy and the fields of ethics and sociology.

People from a wide range of specialist areas were consulted when developing measures to combat the pandemic, and, alongside the effects on the health system, the social and economic impacts were also taken into account. The National Advisory Commission on Biomedical Ethics NCE was thus involved in the configuration of the certificates, for instance, and campaigns for boosting mental health were launched in cooperation with professional societies, while measures in schools were only implemented with great caution and in close cooperation with the Conference of Cantonal Directors of Education so as not to impair the children's well-being.

The FOPH must also define the concept of "health" more broadly in overall terms. Areas "outside" the fight against a communicable disease – such as mental health – are equally relevant and must benefit from greater attention in future.

In preparing for future health crises and revising the national pandemic plan, the FOPH is examining and discussing issues of "generic" pandemic planning. This is based on the "One Health" or "Whole of Society Approach" concepts propagated by the WHO. Experts from the relevant specialist areas are being involved in the work at an early stage.