

After two years of COVID-19 policy in Switzerland it is time for a strategy of the cantons

[Zeit für eine kantonale und -überkantonale Corona-Strategie/

La pandémie a besoin d'une stratégie cantonale et supracantonale]

Rudolf Hauri^a, Martin Pfister^b, Yvonne Gilli^c, Dunja Nicca^d, Andrée Friedl^e, Simon Fuchs^f, Samuel Erny^g, Thomas Plattner^h, Eva Martin-Dienerⁱ, Brian Martin^j.

^a Chief Medical Officer, canton of Zug, Switzerland; President of the Association of the Chief Medical Officers of the Cantons of Switzerland (VKS); ^b Minister of Health of the canton of Zug, Switzerland; ^c President of the Swiss Medical Association FMH, Bern, Switzerland; ^d Epidemiology, Biostatistics and Prevention Institute of the University of Zurich, Switzerland; ^e Infectious Diseases and Hospital Hygiene Unit, Kantonsspital Baden, Switzerland; ^f Chief Medical Officer, canton of Basel-Stadt, Switzerland; ^g Chief Medical Officer, canton of Basel-Landschaft, Switzerland; ^h Chief Medical Officer, canton of Fribourg, Switzerland; ⁱ Epidemiology, Biostatistics and Prevention Institute of the University of Zurich, Switzerland; ^j Military Health Service, Swiss Armed Forces; Epidemiology, Biostatistics and Prevention Institute of the University of Zurich, Switzerland.

On 31 March 2022, the “particular” situation according to the Epidemics Act (Federal Act on the Control of Communicable Human Diseases) ended in Switzerland. Health policy can now again rely on its usual structures and can again define goals and objectives beyond the functioning of emergency services and intensive care units. This allows a change of perspective, abandoning the crisis mode for a more integral health policy.

The first case of the Corona pandemic in Switzerland was reported on 24 February 2020 (illustration 1). Four days later already, the Federal Council as the government of Switzerland declared the “particular” situation according to the Epidemics Act and a ban on all events with more than 1'000 participants. As in other countries, the original goal was to keep the virus from gaining a foothold in the Swiss population. This “suppression” approach failed due to the transmissibility of the virus before the appearance of symptoms as well as due to the great proportion of asymptomatic but nevertheless infectious individuals. On 16 March, the Federal Council declared the “extraordinary” situation, drastic population-based measures were introduced, and the incidence of COVID-19 cases fell within a few weeks. On 19 June 2020, the situation changed back to “particular”. In the following months, this “containment” approach was successful in keeping the case numbers low.

Source incidence data: www.covid19.admin.ch, 17.02.22, 15:30

Source hospital data: Swiss Coordinated Medical Services, 16.02.22, 18:01

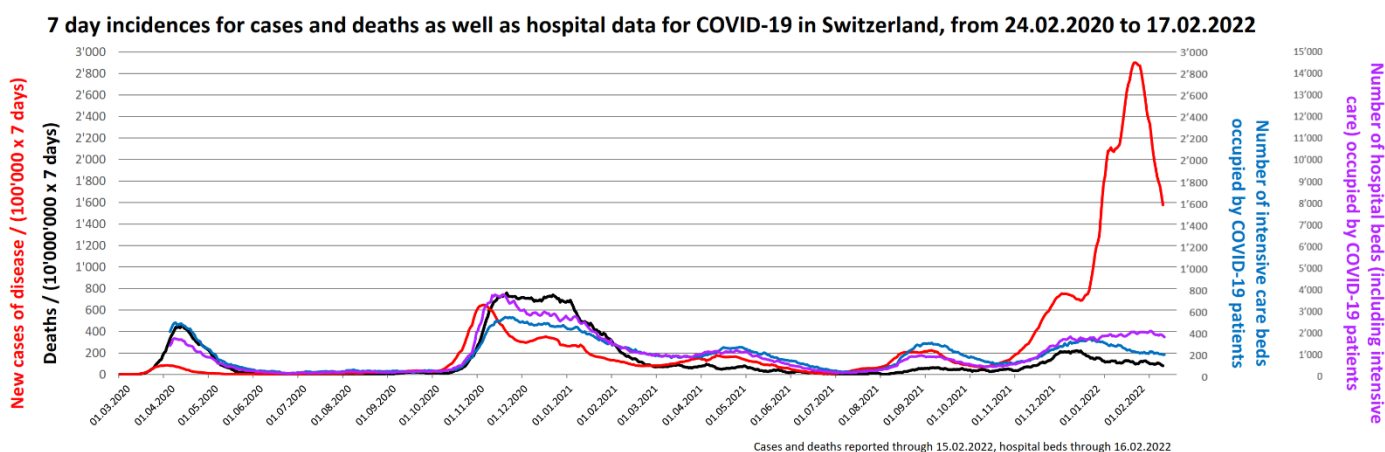


Illustration 1: Development of the COVID-19 pandemic in Switzerland, from the first reported case until 17 February 2022 (source: situation report MEDINTEL of the Military Health Service of the Swiss Armed Forces, 18 February 2022).

However, it failed during the second wave of COVID-19 beginning in October 2020 which became far more serious. During this period, the approach changed to “mitigation” and the aim was reduced to slowing the spread of the disease. This was explicitly stated for the first time on 12 May 2021 in the “three phase model” of the Swiss Federal Government: the first

or “protection” phase with a low vaccination rate is still calling for the need to contain the spread of COVID-19. In the “stabilisation” phase all vulnerable population groups have already been offered the vaccination. In the “normalisation” phase all adults have had the opportunity to be vaccinated. Since then, the public and the political discussion has almost entirely focussed on the stated main goal of the third or “normalisation” phase, which is to avoid the collapse of the health system and mainly of the intensive care units.

Currently the danger of such a development seems to be averted. By reverting from the “particular” to the “normal” situation, there is a transfer of responsibilities back from the federal level to the level of the cantons. Table 1 gives an overview of the distribution of tasks between the different levels according to the Epidemics Act [1, 2].

Distribution of tasks between the Swiss federal administration and the cantons	Epidemiological situation according to the Epidemics Act (Federal Act on the Control of Communicable Human Diseases)					
	Normal situation		Particular situation		Extraordinary situation	
	Role of the canton	Federal role	Role of the canton	Federal role	Role of the canton	Federal role
Control of communicable diseases						
Prevention of communicable diseases	Decision and implementation	Recommendations & campaigns (HIV)	Except for pandemic as normal situation		Except for pandemic as normal situation	
Declaration and reporting of communicable diseases	Implementation	Recommendations	Consultation and implementation	Decision after consultation	Implementation	Decision
TTIQ (Test, trace, isolation and quarantine)						
Vaccinations	Possibility of programmes	Authorisation and recommendations	Consultation and implementation	Decision after consultation	Implementation	Decision
Population-based measures of the cantons (masks, access restrictions, closures)	Decision and implementation	Recommendations				
Federal population-based measures (masks, certificates, access restrictions, closures)	Not planned		Consultation and implementation	Decision after consultation	Implementation	Decision
Therapeutic products (medicinal products and medical devices)	In the context of health services	Standards and authorisation	In the context of health services	Supply and distribution	In the context of health services	Supply and distribution
General tasks						
Health policy	Responsibility	Voluntary collaboration	Except for pandemic as normal situation		Except for pandemic as normal situation	
Health services	Implementation and responsibility	Partially standards (e.g. financing)	For control of communicable diseases as above	For control of communicable diseases as above	For control of communicable diseases as above	For control of communicable diseases as above
Health system surveillance		Partially standards (e.g. qualifications)				
Prevention and health promotion	Decision and implementation	Voluntary collaboration	Except for pandemic as normal situation		Except for pandemic as normal situation	

Table 1 : Distribution of tasks between the Swiss federal administration and the cantons in the control of communicable diseases and in relevant general tasks

After a transition phase, the different players will again assume their roles according to the normal epidemiological situation, and COVID-19 policy will also become a responsibility of the health directorates of the cantons. This opens the opportunity to go beyond the functioning of the critical infrastructure and to include again aspects such as the precautionary principle, quality of life, health care for all and working conditions in the health sector. Outbreak control and vaccinations services can be adapted to the new situation, rules and regulations can be replaced by behavioural recommendations, new social norms can be developed, innovative approaches can be tested, and health services can be tailored to meet demands.

Future actions should be defined by the goals and objectives as they can now be developed for the COVID-19 strategies of the cantons and for their collaboration. As in other diseases, the goals can be to minimise the number of infections and their consequences, to contribute to a sustainable development of health services and to do the same for other aspects of society. These include education, work, culture and leisure, travel and tourism. Last but not least, also at the local level and at the level of the cantons the experiences from the last two years must be used to be better prepared for the pandemic threats of the future.

The complete article has been published on 6 April 2022 in German and in French in the Journal of the Swiss Medical Association. It illustrates these experiences, it recommends possible goals and objectives of a future COVID-19 strategy, and it outlines the development of such a strategy for individual cantons as well as for the collaboration between them.

References

- Office fédéral de la santé publique. Plan suisse de pandémie influenza. 5e édition actualisée. Berne; Janvier 2018. p. 19 (fig 1.3.1).
- Martin B, Klaey H, Müller A, Gügler C, Koepfli A, Gross B, Pfister M, Hauri R. Das Konzept des Kantons Zug für die zweite Welle von COVID-19. Bulletin des médecins suisses 2020; 101:928–32.