



**STOP EPIDEMIC GROWTH
THROUGH LEARNING**

Political measures

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Background and methods

The current COVID-19 pandemic is having a strong impact in everyday life and creating an unprecedented challenge to health and care systems worldwide. Numerous measures to respond to the urgent care needs of those impacted are being taken, while also trying to reduce the long-term impact on vulnerable people, in all ways possible. Since the first cases appeared, countries have developed several strategies, adapted services and a wide range of innovations came up, requiring flexibility, especially to address people's continued care. After the emergency state, a collaborative leadership approach will be essential and working together as a collective, investing in a participatory citizenship, will be key.

The emergency state, the use of teleworking, the social distance, all implied uncovering new methods of work, understanding society's biggest fragilities and will imply changes in work and training, tools and routines that will only be clear in the next months and years. In this process of living "remotely", by far younger generations had an easier adaptation. If, besides age, we address adults with lower qualifications and skills, as it is often the case in the care sector, this is more serious, as they are easily hampered in the search of reliable information due to missing digital skills.

Apart from all the innovations that are being developed and new ways of delivering services, there is the need to prepare bottom-up initiatives that build-up the competences of the professionals in the care sector so that they are prepared to deal with such emergency situations in the future.

STEP_UP intends to develop a training tool for social care professionals, community leaders, informal caregivers and volunteers, where they are introduced to the actual impact of behaviours in the spread of a pandemic/emergency situation. There they can learn about preventive measures, their impacts and different levels – individual, at work, in the family, at state level, among others.

Although there is plenty of information available online, it is difficult to know which one is reliable. Also, there is the need to prepare the right training methods to approach the care sector, in an adequate and engaging way.

The core of this tool will be an educational game but also a Virtual Library was created to allow measures to be shared, consulted and benchmarked..

Besides the other results, a manual on social and policy interventions will be delivered, offering targeted guidelines and insights on early detection, preventive measures, health and social care interventions and policy measures for EU countries.

Based on the desk research to identify measures to stop spreading the epidemic growth that are stored in the Virtual Library ([link](#)), the information from the first round of workshops and

eventual additional publications, each partner of STEP_UP elaborates a thematic report in August 2021.

Each report addresses one of the crosscutting themes to combat epidemic diseases or pandemics such as COVID-19, SARS, Ebola virus or Yellow Fever. The reports will be used to build the Social and Policy Interventions Manual, to be delivered at the end of the project in national languages.

To be sustainable for the future and to detect overarching guidelines to stop epidemic growth, the thematic reports focus on more diseases than COVID-19 only. The length of the report is expected to be 12-15 pages at a minimum.

The crosscutting themes are divided among partners as follows:

Crosscutting theme	Partner
WHO: pandemic and epidemic diseases include among others influenza (pandemic, seasonal, zoonotic), COVID-19, SARS, Ebola, The Plague, Yellow Fever, Cholera	
Early detection: measures, methods and systems available in the partner countries and globally to detect a health emergency virus outbreak before it is widely spread.	AFEdemy
Prevention measures: Limit transmission of COVID-19 – these may be individual or organisational measures. Includes screening (e.g. temperature), washing hands, wearing masks, etc. It is the behaviour itself	SHINE
Healthcare and social care interventions: measures in healthcare organisations, public health, social care	CIPH
Policy measures: Minimize the impact of COVID-19 – these are measures defined / imposed by the government to specific individuals or society. E.g. wearing mask is a preventive measure but the policy measure is the obligation of using mask in the streets. Includes containment, mitigation and suppression measures	ISIS
Communication: governmental, experts communication	WISE

Epidemic diseases and pandemics

Communicable diseases have plagued mankind since time immemorial. In many cases, science has been able to find solutions to keep the spread and burden of these diseases under control. Sometimes, however, a new disease breaks out and increases unexpectedly in the

number of disease cases (epidemic) or there is an exponential disease's growth, mostly affecting several countries and populations (pandemic) before effective solutions are found. The most recent example of such a pandemic is COVID-19.

It is not possible to consider that no other health emergency situations will occur in the future. To enable the target group of adult learners of STEP_UP to be prepared for future outbreaks, this report also focuses on measures on epidemic diseases or pandemics that infested Europe in the past or are compatible to COVID-19 (United States Centers for Disease Control and Prevention)

Black Death/Plague

The Black Death or Plague is a bubonic plague that struck Europe and Asia in many different centuries in the past. The plague caused many casualties: estimations are that about 50% of the populations were killed. The plague is spread by a bacillus that travels from person to person through the air, or by bites of infected fleas and rats. Symptoms are that people are covered with black boils that oozed blood and pus. The disease was very effective: people could go to bed healthy and be dead in the morning. Prevention from the plague is to make the environment rodent-proof, avoid skin contact and control fleas on pets. Plague vaccines are in development but are not expected to be commercially available in the immediate future.

1918 H1N1 / Spanish Flu

The 1918 H1N1 flu pandemic, sometimes referred to as the "Spanish flu," killed an estimated 50 million people worldwide. Mortality was high in people younger than 5 years old, 20-40 years old, and 65 years and older. An unusual characteristic of this virus was the high death rate it caused among healthy adults 15 to 34 years of age. At that time there was no vaccine to protect against influenza infection and no antibiotics to treat secondary bacterial infections. Control efforts were limited to interventions such as isolation, quarantine, good personal hygiene, use of disinfectants, and limitations of public gatherings.

SARS-CoV

Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. The illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained. Since 2004, there have not been any known cases of SARS reported anywhere in the world. In general, SARS begins with a high fever (temperature > 38 degrees Celsius). Other symptoms may include headache, discomfort and body aches. Some people also have mild respiratory symptoms at the outset. Most patients develop pneumonia. SARS is spread by close person-to-person contact and droplets spread by air.

2009 H1N1 / Mexican Flu Pandemic

In 2009 an influenza (flu) virus emerged that had never been seen before in humans. This virus contained a unique combination of influenza genes not previously identified in animals or people. The United States Center for Disease Control and Prevention estimated that 150,000-575,000 people worldwide died during the first year the virus circulated. 80 percent of these deaths were estimated to have occurred in people younger than 65 years of age. This is quite different from typical seasonal influenza epidemics, during which about 70-90 percent of the deaths are estimated to be people older than 65. An effective vaccine is available and many younger people were vaccinated in 2010.

MERS

Middle East Respiratory Syndrome (MERS) broke out in 2012 and is an illness caused by a virus (more specifically, a coronavirus) called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). Most MERS patients developed severe respiratory illness with symptoms of fever, cough and shortness of breath. About 3 or 4 out of every 10 patients reported with MERS have died. MERS-CoV can be spread through close contact, such as caring for or living with an infected person. Preventive measures are washing hands, cover mouth and nose with a tissue, avoid personal contact and clean and disinfect frequently surfaces.

Introduction to the measures

At the start of the Stop epidemic growth through learning (STEP_UP) project, partners performed a desk research to identify measures that are used or recommended to stop the spreading of epidemic diseases or pandemics. The identified measures are categorised and stored in the virtual library on the project website.

The measures are categorised as follows:

- **Early detection:** Measures, methods and systems available in the partner countries and globally to detect a health emergency virus outbreak before it is widely spread.
- **Prevention measures:** Limit transmission of COVID-19 – these may be individual or organisational measures. Includes screening (e.g. temperature), washing hands, wearing masks, etc. It is the behaviour itself.
- **Healthcare and social care interventions:** Measures in healthcare organisations, public health, social care.
- **Policy measures:** Minimise the impact of COVID-19 – these are measures defined or imposed by the government to specific individuals or society. E.g. wearing mask is a preventive measure but the policy measure is the obligation of using mask in the streets. Includes containment, mitigation and suppression measures

- **Communication:** Governmental and experts' communication towards the general public.

Based on this categorisation of measures and additional information, each project partner prepared a thematic partner report. The reports will become part of the manual on social and policy interventions, Intellectual Output 2 of the project. The manual will target adult learners that work as professionals in municipalities and welfare organizations as well as social and health care providers, mainly those in auxiliary positions and lower skills. Additionally, volunteers in associations, initiatives, and other community organisations will be provided with options and strategies to contribute for public awareness.

This report focuses on the description of political measures coping with pandemic situations. The measures are gathered from the CoronaNet database on government responses to the coronavirus for 195 countries by more than 500 researchers. At the time of reporting, it contained more than 60.000 entries providing the most comprehensive and granular documentation of governmental policies in the world. One exemplary measure for 18 policy areas is presented here with a focus on Croatia, Germany, the Netherlands, Portugal and Spain as STEP_UP partner countries as well as the European level. Many of the presented examples are either good practices or cover particularly interesting aspects of a certain policy area.

As the description of political measures should not only refer to the COVID-19 (though the overall majority of measures were applied for the first time while fighting this virus), they are also scrutinised for validity in other pandemics that occurred in Europe (at more than one limited area) since 1950. These pandemics included different types of influenza viruses, SARS-CoV and SARS-CoV2 (COVID-19), but also AIDS and cholera. While influenza and coronaviruses may easily spread via aerosols, the AIDS virus needs the exchange of relatively high amounts of body fluids, mostly during sexual intercourse, using the same needle for drug consumption or during pregnancy. Cholera is usually transferred by unclean drinking water or nutrition.

One of the most important lessons learned from the recent COVID-19 pandemic is that preparedness is key. Countries having experienced a considerable amount of SARS-CoV or Ebola cases in previous decades – South Asia and West Africa – seem to have been better prepared for specific precaution measures and behavioural needs than Europe (Corona-in-Zahlen.de). Thus, in the conclusive paragraph, specific emphasis is given to the importance for country to update their pandemic preparedness plans in compliance with the regulations of the European Centre for Disease Prevention and Control, an agency of the European Union.

Measure 1: Establishment of a task force

Tasks forces are used in critical situations to concentrate expertise in one body, to elaborate recommendations for measures to investigate the crisis and remedy its causes, to take on the

coordination in crisis management and to communicate the developments to the crisis squad. This measure can be implemented by giving new powers to an existing government entity or by establishing a new body, bureau etc.

The establishment of task forces is not related to a specific pandemic. The task force has no specific target group but is directed at specific tasks for which it is designed.

Task forces that are composed of experts from all relevant areas can work more effectively on solutions for critical situations than if these tasks are performed in a decentralised way. Their work can impact all areas related to the crisis. Notably, interinstitutional task forces mostly focus on coordination, research and development activities rather than crisis management.

Example: On 10th September 2020, the WHO and European Commission launched the Facilitation Council to strengthen global collaboration of the coronavirus response. The aim is to encourage the development and deployment of vaccines, tests and treatments against COVID-19 as well as to improve health systems.¹

Measure 2: Declaration of emergency

A state of emergency is a situation in which a government is empowered to be able to put through policies that it would normally not be permitted to do, for the safety and protection of their citizens. A government can declare such a state during a natural disaster, civil unrest, armed conflict, medical pandemic, epidemic or other biosecurity risk.

The declaration of emergency is not related to a specific pandemic. The target group of this measure encompasses the entire population of the country.

Measures declared in a state of emergency can be more effective when they are tailored to specific local or regional conditions. However, also if only temporary, they may violate civil rights that are guaranteed in the country's constitution. Their Impacts can cover all areas: the individual situation of humans, economy, inclusion, social relations, and others.

Example: As of March 2020, Dutch mayors have the option of enacting an emergency byelaw to initiate enforcement activities more easily and more quickly. Mayors may also designate areas, like parks, beaches or neighbourhoods, where people are not allowed to gather. The authorities may act against groups of 3 or more people who do not all maintain a distance of 1,5 metres from each other. This does not apply to children or to people in the same household, such as families.

¹ All examples, if not stated otherwise, were taken from the CoronaNet Database: <https://www.coronanet-project.org/>

Measure 3: External border restrictions

The closure of borders within the EU is contradicting the principle of the free movement of citizens, goods and services and it is hence only applied under extraordinary conditions. Besides the closure of external frontiers of the EU, examples for border restrictions are the ordered completion of travel history forms, visa restrictions, the extension of visa validity, health screening and the proof of health certificates.

External border restrictions have been considered useful to decelerate the spread of viruses. Target groups are usually foreigners.

External border restrictions do not only cause difficulties for tourists but also for cross-border commuters and households in the EU. They can impact on the whole economy or certain sectors (e.g. long-term care or agriculture) if the restrictions cover goods or sectoral related labour-markets for workers from other EU countries or outside the EU (e.g. long-term care or agriculture).

Example: As of 13 March 2020, the Portuguese government prohibits disembarkation and shore leave of passengers (only foreign travelers) and crews of cruise ships (except for cruise ships docked for the purposes of maintenance and supply) at national ports.

Measure 4: Internal border restrictions

Internal border restrictions can apply to regions within one country with an especially high prevalence of a disease. The inhabitants of these regions who want to enter other regions with less infections can be prompted not to leave their district or fulfil certain conditions.

Again, internal border restrictions have been applied to decelerate the spread of viruses. The target group of this measure are persons from regions with a high number of infections.

Internal border restrictions reduce mobility and/or facilitate the tracing of infected persons. Although these measures can protect the health of non-infected persons, they can cause hardships for social and professional relations as well as the tourist sector.

Example: As of 26 June 2020, the State of Lower Saxony (Germany) implements a ban on accommodation for people who have their primary residence or permanent residence in the districts of Gütersloh or Warendorf in the State of North Rhine-Westphalia. Visitors are denied entry if they cannot present a negative corona test not older than two days.

Measure 5: Quarantine

Quarantine can take the form of self-quarantine at home, quarantine at a government facility, in a hotel or any other non-governmental facility.

Quarantine measures are useful if diseases are usually transferred between humans (hence, this is not the case of cholera). Target groups of quarantines are persons who are infected or whose infection cannot be outruled, e.g. foreign travellers entering a country or persons who have been in contact with an infected person.

As a result of the measure, after a certain time, when the person is still healthy or not infectious any more, safety can be assumed for people in the environment. Quarantine impacts on the well-being of the person concerned but reduces health risks for others.

Example: Effective as of 15 May 2020, travellers arriving in Spain from other countries are required to quarantine at their home or place of accommodation for the 14 days immediately following their arrival. During the mandatory quarantine period the home or accommodation can only be left to shop for food, medications or other basic necessities, to seek medical assistance, or in other very limited emergency circumstances. This all-encompassing quarantine is lifted for the EU, Schengen member states and a list of approved third countries on 21 June 2020. Valencia, however, is revoking quarantine requirements on all travellers arriving from Algeria, Australia, Canada, Georgia, Japan, Montenegro, Morocco, New Zealand, Rwanda, Serbia, South Korea, Thailand, Tunisia, Uruguay and China after this date.

Measure 6: Lockdown

Due to the COVID-19 pandemic, non-pharmaceutical interventions colloquially known as lockdowns have been implemented in numerous countries and territories around the world. They are generally understood as stay-at-home orders with exceptions only in defined cases. By April 2020, about half of the world's population was under some form of lockdown, with more than 3.9 billion people in more than 90 countries or territories having been asked or ordered to stay at home by their governments. Although similar disease control measures have been used for hundreds of years, the scale seen in the 2020s is thought to be unprecedented.

Lockdowns can be a useful measure if life-threatening pathogens are spread via aerosols. Target groups are the general public, but people of certain ages or with certain health conditions can also be specifically addressed by this typology of measure.

Although lockdowns are effective at reducing the spread of COVID-19, unintended side-effects include increases of mental health issues, the bankruptcy of firms and losses of jobs and

income. UN Women warned in an April 2020 report that pandemic restrictions exacerbate gender inequalities and have also led to an increase in domestic violence.

Lockdowns impact all spheres of life, the economy, cultural activities and even the well-being of individuals. Vulnerable population groups are hit especially hard, e.g. care home residents who are not allowed to meet family and friends or refugees who are the first to be excluded from a labour-market under strains.

Example: On 14 April 2020, the National Government of Spain announces that the entire population of the country (around 47 million) will be confined to a lockdown to curb the spread of COVID-19. Citizens can leave their homes only to buy groceries and pharmaceutical products, go to the bank or hospital, take care of dependent persons, or walk the dog. Additionally, while on the street, they must be unaccompanied at all times, and while they can go to work, most workplaces are to be closed to the public. As of 2 May 2020, fixed timetables regulate leaving the home for non-essential physical exercise. People who need special attention and people aged 70+ can go out between 7-8 pm accompanied by one person. The outing has to take place within one km from home with a distance of 2 meters from other people. Adults and teenagers aged 14 and over can go out for physical activities once a day between 6 am and 10 am or between 8 pm and 11 pm. In villages with less than 5000 inhabitants the different time frames don't apply, everyone can go out under the same conditions between 6 am and 11 pm.

Measure 7: Night-time curfews

Night-time curfews were used as a somewhat less restrictive measure in fighting the COVID-19 pandemic than complete lockdowns. Night-time curfews were imposed all over different countries of the world, e.g. USA, France, Germany or Argentina.

Night-time curfews have been expected to decrease meetings of people and decelerate the spread of the virus. The measure targets the whole population in a given area with few exceptions.

The public debate around night curfews is heated. They are strong governmental interference in civil rights with positive impacts on public health yet to be finally proven. First study results suggest that night curfews are not an effective measure to limit virus transmission when various other intervention measures are already imposed (De Haas et al, 2021).

Example: On Saturday 23 January 2021, a night-time curfew comes into force throughout the Netherlands. Everyone has to stay inside between 21.00 and 4.30. The aim is to delay more infectious new variants of the coronavirus from gaining the upper hand for as long as possible (Government of the Netherlands).

Measure 8: Reinforcement of hygiene measures

Hygiene measures include personal precautions like not touching one's face, keeping distance and wash hands as well as cleaning and disinfecting surfaces. These measures can be applied, among others, in public or commercial areas, in public transport or during burial procedures.

Hygiene measures are useful in all kinds of pandemics, including cholera and AIDS. Target groups are the population in general.

Results of these measures are slowing the spread of the pandemic. Hygiene measures have strong impacts on public health and protect individuals from infections.

Example: On 4 March 2020 the Croatian Institute for Public Health issues recommendations regarding the disinfection of ambulance vehicles and sanitary vehicles - buses, trains, ships and aircraft - as well as recommendations for carrying out transport activities.

Measure 9: Restrictions on mass gatherings

Restrictions on mass gatherings can take, for example, the form of cancelling or postponing annually recurring events or commercial events, or by reducing the prison population by early release.

Restrictions on mass gatherings can be useful in pandemics with virus spreads via aerosols (hence not AIDS or Ebola), for which mass gatherings offer especially good conditions. The target group of this measure are all residents of one country.

Restrictions on mass gatherings have impacts mainly in the field of leisure activities.

Example: On 15 March 2020, the Portuguese government prohibits events with more than 100 people and alcohol consumption on the street. As of 4 May 2020, gatherings of more than 10 persons are prohibited.

Measure 10: Enforcement of social distancing

Social distancing can be enforced in all public but also private spaces, the inside of public or commercial buildings, health or social care provision, public transportation etc. in terms of limiting the number of visitors, it usually involves keeping a defined distance from each other, while also wearing masks or applying other safety measures.

Social distancing can be applied in pandemics caused by virus spread via aerosols. It usually applies to the whole population and can be further specified for especially vulnerable groups.

Keeping distance effectively prevents viruses to spread. While technical solutions like wearing masks have proven to have no or only mild impacts in the everyday life of people, social distancing measures in the case of nursing homes banning direct contact at all had traumatic effects on the residents, especially when living with dementia or in the process of dying.

Example: In the Netherlands, as of 18 August 2020, the government strongly advises people to limit the number of guests they receive at home to a maximum of six (excluding children under 13). This includes both indoors and in outdoor spaces. Guests should be asked whether they have any symptoms and if so, they should not attend. People should always stay 1.5 metres away from each other.

Measure 11: Restriction and regulation of governmental functions and public services

Regulated governmental functions may refer to issuing or processing documents, governmental meetings, e.g. the suspension of parliament, governmental working hours or work from home offices. Public services subject to regulation are, among others, libraries, museums, galleries, parks, campsites, beaches and waste management services.

The restriction and regulation of governmental functions and public services can be considered to reduce the spread of influenza and SARS-CoV viruses. Target groups of the measure are civil servants, employees and persons in honorary or voluntary governmental functions as well as the broad public using these functions, services and establishments.

As a result of the restriction and regulation of governmental services and functions, contacts in public spaces are decreased. Consequently, the spread of the virus decelerates. Some governmental functions can be easily transferred to digital procedures, but the restriction of services means hardships for population groups who are depending on it.

Example: On 19 March 2020, the government of Croatia orders the closing of libraries, museums, and galleries to limit the spread of COVID-19. As of April 27, libraries, museums and galleries are permitted to reopen again.

Measure 12: Closure and regulation of schools

Children and youth seldomly show symptoms of COVID-19 but can greatly contribute to the spreading of the virus. The closure and regulation of schools, including preschool or childcare facilities (up to 5 years), primary schools (5 – 10 years), and secondary schools (10 – 18 years). Learning can be complemented, among others, through home schooling, alternating online and on-site teaching to smaller groups of pupils or by purchasing equipment for air cleaning.

The restriction and regulation of schools can be considered to reduce the spread of influenza and SARS-CoV viruses. Target groups of the closure and regulations of schools are children and youths, as well as their families.

The measures contribute in maintaining the health of the target group, however they also hold high emotional burdens for children and youth by being deprived of the company of others, as well as an overload on their parents in taking on tasks of home schooling, often in combination with work in home office. Closures and regulating measures limit the spread of the virus but they can be emotionally exhausting for children and youth as well as mentally and physically exhausting for parents.

Example: On 20 April 2020, the government of Lower Saxony (Germany) orders preschools, schools and universities to close until further notice. “Emergency care” in small groups - both in schools and childcare facilities - is provided for children whose parents work in critical infrastructure. This includes workers in the medical, health and governmental sector, police, firefighters, emergency relief services and penal system. This special measure also involves children of people facing severe hardship, for instance threat of layoff and substantial loss of income.

Measure 13: Restriction and regulation of businesses

Measures to restrict or regulate business usually differentiate between essential and non-essential businesses. Related measures have been developed, among others, for supermarkets, grocery stores, pharmacies, retail businesses, shopping centres, personal grooming businesses (like hair salons), construction, telecommunication, information services, mining and quarrying, warehousing and support activities for transportation. Businesses that remain open usually have to apply rules, such as a maximum number of clients, a minimum distance between persons, offer products for disinfection and hygiene (i.e., hydroalcoholic gel) and ensure the obligation to wear masks.

The restriction and regulation of businesses can be considered to reduce the spread of influenza and SARS-CoV viruses. Target groups of the measure are business owners, their staff and their clients.

By restricting gatherings in potentially crowded places, the spread of the virus is decelerated. The measure impacts on the targeted businesses in a way that can cause crises for their owners, and it imposes shortages in certain products and services for clients. Hence, political measures concerning relief to businesses often include financial assistance to business owners, employees or self-employed workers in the targeted economic areas. The European Commission has invested into SURE loans that assist Member States in addressing sudden increases in public expenditure to preserve employment following the coronavirus pandemic.

Specifically, they help to cover the costs directly related to the financing of national short-time work schemes and other similar measures. Overall, 19 EU Member States are due to receive a total of €94.3 billion in financial support under SURE, following approval by the Council of the European Union based on a Commission proposal.

Example: As part of its declaration of emergency, the Spanish government on 14 March 2020 suspends the opening to the public of retail establishments with the exception of retail commercial establishments for food, beverages, products and basic necessities, pharmaceutical establishments, medical, optical and orthopaedic products, hygienic products, hairdressing salons, newspapers and stationery, automotive fuel, tobacconists, technological and telecommunications equipment, pet food, internet commerce, telephone or correspondence, dry cleaners and laundries. Any other activity or establishment that in the opinion of the competent authority may pose a risk of contagion is suspended.

Measure 14: Health monitoring

Health monitoring in this context is the regular collection of data on relevant components of health and its determinants in the population in general or specific sub-groups, aimed at informing the public health policy process. Health components are considered to be relevant if they cover issues of major public health importance, in terms of numbers and trends, geographic spread, costs and health impact. The documented data form the basis for health-related political decisions and policymaking.

Health monitoring is not related to specific pandemics. Target groups can be people of a specific age, in specific health conditions, in other specific contexts (e.g. inbound travellers from other countries) or the general public.

Health monitoring results in an enhanced understanding of the spreading dynamics and evolution of diseases. It can also be used for practical purposes such as tracing contacts of infected persons. Its main impacts involve a more effective protection of the population in general and treatment of patients according to state-of-the-art practices and equipment developed through previous observation.

Example: On 7 April 2020, a Corona Register documenting patients affected by COVID-19, the treatment methods and the risks for vulnerable groups is initiated by the government of Rheinland-Pfalz (Germany) and the Institut for Cardiovascular Research in Ludwigshafen.

Measure 15: Promotion of health testing

Health testing and self-testing is crucial in times of pandemics to avoid the spreading of pathogens through the identification and treatment of affected individuals. Its promotion must include the availability and affordability of tests.

Measures to promote health testing are not related to specific pandemics. Target groups of the promotion measures are medical organisations, professions and individuals.

Promotion measures result in a rising number of tests that are performed. Health testing promotes the early detection of infections and the decrease in the spread of diseases.

Example: In December 2020, The European Commission adopted new measures to enable member states to relieve EU hospitals, medical practitioners and individuals of Value-Added Tax (VAT) when acquiring coronavirus vaccines and testing kits.

Measure 16: Investments in health resources

The prevention and treatment of the disease are most important in each pandemic. Public financial resources may be spent to procure urgently needed safety gears, vaccines etc. but also the funding of research to counter the disease and its impacts. Health resources include masks, hand sanitisers, personal protective equipment, test kits, ventilators, medicine, drugs, vaccines, other health materials, hospitals, doctors, nurses, health volunteers, other health staff, health insurance, health research facilities, public testing facilities, temporary medical centres or other health infrastructure.

The provision of health resources is not related to specific pandemics. Target groups are medical institutions and professions, patients and the general public.

The provision of health resources results in enlarged capacities for the prevention of the disease and the treatment of patients. Optimally, available health resources lead to reducing restrictions and regulations of economy, social life and personal relations.

Example: As of 20 March 2020, hospital beds are being installed in Zagreb's Arena concert hall for hospital patients who are not in a serious condition. Their transfer will be organised, if necessary, to free up hospital capacities for coronavirus patients.

Measure 17: Public awareness measures

Public awareness measures include gathering and disseminating information related to a pandemic that is reliable and factually accurate.

Public awareness measures are important in each pandemic. Target groups are the whole population or groups with specific information needs.

Knowledge about the disease and measures that are compulsory or can be taken voluntarily by individuals result in risk adverse and cautious behaviours and diminish the risk of random infections. Hence, the awareness measures have impacts on the public and individual state of health.

Example: On 26 March 2020, the National Authority for Emergency and Civil Protection (ANEPC), in collaboration with the General Directorate of Health (DGS) of Portugal, is sending a warning to the population by SMS, in order to inform citizens about the risk situation related to the COVID 19 pandemic.

Measure 18: Anti-disinformation measures

Pandemic-related misinformation and disinformation started shortly after the outbreak of the coronavirus. According to European Commission Vice-President Vera Jourava "The COVID-19 pandemic has been accompanied by an unprecedented 'infodemic,'" said. False claims included statements according to which the virus was spread as a pretext for forced mass vaccination; another one allegedly reported that the pandemic is a way for Microsoft founder Bill Gates, working together with the EU, to monitor people (DW). Anti-disinformation measures are meant to counter such conspiracy theories.

Disinformation strategies are to be found in all pandemics. Target groups of countermeasures are conspiracy theorists, members of online platforms, people with certain health conditions, other specific population groups and the general public who is to be informed about incorrect information.

Anti-discrimination measures counter false claims and equip individuals with arguments against conspiracy narratives. Such measures contribute to the perpetuation of trust in medical and democratic systems, and they help to raise the number of persons who are ready to be vaccinated.

Example: In September 2020, the European parliament set up a special committee that seeks to detect and combat foreign cyberattacks distributing misinformation regarding COVID-19. The European Commission asked online platforms to work closely with independent fact-

checkers and provide monthly reports on their efforts to combat fake news. According to the European Commission, positive results have already been seen.

Good practice

Good practices in political measures are strongly dependant on the particular phase of a pandemic (i.e., outbreak vs. exit measures) and of a specific context. A good practice strives to be adequate on one side and balance intended effects against negative side-effects, on the other side.

On one hand, saving lives is certainly a priority goal. On the other hand, it is important to carefully consider and put into action any measure that can mitigate damage in other areas – especially the violation of human or civil rights and the raise of social inclusion and poverty risks.

Said that, it is particularly controversial to highlight any of the above-described measures as a good practice *per se*.

However, what emerges is that all measures intended to increase preparedness against a health emergency are of utmost importance. Pandemic preparedness plans exist at international, national and regional levels as well as for certain sectors, such as companies, hospitals, medical practices and pharmacies. Information has been gathered – besides national resources – on the COVID-19 Health System Response Monitor run by the WHO, the European Commission and the European Observatory on Health Systems and Policies. Particular countries can be selected to access up-to-date information on health system responses and other public health initiatives related to the COVID-19 crisis.

In addition to that, the European Centre for Disease Prevention and Control (ECDC) provides information and practical tools for pandemic preparedness planning. Given the background that pandemics affect a large proportion of the population and require a multisectoral response over several months or even years, this is a continuous process with several key elements:

Figure 1. Key elements of the pandemic preparedness planning cycle



The preparedness planning should take the following approach:

- “Pandemic preparedness, response and evaluation should be built on generic preparedness platforms, structures, mechanisms and plans for crisis and emergency management.
- To the extent possible, pandemic preparedness should aim to strengthen existing systems rather than developing new ones, in particular components of national seasonal influenza prevention and control programmes.
- New systems that will be implemented during a pandemic should be tested during the inter-pandemic period.
- Adequate resources must be allocated for all aspects of pandemic preparedness and response.
- The planning process, implementing what is planned, testing and revising the plan in order for key stakeholders to familiarise themselves with the issues at hand, may be even more important than the pandemic plan itself.

- Pandemic response requires that business continuity and surge capacity plans be developed for the health sector and all other sectors that could be affected by a pandemic to ensure sustained capacity during a pandemic.
- The response to a pandemic must be evidence-based where this is available and commensurate with the threat, in accordance with the IHR. Planning should be based on pandemics of differing severity while the response is based on the actual situation determined by national and global risk assessments.
- Not all countries will be in a position to contribute to global risk assessment, nor conduct evaluations such as pandemic vaccine effectiveness. They must all have the capacity to access and interpret data for risk assessment provided by WHO, ECDC, and from other countries or sources.” (ECDC Website, 2021)

To facilitate the work on pandemic preparedness, ECDC provides helpful information and guidelines, such as a [list of national pandemic preparedness plans](#), a [guide for the revision of national preparedness plans](#), an [assessment tool for influenza pandemic preparedness plans](#), and national examples for [business continuity planning](#).

Conclusions and recommendations

Triggered by the COVID-19 pandemic, the WHO, the European Commission, the European Observatory on Health Systems and Policies, the European Centre for Disease Prevention and Control, the CoronaNet project, the national governments and many other organisations provide thousands of government responses to pandemic situations. Although for the purpose of this report a selection was made relative to political measures in the countries of the consortium partners and at European level, there is still a vast number of sources that can be exploited.

There is no easy answer in terms of recommendations on how to cope with a pandemic by means of political measures. An important criterion for good practice is the balance between the task to protect the population as a whole and more vulnerable groups in particular, and at the same time ensuring that civil rights are maintained as far as possible. Political measures must be based on trust to be accepted and hence effective. Transparency is another key for a successful implementation of political measures in the context of a pandemic as it helps to maintain basic trust.

Being and staying prepared for pandemic emergencies is an important task at national policy level. The outbreak of COVID-19 has found many European countries unprepared. In March 2020, when more experienced countries had already taken effective measures against the spread of the virus, European Health Ministers still shook hands in meetings, and the president of a public health institute assumed “that the virus is not spreading very widely around

the world” (Correctiv, 2021). At that time, effective measures were assumed to be a special characteristic of authoritarian regimes, such as China, Singapore or Vietnam, where mass testing to identify and separate infected persons or electronic tracing were applied. However, other countries such as New Zealand and Australia also implemented effective measures with locally restricted lockdowns and drastic penalties in cases of breaches. Nonetheless, it is important to stress that these positive examples have also been influenced by special framework conditions (i.e., a low density of population).

Overall, regardless the specific context, it is highly important that every country assess their approaches, evaluate the impacts and stay prepared for future pandemics that are highly likely to occur.

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