



STOP EPIDEMIC GROWTH THROUGH LEARNING

**Survey for the evaluation of COVID-19 measures in the framework of
the european STEP_UP project**

Tablebook

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Willeke van Staalduinen, Javier Ganzarain, Jonas Bernitt (AFEdemy)

Table of Content

1. Introduction.....	3
2. Demographic characteristics of the sample N = 133.....	4
3. Social measures	6
3.1 Preventive measures (N=76)	6
3.2 Tracing Apps (N=71)	10
3.3 Quarantine (N=69).....	13
3.4 Anti disinformation measure (N=65).....	16
3.5 Incorporate societal values, emotions, and stories (N=64).....	20
3.6 Prioritise autonomy and safeguarding of rights instead of order (N=60)	24
4. Healthcare measures.....	28
4.1 Contact tracing (N=50)	28
4.2 Preventive testing (N=42).....	32
4.3 Cancellation or restriction of less urgent services or treatments (N=38)	35
4.4 Preventive measures (N=34)	37
4.5 Plans to increase space and staff and training for employees performing unfamiliar tasks. (N=32)	41
4.6 Establish a COVID-19 station (N=30)	44
4.7 Nurture trust in public health communication (N=28).....	47
5. Political measures.....	50
5.1 Building a taskforce (N=7)	50
5.2 Mandatory testing (N=5)	52
5.3 Lockdown (N=5).....	54
5.4 Institutionalize communication (N=5).....	56
5.5 Fostering public engagement (N=3)	58
5.6 Vaccination measures (N=3).....	60
6. Open questions.....	62

1. Introduction

The overall goal of the STEP_UP project is to create an interactive training tool to identify possible responses to a pandemic outbreak and assess their impact on society and the spread of disease. STEP_UP means "Stop Epidemic Growth Through Learning". The aim of the STEP_UP survey was to learn more about the perspectives and professional experiences of people working with the COVID-19 outbreak. Pandemic measures collected in deskresearch should be evaluated directly by users and affected parties in order to identify deficits and possible improvements. In total, recommendations and critiques were collected on 18 different measures against the virus.

Structure

The questionnaire is divided into three blocks: The first section asks for the demographic characteristics of the participants (place of residence, age, level of education, job). In order to specifically address the target group of learners about the measures that affect them, the fourth question of the demographic part serves as a filter question and defines whether the participants evaluate social care measures, healthcare measures or political measures. Depending on the chosen job position, the respondents have to answer 6 questions on 6-7 measures each.

Therefore, the second block deals specifically with the measures to which the group of learners is exposed because of their position. It consists of closed questions, which are categorized as yes/no-, ranking questions in form of a Likert scale from -2 to 2 (0 as neutral) and a few open questions to express any comments or suggestions for improvement towards the listed interventions. In the last question of the section, the respective measures could also be assigned to the different pandemic phases.

The third and final section asks whether the participants want to add more information. It consists of two open questions and gives respondents the opportunity to report on further measures that were not addressed in the questionnaire. In addition, supplementary thoughts on the COVID-19 measures can be shared.

Conducting the survey

The targeted survey was sent to the different target groups by the STEP_UP partners via an online link. In addition to the predominant online responses, there were also a few printed questionnaires that were filled in and subsequently fed into the data. The quantitative approach had the advantage that in the current pandemic situation significantly more people could be reached and the risks of personal contact could be minimised. Participation in the survey was voluntary and anonymous. The questionnaire was carried out between January and March 2022.

Sample and presentation

Before analysing the data, 18 responses were deleted that answered only the demographic part. The final sample size includes 133 persons. Respondents who accidentally chose the wrong job title were also reassigned to the correct groups. The presentation of the data is mostly done through cross-tabulations, which distinguish the different tendencies and statements of the target groups (job positions). The Likert scales in the first two questions for each measure are scored from -2 (strongly negative) to 2 (strongly positive). The weighted average can therefore reach a minimum of -2 and a maximum of 2.

2. Demographic characteristics of the sample N = 133

Q1 In which country are you currently located?

	%	N
Portugal	8,3%	11
Netherlands	31,6%	42
Italy	2,3%	3
Spain	3,0%	4
Croatia	32,3%	43
Germany	9,0%	12
Other country (please specify)	13,5%	18
Total		133

Other countries: Swiss, Latvia, Greece, Montenegro, Slovenia, Norway, Romania, Bulgaria, Turkey, Albania, Israel, Austria, Bosnia and Herzegovina, USA, Australia

Q2 What is your age? (divided by country)

	18-24		25-34		35-44		45-54		55-64		65+		N
Portugal	0,0%	0	36,4%	4	27,3%	3	36,4%	4	0,0%	0	0,0%	0	11
Netherlands	0,0%	0	0,0%	0	9,5%	4	19,0%	8	64,3%	27	7,1%	3	42
Italy	0,0%	0	33,3%	1	33,3%	1	0,0%	0	33,3%	1	0,0%	0	3
Spain	0,0%	0	0,0%	0	75,0%	3	0,0%	0	25,0%	1	0,0%	0	4
Croatia	0,0%	0	55,8%	24	34,9%	15	7,0%	3	2,3%	1	0,0%	0	43
Germany	25,0%	3	8,3%	1	8,3%	1	8,3%	1	0,0%	0	50,0%	6	12
Other country	0,0%	0	22,2%	4	16,7%	3	33,3%	6	16,7%	3	11,1%	2	18
Total	2,3%	3	25,6%	34	22,6%	30	16,5%	22	24,8%	33	8,3%	11	133

Q3 What is your highest educational qualification?

	%	N
No school-leaving qualification	0,0%	0
Elementary school diploma	0,0%	0
Secondary school diploma	1,5%	2
High school diploma	8,3%	11
Completed vocational training	13,5%	18
Bachelor	20,3%	27
MA/MSc	35,3%	47
PhD	21,1%	28
Total		133

Q4 What is your Job? (divided by country)

	Volunteer		Healthcare Professional		Public Health Worker		Municipality Official		Social Care Worker		Other (please specify)		Total
Portugal	0,0%	0	0,0%	0	45,5%	5	0,0%	0	9,1%	1	45,5%	5	11
Netherlands	9,5%	4	31,0%	13	0,0%	0	4,8%	2	7,1%	3	47,6%	20	42
Italy	0,0%	0	33,3%	1	33,3%	1	33,3%	1	0,0%	0	0,0%	0	3
Spain	0,0%	0	0,0%	0	0,0%	0	25,0%	1	0,0%	0	75,0%	3	4
Croatia	0,0%	0	32,6%	14	25,6%	11	4,7%	2	32,6%	14	4,7%	2	43
Germany	41,7%	5	8,3%	1	8,3%	1	8,3%	1	33,3%	4	0,0%	0	12
Other country	5,6%	1	11,1%	2	5,6%	1	0,0%	0	0,0%	0	77,8%	14	18
Total	7,5%	10	23,3%	31	14,3%	19	5,3%	7	16,5%	22	33,1%	44	133

Other positions: Researcher (10x), Professor at Faculty (6x), Financial (3x), Docent (3x), Social Innovation Projects Coordinator, I+D, AV Producer, RDI NGO employee, Academician, Management of independent living facilities, Marketing, freelancer in communication, Adviseur, HR, Self-employed entrepreneur, Officer, Engineer, IT, Moderator, HearingCoach, social media employee

3. Social measures

3.1 Preventive measures (N=76)

Preventive measures such as wearing masks, social distancing, cleaning surfaces and washing and disinfecting hands regularly can be a big help in preventing the spread of the virus or protecting people themselves. These measures are to prevent the spreading of the disease by human contact.

3.1.Q1 How effective do you think the mentioned measures were in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Volunteers	0,0%	0	0,0%	0	0,0%	0	100,0%	10	0,0%	0	10	1
Social care workers	0,0%	0	13,6%	3	0,0%	0	86,4%	19	0,0%	0	22	0,7
Others	0,0%	0	2,3%	1	9,1%	4	65,9%	29	22,7%	10	44	1,1
Total	0,0%	0	9,4%	4	9,4%	4	90,6%	58	13,0%	10	76	1

3.1.Q2 How were the measures accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Volunteers	0,0%	0	0,0%	0	10,0%	1	80,0%	8	10,0%	1	10	1
Social care workers	0,0%	0	27,3%	6	13,6%	3	40,9%	9	18,2%	4	22	0,5
Others	0,0%	0	6,8%	3	11,4%	5	50,0%	22	31,8%	14	44	1,1
Total	0,0%	0	11,8%	9	11,8%	9	51,3%	39	25,0%	19	76	0,9

3.1.Q3 What was the positive outcome by implementing the measures? (divided by job position)

Volunteers (8 answers):

- So far none of my friends got COVID...
- less spread of the virus.
- Stepwise reduction and weakening of the virus.
- Less infections I think.
- A little more security in everyday life.
- Safe feeling, awareness of the danger.
- Real risk minimisation and promotion of risk awareness.
- Mutual protection against infection.

Social care workers (13 answers):

- People staying at home when they are sick.
- The classic flu is gone.
- Less infections.
- Prevention for health.
- Focus on that, what really matters.
- They did not get all infected at the same time/ by the same person.
- Potential reduction in the number of patients, primary at risk groups; more lives saved.
- Less fear.
- Fewer team failures with single infections (2x)
- Gladly failures in the team in case of single infections.
- Prevented or delayed the spread of the virus.
- On job we got no Corona infection.

Other profession (32 answers):

- Flattening infections.
- Contain the pandemic.
- Reduction of Covid cases.
- Less cases/ infections. (x9)
- Prevention of the disease. (x4)
- Awareness. (x4)
- That others become cleaner at themselves.
- We have been safe during the first to the fifth wave. With the sixth (Omicron) the mentioned measures worked not so good.
- Before the current variant this was the way to prevent infection, and indeed we saw fewer sick residents and it was possible to stop the infection chain.
- People felt safer. Otherwise, we do not know as we did not apply a control group.
- Distance seems right to me and the rest is a bit exaggerated.
- If properly applied, less dispersion.
- No disease symptoms in my own environment.
- Raising awareness and possibly preventing the spread of the virus.
- Feeling saver.
- No flu.

3.1.Q4 Would you have changed anything in applying the measures? (divided by job position)

	Yes		No		N
Volunteers	60,0%	6	40,0%	4	10
Social care workers	54,6%	12	45,5%	10	22
Others	36,4%	16	63,6%	28	44
Total	44,7%	34	55,3%	42	76

3.1.Q5 If yes, what would you change in applying the measures? (divided by job position)

Volunteers (5 answers):

- More information on details.
- Information, which is better adapted to the level of the average Dutchman.
- Preventing too frequent use of the same masks.
- Only those vaccinated 3 times should travel on public transport.
- supplementary air purifiers should be installed

Social care workers (10 answers)

- No lockdowns and such strict measures.
- The effect of discrimination.
- More strict measures for people who don't apply the measures.
- In open child and youth work, two years of wearing a mask is a too long period of time.
- There should be an obligation for all.
- Less restrictions on social events; do not close restaurants, cafes; possibility of choice.
- Stop wearing masks.
- Free PCR test from the government. (x3)

Other profession (14 answers):

- Attention for people with hearing impairments such as transparent mouthguards or putting down mouthguards when communicating, distance 1.5m is difficult for people with hearing impairments / Corona screens in shops.
- Using FTPII type mask because the "standard" ones doesn't work fine to prevent infections.
- More flexibility upon the economy sector.
- Transparent masks or arrange for the hearing impaired to have their masks lowered for a short period of time by keeping their distance.
- More explanations to different target groups as many people have fear and then they resist to wear masks etc.
- I would never use all those anti-bacterial lotions and sprays.
- Communication, communication, communication.
- I would put the quick tests to regular use.
- Not wearing a mask.
- Rules should be more flexible.
- There should be an obligation to follow the rules.
- Outside fewer measures should be used.
- Measures should be Introduced much more consistently and kept constant. It kept changing...
- Better /clearer explanations on how masks work.
- Avoid crowded places.

3.1.Q6 When would you recommend to start applying the measures? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Volunteers	10,0%	1	30,0%	3	50,0%	5	10,0%	1	0,0%	0	0,0%	0	10
Social care workers	22,7%	5	22,7%	5	40,9%	9	4,5%	1	4,5%	1	4,5%	1	22
Others	2,3%	1	25,0%	11	56,8%	25	11,4%	5	2,3%	1	2,3%	1	44
Total	9,2%	7	25,0%	19	51,3%	39	9,2%	7	2,6%	2	2,6%	2	76

3.2 Tracing Apps (N=71)

Installing tracking apps has the advantage that possible contact with infected persons can be detected at an early stage. The app can determine certain dangerous areas based on the data collected about infected and non-infected persons. In addition, it recognises when one has been in the vicinity of an infected person.

3.2.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Volunteers	0,0%	0	30,0%	3	40,0%	4	20,0%	2	10,0%	1	10	0,1
Social care workers	19,0%	4	23,8%	5	23,8%	5	33,3%	7	0,0%	0	21	-0,3
Others	20,0%	8	50,0%	20	20,0%	8	10,0%	4	0,0%	0	40	-0,8
Total	16,9%	12	39,4%	28	23,9%	17	18,3%	13	3,2%	1	71	-0,5

3.2.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Volunteers	0,0%	0	10,0%	1	20,0%	2	60,0%	6	10,0%	1	10	0,7
Social care workers	4,8%	1	38,1%	8	33,3%	7	14,3%	3	9,5%	2	21	-0,1
Others	27,5%	11	30,0%	12	22,5%	9	20,0%	8	0,0%	0	40	-0,7
Total	16,9%	12	29,6%	21	25,4%	18	23,9%	17	4,2%	3	71	-0,3

3.2.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Volunteers (7 answers):

- We did not have an App like this in Greece.
- Slightly less spread of the virus.
- More responsibility on the part of ordinary people in fighting the virus.
- People know if they have been with an infected person.
- Faster isolation of infected persons.
- Feeling safer in dealing with others.
- At least promotion of risk awareness. Now convenient proof of vaccination (in germany).

Social care workers (9 answers):

- Faster diagnosis.
- People staying at home when they are sick.
- More information.
- Very low risk of infection or less people infected.
- It's easy.
- Fewer team failures with single infections. (2x)
- I never heard of it before.
- A way to protect yourself.

Other profession (10 answers):

- That people are warned in time.
- No flu.
- I don't think there is one... (x2)
- Nothing positive. Gave unease.
- At the beginning of the epidemic only groups that encountered a patient could be isolated. In the disease state of the current variant, these investigations have no significance
- Slowing down the spread of infection.
- Easier to track potential infections. (2x)
- To take the situation seriously.

3.2.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Volunteers	50,0%	5	50,0%	5	10
Social care workers	28,6%	6	71,4%	15	21
Others	47,5%	19	52,5%	21	40
Total	42,3%	30	57,7%	41	71

3.2.Q5 If yes, what would you change in applying the measures? (divided by job position)**Volunteers (4 answers):**

- More information about the functions.
- Making the app more user-friendly. (x2)
- With verified data protection, record more parameters of the encounter e.g. encounter "outdoor" and "indoor" duration.

Social care workers (6 answers):

- Obligation for all.
- Less battery consumption.
- The apps are hardly used by the young people.
- More free PCR tests from the government. (2x)
- I don't know what I would change because this has to do with the acceptance of the population. Maybe the way it was publicised.

Other profession (18 answers):

- App did not work well.
- Creating a better app version. (2x)
- More communication about the App and how it works. (4x)
- There should be an obligation to use for all.
- Do not apply anymore. Has not been proven effective.
- Better privacy implementation and explanation of mechanisms applied.
- I would do a campaign to raise awareness of the people who were found to be sick about the importance of informing the places they were in.
- Make an app that works - Maybe less reliance on bluetooth for reliability.
- Do not use it again until it works.
- Making it more accessible for people abroad.
- Should be abolished.
- Make the app more specific if possible.
- There is far too much emphasis on the app.

3.2.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Volunteers	10,0%	1	20,0%	2	60,0%	6	10,0%	1	0,0%	0	0,0%	0	10
Social care workers	23,8%	5	28,6%	6	19,0%	4	4,8%	1	4,8%	1	19,0%	4	21
Others	5,0%	2	17,5%	7	27,5%	11	17,5%	7	2,5%	1	30,0%	12	40
Total	11,3%	8	21,1%	15	29,6%	21	12,7%	9	2,8%	2	22,5%	16	71

3.3 Quarantine (N=69)

Quarantine measures are useful if diseases are being transferred between humans. Target groups of quarantines are persons who are infected or persons who have been in contact with an infected person. After a certain period and given the person is still healthy or not infectious any more, safety can be assumed for people in the environment.

3.3.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Volunteers	0,0%	0	0,0%	0	20,0%	2	60,0%	6	20,0%	2		
Social care workers	5,3%	1	10,5%	2	0,0%	0	68,4%	13	15,8%	3	19	0,8
Others	0,0%	0	2,5%	1	5,0%	2	55,0%	22	37,5%	15	40	1,3
Total	1,4%	1	4,3%	3	5,8%	4	59,4%	41	29,0%	20	69	1,1

3.3.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Volunteers	0,0%	0	0,0%	0	40,0%	4	30,0%	3	30,0%	3		
Social care workers	0,0%	0	15,8%	3	10,5%	2	57,9%	11	15,8%	3	19	0,7
Others	0,0%	0	5,0%	2	5,0%	2	65,0%	26	25,0%	10	40	1,1
Total	0,0%	0	7,2%	5	11,6%	8	58,0%	40	23,2%	16	69	1,0

3.3.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Volunteers (6 answers):

- No further infections. (2x)
- Stopped spread at a time when we had no vaccine.
- Less spreading. (2x)
- Feeling more secure in dealing with others.

Social care workers (8 answers):

- Less spread of the virus. (4x)
- Containing the virus.
- Fewer team failures with single infections.
- No more infections. (2x)

Other profession (28 answers):

- Reducing the number of infections. (8x)
- Less dispersion of the virus. (13x)
- Not so positive - Many people suffered psychical.
- Feeling safer, if people are isolated.
- That others abide it and we have never come into contact with it.
- Quarantine prevents infection. A general quarantine for the entire population has been found to be ineffective over time and certainly in the current variant situation.
- Delay in the dissemination of the virus.
- 7 days of free time.
- Controlled spreading of the virus.

3.3.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Volunteers	30,0%	3	70,0%	7	10
Social care workers	21,1%	4	78,9%	15	19
Others	27,5%	11	72,5%	29	40
Total	26,1%	18	73,9%	51	69

3.3.Q5 If yes, what would you change in applying the measures? (divided by job position)**Volunteers (4 answers):**

- Better information on how and when the Quarantine should be conducted.
- Better control over the people in quarantine and free self-testing.
- Better control of compliance with the rules.
- Faster decisions to those affected, more consistent monitoring of compliance - even if both require personnel.

Social care workers (3 answers):

- Clearer rules on Quarantine, clearer communication by working group.
- There should be no quarantines.
- More free PCR tests from the government.

Other profession (11 answers):

- Contact investigation difficult in implementation.
- The measure is not being applied now because of monetary interest, but it should be applied again to save lives.
- A general quarantine of the whole population has had more detrimental consequences for mental health, chronic diseases, obesity, etc.
- Quarantine is only effective when people adhere and there is at least some level of control and oversight.
- Better support of people put in quarantine by the institutions, especially ones living alone.
- The two-week quarantine was too long.
- Less restrictions for people from abroad who are not infected.
- There should have been an obligation and the people should not only do it by themselves.
- Do not isolate infected roommates, just keep distance and stop direct contacts. There should be no quarantine but a daily self-test.
- Improve the communication of the rules in the quarantine.
- This measure needs to follow the pandemic study and to be updated accordingly.

3.3.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Volunteers	0,0%	0	20,0%	2	60,0%	6	20,0%	2	0,0%	0	0,0%	0	10
Social care workers	15,8%	3	26,3%	5	31,6%	6	15,8%	3	10,5%	2	0,0%	0	19
Others	2,5%	1	22,5%	9	47,5%	19	22,5%	9	0,0%	0	5,0%	2	40
Total	5,8%	4	23,2%	16	44,9%	31	20,3%	14	2,9%	2	2,9%	2	69

3.4 Anti disinformation measure (N=65)

An important action within a pandemic is to prevent the spreading of false information. This can be done at the governmental level as well as at the individual level. In contact with other people, it can help to build trust, based on reliable information. In some cases, it can also help to report personal fates or problems in the pandemic in order to disillusion possibly entrenched world views.

3.4.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all		Not quite effective		Neutral		Effective		Very effective		N	Weighted average
	-2	-1	0	1	2							
Volunteers	10,0%	1	30,0%	3	20,0%	2	40,0%	4	0,0%	0	10	-0,1
Social care workers	5,9%	1	52,9%	9	17,6%	3	17,6%	3	5,9%	1	17	-0,4
Others	5,3%	2	39,5%	15	10,5%	4	28,9%	11	15,8%	6	38	0,1
Total	6,2%	4	41,5%	27	13,8%	9	27,7%	18	10,8%	7	65	0,0

3.4.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
	-2	-1	0	1	2							
Volunteers	0,0%	0	0,0%	0	60,0%	6	40,0%	4	0,0%	0	10	0,4
Social care workers	0,0%	0	29,4%	5	47,1%	8	17,6%	3	5,9%	1	17	0,0
Others	2,6%	1	7,9%	3	44,7%	17	31,6%	12	13,2%	5	38	0,4
Total	1,5%	1	12,3%	8	47,7%	31	29,2%	19	9,2%	6	65	0,3

3.4.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Volunteers (5 answers):

- Slowed down spread. (3x)
- Confirmation of those already convinced of the measure, almost no impact on those with other world views.
- Nothing, there was a lot of disinformation.

Social care workers (6 answers):

- People staying home when they are sick.
- Real science information was given to the people.
- People believed in science.
- Public trust in institutions.
- At first the communication was good, it helped to calm people down and not to panic. I was ready to follow instructions but later it made no sense a lot of times.
- I honestly don't know how I would do better because it's not my area, but I honestly find it deplorable that people spread false information and believe influencers or bad newspapers more than the health professionals in our country. I think that even so in Portugal we don't have that problem because the population believes in our professionals and so I think they are good at following the rules or going to get vaccinated on their own initiative.

Other profession (14 answers):

- Reliable information could be collected. (2x)
- Helped me to have a better understanding of the situation.
- To react positively.
- People are well informed.
- No argumented debates anywhere on mainstream media.
- False information cannot be prevented.
- More people are vaccinating.
- There was nothing positive.
- It's easy to find information.
- More awareness.
- More knowledge. (2x)
- Norway only had low levels of disinformation that had to be countered.

3.4.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Volunteers	60,0%	6	40,0%	4	10
Social care workers	35,3%	6	64,7%	11	17
Others	44,7%	17	55,3%	21	38
Total	44,6%	29	55,4%	36	65

3.4.Q5 If yes, what would you change in applying the measure? (divided by job position)

Volunteers (7 answers):

- More information to public to blot out the disinformation campaigns - on all the media. They introduced them late.
- There should have been more information about wrong information.
- Better consultation with local government and residents.
- Government must be more active in providing reliable information.
- It would have been very important to provide better information on social media much earlier.
- Analyses should be based on relevant, clear and with indisputable data.
- Supplement with campaigns. This could be done in connection with vaccination. Basically, be careful with the choice of words used by politicians and scientists. Prevent to make absolute statements. The virus is changeable.

Social care workers (6 answers)

- In today's society, combating disinformation is not possible, I think because of the extensive use of social media.
- There should have been more information through the mass media.
- Government forbids gatherings but has their own like gatherings for the elections and such right in the beginning. They should have been an example, I would have changed that.
- Measure was low, only false information was all over online.
- More relevant and true information from the start, instead of changing opinions and information about virus as time was passing.
- You should inform yourself personally, digitally at all levels.

Other profession (15 answers):

- The measure was applied too late and too weakly.
- Government in Spain had not giving right information:
 1. They let the population believe that vaccination should work as a standard vaccine but this was not the truth.
 2. With the Omicron the authorities did'nt recommended to the citizenship fast enough that they should only use FFPII type face masks and stop using the "standard" surgical ones. More flexibility upon the economy sector.
- This issue was too politicized. Experts should be the ones making evidence-based decisions.
- There should have been much more communication.

- There were a lot argued debates with only one side represented. Ensuring objective studies and arguments instead of political opinions.
- The Informations were not believed by anti-vaxers... This should be changed.
- There should have been stronger information actions by the government.
- There should have been more clarity from the national health institutions.
- Actively combating disinformation and more clearly explaining the how and why of measures.
- You can never stop disinformation, but keep on spreading the right, clear, understandable information. Not letting too many 'experts' do the talking.
- Provide better information: Share not only the conclusion but also the data and how everything was done.
- Information should be supported with figures. Per age group: how many in the hospital, in the ICU, mortality, etc...
- More application of the measure and a clearer strategy.
- Broadening the public debate. Listen to all sides.
- Avoid radicalism when giving new information. This passes the wrong message.

3.4.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Volunteers	10,0%	1	30,0%	3	40,0%	4	20,0%	2	0,0%	0	0,0%	0	10
Social care workers	11,8%	2	41,2%	7	35,3%	6	0,0%	0	5,9%	1	5,9%	1	17
Others	7,9%	3	39,5%	15	36,8%	14	13,2%	5	2,6%	1	0,0%	0	38
Total	9,2%	6	38,5%	25	36,9%	24	10,8%	7	3,1%	2	1,5%	1	65

3.5 Incorporate societal values, emotions, and stories (N=64)

It is important to respect different cultural beliefs and values to connect to the identity of the people. As such, one can appeal to the collective good or report stories that strengthen public cooperation while talking an empathetic approach, acknowledging concerns and avoid stigmatisation.

3.5.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
	%	Count	%	Count	%	Count	%	Count	%	Count		
Volunteers	0,0%	0	30,0%	3	50,0%	5	20,0%	2	0,0%	0	10	-0,1
Social care workers	6,3%	1	31,3%	5	31,3%	5	25,0%	4	6,3%	1	16	-0,1
Others	5,3%	2	21,1%	8	26,3%	10	34,2%	13	13,2%	5	38	0,3
Total	4,7%	3	25,0%	16	31,3%	20	29,7%	19	9,4%	6	64	0,1

3.5.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
	%	Count	%	Count	%	Count	%	Count	%	Count		
Volunteers	0,0%	0	0,0%	0	60,0%	6	30,0%	3	10,0%	1	10	0,5
Social care workers	0,0%	0	18,8%	3	56,3%	9	25,0%	4	0,0%	0	16	0,1
Others	0,0%	0	7,9%	3	50,0%	19	26,3%	10	15,8%	6	38	0,5
Total	0,0%	0	9,4%	6	53,1%	34	26,6%	17	10,9%	7	64	0,4

3.5.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Volunteers (4 answers):

- It became a political case against the government and pharmaceutical companies.
- Less dispersion of the virus. (2x)
- Nothing, for those who don't want to incorporate the values.

Social care workers (4 answers)

- People reacting when they are not feeling well and staying at home.
- People could apply the measure in everyday life.
- More common information for the people.
- Again, I don't really think that we have this problem in a significant way in Portugal because people believe, for the most part, in health professionals.

Other profession (15 answers):

- A bigger sense of solidarity led to better support for the other measures. Unfortunately, this worked in the beginning of the pandemic, but hardly later.
- Not sure those values were implemented. (2x)
- It supports trust of all target groups.
- Disillusioned some people.
- That people feel personally addressed.
- Raising awareness, disseminating knowledge and raising public confidence in information.
- More people are vaccinating.
- Better information.
- Less mistrust in the measures.
- It's about us not the others.
- Education is an urgency to get a positive outcome.

3.5.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Volunteers	60,0%	6	40,0%	4	10
Social care workers	12,5%	2	87,5%	14	16
Others	39,5%	15	60,5%	23	38
Total	35,9%	23	64,1%	41	64

3.5.Q5 If yes, what would you change in applying the measures? (divided by job position)

Volunteers (7 answers):

- Be open about costs - if the government can be. Explain the huge costs to health system and lack of danger from vaccine.
- Give the people more information before talking about values.
- More dialogue with local authorities and residents.
- Very much.
- Highlighting the importance of social interaction earlier.
- I would love to, but there are no convincing ideas. The different camps have unfortunately become quite entrenched in their respective corners and are convinced of their own truth.
- The unintelligent splitters must not cause division in society. Legitimate concerns should be normal (boosted person speaks).

Social care workers (1 answer)

- Make the values and trust more visible.

Other profession (12 answers):

- The problem was that rights and obligations did not go hand in hand. The emphasis was on personal rights, rather than on common good.
- This should have been given much more attention and priority. More room for all shades of grey. Instead of acknowledging that there are two flavours. For and against. The division in society is unfortunately greater than before.
- It is important to attribute responsibility to journalists and newspaper in spreading information not reliable.
- Entire populations with a different cultural background were not, or hardly reached as the vaccination campaign showed. Targeted education through educational, cultural and religious institutions would have helped.
- More clarity in how this values can be incorporated.
- From now on, inform everyone clearly in all possible ways and know that measures are never supported by everyone, do not keep harping on about it and develop other solutions.
- Everybody should be treated the same way.
- Better designing and defining the communication.
- Faster deployment of the own people.
- Changing the narrative about the pandemic.
- Broadening the public debate.
- Better preservation of people freedoms.

3.5.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Volunteers	10,0%	1	20,0%	2	50,0%	5	20,0%	2	0,0%	0	0,0%	0	10
Social care workers	18,8%	3	37,5%	6	18,8%	3	6,3%	1	12,5%	2	6,3%	1	16
Others	21,1%	8	26,3%	10	34,2%	13	18,4%	7	0,0%	0	0,0%	0	38
Total	15,4%	12	28,1%	18	32,8%	21	15,6%	10	3,1%	2	1,6%	1	64

3.6 Prioritise autonomy and safeguarding of rights instead of order (N=60)

One way to stimulate voluntary compliance is to recognise that individuals are best placed to judge the appropriateness of their own behaviour. Thus, the communication measures should consider a set of guidelines/principles that citizens can choose to deliberately follow for the societal good.

3.6.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Volunteers	10,0%	1	10,0%	1	50,0%	5	30,0%	3	0,0%	0		
Social care workers	0,0%	0	42,9%	6	14,3%	2	42,9%	6	0,0%	0	14	0,0
Others	11,1%	4	33,3%	12	22,2%	8	27,8%	10	5,6%	2	36	-0,2
Total	8,3%	5	31,7%	19	25,0%	15	31,7%	19	3,3%	2	60	-0,1

3.6.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Volunteers	0,0%	0	0,0%	0	80,0%	8	20,0%	2	0,0%	0		
Social care workers	0,0%	0	28,6%	4	42,9%	6	28,6%	4	0,0%	0	14	0,0
Others	2,8%	1	13,9%	5	36,1%	13	38,9%	14	8,3%	3	36	0,4
Total	1,7%	1	15,0%	9	45,0%	27	33,3%	20	5,0%	3	60	0,3

3.6.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Volunteers (4 answers):

- less dispersion.
- It became a mess.
- Nothing, for those who don't want to incorporate these values.
- One would assume that individuals can judge the appropriateness of their own behaviour. I am not so sure. Sometimes clear orders can make life easier for many people.

Social care workers (4 answers)

- No positive outcome.
- Democratisation and civil rights.
- No restrictions.
- In the case of Portugal, I say again that I think we have complied well with the rules. However, I think that people's freedom ends when they can put the lives of others at risk. I sincerely believe that people should be obliged to get vaccinated to minimize the risks and not put the population, especially the elderly at risk.

Other profession (11 answers):

- One part of the population voluntarily chose to support the measures, but the other did not.
- In the Netherlands, the culture is to make your own choices.
- There is nothing positive if you are reducing rights in the name of the global society (even if you need to do it).
- Nothing.
- People feel their rights are respected.
- Self-responsibility is more sustainable.
- When there is increased pandemic there is no other way than to trust the public.
- More people become aware of the seriousness of the disease.
- Did not cause any unrest in my surroundings.
- More freedom.
- Making people aware of their own responsibility and scope for action.

3.6.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Volunteers	50,0%	5	50,0%	5	10
Social care workers	35,7%	5	64,3%	9	14
Others	30,6%	11	69,4%	25	36
Total	35,0%	21	65,0%	39	60

3.6.Q5 If yes, what would you change in applying the measures? (divided by job position)

Volunteers (6 answers):

- Open discussion between supporters and opponents.
- Better consultation with local authorities.
- Just clear, simple rules for everyone.
- Clearer structures for the common good.
- Clear instructions- yes, well explained, well and simply communicated and easy for all to understand.
- The main thing is to decide: Mandatory vaccination yes/no. Voluntariness due to appeals does not drive the vaccination rate fast enough.

Social care workers (4 answer)

- More order and less rights.
- No mandatory vaccination for entering work or shops.
- More restrictions.
- Compel the vaccination of all, defending the idea that people's rights end when they put the lives of others at stake.

Other profession (11 answers):

- After the first wave, I would not have gone for voluntary vaccination, but I would have introduced mandatory vaccination after the vaccine became available. I am convinced that we would then have emerged from the pandemic sooner.
- Avoid creating and spreading the "fear" as a way to control society, as most of the governments did in the pandemic.
- This was not the case in our country. Restrictions were enforced instead of recommended.
- The society has become too individualised and COVID-19 has emphasised that. Most people have no knowledge on infectious diseases etc, so they do not have complete and up--to date understanding of the situation. So one's own judgement cannot be trusted in such cases as a pandemic. Experts should be listened to.
- Give more space to take own responsibility instead of prohibitions and commandments.
- Treating every person with respect and dignity.
- Not do it.
- From now on, inform everyone clearly in all possible ways and know that measures are never supported by everyone, do not keep harping on about it but develop other solutions.

- There are too many people incapable of judging that others are better able to judge their behaviour. So more rules and/or better enforcement.
- More emphasis on own responsibility and action perspectives.
- Nothing, for those who don't want to incorporate these values.

3.6.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Volunteers	20,0%	2	30,0%	3	30,0%	3	20,0%	2	0,0%	0	0,0%	0	10
Social care workers	7,1%	1	21,4%	3	50,0%	7	0,0%	0	14,3%	2	7,1%	1	14
Others	16,7%	6	25,0%	9	36,1%	13	16,7%	6	2,8%	1	2,8%	1	36
Total	15,0%	9	25,0%	15	38,3%	23	13,3%	8	5,0%	3	3,3%	2	60

4. Healthcare measures

4.1 Contact tracing (N=50)

Contact tracing is the process of identifying, assessing and managing people who have been in contact with a disease. Contact tracing is to prevent onward transmission.

4.1.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Healthcare professionals	0,0%	0	29,0%	9	6,5%	2	58,1%	18	6,5%	2	31	0,4
Public health workers	0,0%	0	5,3%	1	21,1%	4	68,4%	13	5,3%	1	19	0,7
Total	0,0%	0	20,0%	10	12,0%	6	62,0%	31	6,0%	3	50	0,5

4.1.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Healthcare professionals	0,0%	0	16,1%	5	16,1%	5	64,5%	20	3,2%	1	31	0,5
Public health workers	0,0%	0	21,1%	4	15,8%	3	57,9%	11	5,3%	1	19	0,5
Total	0,0%	0	18,0%	9	16,0%	8	62,0%	31	4,0%	2	50	0,5

4.1.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Healthcare professionals (15 answers):

- In work and private environment almost no infections. (2x)
- Strengthening personal responsibility towards other people.
- It was effective initially, but uptake was inadequate.
- People washing hands. (4x)
- People who had contact with infected persons were put in quarantine and worked with personal protective equipment later.
- Decline in number of hospitalisation. (2x)
- Less spreading of the disease. (2x)
- Training of using modern technology.
- Little decrease in number of cases.

Public health workers (9 answers):

- Control of transmission, clarify doubts to people who had difficult access to healthcare.
- Transmission of the disease was prevented to a certain degree.
- Slowing down the spread rate. (2x)
- The possibility of early identification of possible cases.
- When the incidence is low, the transmission chains are really stopped.
- Less new cases of infection.
- Betterment – survival.
- We think it has helped to track cases and encourage isolation in situations that people would otherwise not know about, because they are strangers. This was essentially for trips to the Portuguese islands. Since there was no adhesion on national territory that justifies another response.

4.1.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Healthcare professionals	45,2%	14	54,8%	17	31
Public health workers	52,6%	10	47,4%	9	19
Total	48,0%	24	52,0%	26	50

4.1.Q5 If yes, what would you change in applying the measures? (divided by job position)

Healthcare professionals (10 answers):

- Older people should be vaccinated mandatory. (2x)
- I would have improved engagement of stakeholders, communication and information campaigns were inadequate weak and generalistic.
- Mandatory vaccination for age ≥ 65 , no vaccination for young population except with comorbidities. No restrictions on public sectors.
- Deploy more people at health authorities to speed up source and contact investigation.
- Separate at risk People for shopping etc with time management.
- Specific time for 60+ to go to magazine and so on. Separate the people at risk and youth.
- More use of media.
- I would test everyone who enters the hospital (vaccinated or not vaccinated). (2x)
- Maybe in situation of high level spread of infection and increase in active cases and local transmission (eg. omicron variant) this measure has no effect so it shouldn't be applied.

Public health workers (6 answers):

- More standardized and automated, more clear information available online and offline.
- The amount of personnel tracking contacts. (3x)
- Not much effective when incidence is as high as now in Europe.

- This measure is better in theory than in practice. For example, when people travelled to the islands, which are still part of Portugal, they used the apps. However, until the tests of the people they were traveling with and who had been infected came out, people had already been sightseeing and could have already transmitted it to other people. It is an effective measure, but not very rigorous. Another issue that happened was that people felt that they would lose their privacy. Here I would suggest a greater incentive to use it other than just for travel use.

4.1.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Healthcare professionals	6,5%	2	41,9%	13	48,4%	15	3,2%	1	0,0%	0	0,0%	0	31
Public health workers	5,3%	1	36,8%	7	47,4%	9	10,5%	2	0,0%	0	0,0%	0	19
Total	6,0%	3	40,0%	20	48,0%	24	6,0%	3	0,0%	0	0,0%	0	50

4.2 Preventive testing (N=42)

Preventive testing is used to detect individuals with infections before symptoms appear.

4.2.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Healthcare professionals	4,2%	1	25,0%	6	16,7%	4	41,7%	10	12,5%	3	24	0,3
Public health workers	0,0%	0	5,6%	1	5,6%	1	72,2%	13	16,7%	3	18	1,0
Total	2,4%	1	16,7%	7	11,9%	5	54,8%	23	14,3%	6	42	0,6

4.2.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Healthcare professionals	0,0%	0	29,2%	7	12,5%	3	41,7%	10	16,7%	4	24	0,5
Public health workers	0,0%	0	11,1%	2	22,2%	4	61,1%	11	5,6%	1	18	0,6
Total	0,0%	0	21,4%	9	16,7%	7	50,0%	21	11,9%	5	42	0,5

4.2.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Healthcare professionals (7 answers):

- I have noticed a few times that its operation detected people.
- Containment of virus spreading to frail subjects.
- No imposition of obligation.
- Prevention of the spread of COVID-19.
- If someone knows he is infected, he will stay at home. This is especially useful before someone develops symptoms.
- Smaller number of cases.
- Infected individuals were detected before symptoms appear.

Public health workers (10 answers):

- Early detection. (2x)
- Isolating asymptomatic carriers. (2x)
- Less new cases due to early isolation of positive individuals.
- In an ideal situation the testing should be done like this. In reality, because of the scarcity of initial testing, testing was done when necessary and with symptomatic people.
- Significant numbers of asymptomatic individuals infected with COVID-19 have been detected by means of preventive testing, thereby mitigating the spread of the disease to an important extent.
- In future may be – betterment.
- Less spread of the virus. (2x)

4.2.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Healthcare professionals	37,5%	9	62,5%	15	24
Public health workers	33,3%	6	66,7%	12	18
Total	35,7%	15	64,3%	27	42

4.2.Q5 If yes, what would you change in applying the measures? (divided by job position)

Healthcare professionals (8 answers):

- Measure was not implemented in structured way, a lot of factors had impact- availability of tests, regularity, etc.
- Strengthening engagement of stakeholders and improving communication on the benefits, and on privacy measures.
- Number of hospitalized patients should be the factor for adoption of measures, and not the number of the infected ones.
- Vaccinated should be tested as well as the unvaccinated.
- More use of the media to inform people.
- Test everyone who enters the hospital. (2x)
- Older people should get vaccinated mandatory.

Public health workers (5 answers):

- More options to schedule online and free of charge. Promoting rapid test over PCR, due to lack of timely response.
- The measure would be more beneficial if it were applied to individuals vaccinated against COVID-19 as well.
- Should be always accessible and free of charge.
- More staff. (2x)

4.2.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Healthcare professionals	0,0%	0	37,5%	9	41,7%	10	16,7%	4	4,2%	1	0,0%	0	24
Public health workers	0,0%	0	27,8%	5	61,1%	11	11,1%	2	0,0%	0	0,0%	0	18
Total	0,0%	0	33,3%	14	50,0%	21	14,3%	6	2,4%	1	0,0%	0	42

4.3 Cancellation or restriction of less urgent services or treatments (N=38)

Deferring and cancelling less necessary treatments or services in healthcare organisations can be a valuable measure to make existing staff more efficient in treating pandemic illnesses. Among other things, the measure can be important in case of staff shortages in order to still ensure adequate emergency treatment.

4.3.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Healthcare professionals	14,3%	3	33,3%	7	4,8%	1	47,6%	10	0,0%	0	21	-0,1
Public health workers	0,0%	0	17,7%	3	64,7%	11	17,7%	3	0,0%	0	17	0,0
Total	7,9%	3	26,3%	10	31,6%	12	34,2%	13	0,0%	0	38	-0,1

4.3.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Healthcare professionals	9,5%	2	33,3%	7	4,8%	1	52,4%	11	0,0%	0	21	0,0
Public health workers	17,7%	3	23,5%	4	47,1%	8	11,8%	2	0,0%	0	17	-0,5
Total	13,2%	5	29,0%	11	23,7%	9	34,2%	13	0,0%	0	38	-0,2

4.3.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Healthcare professionals (8 answers):

- Everyone is respected.
- Supported provision of COVID-19 patients care.
- People were, carefull.
- No positive outcome, except to some extent availability of human resources to dedicate to Covid patients.
- The measure was important in case of staff shortages in order to ensure adequate emergency treatment in hospitals.
- In the hospitals, the staff could cope with the influx of patients and no corona patients had to be refused.
- Alternatives to emergency room care.
- The positive outcome is ensurement of adequate emergency treatment.

Public health workers (5 answers):

- Focusing health professionals in covid-19 response.
- The spread of the disease was impeded to a certain extent.
- Respond promptly to a priority threat.
- Could work not necessarily.
- This measure is important for the containment of the virus; however, it is very bad for people's health and for the treatment of other diseases that have been left behind because of the pandemic.

4.3.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Healthcare professionals	33,3%	7	66,7%	14	21
Public health workers	58,8%	10	41,2%	7	17
Total	44,7%	17	55,3%	21	38

4.3.Q5 If yes, what would you change in applying the measure? (divided by job position)

Healthcare professionals (7 answers):

- Identify procedures and protocols for home treatment and monitoring of symptomatic Covid infected subjects to reduce hospital admissions. Improve organizational effectiveness of service provision for both Covid and non-Covid patients avoiding interruptions of other health services that will impact worse in the medium-long term. Strengthening engagement of stakeholders and improving communication on the benefits and on privacy measures.
- Allow more regular care to continue and refuse non-vaccinated patients in the ICU. A cancer patient or heart patient whose treatment is postponed can have just as big an impact as a covid patient.
- When possible, I would keep healthcare system open, so we don't get pandemic of other diseases when COVID-19 pandemic is over. Especially preventive check-ups should be performed even during the pandemic.

- No restrictions on public sectors.
- Hire more staff.
- I would not cancel less urgent treatments.
- Older people should get vaccinated mandatory.

Public health workers (8 answers):

- Keep response to urgent situations and cronic diseases, and upgrade surge capacity with health workers and automated solutions.
- Certain screening programmes (e.g. malignancies) would not be subject to pandemic-related deferrals.
- Hiring more staff to still ensure adequate emergency treatment.
- Not stopping other services, just decrease the pace of services provision.
- More human resources in order to be able to respond to other health needs.
- I would change the methodology.
- Strengthen triage and reinforce non-urgent remote care.
- I would say change it, however I don't have a more valid opinion than this. People should not go untreated and so perhaps with more effective testing initially it would be possible to continue treatments on a more regular basis.

4.3.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Healthcare professionals	9,5%	2	28,6%	6	28,6%	6	14,3%	3	9,5%	2	9,5%	2	21
Public health workers	0,0%	0	17,7%	3	23,5%	4	35,3%	6	11,8%	2	11,8%	2	17
Total	5,3%	2	23,7%	9	26,3%	10	23,7%	9	10,5%	4	10,5%	4	38

4.4 Preventive measures (N=34)

Preventive measures such as wearing masks, social distancing, cleaning surfaces and washing and disinfecting hands regularly can be a big help in preventing the spread of the virus or protecting people themselves. These measures are to prevent the spreading of the disease by human contact.

4.4.Q1 How effective do you think the mentioned measures were in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Healthcare professionals	0,0%	0	17,7%	3	5,9%	1	47,1%	8	29,4%	5	17	0,9
Public health workers	0,0%	0	5,9%	1	5,9%	1	35,3%	6	52,9%	9	17	1,4
Total	0,0%	0	11,8%	4	5,9%	2	41,2%	14	41,2%	14	34	1,1

4.4.Q2 How were the measures accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Healthcare professionals	0,0%	0	11,8%	2	11,8%	2	47,1%	8	29,4%	5	17	0,9
Public health workers	0,0%	0	23,5%	4	11,8%	2	41,2%	7	23,5%	4	17	0,6
Total	0,0%	0	17,7%	6	11,8%	4	44,1%	15	26,5%	9	34	0,8

4.4.Q3 What was the positive outcome by implementing the measures? (divided by job position)

Healthcare professionals (11 answers):

- Improvement of other nosocomial infections, improved procedures to implement them also after the pandemic.
- At work and private almost no infections.
- A small number of COVID 19 infections in my living and working environments.

- Reduction on all transmissible diseases, and not only COVID.
- A vaccination was made quickly.
- Thanks to these good measures, we have not yet caused any contamination in our practice.
- Less infections with the virus. (3x)
- Less spread of the virus. (2x)

Public health workers (7 answers):

- It was easy to implement measures that are effective.
- The spread of the disease was mitigated to a significant extent.
- Slowing down the spread of respiratory diseases.
- Reduced spreading of the disease.
- Prevention of the disease.
- Less new cases.
- It couldn't be more positive in all aspects related to prevention and containment of the virus.

4.4.Q4 Would you have changed anything in applying the measures? (divided by job position)

	Yes		No		N
Healthcare professionals	23,5%	4	76,5%	13	17
Public health workers	23,5%	4	76,5%	13	17
Total	23,5%	8	76,5%	26	34

4.4.Q5 If yes, what would you change in applying the measures? (divided by job position)

Healthcare professionals (3 answers):

- Avoid measures when not relevant or unnecessary.
- More media awareness.
- In addition, I would test everyone who enter the hospital.

Public health workers (2 answers):

- Better communication on how to use the measures and applications.
- Start using masks earlier.

4.4.Q6 When would you recommend to start applying the measures? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Healthcare professionals	0,0%	0	52,9%	9	47,1%	8	0,0%	0	0,0%	0	0,0%	0	17
Public health workers	0,0%	0	35,3%	6	58,8%	10	5,9%	1	0,0%	0	0,0%	0	17
Total	0,0%	0	44,1%	15	52,9%	18	2,9%	1	0,0%	0	0,0%	0	34

4.5 Plans to increase space and staff and training for employees performing unfamiliar tasks. (N=32)

In case of infectious diseases, there should be an increase in staff to cope with the growing number of patients. In addition, existing staff should be specially trained to optimally protect themselves, patients and colleagues at work and to prepare them for extraordinary challenges within a pandemic.

4.5.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Healthcare professionals	0,0%	0	6,7%	1	26,7%	4	60,0%	9	6,7%	1	15	0,7
Public health workers	0,0%	0	0,0%	0	35,3%	6	47,1%	8	17,7%	3	17	0,8
Total	0,0%	0	3,1%	1	31,3%	10	53,1%	17	12,5%	4	32	0,8

4.5.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Healthcare professionals	0,0%	0	0,0%	0	33,3%	5	66,7%	10	0,0%	0	15	0,7
Public health workers	0,0%	0	5,9%	1	29,4%	5	52,9%	9	11,8%	2	17	0,7
Total	0,0%	0	3,1%	1	31,3%	10	59,4%	19	6,3%	2	32	0,7

4.5.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Healthcare professionals (5 answers):

- Clarify what the virus is.
- It was possible to handle the acute crisis somehow.
- Better awareness of the seriousness of the situation.
- Training for employees.
- Better level of prevention.

Public health workers (5 answers):

- Increase surge capacity.
- The staff have become more adept at responding to pandemic-related challenges, allowing a better workload distribution.
- Better working conditions, faster detection of new cases, increased quality of service.
- Increase work performance.
- We noticed that the professionals are dedicated body and soul, and that they welcome new challenges and missions with the purpose to which they committed when they embraced the profession.

4.5.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Healthcare professionals	6,7%	1	93,3%	14	15
Public health workers	41,2%	7	58,8%	10	17
Total	25,0%	8	75,0%	24	32

4.5.Q5 If yes, what would you change in applying the measure? (divided by job position)

Healthcare professionals (1 answers):

- Organizational measures could partly mitigate the impact of dealing with increased number of patients, but adequate training and technologies should be implemented routinely with shared learning of extra tasks, like in fire drills.

Public health workers (5 answers):

- Paid recruitments, more effective training, provide support during tasks to avoid errors.
- Some aspects of the training may be improved to a certain extent (organisational aspects etc.).
- Do it in the preparedness phase, not too late in the mitigation phase.
- To hire and train more staff earlier.
- The sites are not prepared to have extra space and so it is difficult to extend existing facilities and this should be rethought.

4.5.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Healthcare professionals	6,7%	1	40,0%	6	46,7%	7	6,7%	1	0,0%	0	0,0%	0	15
Public health workers	0,0%	0	11,8%	2	64,7%	11	17,7%	3	5,9%	1	0,0%	0	17
Total	3,1%	1	25,0%	8	56,3%	18	12,5%	4	3,1%	1	0,0%	0	32

4.6 Establish a COVID-19 station (N=30)

In the case of an infectious disease, it makes sense to isolate infected persons. With the help of a separate pandemic ward, the other patients can be protected from the disease and the infected patients can receive more targeted treatment.

4.6.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Healthcare professionals	0,0%	0	0,0%	0	7,7%	1	38,5%	5	53,9%	7	13	1,5
Public health workers	0,0%	0	11,8%	2	23,5%	4	29,4%	5	35,3%	6	17	0,9
Total	0,0%	0	6,7%	2	16,7%	5	33,3%	10	43,3%	13	30	1,1

4.6.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Healthcare professionals	0,0%	0	7,7%	1	15,4%	2	38,5%	5	38,5%	5	13	1,1
Public health workers	0,0%	0	17,7%	3	23,5%	4	41,2%	7	17,7%	3	17	0,6
Total	0,0%	0	13,3%	4	20,0%	6	40,0%	12	26,7%	8	30	0,8

4.6.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Healthcare professionals (5 answers):

- Reduced spread in the hospital.
- Protection for the other patients. (2x)
- Decreased number of the cases.
- Especially in the first and second wave better control and probably more effective treatment with less additional infections.

Public health workers (5 answers):

- The transmission of the disease has been mitigated both in hospital and community settings.
- Slowing down the pandemic at the expense of treatment quality.
- Less cases of infection and the possibility of isolating risk groups.
- Prevent spreading within healthcare services.
- Less new cases.

4.6.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Healthcare professionals	15,4%	2	84,6%	11	13
Public health workers	11,8%	2	88,2%	15	17
Total	13,3%	4	86,7%	26	30

4.6.Q5 If yes, what would you change in applying the measure? (divided by job position)

Healthcare professionals (1 answers):

- Full deployment will need the implementation of organizational changes, especially to allow other services to be provided also during the crisis.

Public health workers (1 answers):

- Should come together with other preventive measures, like air filters and allocated teams.

4.6.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Healthcare professionals	0,0%	0	69,2%	9	30,8%	4	0,0%	0	0,0%	0	0,0%	0	13
Public health workers	5,9%	1	29,4%	5	35,3%	6	17,7%	3	11,8%	2	0,0%	0	17
Total	3,3%	1	46,7%	14	33,3%	10	10,0%	3	6,7%	2	0,0%	0	30

4.7 Nurture trust in public health communication (N=28)

Trust is the key principle in risk management and public health communication. Experts agree that trust is crucial for behavioural adaptation and the acceptance of measures. To generate trust, it is necessary to explain science-based policy honestly and transparently. You should communicate inclusively, by using simple and well-grounded information preventing fake news and myths.

4.7.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19? (divided by job position)

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Healthcare professionals	0,0%	0	25,0%	3	8,3%	1	50,0%	6	16,7%	2	12	0,6
Public health workers	12,5%	2	25,0%	4	37,5%	6	12,5%	2	12,5%	2	16	-0,1
Total	7,1%	2	25,0%	7	25,0%	7	28,6%	8	14,3%	4	28	0,2

4.7.Q2 How was the measure accepted in your living and working environments? (divided by job position)

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Healthcare professionals	0,0%	0	16,7%	2	33,3%	4	41,7%	5	8,3%	1	12	0,4
Public health workers	12,5%	2	25,0%	4	25,0%	4	25,0%	4	12,5%	2	16	0,0
Total	7,1%	2	21,4%	6	28,6%	8	32,1%	9	10,7%	3	28	0,2

4.7.Q3 What was the positive outcome by implementing the measure? (divided by job position)

Healthcare professionals (4 answers):

- The measure was partially implemented.
- More acceptance towards the measures.
- New technology training.
- It only works if it is done clearly and structurally. It will never work with certain groups of people because they do not listen at all or do not want to understand.

Public health workers (2 answers):

- The outcomes have regrettably been mostly negative.
- People know what to do and when to do it.

4.7.Q4 Would you have changed anything in applying the measure? (divided by job position)

	Yes		No		N
Healthcare professionals	33,3%	4	66,7%	8	12
Public health workers	43,8%	7	56,3%	9	16
Total	39,3%	11	60,7%	17	28

4.7.Q5 If yes, what would you change in applying the measure? (divided by job position)

Healthcare professionals (4 answers):

- Political exclusion from the measure.
- A structured communication strategy should have been designed, shared and implemented. Scattered communication allowed just about anyone to share personal opinions and beliefs that created distrust, especially during the vaccination campaign.
- Leave the politics out of science!
- I would not spread fear.

Public health workers (5 answers):

- Need for strategic communication, coordination between stakeholders, involvement of citizens in producing solutions, more effective internal communication with health professionals.
- Coordination of experts should be better.

- Future communication strategies should differ vastly and appeal less to clichés commonly seen in everyday marketing and social media. Some scientific information do not allow simplification and should be communicated responsibly within a broader context. Specific cultural settings should also be taken into account while developing communication strategies.
- Better and more addressing of uncertainties since day 1.
- More communication training.

4.7.Q6 When would you recommend to start applying the measure? (divided by job position)

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Healthcare professionals	8,3%	1	58,3%	7	25,0%	3	8,3%	1	0,0%	0	0,0%	0	12
Public health workers	6,3%	1	56,3%	9	18,8%	3	12,5%	2	0,0%	0	6,3%	1	16
Total	7,1%	2	57,1%	16	21,4%	6	10,7%	3	0,0%	0	3,6%	1	28

5. Political measures

5.1 Building a taskforce (N=7)

Tasks forces are used in critical situations to concentrate expertise in one body. The task force elaborates recommendations for measures. It investigates the crisis and its causes and takes on the coordination in crisis management. This measure can be implemented by giving new powers to an existing government entity or by establishing a new body, bureau etc.

5.1.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19?

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Municipality officials	0,0%	0	0,0%	0	28,6%	2	57,1%	4	14,3%	1	7	0,9

5.1.Q2 How was the measure accepted in your living and working environments?

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Municipality officials	0,0%	0	0,0%	0	0,00%	0	100,0%	7	0,0%	0	7	1

5.1.Q3 What was the positive outcome by implementing the measure?

Municipality officials (5 answers):

- Community connection, a new power. (2x)
- As a result, there is temporarily less dispersal.
- Accumulated knowledge.
- It quickly marked the seriousness of the situation (created awareness).

5.1.Q4 Would you have changed anything in applying the measure?

	Yes		No		Total
Municipality officials	28,6%	2	71,4%	5	7

5.1.Q5 If yes, what would you change in applying the measure?

Municipality officials (2 answers):

- Communication and clarification of how to deal with prohibited data. - politically to drive one line not 16 different ones.
- Better organization of primary health care locally.

5.1.Q6 When would you recommend to start applying the measure?

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Municipality officials	14,3%	1	14,3%	1	28,6%	2	28,6%	2	0,0%	0	14,3%	1	7

5.2 Mandatory testing (N=5)

Mandatory testing is used to detect individuals with infections before symptoms appear.

5.2.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19?

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Municipality officials	0,0%	0	0,0%	0	40,0%	2	40,0%	2	20,0%	1	5	0,8

5.2.Q2 How was the measure accepted in your living and working environments?

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Municipality officials	20,0%	1	20,0%	1	40,0%	2	20,0%	1	0,0%	0	5	-0,4

5.2.Q3 What was the positive outcome by implementing the measure?

Municipality officials (3 answers):

- More tests / more own control.
- More security for all people at work and relationships.
- Dispersal minimisation. Socially negative.

5.2.Q4 Would you have changed anything in applying the measure?

	Yes		No		Total
Municipality officials	20,0%	1	80,0%	4	5

5.2.Q5 If yes, what would you change in applying the measure?

Municipality officials (1 answer):

I would not have taken it.

5.2.Q6 When would you recommend to start applying the measure?

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Municipality officials	20,0%	1	0,0%	0	40,0%	2	20,0%	1	0,0%	0	20,0%	1	5

5.3 Lockdown (N=5)

A lockdown is, in the original sense of the word, a curfew or a cordoning off or sealing off of buildings and areas. Lockdown means the closure of non-essential businesses and a ban on mass gatherings. Moreover governmental institutions such as administrative offices, but also schools and universities are closed.

5.3.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19?

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Municipality officials	0,0%	0	0,0%	0	20,0%	1	60,0%	3	20,0%	1	5	1

5.3.Q2 How was the measure accepted in your living and working environments?

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Municipality officials	0,0%	0	20,0%	1	20,0%	1	40,0%	2	20,0%	1	5	0,6

5.3.Q3 What was the positive outcome by implementing the measure?

Municipality officials (4 answers):

- Fewer contact opportunities / More securities / Quick action.
- Spread control and a gradual burden on the health system.
- I think very high contamination did not occur. Would have been even worse.
- Fewer infections in my opinion.

5.3.Q4 Would you have changed anything in applying the measure?

	Yes		No		Total
Municipality officials	20,0%	1	80,0%	4	5

5.3.Q5 If yes, what would you change in applying the measure?

Municipality officials (1 answer):

- Precise communication regarding time periods and background of the lockdown (which values are decisive).
- Controls, especially in rural areas, have been lacking.

5.3.Q6 When would you recommend to start applying the measure?

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Municipality officials	0,0%	0	0,0%	0	0,0%	0	80,0%	4	0,0%	0	20,0%	1	5

5.4 Institutionalize communication (N=5)

Institutional structures for communication are essential to support non-medical interventions during a pandemic. By distributing information in clear, inclusive and simple language and accessible formats, large crowds can be reached and public awareness can be raised. Collaborations with social influencers or translations of information into multiple languages would be relevant examples.

5.4.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19?

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Municipality officials	0,0%	0	40,0%	2	40,0%	2	20,0%	1	0,0%	0	5	-0,2

5.4.Q2 How was the measure accepted in your living and working environments?

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Municipality officials	0,0%	0	20,0%	1	40,0%	2	40,0%	2	0,0%	0	5	0,2

5.4.Q3 What was the positive outcome by implementing the measure?

Municipality officials (3 answers):

- Cooperation with influencers were initially positive but then strongly negative.
- Comprehensibility, connection in the community.
- There is so much communication: substantiated and unsubstantiated. Difficult to know what is true and what is not.

5.4.Q4 Would you have changed anything in applying the measure?

	Yes		No		Total
Municipality officials	40,0%	2	60,0%	3	5

5.4.Q5 If yes, what would you change in applying the measure?

Municipality officials (1 answer):

Communication, especially from the political side, must be right - communication through "influencers" is, in my opinion, the wrong way because on the one hand respect is conveyed and in the next step exactly these influencers travel etc. and contradict each other - react more dynamically and not with too long intervals.

5.4.Q6 When would you recommend to start applying the measure?

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Municipality officials	20,0%	1	20,0%	1	40,0%	2	20,0%	1	0,0%	0	0,0%	0	5

5.5 Fostering public engagement (N=3)

Collaborating with citizens and civil society may create a more robust response; in turn, listening and responding to citizens' problems and concerns strengthens democratic values such as solidarity and collective responsibility. This could be done through social listening and collaborative feedback systems, or using trusted ambassadors or participatory governance committees.

5.5.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19?

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
	0,0%	0	0,0%	0	33,3%	1	33,3%	1	33,3%	1		
Municipality officials	0,0%	0	0,0%	0	33,3%	1	33,3%	1	33,3%	1	3	1

5.5.Q2 How was the measure accepted in your living and working environments?

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
	0,0%	0	0,0%	0	0,0%	0	66,7%	2	33,3%	1		
Municipality officials	0,0%	0	0,0%	0	0,0%	0	66,7%	2	33,3%	1	3	1,3

5.5.Q3 What was the positive outcome by implementing the measure?

Municipality officials (3 answers):

- More attention for the nursing profession and social commitment.
- Connection of citizens, professionals and politicians, cooperation in overcoming the pandemic.
- Spread of virus could have been prevented. The way the virus was reacted to in the beginning, it should have been done all the time.

5.5.Q4 Would you have changed anything in applying the measure?

	Yes		No		Total
Municipality officials	33,3%	1	66,7%	2	3

5.5.Q5 If yes, what would you change in applying the measure?

Municipality officials (1 answer):

- Faster implementation of funding - Communication and direct exchange - Hierarchies must be overcome in order to find solutions TOGETHER.
- To summarise problems.

5.5.Q6 When would you recommend to start applying the measure?

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Municipality officials	0,0%	0	0,0%	0	66,7%	2	33,3%	1	0,0%	0	0,0%	0	3

5.6 Vaccination measures (N=3)

Vaccination is a simple and effective way of helping to protect individuals and populations from infectious diseases prior to coming into contact with them. At the political level, it is mostly about buying vaccine doses, opening enough vaccination centres and ensuring access. Vaccination measures may also include mandatory vaccination or restrictions for the unvaccinated.

5.6.Q1 How effective do you think the mentioned measure was in preventing the spread of COVID-19?

	Not effective at all -2		Not quite effective -1		Neutral 0		Effective 1		Very effective 2		N	Weighted average
Municipality officials	0,0%	0	33,3%	1	33,3%	1	33,3%	1	0,0%	0	3	0,0

5.6.Q2 How was the measure accepted in your living and working environments?

	Not supported at all -2		Not quite supported -1		Neutral 0		Supported 1		Fully supported 2		N	Weighted average
Municipality officials	0,0%	0	0,0%	0	33,3%	1	33,3%	1	33,3%	1	3	1,0

5.6.Q3 What was the positive outcome by implementing the measure?

Municipality officials (3 answers):

- Finally a way out of the pandemic and personal protection.
- Vaccination as an achievement of medicine if it is effective against mutations.
- You don't get very sick, but it does not prevent the spread.

5.6.Q4 Would you have changed anything in applying the measure?

	Yes		No		Total
Municipality officials	66,7%	2	33,3%	1	3

5.6.Q5 If yes, what would you change in applying the measure?

Municipality officials (2 answers):

- Communication (as always) - do not announce recommendations for vaccines after orders (capital error) - oblige vaccination to ensure general welfare (but not now - should have happened earlier)...
- Mandatory vaccination can be a measure if it is proven effective for the virus and mutations.

5.6.Q6 When would you recommend to start applying the measure?

	No answer		When detecting a virus (first identified case)		When the virus starts to spread		When the virus has spread to pandemic level		When the spread of virus is under control and decreases in active cases are observed.		I would not apply the measure		N
Municipality officials	0,0%	0	0,0%	0	0,0%	0	66,7%	2	0,0%	0	33,3%	1	3

6. Open questions

6.Q1 Are there measures that have not been presented to you, but you would recommend? (divided by job positions)

Volunteers (3 answers):

- It's easy to be clever with hindsight, and every government has made mistakes. It's about transparency, and unfortunately that's something ministers are not used to...
- The increase in the vaccination rate should be driven forward more imaginatively with suggestions from the world.
- No mandatory vaccination by the government, but containment of access rights for the unvaccinated.

Social care workers (3 answers):

- Some measures are not applied in reality
- I would give more money for the medical staff that is chronically lacking with or without Covid.
- Vaccinate and test. At any price

Other profession (9 answers):

- Addressing the measures for people with hearing disabilities.
- Yes, improve citizenship rights about older people as they were treated as persons without rights (especially within the home caring centers).
- The whole situation should not have been politicized as it was, but it should be handled based on the actual data. Experts should be the most important actors.
- Take good care of yourself, get enough rest, exercise, go outdoors, eat healthily and take nutritional supplements.
- Disturbance caused by RIVM. Everything was negative. And now nobody believes in Jaap van dissel any more.
- Introduction of 1G policy, mandatory vaccination.
- Keep everything open with as much distance as possible that fewer people are together. Continue to encourage working from home and keep the schools open + offer hybrid education.
- More indoor air disinfection.
- Work-related rules such as working from home.

Healthcare professionals (5 answers):

- Not really, just that some of the measures should be implemented not only in the pandemic but also regularly, to prevent zoonosis etc.
- Mandatory vaccination for age ≥ 65 , no mandatory vaccination for young population, free will on getting the vaccine for age < 60 with comorbidities.
- More pharmaceutical research.
- The measure of giving COVID -19 vaccination certificates.
- As we can see that people who are smokers or have BMI > 30 have worse prognosis, I would recommend to stop smoking and decrease the weight.

Public health workers (3 answers):

- Some country-specific measures may be added as well.
- More possibilities for working from home.
- Prevent nosocomial infections.

Municipality officials (1 answer):

For me personally, the pandemic has shown that, as always, the lowest levels (whether hospital or local politics) get breadcrumbs thrown at them and then have to make bread out of it. Promotion and information were slow to arrive and direct contact with the population through us was repeatedly missed. How to deal with lateral thinkers, radical critical voices, etc. // how to logically pass on the constant changes to the population?

At the same time, a major weakness, especially in Germany: federalism and 16 different ways of dealing with the crisis --> how do you pass this on to the population? Credibility and dynamic handling of measures have hardly succeeded or not at all; especially at the beginning, which in my opinion has fuelled the "Querdenker"-scene.

Social and economic concerns were briefly extinguished by means of subsidies, but not fully communicated.

6.Q2 Is there anything else you want to share about the COVID-measures?

Volunteers (2 answers):

- Write down the lessons learned as a Handbook for future governments.
- It is a whole world problem and should not be restricted by national and/or continental borders. Shouldn't it be the UN's turn?

Social care workers (2 answers):

- Threatning people to get vaccinated or they won't be able to come to their work is cruel and against all international laws and conventions.
- Some measures do not work in reality.

Other profession (10 answers):

- Some measures have come far too late, such as the mask obligation.
- Consequences of quarantine for people with disabilities.
- Lack of real info, population control with "fear"... there is a lot of issues we need to learn about this time.
- Your concept is very good.
- They are too driven by politics.
- Yes, I live in the US and do not understand why I have to spend 10 days in quarantine when I go to Holland, even though I have been fully vaccinated and would be tested before leaving. In my opinion, this does not help to reduce the spread of the virus.
- I think it is remorseful that society is divided and and the green pass is breaching one's privacy. For me this is only temporarily effective and acceptable.
- Keep everything open with as much distance as possible that fewer people are together. Continue to encourage working from home and keep the schools open + offer hybrid education.
- More coordination with neighbouring countries, more cooperation. More attention to mental health.
- In NL, the measures were used too ad hoc and without much vision.

Healthcare professionals (3 answers):

- NO market monopoly for vaccine manufacturers!
- Measures were good on their own, but part of the population simply does not listen or pretend not to understand.
- Do something with the lessons learned.

Public health workers (1 answer):

Trust me: hand hygiene and nosocomial infections - if you want I can provide some data from Pakistan.

Municipality officials (3 answer):

- Sensible in principle; but often far too late or far too long - credibility and logical consideration were often difficult to reconcile.
- Pandemic and the measures in some environments have made primary health care less accessible which is another health risk.
- No, I find the dissenting voices very scary. But I don't know what to do about it.