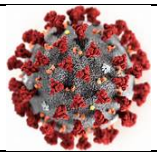
National COVID-19 Science Task Force (NCS-TF)



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In response to request from: Luks Bruhin, Krisenstab	**Date of request: 8.4.2020**
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Comment on planned updates : update planned by 24.4. at the latest	

Title: NCS-TF Proposals for a Transition Strategy

Summary of request/problem

As per email from Lukas Bruhin of 8.4. we received the mandate to develop proposals on the stages and possibilities of a transition strategy for Switzerland. This mandate was spelt out in the mail by Emilia Pasquier: to develop a first draft which proposes (1) criteria for lifting measures, (2) three packages of measures and (3) a concretisation of the first package of measures.

Executive summary

In this Policy Brief, we respond to the request from the Krisenstab to develop concepts and proposals for the easing of measures against the COVID-19 epidemic in Switzerland. We define epidemiological requirements and criteria for easing measures. These relate key indicators on the course of the epidemic to the capacities for clinical care of COVID-19 patients, contact tracing, diagnostic testing and effective isolation and quarantine.

The relaxing of control measures can be justified only if the effective basic reproduction number *Re* is substantially below 1 with sufficient statistical certainty, and if the indicator variables (daily confirmed case number, daily hospitalization rates) are below a critical release level. A critical tightening level also needs to be defined, as a function of the capacity for clinical care, personal protection, diagnostics, traceability of infections, and effective quarantine. The critical release and tightening levels could be developed and implemented on a regional level to account for the great differences both in case numbers and capacities.

We make concrete proposals for the initial phase of easing the measure across the settings of primary and secondary education; tertiary education; public or private events; shops and markets; restaurants, bars, discos, night clubs and erotic salons; entertainment and leisure venues; hairdressers; camping and public gatherings and the health care settings. These proposals consider the dimensions of size of gatherings, high-risk groups, workplace protection and mobility. Most of the recommendations are based on expert opinion rather than on established scientific knowledge.

The Expert Groups of the NCS-TF commented on the transition strategy from their perspective, including the Clinical Care and Infection Prevention and Control groups, the Ethics, Legal, and Social Implications group, the Economics Expert Group. The Exchange Platform group gave an international perspective.

We stress that this report is work in progress and will be refined further in the coming days.

Main text

1. Introduction

On 8 April 2020 the Federal Council announced that the measures in place to contain the COVID-19 epidemic (physical distancing; closure of schools and higher education institutions, non-essential shops, restaurants, clubs, event locations; prohibition of meetings above 5 people; border controls) would continue until 26 April. After that date, these measures shall be released step by step. On the same day, Lukas Bruhin, the head of the Krisenstab asked the NCS-TF to develop proposals for a transition strategy.

2. Approach

The Advisory Board of the NCS-TF asked the Expert Groups to provide input by answering several key questions (Box 1) and by completing the table circulated by Emilia Pasquier (see Appendix 1). We modified the table by distinguishing between primary/secondary education and tertiary education. Using a colour code, we assessed the level of societal and political acceptance and scalability for each measure. Furthermore, we indicated the source of evidence. Finally, we asked the Expert Groups to define the timelines of stopping, easing or introducing measures using a tool in Excel developed for this purpose.

This report is structured as follows: in section 3, we discuss the requirements for easing measures, based on the inputs from the Expert Groups. In section 4, we define the criteria for releasing/re-introducing measures. Section 5 proposes a strategy for the initial phase of easing measures across different settings and dimensions (table from E Pasquier). In section 6, we propose a dashboard to visualize the introduction and easing of measures. The following section (7) summarizes the inputs from the Expert Groups. Additional materials are provided in the Appendix.

Box 1. The questions to the Expert Groups.
In addition, Expert Groups were asked to address specific questions based on their particular expertise.

- What criteria should be used to decide on lifting measures?
- How can one adjust measures to regions and cantons?
- What is your take on adaptive cyclic strategies?
- What measures would you introduce or re-introduce in case of a rebound in the number of cases?
- Would you introduce any additional measures, and when? What measures would you lift when?
- What protection concepts would you put in place when opening shops, markets and general when the traffic of people is increasing (those working in these places and the visitors/clients need to be protected)?
- What improvements do you propose current contact tracing?

3. Requirements for releasing measures

The NCS-TF concurs with the principles outlined in the communication by Emilia Pasquier (see Appendix 1). The health of the population must be a priority. Any relaxation of measures must be consistent with pursuing reductions in cases, deaths and hospitalisations. The functioning of hospitals must be protected. Finally, an insular solution should be avoided. Specifically, the NCS-TF emphasizes that easing measures after April 26 requires that:

(i) the real-time monitoring of **key epidemiologic indicators** listed below is in place, and

(ii) accurate estimates of the available **capacities for clinical care** of COVID-19 patients, contact tracing, diagnostic testing and effective quarantine are available. Real-time monitoring refers to daily updates.

3.1 Key indicator variables for real-time monitoring of the epidemic

- Daily numbers of **confirmed cases** by sex, age, (risk group), canton (ideally including ZIP code)
- Daily numbers of **tests conducted** by sex, age, (risk group), canton (ideally including ZIP code).
- Daily numbers of **confirmed deaths** by sex, age, (risk group), canton (ideally including ZIP code)
- Daily numbers of new and total **hospitalized cases** (normal, ICU, ventilated) by sex, age, (risk group), hospital, canton (ideally including ZIP code)

The **real-time reporting system has to be in place when measures are released** to allow proper interpretation of the epidemiologic indicators above. Both negative and positive tests, as well as the reason for testing should be reported (e.g. history of exposure, contact tracing, symptoms, risk group, medical personnel, screening at hospital admission, etc.).

3.2 Estimates of sustainable capacities

- Daily maximal **capacity for hospitalization** (normal, ICU, ventilated) (per canton).
- Daily maximal **capacity for contact tracing, quarantine and isolation** (per canton). This should include the option of placing individuals into hotels or other facilities if effective quarantine at home is not possible.
- Daily maximal **capacity for virological laboratory testing** (per canton).
- Daily **proportion of cases that can be linked epidemiologically to a known case.**
- Daily maximal **capacity for serological laboratory testing.**
- Daily **capacity for supply of masks and other personal protective equipment** to medical personnel, long term care facilities, exposed work force, the general public etc.

4. Criteria for releasing/reintroducing measures

From an epidemiological perspective, the relaxing of control measures can be justified only

- if the effective basic reproduction number ***Re*** **is substantially smaller than 1 (<0.7) with sufficient statistical certainty**

and

- the **indicator variables** (daily confirmed case number, daily hospitalization rates) are **below a critical level (critical release level)**.

Measures must be tightened immediately if:

- *Re* becomes **larger than 1 with sufficient statistical certainty**

or

- if the **indicator variables** (daily confirmed case number, daily hospitalization rates) are **at or above a critical level (the critical tightening level)**.

4.1 Critical release level

The critical release level is a function of the capacity for clinical care, personal protection, diagnostics, traceability of infections, and effective quarantine. The exact level needs to be determined before April 26 on the basis of scientific evidence. Below we provide a simplified numerical example – please note that the below calculation is only a numerical example to illustrate the principle. It does not reflect the current daily numbers of confirmed and hospitalised patients, and it is unclear whether it reflects numbers that will be achieved by April 26.

We assume the following capacities:

- 1500 ICU beds (with ventilator)
- 20,000 virological test/day
- contact tracing capacity of 600 individuals/day

We assume the following critical release level (as an example):

- 300 COVID-19 cases in ICU with ventilation
- 200 new confirmed cases per day

In this example, 200 confirmed cases require contact tracing. Assuming 20 contacts each requiring testing this results in need for 4000 tests/day for traced contacts and quarantine facilities for up to 4000 people. Test capacity would still be sufficient for other testing (e.g. testing at hospital admission, because of symptoms, screening of risk groups). Three hundred COVID-19 cases in ICU compared to a capacity of 1500 leaves enough time to observe the effect of releasing the measures, retightening them if case numbers increase, accommodating the delay that any response measure has, without exceeding capacities.

We emphasize again that the actual critical release levels need to be worked out and propose that we can do so before April 26.

4.2 Critical tightening level

The critical tightening level is also a function of the capacity for clinical care, personal protection, diagnostics, traceability of infections, and effective quarantine. A concrete number needs to be determined before April 26 on the basis of scientific evidence.

Monitoring of the effective reproductive number *Re* will typically provide the first signal that measures need to be tightened (i.e. *Re* significantly above 1). If there is no such signal, the critical tightening level could be at the logarithmic midpoint between the critical release level and maximal capacity. For example, if the hypothetical critical release level is six-fold below the maximal capacity, then the critical tightening level would be three-fold below this maximal capacity. The time window

for the tightening of measures to show effect is expected to be similar to the time it took from the release of the measures to reaching the critical tightening level.

4.3 Regional/cantonal implementation

The critical release and tightening levels could be developed and/or implemented on a regional/cantonal level to account for the great differences both in case numbers and capacities. When devising regional implementation strategies, consideration needs to be given to epidemiological trends which might not follow administrative boundaries and feasibility of political implementation, taking into account the need to avoid increasing traffic between cantons and regions.

5. Strategy for phase 1 across different settings and dimensions (table from E Pasquier)

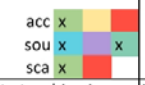
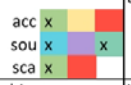
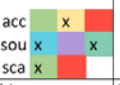
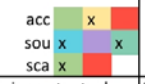
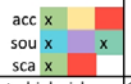
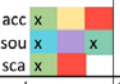
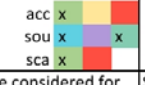
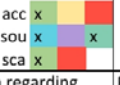
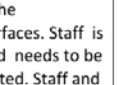
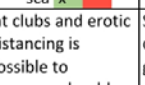
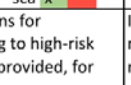
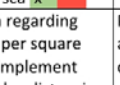
We completed this table after a comprehensive discussion between Expert Group chairs and members of the Advisory Group. We stress that the requirements and criteria outlined above would need to be met. Only in this case, the NCS-TF can support the easing of measures.

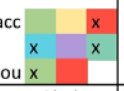
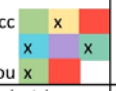
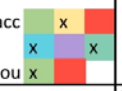
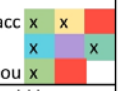
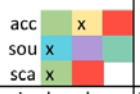
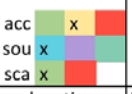
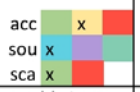
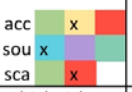
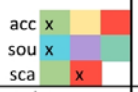
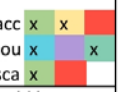
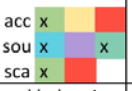
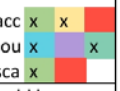
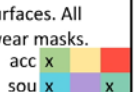
Several points should be noted when consulting the table. First, while the table lists recommendations that are based on our best knowledge and judgment, the scientific evidence underpinning our recommendations are is limited. Most of the recommendations are based on expert opinion rather than on established scientific knowledge. The recommendations would, therefore, need to be revisited if new evidence becomes available. For example, the recommendation for considering opening schools is based on the observation that transmission does not appear to occur through children at a substantial rate. This recommendation would need to be reversed if evidence arises that children are indeed transmission vectors.

Second, access to the provision of basic needs and education must be equitable. This requires active measures tailored to each specific population. Examples include provision of computers for distance learning to low-income students, special measures for disabled students, support for online food orders for the elderly, and translations of instructions for each change in public health measures in all the main languages spoken locally and not only in Swiss official languages.

Third, the information about the social and political acceptance that we provide represents our judgment but for the most part lacks an empirical basis (with the exception of the SRG SSR sotomo survey). Fourth, when releasing measures, it is essential that entities (for example restaurants and shops) adhere to the regulations that are imposed during the transition phase. These regulations need to be strictly enforced. A last important point is that when we refer to “social distancing”, this has a very specific meaning: people need to maintain a minimal distance of two meters at all time. We would also like to point out that we feel that at this stage recommendations can only be made for the first phase of the transition, the effect of which would need to be carefully evaluated before further steps are taken. The Excel spreadsheet with the table is available as Appendix 2.

In the following table, we provide, for each cell in the table, information about three aspects: an estimate of social and political acceptance (“acc”, ■ high, ■ medium, ■ low); information about the source (“sou”, ■ expert opinion, ■ own analysis, ■ literature); and information about whether these measures are scalable, i.e. whether the intensity of these measures can be adjusted on a continuous scale (“sca”; ■ scalable, ■ not scalable).

		Number of social contacts and gatherings dimension	High risk groups dimension	Workplace protection dimension	Population fluxes dimension (mobility/public transport)
5	**Primary and secondary education**	Group sizes of 30 people should not be exceeded at any time. Modify curricula and schedules to lower number of people present at the same time. Presence of parents (e.g. during drop-off) should be minimized and social distancing among parents strictly observed. Opening primary and secondary eduction institutions has priority over opening tertiary education institutions. 	Distance learning should continue to be provided for high-risk group students, and access to education should be guaranteed including for disabled and for low-income students; as well as teleworking possibilities and financial protection for high-risk group teachers. If high-risk students and teachers do attend schools, they should be provided with personal protective equipment. 	Systematic hygiene measures (hand washing, sanitizing) need to be implemented. Social distancing needs to be implemented during class and during breaks whenever possible. Establish appropriate hygiene measures during lunch breaks. Teachers and students with symptoms have to stay at home. In general, teachers cannot maintain sufficient physical distance with small children. They should therefore be provided with appropriate protective materials. Transparent "Hello masks" will be useful as soon as they are available. 	Develop low-density public transport concepts for teachers (e.g. by adjusting the schedule). Observe social distancing in public transport and use personal protective equipment (masks). Children should avoid public transport. Avoid gatherings (e.g. of parents) in front of schools. 
5	**Tertiary education**	Resuming on-site teaching in higher eductation institutions is not a priority. Research activities in higher-education systems should be treated like activities in businesses. 	When on-site teaching resumes, students and staff belonging to a high-risk group should not attend as long as the risk for them is substantial. 	When on-site teaching resumes, students and teachers should follow social distancing and hygiene measures (easier to be implemented than for primary and secondary education) 	Develop low-density public transport concepts for teachers and students (e.g. by adjusting the schedule). Observe social distancing in public transport and use personal protective equipment (masks). 
6	**Every public or private events (community activities, etc...)**	Two aspects are important when considering allowing public or private events: social distancing must be followed, and group size should not exceed 30. 	People belonging to high risk groups stay at home. If these people join events at a later stage, they should be equiped with personal protective equipment. 	Staff has to wear masks whenever social distancing cannot be observed. Staff with symptoms has to stay at home. 	Public transport should be avoided if possible. Social distancing has to be observed during public transport. Masks should be worn on public transport. 
6a	**Shops and markets**	When shops are considered for opening, two factors are important: i) social distancing must be followed, and this limits the maximal number of clients in a shop; ii) even for large shops, the number of clients should not exceed 30. Markets remain closed, but single selling points can open. Entrances and exits should be separated whenever possible. Options for home-delivery and drive-throughs should be developed. 	Special protections for customers belonging to high-risk groups could be provided, for example priority access or special opening hours. Staff beloning to high-risk groups should not work during the initial phase.	Implement criteria regarding number of people per square meter in order to ensure social distancing (also distancing between staff and clients). Establish hygiene measures, including hand washing, hand desinfection and the desinfection of surfaces. Staff is highly exposed and needs to be adequately protected. Staff and clients should wear masks; staff with symptoms stays at home. 	Public transport should be avoided if possible. Social distancing has to be observed during public transport. Masks should be worn on public transport.
6b 6c	**Restaurants, bars, discos, nigh clubs and erotic salons**	For discos, night clubs and erotic salons, social distancing is difficult or impossible to observe. These venues should thus not be considered for opening for the time being. For the other venues, the following priorities apply: venues that provide lunch for workforce have priority over other venues; outside seating is better than inside seating. For all venues, social distancing has to be observed; where possible, measures for physical distancing should be set up (e.g. placing tables wide apart). 	Special protections for customers belong to high-risk groups could be provided, for example priority access or special opening hours. Staff beloning to high-risk groups should not work during the initial phase. 	Implement criteria regarding number of people per square meter in order to implement social distancing (also distancing between staff and clients). Establish hygiene measures, including hand washing, hand desinfection and the desinfection of surfaces. Staff is highly exposed and needs to be adequately protected. Staff and clients should wear masks; staff with symptoms stays at home. 	Public transport should be avoided if possible. Social distancing has to be observed during public transport. Masks should be worn on public transport. 

		Number of social contacts and gatherings dimension	High risk groups dimension	Workplace protection dimension	Population fluxes dimension (mobility/public transport)
6d	**Entertainment and leisure venues (museums, libraries, cinemas, concert halls, theatres, casinos, sport centers, fitness centers, swimming pools, wellness centers, ski resorts, botanical garden, zoos)**	Entertainment and leisure venues remain closed, with exception of outdoor venues where social distancing can be guaranteed (botanical gardens and parks). Reevaluation of closures 3 weeks after release of first measures. Venues can only reopen if social distancing can be guaranteed. 	For venues that open, staff and clients belonging to high risk groups stay at home. 	For venues that open, implement criteria regarding number of people per square meter in order to implement social distancing (also distancing between staff and clients). Establish hygiene measures, including hand washing, hand desinfection and the desinfection of surfaces. Staff is highly exposed and needs to be adequately protected. Staff and clients should wear masks; staff with symptoms stays at home. 	Public transport should be avoided if possible. Social distancing has to be observed during public transport. Masks should be worn on public transport. 
6e	**Activities with physical contact (hairdresser, massage parlor, tattoo parlor, beauty parlors)**	Only hair dressers open. Limit to two customer. 	Staff belonging to high risk groups stay at home. Clients belonging to high risk groups encouraged to stay at home. 	Establish hygiene measures, including hand washing, hand disinfection and the disinfection of surfaces. Staff is highly exposed and needs to be adequately protected. Staff and clients should wear masks and potentially other appropriate personal protective equipment. 	Public transport should be avoided if possible. Social distancing has to be observed during public transport. Masks should be worn on public transport. 
6f	**Camping**	Camping sites remain closed. Reevaluation after 3 weeks. 	Not applicable. Reevalauation after 3 weeks. 	Not applicable. Reevalauation after 3 weeks. 	Not applicable. Reevalauation after 3 weeks. 
7b	**Public gatherings**	The freedom of assembly is an important right, so every effort should be made to reinstate it in safe forms as soon as possible.Two aspects are important when considering allowing public or private events: social distancing must be followed, and group size should not exceed 30. 	People belonging to high risk groups stay at home. If these people join events at a later stage, they should be equiped with personal protective equipment. A system (e.g. a hotline) to consult individual citizen about their risk status would be useful in case of uncertainties. 	Staff has to wear masks whenever social distancing cannot be observed. Staff with symptoms has to stay at home. 	Public transport should be avoided if possible. Social distancing has to be observed during public transport. Masks should be worn on public transport. 
10a	**Obligation of healthcare institutes (non-urgent interventions and exams)**	Opening such institutions is important to avoid undetected urgencies and generally improve medical outcomes. Follow social distancing, limit number of people in a room depending on room size and optimize trajectories of patients. 	Health care personnel belonging to high risk groups should stay at home. Special protection is needed for patients belonging to high risk groups: telemedicine, outpatient care and personal protective equipment. 	All staff (not only health care workers) should be considered highly exposed and adquately protected. Health workers in outpatient care (GPs, home nurses, midwives) should have the same protections. Establish hygiene measures, including hand washing, hand desinfection and the desinfection of surfaces. All patients should wear masks. 	Public transport should be avoided if possible. Social distancing has to be observed during public transport. Masks should be worn on public transport. 

6. Inputs from Expert Groups

6.1 Clinical and infection prevention and control considerations

The Clinical Care Expert Group discussed issues around transition strategies on their zoom conference on April 9, 2020. The Expert Group considers that easing measures is possible if the requirements and criteria outlined above are met. The most critical concern is the number of beds in intensive care units (ICUs). At the time of the meeting of the Expert Group, there was sufficient capacity (around 700 free ICU places in place). The group stresses the need for daily monitoring of ICU beds, but attention should be paid to the fact that ICU beds are a lagging indicator (2 to 3 weeks after infection). Therefore, capacity should be monitored 'upstream', from the number of tests to new cases, emergency and inpatient admissions to general and geriatric wards to the ICU. Furthermore, a timely and efficient cantonal and regional coordination of ICU bed occupancy is required.

The Clinical Care group supports the plea of the ELSI group to ensure that patients who would not want to be admitted to intensive care should have the opportunity to state this in an advance directive (see below and Appendix 3). Information regarding the medical management and prognosis of COVID-19 across different patient groups should be provided to health professionals and the general public to mainstream support for advance care planning. The SAMW guidelines on Advance directives are an essential resource here (1). Finally, the Clinical Care Expert Group will continue to monitor developments regarding potentially effective treatments and inform the Advisory Board and the contracting agencies about the progress regularly.

In their answers to the questions (Box 1) the Infection Prevention and Control (IPC) Expert Group stressed the need for sufficient supplies of personal protective equipment (PPE) for healthcare workers (FFP2 or equivalent masks, surgical masks, gowns, gloves, protective eyewear), and of disinfectants (alcohol-based hand rub, surface disinfectants). The monitoring, organization and provision of supplies of PPE should be coordinated at the national level. Consistent, national guidelines are needed on which PPEs are required in what situation, especially regarding masks, and on how long masks can be used without losing protection. Coherent national infection prevention and control strategies need to be developed and implemented, including harmonized case definitions and standards when to de-isolate COVID-19 patients.

Furthermore, the IPC Expert group supports a broad screening and surveillance policy aiming for early detection of cases, not not restricted to selective inclusion criteria, the availability of screening centers in outpatient settings, the systematic screening of all patients treated in acute care hospitals (admissions for inpatient care, outpatient care) and screening of all transfers between healthcare institutions, including nursing homes, rehabilitation and long-term care facilities. The group is in favour of prevalence surveys in nursing homes, and of prevalence surveys using serology in the general population and healthcare workers.

(1) *Swiss Academy of Medical Sciences: "Advance directives" 2009, updated 2013*

6.2 Ethical, legal and social considerations

The Ethical, Legal and Social Implications (ELSI) Expert Group considered the implications of transition strategies and submitted a detailed Policy Brief on this topic, based on the Toronto framework (1) (see Appendix 3). In summary, the main benchmarks for defining transition strategies are the protection of personal rights, the protection of the public from harm, equity and solidarity, principles of the rule of law, and trustworthiness and communication. Key issues when evaluating transition strategies, therefore include:

- Ongoing examination of the available data, including information on the socio-economic profile of new cases and deaths;
- A functioning reporting system to monitor the effects of the pandemic and pandemic response policies on different populations;
- Mechanisms for dispute resolution and rights of appeal for all restrictive measures;
- Financial provisions and support services for those affected by restrictive measures, and for those whose work puts them in the way of harm for the public good;
- Efforts to mainstream advance care planning;
- Measures to actively avoid direct and indirect discrimination in restrictive measures, their withdrawal, and possible reimplementation;
- Protection of the right to an education; integration of democracy and federalism in transition scenarios;
- Procedural guarantees and appropriate legal bases for limitations of personal rights;
- A commitment to public information and trustworthiness.

(1) Singer PA, Benatar SR, Bernstein M, Daar AS, Dickens BM, MacRae SK, et al. Ethics and SARS: lessons from Toronto. BMJ 2003;327:1342–4.

6.3 Economic considerations

The Economics expert group supports an adaptive phased transition to ensure an effective scaling up of the economic activities. Cyclical approaches of measures are highly disruptive and hamper economic recovery. However, the group emphasized that **lifting the lockdown in a country is no magic bullet**: simulations scenarios suggest that around 45-70% of the cost of the economic downturn are due to international developments (fall in demand and break of supply chains, lockdowns in other countries). A further 10-15% is due to labour supply issues (people getting sick or in quarantine, people taking care of sick relatives, etc). The remaining percentage, i.e. about 30-40%, is due to the lock-down (closing down businesses and restricting mobility) and can be influenced positively by easing measures.

In agreement with all other expert groups, the group emphasizes that any strategy requires a **comprehensive information and communication strategy**. Information of the population on the phased lifting of measures and the possible return to tighter measures will be essential. The possible regionalization of rules will also require good communication. Continuous information and communication (including expectation management) will increase the general acceptance of measures. Of note, the Economics group commissioned a special analysis of the **SRG SSR Sotomo Monitoring** on the COVID-19 epidemic. These analyses show that the acceptance is relatively high (around 60%) for digital proximity tracing, but lower for wearing masks in shops (around 30%) (see Appendix 4). Insights from behavioural economics can contribute to increasing the acceptance of an app, by optimizing its communication and incentive structure for the user.

The group defined several data requirements that should be met to monitor the easing of measures. Economic data ought to be combined regularly with the epidemiological data to achieve a more comprehensive understanding of the transition. These (ideally, real-time) data can include information on, for example, truck movements at borders, transshipment activity and electronic consumption data, and detailed liquidation and bankruptcy data. Some of these data are already made available through KOF (https://kofdata.netlify.com/). Collaboration with the surrounding EU countries will be required to align cross-border measures like the level of commuting or immigration of workers. The continuous assessment of economic consequences will be essential to inform the sequencing of measures to be lifted. There are important interdependencies that should be taken

into account when easing and assessing measures; the opening of businesses and shops will require more employees working on the premises and thus trigger higher demand in public transport and the need for schools and nurseries to reopen.

The group recommends additional economic support for affected firms and individuals (as it both facilitates the adherence to the sanitary rules and increases the odds of a strong economic rebound after the crisis). An additional area of recommendations entails the possible introduction of incentives for complying with control measures - while at the same time protecting low-income individuals – including incentives to use the digital contact tracing app.

Sotomo report: Forschungsstelle sotomo, Zürich April 2020

https://ethz.ch/content/dam/ethz/special-interest/dual/kof-dam/documents/Medienmitteilungen/Prognosen/2020/Corona_Krise.pdf

6.4 International perspective

The Expert Group managing the NCS-TF's Exchange Platform examined the transition strategies released by other countries, with a focus on European countries. The group prepared a PowerPoint presentation (see Appendix 5). The review provides several insights.

- Only a few countries have announced that they plan to ease containment measures and most have done so in the week of April 6, among them Austria, Denmark, Norway and the Czech Republic. The authorities of many other countries have not addressed this topic, including France or Italy.
- The announcements vary in their degree of confidence. Some countries are more confident based on their management of the crisis to date (Austria). In contrast, others are generally more cautious in their plans (for example, Denmark). Whereas some authorities have announced clear dates for starting to ease measures, many others expressed the date more cautiously as "not earlier than", or developed plans without committing to dates (Germany).
- Most countries recognise that the easing of measures will be subject to close monitoring of the epidemic and that plans may need to change. They acknowledge that exit strategies must be adaptive, i.e. containment measures need to be re-instated in case the epidemic worsens.
- The Expert Group found no information about the indicators countries will use to inform the decision to reapply containment measures.

When analyzing the specifics of the transition strategies, we found that strategies generally focus on the gradual re-opening of specific economic activities and schools, whereas large event and entertainment facilities (concert halls, discos, etc.) remain closed for several additional weeks, or until further notice. Several countries recommend the widespread use of masks in the context of releasing containment measures - ideally commercial masks but also homemade masks in case the supply of commercial masks is insufficient. It is more difficult to find precise information on other measures, for example, testing, contact tracing. However, there is a strong emphasis on the importance of testing, isolation, contact tracing and quarantining.

Unresolved issues

This report is work in progress and will be refined further in the next days.

Appendices

Appendix 1 - Email from Lukas Bruhin / Emilia Pasquier
Appendix 2 – Excel sheet with recommendations for phase 1
Appendix 3 – Policy Brief by ELSI Expert Group
Appendix 4 – Analysis of SRG SSR sotomo Monitoring Corona Pandemie
Appendix 5 – PowerPoint Presentation International Perspective