

Support for Surveillance, Re-nationalization and Prevention during Times of Crisis. A Cultural, Ideological, or Personal Matter?

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Draft version

Abstract

The COVID-19 pandemic poses complex policy challenges for decisionmakers. In this paper, we analyse three policy issues that surfaced during the current crisis: (1) the organization of crisis response and the surveillance of citizens by governments, (2) the re-nationalization of the health care economy in general and health services particularly, (3) and the prevention of pandemics in the future. We present results from an experimental and observational survey data in Switzerland, which is a typical case of a developed country regarding infection rates and crisis policy response levels. We show that individuals prefer the central government rather than subnational governments taking the lead in managing anti-crisis policies, but favour voluntary instead of obligatory tracking measures. Furthermore, there is considerable public support for precautionary measures against future crises. Those worried about the consequences of the crisis especially support more surveillance, re-nationalization and prevention. There is some evidence that those situating themselves left of the political centre prefer such reforms as well. Finally, we find some cultural differences: French-speaking individuals support stricter regulations of the economy than do German-speakers.

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1. Introduction

If a crisis such as the COVID-19 pandemic hits a country, the responsibility of mounting a response falls upon the national government. Under such circumstances, decisionmakers need to implement policies reacting to the current emergency, but they also face the challenge to put into place measures to prevent future crises. In democratic countries, governments can use emergency laws to pursue anti-crisis policies without a preceding debate of policies in parliament. Against the background of this temporary centralization of decision-power, it is important to understand how the population perceives such anti-crisis measures as these policies might entail restrictions of privacy, regulation of the economy, and investment of tax money to help preventing future disasters. This question is especially interesting in a country such as Switzerland, which has a particularly liberal political culture where citizens prefer a limited degree of state intervention into the economy and into society (Kriesi and Trechsel 2008).

In this article, we start from existing research on the politics of prevention, crisis governance, and policy feedback to analyse how Swiss residents perceived these drastic measures implemented by the central government to face the COVID-19 crisis. In previous scholarship on the politics of prevention, researchers have pointed out that voters are unlikely to favour preventive over reactive disaster policies because they are short-sighted will not be convinced by policy promises addressing problems that might appear in the far future (Achen and Bartels 2016; Healy and Malhotra 2009). Others have emphasized that voters do not trust politicians to invest in preventive policies (Gailmard and Patty 2019). Nevertheless, scholars have also pointed out that when individuals personally experience a crisis such as a natural disaster, they tend to punish the government for inaction (Gasper and Reeves 2011) and are more likely to support policies preventing such disasters in the future (Baccini and Leemann 2020).

Contrariwise, according to research on crisis governance, citizens look to the government for protection during times of crisis. Therefore, public support for government is going to increase in turbulent times (Boin et al. 2016; Boin and Hart 2003). In anticipating that politicians will take action to protect them, individuals will refrain from extensive criticism of government policy, at least at the onset of the crisis (Baum 2002) and support measures dealing with crises pressures, such as a pandemic (Paek et al. 2008; van der Weerd et al. 2011). Research on federal dynamics in times of crisis has shown that, in multilevel political systems, where the national government usually has to share power with subnational and supranational actors, the momentum for action moves to the national government (Braun and Trein 2014). The public supports that national governments take a leading role in dealing with the crisis, rather than international actors (Amat et al. 2020). Scholarship that analyses individual preferences and policy changes has shown that – in addition to personal experience – individual perceptions of the crisis (Braun and Tausendpfund 2014), political ideology (Margalit 2013), and cultural factors, such as collective identities, are likely to influence how citizens perceive anti-crisis policies (Risse 2003).

We analyse popular support for anti-crisis policies during the COVID-19 pandemic in Switzerland. Especially, we assess which types of government interventions receive popular support and why some individuals support such policies but not others. Therefore, we focus on three very different issues related to anti-crisis policies: (1) citizen surveillance and centralization of government, (2) re-nationalization of the health care economy, and (3) prevention of future crises. To answer these research questions, we use data from a survey experiment fielded in Switzerland, in April 2020 just after the local COVID-19 infection peak and during the lockdown period. Therefore, our survey allows studying popular preferences directly in times of an unprecedented health crisis.

Our analysis proceeds in two steps. Firstly, we use survey and experimental data to assess how the population prefers such crisis policies to be designed. Secondly, we examine whether fears about the consequences of the pandemic, political ideology and cultural factors explain differences in the preferences regarding anti-crisis policies.

The results from the survey experiments show that individuals support investment into materials for crisis prevention and quota for domestic health care workers, even if this comes with higher tax expenditure. Respondents also express support for regulations requiring the pharmaceutical industry to invest profits into vaccines and to produce medical supplies domestically. Individuals also voice support for a voluntary instead of an obligatory contact tracing app and crisis management by central government instead of subnational governments (cantons). Finally, especially those who are afraid of the crisis, who lean to the political left, and who are French-speaking support these policies.

This paper contributes to political science research in general as it uncovers the micro-foundations of important policy issues created by the COVID-19 pandemic and that are likely to remain on the agenda of decision-makers throughout this pandemic and after. Furthermore, we show that, in the context of a liberal society, there is noteworthy political support for measures that strengthen the interventionist state in the context of a liberal society, such as Switzerland. Specifically, we show that citizens support measures reducing economic globalization, investment into preventive health policies, and a limited “surveillance state”, in the context when the crisis experience is strong. Personal matters, i.e., fears of the crisis experience, seems to be strongest predictor for why individuals express support for policies strengthening the central government.

2. Theoretical Priors

Complex crises such as the COVID-19 pandemic require governments to put into place measures in a context of uncertainty (Ansell and Boin 2019, 1081–82). In liberal democracies, anti-crisis policies need to be designed and implemented in close interaction with the public as the government needs the support of the public to implement policies; nevertheless, leadership moves to government and away from parliament (Boin et al. 2016). Scholars have pointed out that in times of crisis governments gain in support because citizens approve of the government's work (Bol et al. 2020; Paek et al. 2008; van der Weerd et al. 2011), or, as there is a rally-round-the-flag effect, i.e., a looming crisis inflates public support for leaders (Baum 2002; Chatagnier 2012).

From a policy perspective, crises such as pandemics become a focusing event that pushes other issues off the agenda and create public support for reforms, especially if there is a pre-existing coalition in support of policy change (Birkland 1998, 1998). We assume that responding to a pandemic creates an instance of “bringing the state back in” (Jessop 2001), in the sense that governments tend to use economic and social regulations to bring the pandemic under control and use measures to prevent future crises (Capano et al. 2020). In this paper, we are not interested in the differences of the actual implementation of these policy instruments between countries, but rather in the micro-foundations underlying these policies. In other words, we want to understand to what extent citizens support these policy measures and what explains differences between levels of support in times of crisis. Therefore, we focus on a most different sample of policy issues that have become important in the context of the COVID-19 pandemic: citizen surveillance and centralization of government, regulation of the health care economy and prevention of future crises.

We develop the theoretical priors that guide our analysis in two steps. Firstly, we develop hypotheses regarding individual preferences about the design of such anti-crisis policies. Secondly, propose three hypotheses about linking cultural, ideological, and personal elements to respondents' potential support for the reforms we are interested in.

2.1 Design of Surveillance, Re-nationalization and Prevention Policies

Citizen surveillance and centralization of government

The first issue of anti-crisis policies concerns the restriction of individual freedom through contact tracing measures and the centralization of government in organizing a crisis response. To deal with the COVID-19 pandemic, governments in many countries have imposed restrictions on civil and economic liberties and took measures to improve medical care (Hale et al. 2020). One specific policy measure that governments have implemented in several countries are contact tracing applications for smartphones, which could be used to identify chains of infections (Ahmed et al. 2020; Ferretti et al. 2020). Although supporters have praised the potential contribution of these applications to counteract the pandemic, the implementation of such an app has raised privacy concerns since individual data collected for the purposes of contact tracing might be used for other purposes (Cho, Ippolito, and Yu 2020).

To successfully implement contact tracing apps requires that a substantial share of the population (Trang et al. 2020) downloads and uses the same app. Otherwise, it is unlikely that the application contributes to interrupting chains of infection. Thus, an important ethical and political question is whether governments should make the usage of the app mandatory or voluntary (Morley et al. 2020). In Europe, a majority of citizens are weary about the misuse of their personal data. Data from the 2015 Eurobarometer shows that a majority of respondents does not trust national public authorities, European institutions, financial authorities,

businesses, and telecom companies to use personal data only for the intended purposes (EU 2015, 21). In other words, citizens fear surveillance by organizations that collect personal data for service provision. Governments in many countries plan to make the use of contact tracing apps mandatory (Trang et al. 2020). Against this background, we hypothesize:

Hypothesis 1a: Individuals prefer voluntary over mandatory use of tracking apps.

The second part of the first policy issue concerns the concentration of power with the national government. It is well known from the literature that public support for governments increases in times of crisis (Boin et al. 2016; Boin and Hart 2003; Paek et al. 2008; van der Weerd et al. 2011). An important element of crisis governance is about the coordination of policies across different levels of government. Research on multilevel governance and federalism has pointed out that levels of government beyond the nation state play an increasingly important role in policymaking and share authority with the national government (Hooghe et al. 2016; Hooghe and Marks 2003). In times of crisis, the momentum for action moves to the national government and there is a temporary centralization of powers from subnational to the central level of government, in order to allow for a coherent response to the policy problems (Braun and Trein 2013, 2014). Individuals approve that the central government, rather than subnational governments, take charge against the crisis because they prefer a coherent policy response (Amat et al. 2020). Consequently, we put forward the following hypothesis:

Hypothesis 1b: Individuals want the national government rather than subnational governments to manage the crisis.

Re-nationalization of the health care economy

The second anti-crisis policy issue is about the potential re-nationalization of the health care economy. The COVID-19 pandemic has revealed a shortage of medical supply and personnel, in many countries (Ranney, Griffeth, and Jha 2020). To some extent, this shortage was related to the difficulty to implement prevention plans (Droogers et al. 2019) as well as austerity policies after the global financial crisis (Forster and Kentikelenis 2019; McKee et al. 2012). In addition, the production of medical equipment followed a global value chain, which was disrupted during the economic shut-down of the pandemic, in early 2020 (Gereffi 2020). During the last decades, the global lack of medical personnel has attracted (im)migration towards countries that are politically stable and that provide favourable economic conditions (Aluttis, Bishaw, and Frank 2014). As a consequence, many countries – amongst them Switzerland – have developed a dependency on health care workers (Mercay, Burla, and Widmer 2016) as well as on medical materials from abroad.

The interruption of global value chains and migration flows during the COVID-19 crisis is likely to create political support for a re-nationalization of health care provision. Scholars have pointed out that fears related to negative personal economic consequences of globalization will result in scepticism towards globalization (Bearce and Jolliff Scott 2019; Rommel and Walter 2018). This political dynamic has already resulted in a “globalization backlash”, which entails reforms that slow-down or even turn back economic globalization (Frieden 2019; Walter 2021). Therefore, we expect that the shortages of health care material and the potential lack of personnel during the COVID-19 crisis create political support for policy proposals supporting to augment the number of domestic health care workers and to produce medical supplies as well as a potential vaccine domestically. Therefore, we hypothesize:

Hypothesis 2a: Individuals prefer a national quota for health care workers compared to maintaining the current system, even if this comes along with additional taxes.

Hypothesis 2b: Individuals support regulations mandating the pharmaceutical industry to produce medical supplies, drugs, and vaccines domestically.

Investing in prevention of future crises

The third anti-crisis policy issue concerns the investment in the prevention of future crisis. One specific insight from previous research holds that voters are unlikely to favour policies that prevent disasters over measures that react to crises because voters are short-sighted and care above all about tangible policy issues (Achen and Bartels 2016; Healy and Malhotra 2009). Furthermore, scholars have pointed out that it is difficult for voters to trust politicians who promise to invest in preventive policies if they cannot clearly experience the policy problem that the promised measures should prevent (Gailmard and Patty 2019). Nevertheless, when voters personally experience a crisis, such as a natural disaster, they tend to punish the government for inaction (Gasper and Reeves 2011) and are more likely to support preventive policies that avoid such crises in the future (Baccini and Leemann 2020). In the context of the COVID-19 pandemic, the crisis has become a real experience for many individuals, either because they caught the disease themselves or because they experience anti-crisis policies. Against this background it is plausible to assume that respondents support investments for the prevention of future crises, even if this comes along with higher taxes. Therefore, we hypothesize as follows:

Hypothesis 3: Individuals support policies to make additional investments into preventing future pandemics over doing nothing, even if such policies come along with higher taxes.

2.2 Explaining differences in responses

In addition to preferences regarding the design of different anti-pandemic policies, an important question concerns differences between individuals regarding their support or opposition for the discussed anti-crisis policies. According to the literature, it is unlikely that all respondents have similar preferences about the design of anti-crisis policies. In the following, we propose three hypotheses that explain why individual preferences regarding surveillance and centralization, re-nationalization of the health care economy, and investments in the prevention of future crises potentially differ between individuals.

A personal matter? Fear of economic and health consequences of the crisis

An established insight shows that personal worries and problems impact on political behaviour and policy problems. For example, personal economic problems make it much less likely that individuals participate in elections (Brody and Sniderman 1977), because if individuals are concerned with their economic future, they are more likely to do other things than voting. Political behaviour research also shows that voters consider the future and punish or reward governments accordingly. For instance, the electorate will take into account the expected development of the economy on election day and will punish the government if they anticipate, i.e., have evidence, that the development of the economy will not go well (MacKuen, Erikson, and Stimson 1992).

More recent work on the global financial and economic crisis as well as the Euro crisis has shown that individuals' perception of the crisis explains whether they support further European integration (Braun and Tausendpfund 2014). Hacker et al. have pointed out that individual worries about the future, for example regarding employment and health conditions, impact on

individuals' policy preferences (Hacker, Rehm, and Schlesinger 2013; Rehm, Hacker, and Schlesinger 2012). This research implies also that when facing higher risks, respondents will be supportive of policies promising to protect them from such risks (Ansell 2019). Thus, we hypothesize:

Hypothesis 4: The more individuals are afraid of the crisis' economic and health consequences, the more they support surveillance and centralization, re-nationalization, as well as investment in prevention.

An ideological matter? Left or right political orientation

Another potential explanation for support or opposition to the above-discussed policy position is rooted in political views and ideology, notably differences between the right and left of the political spectrum (Castles and Mair 1984; Margalit 2013). The established view of political research is that left parties tend to pursue policies supporting those who need protection by the state (Schmidt 1996), for example because they are unemployed. Contrariwise, (liberal) right parties support policies that promise a “lean” state with a less taxes but also more limited public services (Giger and Nelson 2011). In addition, scholars have pointed out that left parties have attracted voters who support policies that entail social investment measures that, for example, strengthen continuous education for job seekers as well as gender equality (Abou-Chadi and Wagner 2019; Häusermann, Picot, and Geering 2013). Therefore, we hypothesize:

Hypothesis 5: The more individuals lean to the political left, the more they support surveillance and centralization, re-nationalization, as well as investment in prevention in the health care sector.

A cultural matter? French- or German-speaking

Another possible explanation for differences in individual preferences regarding anti-crisis policies is rooted in cultural differences. In fact, research on European integration has pointed out that different national identities are likely to influence how citizens perceive anti-crisis policies (Risse 2003). In times of crisis, different national identities make it difficult for decisionmakers to create coherent policies (Risse 2014), especially if it requires transfer payments between nation countries (Trein 2020). Cultural attitudes can also be associated with political institutions and the degree of centralization within these institutions.

Very generally, stark differences can be observed regarding political preferences and priorities between the French- and the German-speaking regions in Switzerland. These cultural differences can be noted particularly well during the popular votes that take place four times a year. Beyond health care policies (De Pietro and Crivelli 2015), these differences can be observed in other policy fields, in particular in domains such as education policies, which are traditionally regulated mainly at the regional level (Hega 2001). Notably, in Switzerland, French-speaking individuals express a stronger support for centralization of public policies compared to German-speakers (Müller 2015; Müller and Dardanelli 2014). These attitudes are differences in beliefs about the role of the state. Notably, in the French administrative tradition, the central state plays a stronger role compared to the German administrative tradition (Painter and Peters 2010). Therefore, we hypothesize:

Hypothesis 6: French-speaking respondents express a higher level of support for surveillance and centralization, re-nationalization, as well as investment in prevention compared to German-speakers.

3. Data and methods

3.1 Case selection

To analyse the above-discussed hypotheses, we use data from an original survey fielded in Switzerland. In a comparison of 37 countries,³ Switzerland results to be a rather typical case regarding the relationship between the stringency of the policy response and the logged death from COVID-19 per million. Therefore, it is plausible to assume that citizens in Switzerland have experienced the pandemic in a way that is very comparable to other countries, making the insights from this study generalizable to similarly developed countries. Moreover, Switzerland is a federalist state with particularly strong regions, it is an ideal setting to test hypotheses about the centralisation of crisis responses and how these are accepted by citizens who are used to local governments taking the lead in many policy fields. Finally, Swiss authorities commissioned the development of a national smartphone application to trace COVID-19 infections (Servick 2020) making it particularly plausible that the respondents are familiar with this debate. Consequently, we assume that the findings from this paper can be translated to other economically developed and strongly federalist states.

3.2 Survey experiment and observational data

Our data contains an experimental and an observational component. Specifically, we use data collected in a survey with an embedded conjoint experiment. The survey was fielded between April 22 and May 4, 2020, which corresponds to the period just after the peak of the infections in Switzerland. Respondents were recruited via an online panel run by an international market research firm (Bilendi) that allowed us to obtain a sample of 1535 participants, who rated a total

³ See Figure 0 in the Supplementary Material for an illustration.

of 3070 vignettes. To ensure the representativeness of this sample, we used quotas for age groups, gender, and educational attainment as well as a soft quota for region of residence.

Conjoint survey experiments are increasingly popular in political science research, in particular to estimate trade-offs between policy packages, which allows to test multiple hypotheses contemporaneously (Bechtel, Hainmueller, and Margalit 2014). Conjoint experiments, are particularly useful because they permit estimating unbiased causal effects, and reducing social desirability bias which is a major problem for non-experimental surveys (Auspurg and Hinz 2014). Therefore, this method is suitable to analyse the political support for anti-crisis policy preferences in the COVID-19 pandemic.

3.3 Experimental manipulation and observational survey questions

We structured the online questionnaire as follows: first, we posed introductory screening questions regarding gender, age and education. Second, the respondents were confronted with the experimental manipulation, i.e. two vignettes describing different policy packages about governments' crisis response to the pandemic. Finally, we added additional survey questions capturing complementary information on policy preferences, additional socio-demographic data as well as questions regarding respondents' political orientations.

Regarding the experiments, both the order of the vignette, as well as the characteristics displayed in the vignettes were fully randomized. Respondents were asked to indicate on a scale from 0-10 (not at all – very much) how strongly they support the policy packages proposed in

the questions. The policy packages contained four dimensions (see Table 1),⁴ which operationalized the different anti-crisis policy issues. To operationalize citizen surveillance and centralization of government we posed two questions. The first question aimed at understanding whether citizens preferred a mandatory over an obligatory tracking app. The second question focused on the centralization of government during the pandemic and asked at which level of government authorities should handle the crisis. To operationalize the issue renationalisation of the economy, we asked whether a quota for Swiss health care personnel should be introduced (in addition we asked standard survey questions regarding support for domestic production of medical supplies and vaccines (cf. next paragraph)). To operationalize the third policy issue (prevention of future crises), we posed a question concerning preferences about the investment in medical material to prevent future crises and the willingness to pay for these materials.

Table 1: Vignette dimensions and levels

Policy issues	Levels of the vignettes
Citizen surveillance and centralization of government	1) No tracking. 2) Mobile phone tracking is mandatory. 3) Mobile phone tracking is voluntary.
	1) Federal level has the sole responsibility. 2) The cantons are allowed some leeway for regional measures. 3) Cantons have the sole responsibility.
Renationalisation of the economy	1) Status quo. 2) Quota for Swiss personnel. 3) Quota for Swiss personnel but higher tax burden.
Investment in pandemic prevention	1) Status quo. 2) More material. 3) More material but higher tax burden.

In using the results from these vignettes, we can test hypotheses 1a, 1b, 2a, and 3. To operationalize hypothesis 2b, we use a traditional survey question. Specifically, we ask about whether pharma firms should be obliged to invest some of their profits into vaccine

⁴ See Table S1 in the supplementary material for exact question wording and translation, Figure S1 for the introductory screen and its translation (Table S2) and Figures S2a and S2b for a vignette example.

development, and, whether these companies should be obliged to produce of health material in Switzerland. To operationalize the items of hypotheses 4, 5, 6, which focus on explaining differences regarding the support for more centralization, surveillance, nationalization and investments into preventive health policies. We also use these measures as independent variables in the regression analyses. Moreover, we ask about the level of worry for the health and economic consequences of the pandemic on a 0-10 scale (little worries-many worries), about the political positioning on the left-right axis, and we coded a variable to operationalize cultural differences based on the canton of residence (i.e. French- or German-speaking).⁵

3.4 Estimation and robustness

To analyse the results from the survey experiments, we estimate multilevel linear regression models with random intercepts because the data has a nested structure (Rabe-Hesketh and Skrondal 2008). We also run robustness checks to ensure data quality. The robustness checks indicated that the randomization of profile attributes across respondents was successful.⁶ Moreover, we tested for carry-over effects by estimating linear regression model with all covariates for all experimental characteristics and interacted those with the number of the rating task. The joint Wald test for all the interaction terms is non-significant⁷ and thus unproblematic. Moreover, there are no significant order effects for the placement of the experiment within the survey⁸ (Hainmueller, Hopkins, and Yamamoto 2014).

⁵ See Table S3 in the supplementary material for the original question wording and translation.

⁶ Vignette characteristics were randomised by design, but we test if this randomization produces balanced groups with respect to these different characteristics and the four variables we used as quotas (gender, age, education and region). The p-values of the chi-squared test over combinations of respondent level variables and vignette characteristics are all non-significant. Moreover, we also assessed more qualitatively whether the coefficient of multilevel linear regressions change when we regress the randomization characteristic on the outcome (bivariate regression) and the randomization characteristic on the outcome but include all other vignette dimensions, and this is not the case.

⁷ Task-order effects or carry-over effects: ($\chi^2 = 11.5$, $df = 8$, $P(> \chi^2) = 0.17$).

⁸ Experiment position test: ($\chi^2 = 20.4$, $df = 24$, $P(> \chi^2) = 0.68$).

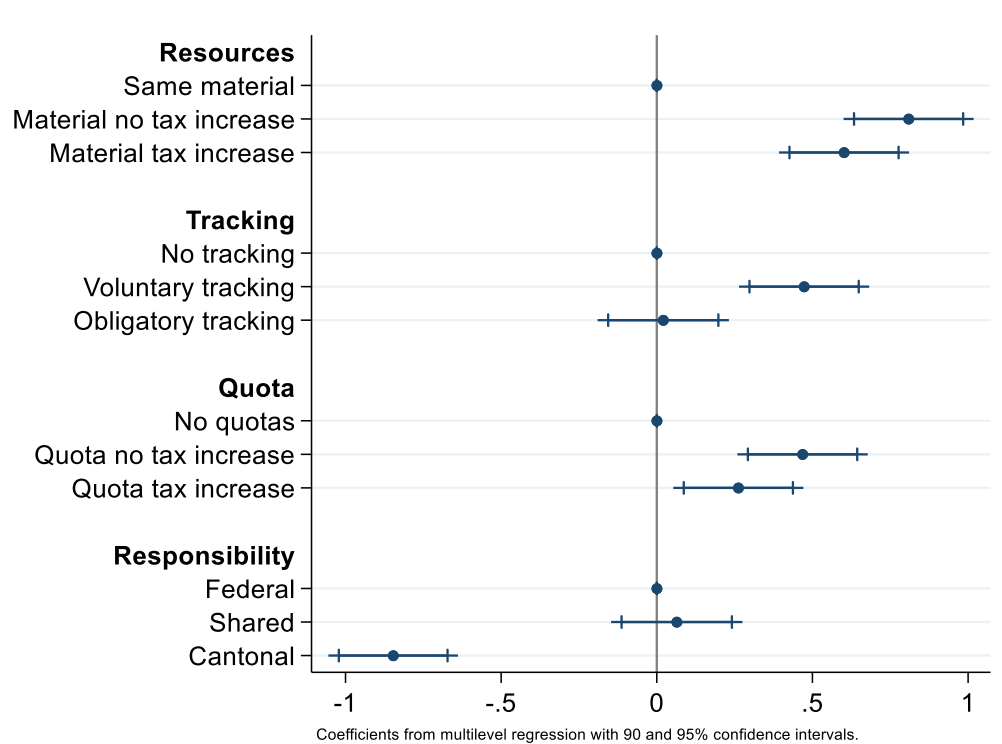
4. Results

4.1 Survey experiment

We begin the presentation of the findings with the results from the survey experiment (Figure 1). First, the data shows that, compared to the status quo, respondents have strong preferences for additional investment into preventive measures such as increase of medicine, health material and health personnel. Interestingly, this effect is independent of whether an increase in prevention will increase citizens' tax burden and thus supports Hypothesis 3. Second, and in line with Hypothesis 1a, respondents clearly reject a too close monitoring by the state and favour voluntary efforts to use mobile tracing software over making its use mandatory or not providing such an application. Third, respondents also strongly support efforts to renationalise the health care economy by introduction a quota for Swiss health care personnel in hospitals, even if such a renationalization would generate additional tax burden, a result that supports Hypothesis 2a. These findings are surprising because the majority of the Swiss population holds rather liberal political views and is traditionally opposed to a strong state (Kriesi and Trechsel 2008).

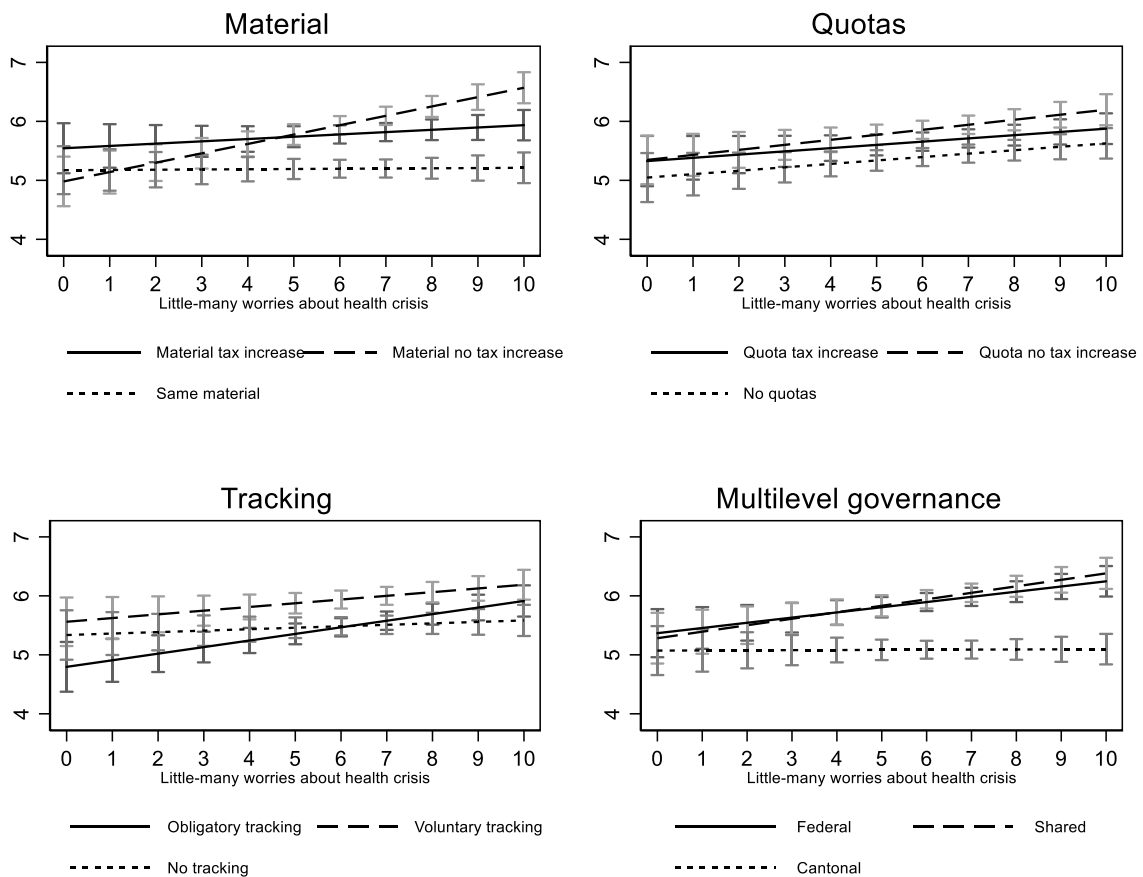
Fourth, we clearly see that respondents are rather sceptical of decentralization, in fact, they significantly oppose against cantons retaining the sole responsibility for crisis-related policy-making. Contrariwise, there is a similar level of support for a sole federal responsibility or a shared responsibility between the federal and the cantonal levels for crisis management. This finding partially supports Hypothesis 1b, according to which individuals prefer the national government rather than the subnational ones to manage the crisis.

Figure 1: Results from Survey Experiments



In the theory section we present three hypotheses to explain potential heterogeneous preferences regarding the discussed policy solutions. Firstly, we put forward the hypothesis that individuals who are afraid of the health and economic consequences of the crisis are more likely to support surveillance and centralization, re-nationalisation as well as investment in prevention. Secondly, we expect that individuals who lean towards the political left would be more supportive of surveillance and centralization, re-nationalisation as well as investment in prevention. Thirdly, we posit that cultural differences matter: French-speaking individuals should be more likely to support surveillance and centralization, re-nationalisation as well as investment in prevention.

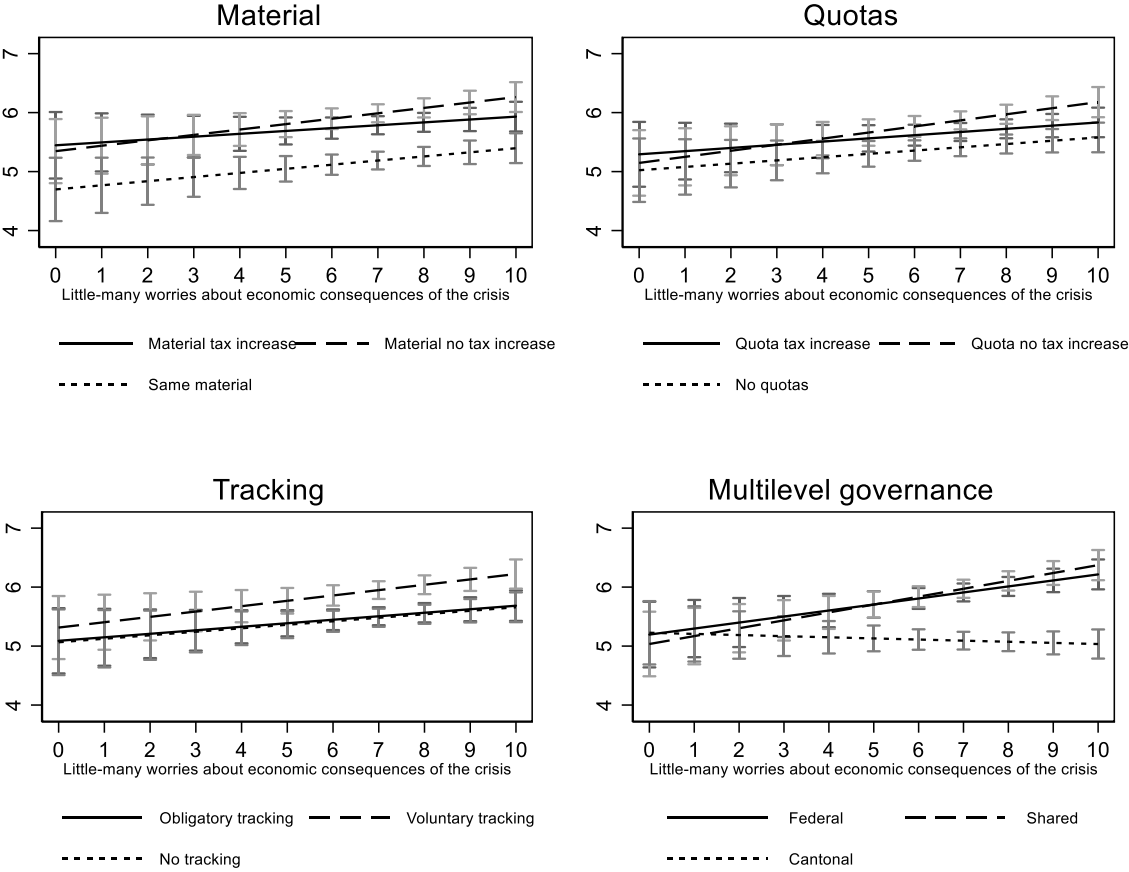
Figure 2: Respondents' policy preferences interacted with their level of worry regarding the health crisis



Estimates are predicted ratings, with 95% confidence intervals.

The findings regarding the impact of individuals' worries about the health consequences of the crisis show that respondents who were very worried about the health consequences of the pandemic favour an increase in preventive interventions. Nevertheless, this effect is especially strong if investments in preventative policies do not generate additional tax burdens. Respondents who are worried about the crisis' health consequences are also significantly more in favour of mandatory tracking and are clearly significantly opposed to the attribution of the sole governance responsibility to cantons. Instead, there is no difference regarding preferences for Swiss health personnel quotas compared to individuals who are less worried about the health consequences of the pandemic (Figure 2). These results partially corroborate Hypothesis 4.

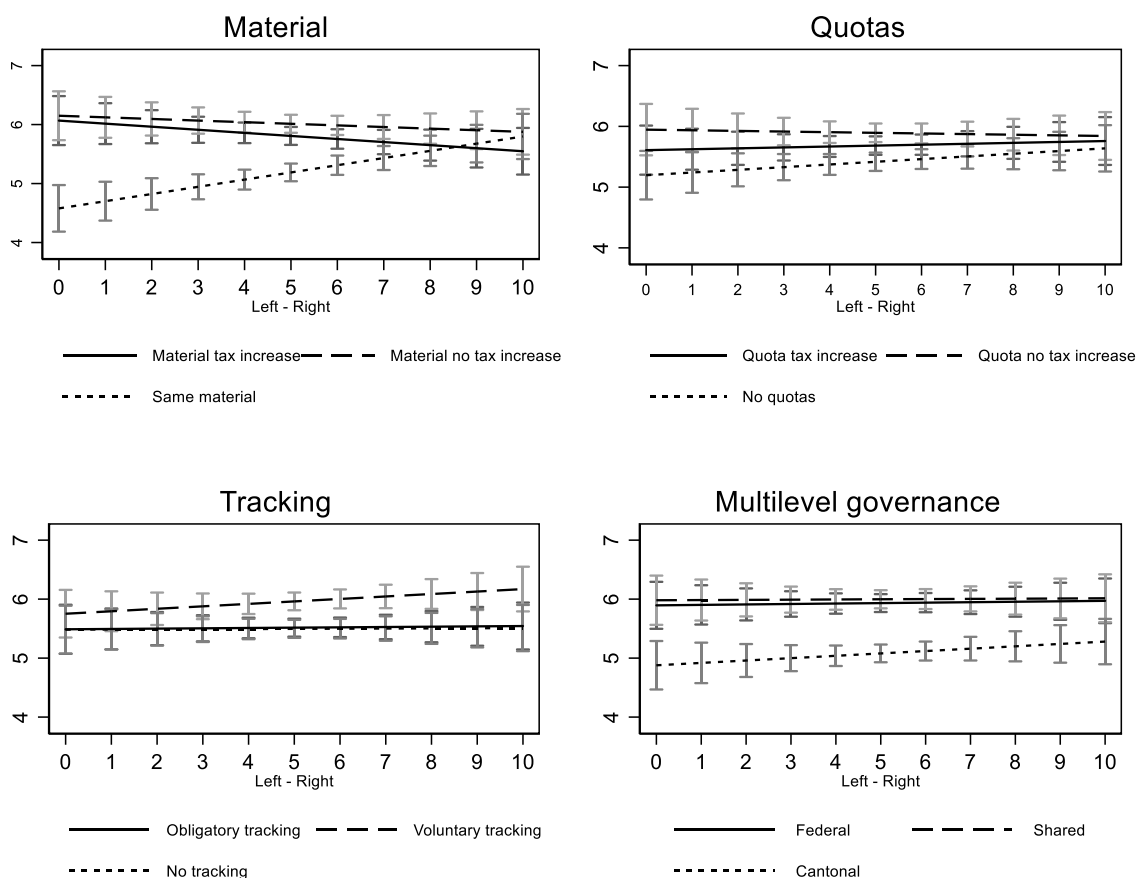
Figure 3: Respondents' preferences for different health policies interacted with their level of worry regarding the economic crisis



Estimates are predicted ratings, with 95% confidence intervals.

Interestingly, we find no significant interaction between the level of respondents worry about the economic consequences of the crisis, except for their significantly stronger rejection of a cantonal monopoly on crisis-policy making. Apparently, respondents who are very worried about the economy deem that a strong intervention at federal level is needed to address the economic challenges efficaciously (Figure 3). These findings only partially corroborate Hypothesis 4, which expected that individuals who are worried about either economic or health consequences of the pandemic would support stronger intervention in all policy realms and thus support surveillance and centralization, re-nationalization, as well as investment in prevention in the health care sector.

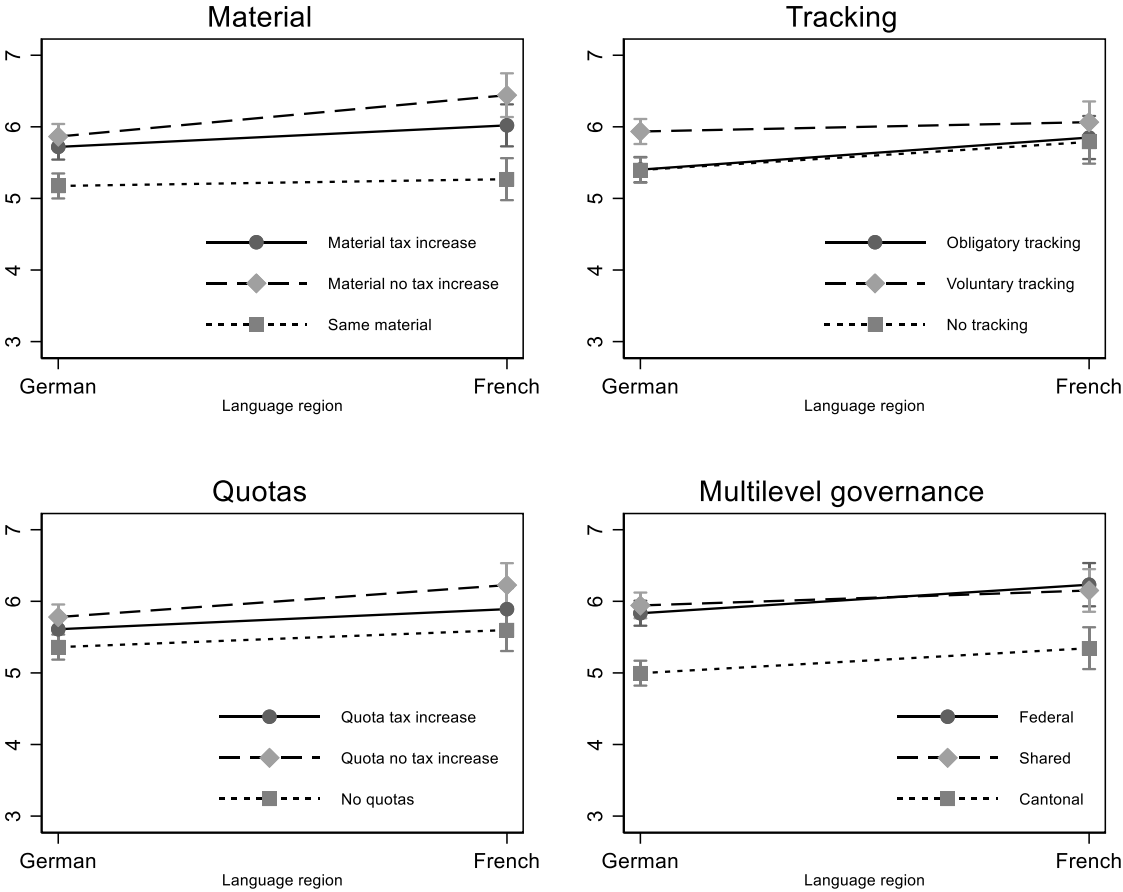
Figure 4: Respondents' preferences for different health policies interacted with their political position



Estimates are predicted ratings, with 95% confidence intervals.

The results shown in Figure 4 (and Table S5 and S6 in the Supplementary Material) illustrate that the interaction term between political affiliation and increased investment into prevention is significant whereas the other effects are not, meaning that left-leaning respondents are significantly more supportive of increased investment into increasing prevention efforts independently of whether this would increase taxes. However, political orientation does not make a difference in the evaluation of surveillance, centralization and renationalisation of the health care economy.

Figure 5: Respondents' preferences for different health policies interacted with their region of residence (German- or French-speaking)



Estimates are predicted ratings, with 95% confidence intervals.

The third hypothesis to explain potential differences between respondents' attitudes regarding anti-crisis policies focused on cultural differences. Specifically, we expected that respondents with French as their first language express a higher level of support for support surveillance and centralization, re-nationalization, as well as investment in prevention in the health care sector (Hypothesis 6). The results only partially support this hypothesis and show that French-speaking residents are significantly in favour only of increasing investment into prevention when compared to their German-speaking counterparts. These findings extend support for Hypothesis 6 and corroborate previous research, which has demonstrated that residents of the

French-speaking cantons, in Switzerland, prefer policies representing a higher degree of state intervention.

4.2 Results from observational survey data

In addition to the results from the survey experiment, we use insights from other parts of our survey to deepen our analysis, especially regarding respondents' support for measures renationalizing the health care economy. As mentioned above, we included questions about whether respondents are in favour of regulations requiring pharmaceutical companies to produce health material in Switzerland and whether they should be forced to invest their profit in developing a vaccine. 85% of the respondents partially or fully agree that pharmaceutical companies should be forced to invest some of their profit into vaccine development. Moreover, 92% of the respondents partially or fully agree that pharmaceutical companies should be forced to produce essential medicine and equipment in Switzerland (see Figures S5-S6 in the Supplementary Material) These descriptive findings extend some support to Hypothesis 2b, which proposes that there is popular support for such regulations.

To further analyse these insights, we run multivariate regression analyses (Table 2). We use individual placement on a left-right scale, worries about the health crisis and the economic crisis and the language of the respondents as explanatory variables to operationalize the explanatory factors discussed in Hypotheses 4-6. In addition, we include several control variables to ensure the robustness of our findings, notably gender, age, education, health status, interest in politics, and preferences regarding health care spending.

Table 2: Results from OLS-regressions on preferences for vaccine development and production of health materials in Switzerland

	Model 1 Pharma to invest profits into vaccine development		Model 2 Production of health material in Switzerland	
<i>Main independent variables</i>				
<i>German-speaking area (ref.)</i>				
French-speaking area	0.651***	(0.129)	0.607***	(0.107)
Respondent's worry about health crisis	0.102***	(0.025)	0.067**	(0.020)
Respondent's worry about economy	0.075*	(0.030)	0.076**	(0.025)
Left-right placement	-0.093***	(0.027)	-0.012	(0.023)
<i>Control variables</i>				
<i>Female (ref.)</i>				
Male	-0.301**	(0.114)	-0.298**	(0.095)
Respondents' age	0.018***	(0.003)	0.015***	(0.003)
<i>No education (ref.)</i>				
Primary education	-0.184	(1.111)	-0.226	(0.924)
Secondary education	-0.388	(1.081)	-0.627	(0.899)
Apprenticeship	-0.232	(1.072)	-0.507	(0.892)
High school	-0.470	(1.083)	-0.847	(0.901)
University applied sciences	-0.673	(1.077)	-0.559	(0.896)
University	-1.394	(1.078)	-0.968	(0.897)
Ready to take risks	-0.042	(0.026)	-0.058**	(0.022)
Ready to plan future	0.077**	(0.029)	0.096***	(0.025)
Respondent's health	0.093**	(0.031)	0.043°	(0.026)
Interest in politics	0.041°	(0.023)	0.075***	(0.019)
Health care spending	-0.048°	(0.027)	-0.045*	(0.023)
Constant	5.605***	(1.118)	6.145***	(0.930)
N	1535		1535	
R2	0.128		0.127	
Adj. R2	0.118		0.117	

Standard errors in parentheses, results from OLS-regression. The variable health care spending measures whether the respondent believes that the federal government spends too much or too little on health care services. ° p<0.1, * p<0.05, ** p<0.01, *** p<0.001.

The results show that individuals who are worried about the health and economic consequences of the crisis and French-speaking respondents are more supportive of such regulating the pharmaceutical industry compared to those who are less worried and speak German. Interestingly, we find that right leaning individuals disagree that pharma firms should be forced to invest in vaccine development, which is in line with their ideological preference for low levels of state intervention. Nevertheless, regarding domestic production of health materials, political orientation does not make a difference. These findings provide additional support for

Hypotheses 4 and 6, which emphasize that respondents who are worried about the crisis and who are French-speaking are more supportive of regulations of the pharmaceutical industry.

In terms of control variables, we find that men are significantly less supportive of both propositions than women, and that the support for both measures increases with age. Risk affinity and the habit to plan the future do also play a role. In more detail, individuals who are likely to take risks are significantly less likely to support the production of health material in Switzerland and respondents who like to plan the future are significantly more supportive of both propositions. Finally, respondents who believe that the health budget is too high are significantly less likely to support the investment in the production of health material in the country, given that this would most likely cause additional outlays.

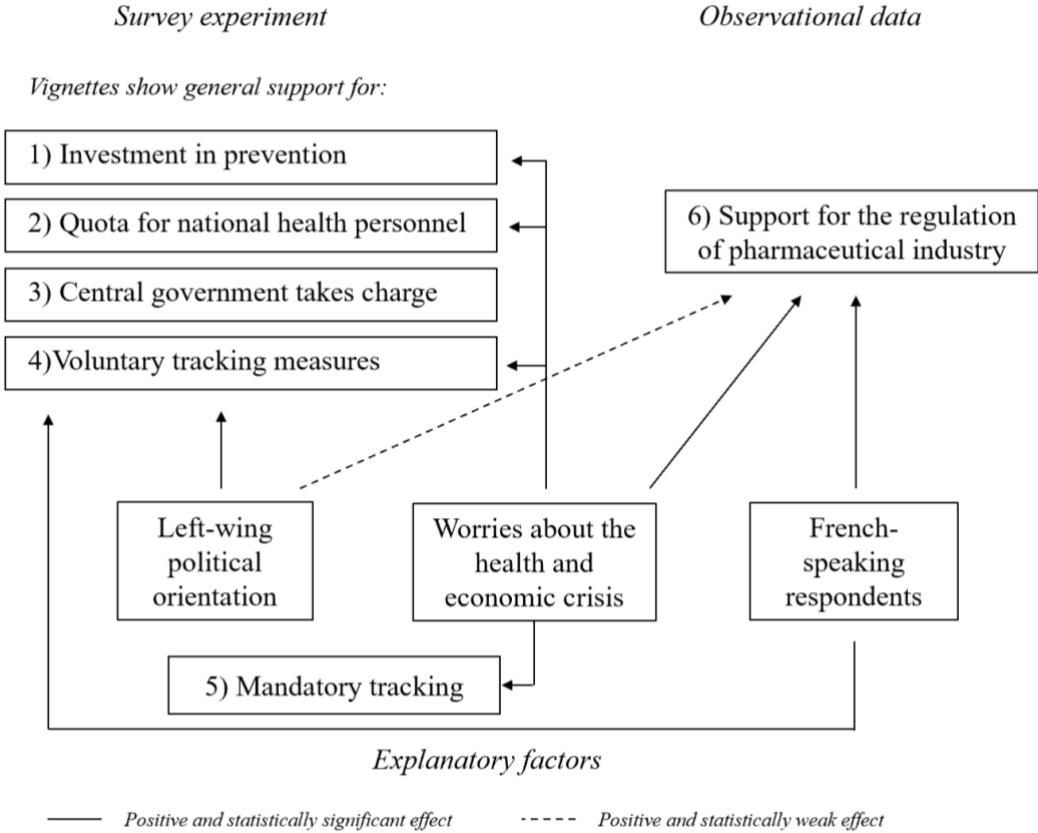
5. Discussion

We set out to test how individuals assess policy issues related to the COVID-19 pandemic. Therefore, we analysed three broad categories of policy issues: surveillance and centralization of government, re-nationalization of the economy, and investment in prevention in the health care sector. Specifically, we assessed five policy responses in a survey experiment and with observational survey questions, including how respondents supported mobile phone tracking to break infection chains, centralization of crisis responses to the federal government, investment into prevention efforts, introducing quota for Swiss health care personnel, and regulations of the pharmaceutical industry. We were interested in how respondents react to the design of these policies and if cultural, ideological and personal factors can explain differences in preferences.

Figure 6 summarizes our results. On the right-hand side, we show the results from the experimental data, on the left-hand side the findings for the observational analysis. We use arrows to illustrate the links between personal (worries about the economic and the health

consequences), ideological (left-right position), and cultural (canton of residence) variables and the different experimental variables (no. 1-5, Figure 6) and the questions from our observational data regarding the regulation of the pharmaceutical industry (no. 6, Figure 6). Straight arrows show statistically significant and positive effects; the dotted arrow indicates only a statistically weak effect.

Figure 6: Summary of the results



The experimental data reveals that respondents strongly support measures to increase prevention and crisis preparedness and that they also express preferences for a renationalisation of the health care economy (no. 1-2, Figure 6). Furthermore, they deem the federal government more competent to address the crisis compared to governance by regional authorities in the cantons (no. 3, Figure 6). Nevertheless, respondents are opposed to a too strong intervention in

the private sphere and favour voluntary measures to track mobile phones to break infection chains rather than mandatory ones (no. 4, Figure 6).

In addition, we analysed the impact of explanatory factors, i.e., individual characteristics, on the likelihood to support policies against the pandemic. We find that left-leaning individuals strongly support more investment into prevention measures – independently of whether these measures would increase tax burdens, as well as efforts to produce health care supplies domestically and to oblige pharma firms to invest some of their profit into vaccine development.

Generally speaking, the more individuals worry about the health consequences of the pandemic, the more they are willing to make compromises regarding the preservation of privacy, and consequently they support a mandatory tracking application (no. 5, Figure 6). These respondents also support a stronger investment into prevention of future pandemics and a centralization of governance. Those who worry about the economy instead are particularly sceptical of decentralization and very supportive of the production of medical supplies in Switzerland, including vaccines.

In line with a long tradition of study, we also find that French-speaking cantons are more supportive of interventions in the (health care) economy and support and of prevention efforts (i.e. increased efforts in production of health material and vaccines) than the German-speaking ones (no. 6, Figure 6). This finding points to an impact of cultural differences on the perception of crisis policy. In this specific instance, living in an environment where beliefs that emphasize a strong role for central government are important result in supporting policies to nationalize the (health care) economy and to invest more in prevention.

In sum, respondents identify a clear need for state intervention in the health care economy after the COVID-19 pandemic that peaked during the months between March and June 2020. This finding is insofar surprising, as Switzerland is historically a decentralized polity with a low level of state intervention in the economy. Nevertheless, in times of a pandemic, respondents seem to favour coordinated and nation-wide interventions to address the consequences of the health crisis and prevent future ones.

Conclusions

In this article, we aim to understand the politics underlying the policy response to the COVID-19 pandemic. Therefore, we conducted a micro-level analysis of the individuals' preferences regarding important policy measures that are relevant to counteract the pandemic. We focus our analysis on three larger anti-pandemic policy issues: surveillance and centralization of government, re-nationalization of the health care economy, and investment in preventive policies against further pandemics. The method of our analysis combines a survey experiment with observational survey data, based on an original survey that we fielded in Switzerland during March and April, 2020, which is shortly after the local peak of infections and which provides a unique opportunity to capture citizens' preferences during a time of profound crisis.

The results of our analysis indicate that respondents support anti-crisis management by the federal government compared to subnational governments. Furthermore, individuals are favourable to measures that regulate the economy, especially the pharmaceutical industry, and they support a system of quotas for national health care workers. Respondents are also positive about investments into prevention of future pandemics even if this comes along with higher taxes, which is notable.

The replies of individuals are not homogenous across the sample of the population in the survey, however. Personal characteristics are important to explain why respondents are more supportive of most of these measures. Specifically, those who are afraid of the economic and the health crisis are favourable of policies that augment state intervention, for example through prevention and surveillance, as well as an increase in central government's responsibility. Individuals who lean to the left of the political spectrum are more supportive of investment in prevention; the same holds for French-speaking respondents. Overall, our results suggest that personal worries, i.e., fears about the crisis, drive preferences for policy responses, whereas political ideology and cultural differences have a smaller effect.

The findings from our analysis are relevant for political research in general and they are of interest for policymakers. Our research shows that, in times of crisis, there is support for regulations requiring important industries, such as the pharmaceutical industry, to invest profits for the public good and to produce materials domestically. We are able to demonstrate this relationship in a context of a very liberal democracy, such as Switzerland. These results, thus, indicate clear preferences for policies limiting economic globalization (Walter 2021). Furthermore, our analysis shows that respondents are favourable of preventative policies if these measures concern a specific problem especially when this problem is salient. This finding suggests that individuals do not necessarily oppose preventive measures (Gailmard and Patty 2019; Healy and Malhotra 2009), especially if they experience the disaster first hand (Baccini and Leemann 2020). Our results indicate clearly that respondents oppose the mandatory use of technologies that potentially open the door for a surveillance state. Lastly, we show that drivers of such policy preferences are personal characteristics, whereas ideology and cultural elements seem to play a secondary role.

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