Protection, but no Control: Liberal Democracy and the Politicization of Crisis Response Policies

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Draft version

Abstract

Researchers agree that the COVID-19 pandemic poses a complex policy challenge for decisionmakers and that governments should quickly augment their response capacity. In liberal democracies, it is important that such increases in state capacities have some degree of popular support, in order to be effective. Therefore, it is important to understand how the public supports different policy options and why some individuals are more favourable to anti-crisis policies than others. In this paper, we analyse the politicization of four dimensions of crisis response capacities against a pandemic based on a two-wave survey experiment in Switzerland. Our findings show that respondents support investment in materials to prevent future crises as well as quotas for health care workers. The results show also support for a leadership role by the federal government instead of lower levels of government, but indicated limited support for mandatory contact tracing efforts. In addition, those who are afraid of the health consequences of the crisis tend to support more state response capacity. Contrariwise, political ideology does not seem to explain support for crisis response. Finally, the support for a federal solution increased during the second wave of a pandemic, whereas approval of contact tracing declined.

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1. Introduction

Crises such as the COVID-19 pandemic require a swift an effective response by governments, in order to reduce the consequences of the crisis and to avoid the repetition of such crises in the future. Although governments have the capacity to mount crisis responses, putting in place anti-crisis policies is a particular challenge for liberal democracies (Kriesi and Trechsel 2008), as anti-crisis measures might entail restrictions of privacy and individual liberties and the investment of large sums of tax money. Therefore, it is important to assess the public support for anti-crisis policies.

Research on crisis governance clearly points out how governments should respond to crises, for example in providing surge capacity, organizing a response, and communicating with the public (Ansell and Boin 2019; Ansell, Boin, and Keller 2010, 197; Ansell, Sørensen, and Torfing 2020). This literature does not assume that mounting public support for anti-crisis policies is a problem, as 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 dealing with the politics of prevention suggests that the support for anti-crisis policies might be more complicated. In this work, scholars have pointed out that voters are unlikely to favour preventive over reactive disaster policies because they are short-sighted and 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). Furthermore, this

research has suggested 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). In other words, individual perceptions of the crisis matter (Daniela Braun and Tausendpfund 2014). Although this strand of literature indicates that the public initially supports anti-crisis policies, it also implies that such support might wane quickly once voters perceive that anti-crisis policies create new problems. For example, the policy responses to the COVID-19 pandemic might lose support, if they create economic or personal problems for the population.

In this article, we analyse popular support for anti-crisis policies during the COVID-19 pandemic in Switzerland. Specifically, we focus on the policy designs of measures aiming at augmenting the short- and long-term response capacity and at the coordination of the anti-crisis policies. Switzerland is a particularly interesting case because it is an example for effective governance, for example a comparatively effective health system (Pietro et al. 2015), but also a liberal democracy (Kriesi and Trechsel 2008). We focus on popular support for: (1) coordination between central and cantonal governments, (2) contact tracing through an electronical app, (3) quotas for domestic health care workers, (4) materials and prevention of future crises. We use data from a two-wave survey experiment fielded in April and November 2020.

Our results 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. Furthermore, respondents indicate support for a voluntary instead of an obligatory contact tracing app favour crisis management by central government instead of subnational governments (cantons). In addition, the results show that the implementation of these policies

affected individuals' preferences. Notably, the support for a contact tracing app declined after its implementation. Moreover, respondents' support for a stronger role of the federal government in crisis management increased with the second wave of the pandemic. The findings show also that those who are worried about the health crisis demand more intervention by the central government. Political ideology does also matter: respondents who are oriented towards the left voice stronger support for investments in preparedness and response capacity.

2. Theoretical Priors

Complex crises such as the COVID-19 pandemic require central governments to put into place preparedness and response capacities (Ansell and Boin 2019; Quah and Hin-Peng 2004). In the case of COVID-19, this entails that governments create rules and regulations, distribute money, inform the population and coordinate responses to bring the pandemic under control and to prevent future crises (Capano et al. 2020). Such action is an instance of "bringing the state back in" (Jessop 2001), in the sense that national governments rather than private actors take the lead, in the case of a pandemic. Oftentimes, there is public support for such action, as crises become focusing events that push 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).

In this paper, we analyse the micro-foundations underlying crises responses measures by governments. Specifically, we focus on a most different sample of procedural and substantial policy measures that respond to problems governments were facing at the onset of the COVID-19 pandemic, in Switzerland and abroad: the temporary centralization of government, contact tracing through a smartphone application, quota for health care personnel as well as investment in materials to prevent shortages for future crises. The Swiss health system is decentralized, and

the cantonal (regional) governments are responsible for health policy. In the case of a pandemic, the federal government can take over and lead anti-crisis policies (Pietro et al. 2015). After the outbreak of COVID-19 in February 2020, the federal government started to develop a contact tracing app, there were considerable shortages in materials (Sager and Mavrot 2020), such as masks and disinfectants. Furthermore, there were fears of limitations in personnel for hospitals since the onset of the pandemic (SRF 2020). In the following, we develop hypotheses about individuals' preferences for the design of such policies.

2.1 Policy design and public opinion

Temporary centralization of government

The first policy issue is of procedural natural and addresses the question who should take the lead in crisis management. 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 concerns 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 (Dietmar 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 1: Individuals want the national government rather than subnational governments to lead the response to the crisis.

Contact tracing

The second 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. Against this background, we hypothesize:

Hypothesis 2: Individuals prefer voluntary over mandatory use of tracking apps.

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.

Quotas for health care personnel

The last anti-crisis policy issue is about the potential lack of health care personnel. 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, even if this comes along with higher taxes. Therefore, we hypothesize:

> *Hypothesis 4: Individuals prefer a national quota for health care workers compared to maintaining the current system, even if this comes along with additional 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 the design of the discussed policy issues differ between individuals and over time.

Fears of economic and health consequences of the crisis

An established insight shows that personal worries and problems impact on political behaviour and policy problems. Research 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 (Daniela 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). This implies that those who are afraid of the health and economic consequences of the crisis support protective and preventive measures and procedures, Thus, we hypothesize:

> *Hypothesis 5: The more individuals are afraid of the crisis' economic and health consequences, the more they support centralization, mandatory contact tracing, and regulations and investment in personnel and materials.*

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 6: The more individuals lean to the political left, the more they support centralization, mandatory contact tracing, and regulations and investment in personnel and materials.*

Polarization of policy issues

In addition to the six above-mentioned hypotheses we formulate one corollary. According to the public policy literature, the politicisation of one of the policy issues might impact on respondents' preferences. Politicisation refers to the public attention an issue receives as well as to the potentially polarized positions by different parties and interest groups on the matter (Baumgartner et al. 2009; de Wilde, Leupold, and Schmidtke 2016). Changes in the polarization of an issue in the media over time should impact on respondents' preferences for policy issues. In the Swiss case, contact tracing was politicized over the Summer 2020, especially in the context of re-opening of restaurants as well as regarding the contact tracing app (Sager and Mavrot 2020). Furthermore, the relationship between the federal government and the cantons

was subject to much political debate. Notably, the decision of the federal government to not remain unilateral in control of anti-crisis policies but to leave the initiative to respond to the second wave of the pandemic sparked criticism as the infection numbers in Switzerland were amongst the highest in Europe during the Fall 2020 (Bühler et al. 2020; Schäfer 2020).[3] Consequently, we put forward the following corollary:

Corollary: Changes in polarization of an issue are likely to change the preferences for the discussed policy designs.

3. Data and methods

3.1 Case selection

To analyse the above-discussed hypotheses, we use data from two waves on an original survey fielded in Switzerland, one during the first wave of the pandemic, in Spring 2020, and a second one during the second wave, in Fall 2020. As mentioned in the introduction, Switzerland is an interesting case study to assess individuals' preference regarding the policy responses to COVID-19, as the country combines an effective health system, economic openness, a liberal democracy, and highly autonomous cantonal governments (Kriesi and Trechsel 2008; Pietro et al. 2015; Vatter 2018). Finally, Swiss authorities commissioned the development of a national smartphone application to trace COVID-19 infections (Servick 2020). This background makes Switzerland a pathway case to analyse the above-discussed hypotheses (Gerring 2007).

[3] Interview with the federal minister for health, Alain Berset, Radio SRF Echo der Zeit, October 28, 2020.

3.2 Survey experiment and observational data

Our data uses an embedded conjoint experiment. The survey was fielded in two waves: between April 22 and May 4, 2020 and between 19 November and 14 December, which corresponds both times 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 and 1498 participants, respectively who each rated two vignettes in each wave. Thereby, the respondents from the first wave were re-contacted and fresh respondents were recruited to reach ~1'500 respondents also in the second wave. To ensure the representativeness of both samples, 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 2015). Therefore, this method is suitable to analyse the political support for anti-crisis policy preferences in the COVID-19 pandemic.

3.3 Experimental manipulation

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 additional socio-demographic data, as well as

questions regarding respondents' political orientations, whether they themselves, their family or their friends contracted the disease, and whether the respondents' labour market situation changed as a consequence of the crisis.

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. First, to assess respondents' preferences concerning the centralization of crisis management, the survey contained a question about which level of government authorities should handle the crisis (cantonal or shared responsibility, ref.: *federal*). To operationalize contact tracing, the paper posed the question whether citizens preferred a mandatory over an obligatory tracking app (ref.: *no tracking app*). Health care quotas were operationalized by asking whether a quota for Swiss health care personnel should be introduced and a second option specified that such a quota comes along with additional taxes (ref.: *status quo*). To operationalize preferences concerning prevention of future crises, we posed a question concerning preferences about the investment in medical material to prevent future crises. Again, the question included a reply option pointing out that such investment might come along with higher taxes (ref.: *status quo*).

Table 1: Vignette dimensions and levels

Policy issues	**Levels of the vignettes**
Centralization of crisis response	1) *Federal level has the sole responsibility*. 2) The cantons are allowed some leeway for regional measures. 3) Cantons have the sole responsibility.
Contact tracing	1) *No tracking*. 2) Mobile phone tracking is mandatory. 3) Mobile phone tracking is voluntary.

[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.

National quota for personnel	1) *Status quo*. 2) Quota for Swiss personnel. 3) Quota for Swiss personnel but higher tax burden.
Investment in prevention	1) *Status quo*. 2) More material. 3) More material but higher tax burden.

Legend: Reference categories are in italics.

In using the results from these vignettes, we can test hypotheses one to four. In order to analyse hypotheses five and six, we interact the four vignette dimensions with three additional survey questions. Specifically, we ask about the level of worry for i) the health and ii) the economic consequences of the pandemic on a 0-10 scale (little worries-many worries) and about iii) the political positioning of respondents on 0-10 scale from left to right.

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 for both waves. The robustness checks indicated that the randomization of profile attributes across respondents was successful.[5] 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-significant[6] and thus

[5] 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 (see Supplementary Material). 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.

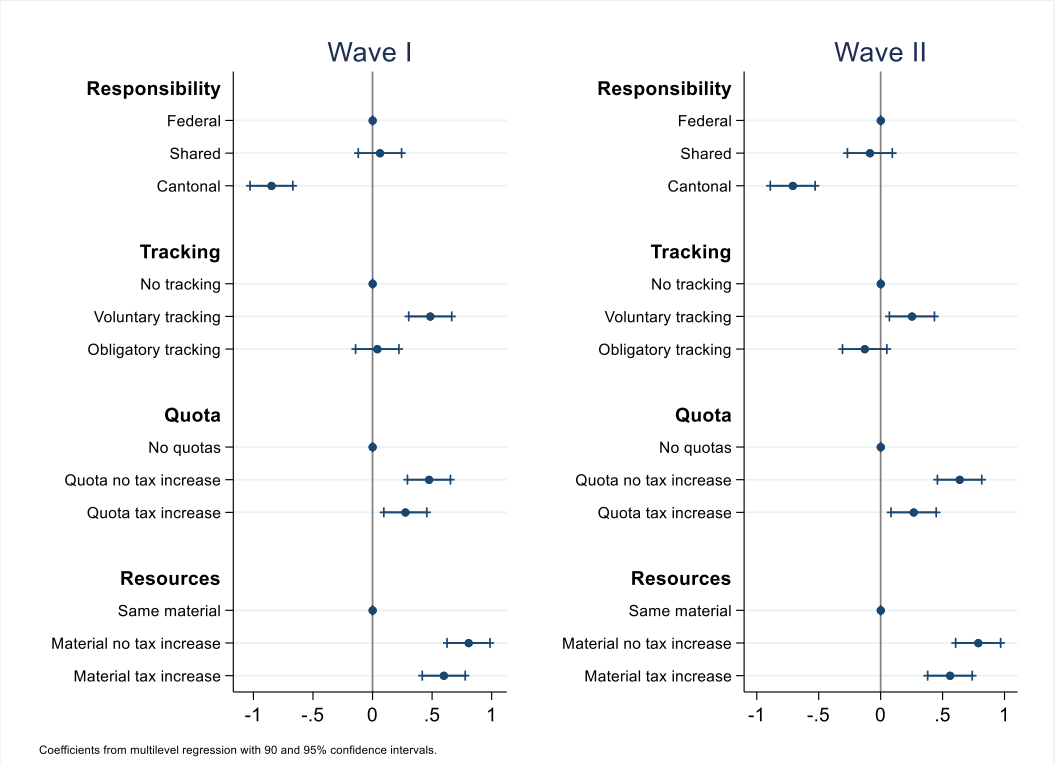
[6] Test for vignette position (or task-order effects or carry-over effects) for wave I: (χ^2 = 11.5, df = 8, P(> χ^2) = 0.17); for wave II: X2 = 6.2, df = 8, P(> χ^2) = 0.63

unproblematic. Moreover, there are no significant order effects for the placement of the experiment within the survey[7] (Hainmueller, Hopkins, and Yamamoto 2014).

4. Results

We begin the presentation of the main findings with the results from the survey experiment, and the differences in individuals' support for the four policy options (Figure 1).

Figure 1: Results from Survey Experiments



The first hypothesis postulates that respondents prefer that the national government manages the crisis, compared to a shared or only cantonal responsibility (Hypothesis 1). Indeed, in Figure 1 we clearly see that respondents are rather sceptical of government decentralization, and thereby significantly oppose against cantons retaining the sole responsibility for crisis-related

[7] Experiment position test for wave I: (χ^2 = 20.4, df = 24, P(> χ^2) = 0.68), for wave II: X2 = 22.1, df = 24, P(> χ^2) = 0.57.

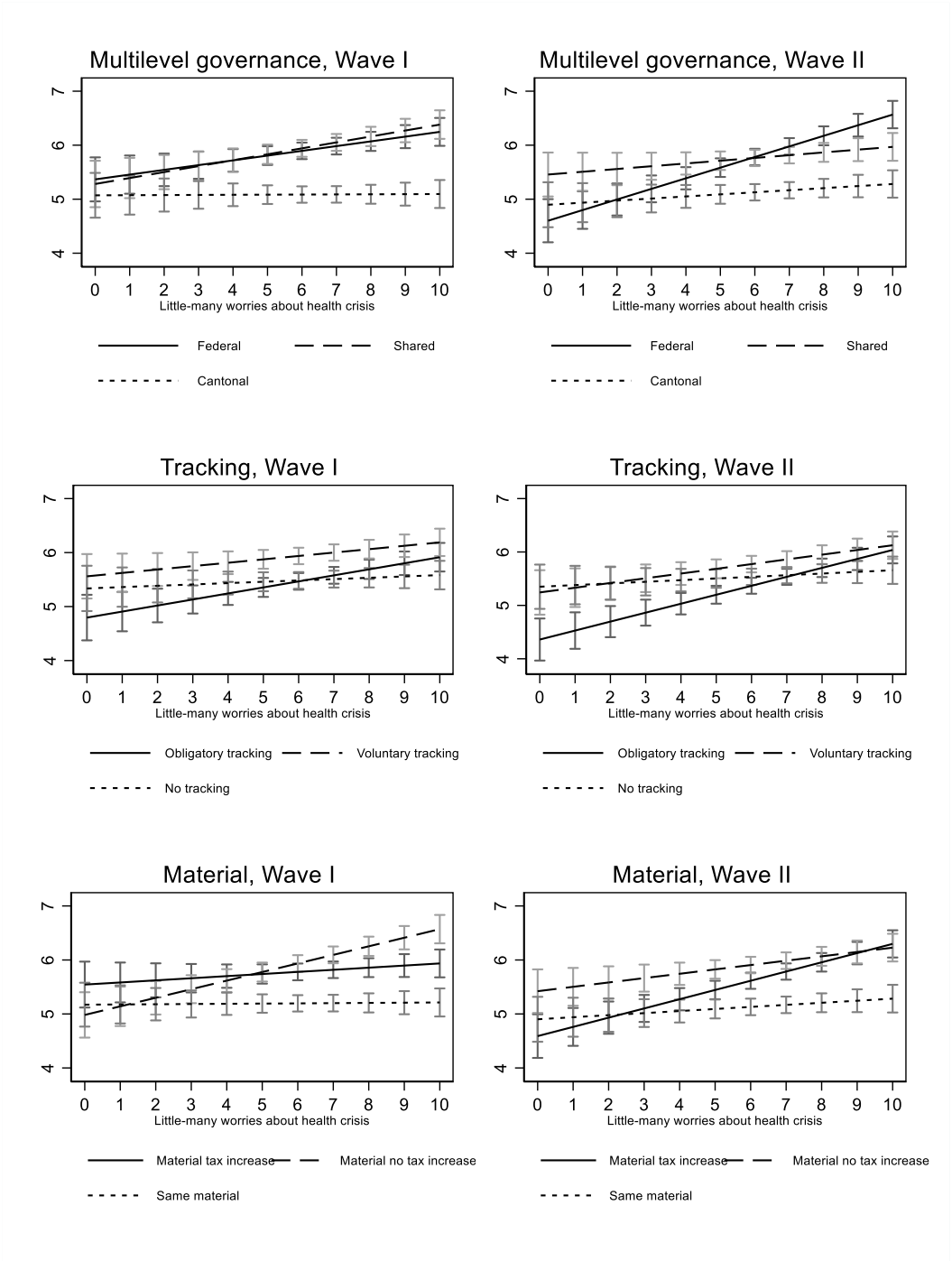
policymaking. Contrariwise, there is a similar level of support for a sole federal responsibility or a shared responsibility between the federal and the cantonal levels for crisis management. Interestingly, the support for shared and cantonal responsibility declined in the second survey wave. The reason for this decline was that in November 2020, the number of infections augmented steeply as a consequence of the uncoordinated procedure of the cantonal authorities in terms of social distancing regulations, etc.. This finding also confirms our corollary, which indicates that issue polarization impacts on respondents' preferences.

Second, respondents clearly reject a too close monitoring by the state: compared to not providing a mobile tracing application, Swiss residents favour voluntary efforts to use such a software in the first wave. However, they reject making its use mandatory in the second wave. Thus, overall, scepticism regarding the tracking application increased in the second survey wave. Most likely this was the consequence of the politicization of the data protection issue more generally, in fact, also other contact-tracing measures, such as the one that restaurant owners had to implement, were prominently discussed in the public sphere (Sager and Mavrot 2020).

Third, respondents also strongly support efforts to introduce a quota for Swiss health care personnel in hospitals, even if such a renationalization would generate additional tax burden, and this effect is somewhat stronger in the second wave. Moreover, the data shows that, compared to the status quo, respondents also have strong preferences for additional investment into preventive measures such as increase of medicine, health material and health personnel to prevent the spread of a pandemic further. These results are similarly strong and positive if we frame the question in a way that indicate that policies come along with higher taxes.

Overall, these findings confirm our Hypotheses 3 and 4 postulating that respondents support investment in infrastructure and personnel during times of crisis. In addition, we show that popular attitudes towards these polices do not change between the two survey waves, because both issues were not contested in the public discourse during this period.

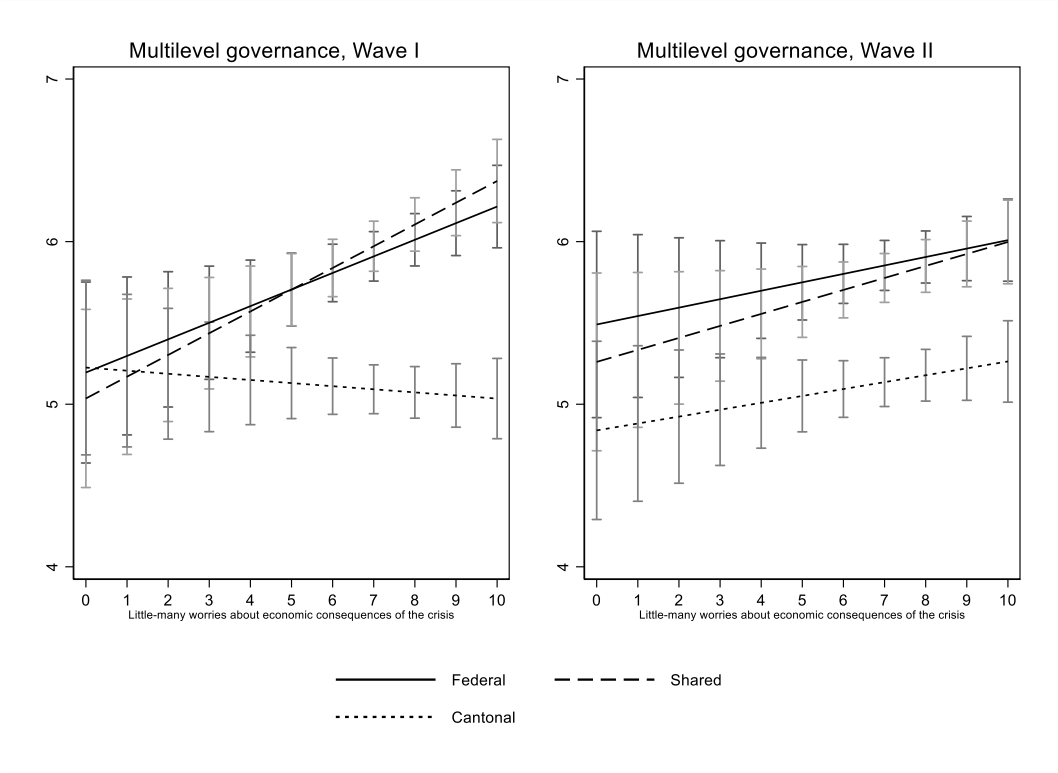
Figure 2: Policy preferences interacted with their level of worry regarding the health crisis



In the theory section we discuss two further hypotheses, which explain potential heterogenous preferences regarding the four policy solutions. The findings regarding the impact of individuals' worries about the health consequences of the crisis (Figure 2) 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 sub-national levels, i.e. the 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; cf. supplementary materials for the regression tables).

These results mostly corroborate Hypothesis 5, which postulates that those who are afraid of the consequences of the crisis are more likely to support policies reinforcing the capacity of the central state and investment into measures to prevent future pandemics. Moreover, the results remain stable over both survey waves. This implies that those worried about the health consequences remained supportive of a strong intervention by central government. Notably, those who report that they are very worried about the crisis reported stronger support for a top down response by government during the second wave of the pandemic than in the first wave. Specifically, fear of the health consequences leads to higher support for more investment in materials even with tax increases, more support for mandatory contact tracing and particularly of central government control of the response to the crisis.

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

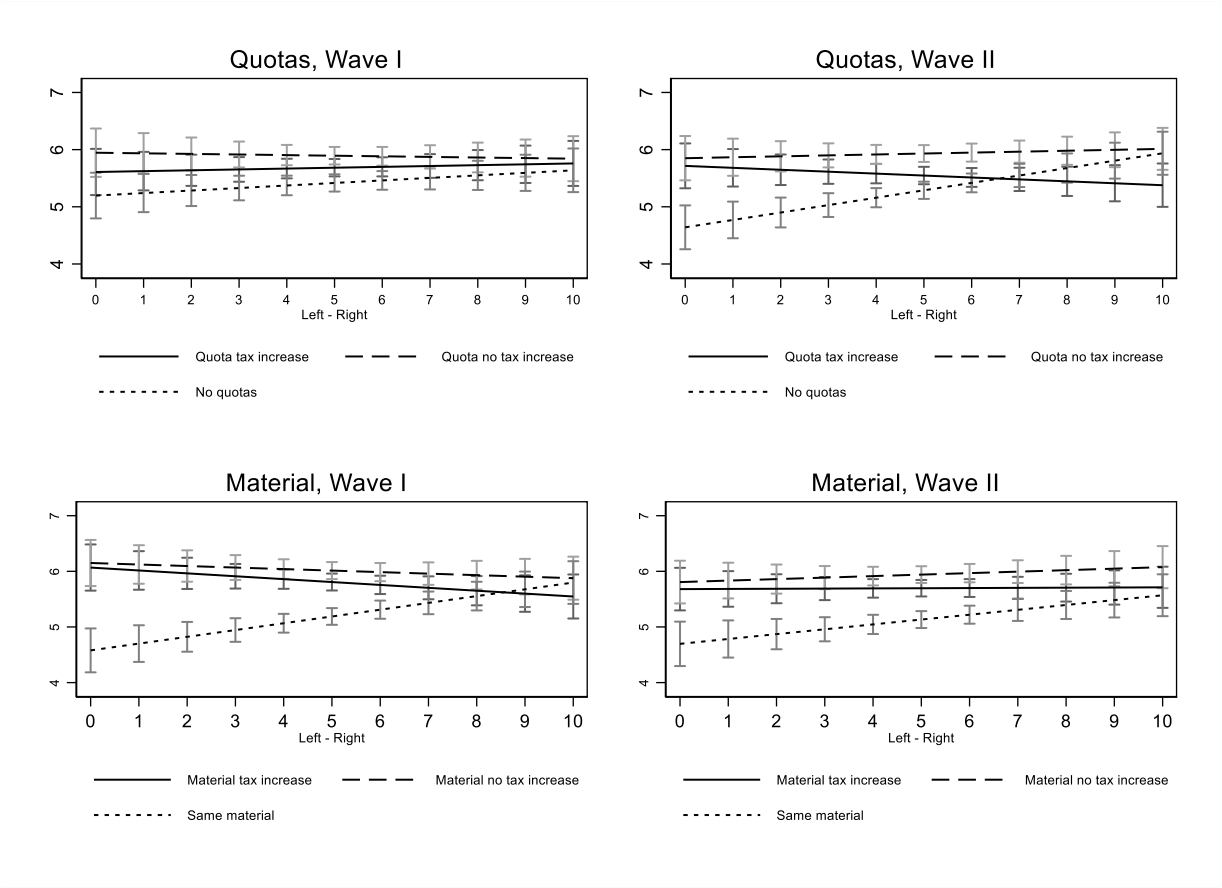


When we turn to the impact of worries about the economic consequences of the crisis on preferences for anti-crisis policies, the results are different. Interestingly, we find no significant interaction between the level of respondents' worries about the economic consequences of the crisis, except for 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; cf., supplementary materials for the regression tables).

These findings show that the results related to the impact of economic worries corroborate Hypothesis 5 only to a limited extent: it is not the case that individuals, who are worried about the economic consequences of the pandemic would support stronger state intervention in all policy issues. What is more, the result that stronger worries about the economic consequences of the crisis increase support for crisis management by the central government are not anymore

statistically significant for the second wave of the pandemic. This result implies that along with progress of the crisis differences in fears about the economic consequences of the crisis do not trigger different policy preferences.

Figure 4: Respondents' preferences for different health policies interacted with their political position (left-right)



As argued in Hypothesis 6, we expect that individuals who lean towards the political left would be more supportive of centralization, mandatory contact tracing apps, quotas for domestic personnel, as well as investment in prevention. Interestingly we find that different ideological positions have a very limited explanatory power regarding individual preferences of how the

COVID-19 crisis should be managed. 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 the only significant effect. This finding means that left-leaning respondents are significantly more supportive of increased investment into increasing prevention efforts independently of whether this would increase taxes or not. Furthermore, during the second wave of the pandemic, those leaning to the left of the political spectre are less likely to oppose quotas for health care personnel. This implies that worries about the overload of the Swiss health care system, which were part of the news stories during the second wave of the pandemic, could have resulted in support for quotas for national health care workers amongst those at the left of the political continuum. Overall, these results suggest that differences in respondents' political orientation does not make a difference in preferences regarding centralization, contact tracing apps as well as investments in materials and quotas for health care workers.

Conclusions

This article aims at analysing the policy preferences of individuals regarding what policy responses should be prioritized during the COVID-19 pandemic. Therefore, we conducted two waves of the same survey experiment, which we fielded in Switzerland during March and April and November and December 2020. The timing of both survey waves happened shortly after the local peak of infections and which provides a unique opportunity to capture citizens' preferences during a time of profound crisis. The survey presented different scenarios of policy designs concerning the capacity building for crisis response and prevention to a representative online panel of Swiss residents. Specifically, we posed questions about which level of government should take the lead in anti-crisis policy (federal, shared or cantonal), whether individuals preferred mandatory, voluntary or no contact tracing apps, if they were in favour of

investments into materials to prevent the spread of the virus, and whether they were favourable to the introduction of national quotas for health care workers.

The results of our analysis indicate that respondents support a centralized anti-crisis management lead by the federal government and not by the otherwise very independent subnational governments. Furthermore, individuals are favourable to measures that would create a system of quotas for national health care workers, even if this means increasing taxes. Respondents are also positive about investments into prevention of future pandemics, again independently of whether these measures would imply higher taxes. Eventually, respondents objected to policies that would make contact tracing apps mandatory compared to voluntary versions of such applications. These results are stable over the two waves of the survey regarding investment in materials to prevent infections as well as concerning the health care quota. Both measures were not specifically subject to intense political debates between the two survey waves. Contrariwise, the second survey wave shows increasing support for crisis responses by the central government compared to shared and cantonal responsibilities as well as greater objection against mandatory contact tracing. This development is likely to result from criticism against what developed into a rather chaotic shared crisis management between the federal government and the cantons, as well as from worries related to data protection in the debates about contact tracing.

Our results also show that, the replies of individuals are not homogenous across the sample of the population in the survey, if fact, personal characteristics are important to explain why respondents are more supportive of crisis policies that involve a stronger central government and more regulation. Individuals who report that they are afraid of the health consequences of the crisis are favourable of investment in materials and quotas for health care workers, even at the cost of higher taxes, and favour a strong role for the central government. Fears related to

the economic consequences of the crisis show a similar but statistically weaker effect. Individuals who lean to the left of the political spectrum are more supportive of investment in prevention, and, during the second wave of the pandemic more supportive of domestic quota for health care workers. Overall, our results suggest that personal worries, i.e., fears about the crisis, drive preferences for policy responses, whereas political ideology plays a less important role during the pandemic.

This paper contributes to political science and public policy research in general as it uncovers the micro-level determinants of preferences for particularly salient anti-crisis policies. While we know a lot about what governments do during times of crisis, we know much less about voter preferences regarding the design of such policies. Our research shows that there is considerable and lasting support for policies that increase state capacity and even for those that might augment taxes. This is notable particularly in the context of a liberal democracy, such as Switzerland, where citizens are usually wary of a strong state. At the same time, our findings reveal that individuals are worried about the establishment of mandatory contact tracing that might violate data protection and therefore individual liberties. Respondents are clearly afraid of the consequences of the crisis and seek policies to protect them from the negative consequences of this pandemic, but they are opposed to measures that are likely to impose greater control on their individual liberties.

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