



**ADRU**  
Academy of the  
Disaster Research Unit



# Pandemic Policies in Germany's Federal System

A Comparative Perspective on SARS-CoV-2 Measures in Bavaria and Saxony-Anhalt in March and April 2020

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Academy of the Disaster Research Unit (ADRU)  
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# Abstract

This report compares the SARS-CoV-2 pandemic policies within the federally organised country of Germany with the example of the states of Bavaria and Saxony-Anhalt for the first wave restrictions between March and April 2020. It raises the following research questions: In which ways are state pandemic policies similar or different? And to what extent do they mirror local infection rates or harmonise with broader policy trends? The report offers a comparison of the timing and content of public health measures in both states and discusses similarities and differences. Furthermore, the implemented measures are contextualised with regard to infection development within the two states and national harmonisation efforts. The comparative analysis concludes that despite pandemic management being a state responsibility in Germany, there was significant and successful harmonisation concerning the areas and introduction of pandemic restrictions. There were, however, differences in stringency level and concerning the timing of lifting restrictions. These matched the comparatively higher infections rates per 100,000 capita.

**Keywords:** SARS-CoV-2, COVID-19, federalism, policy measures, Bavaria, Saxony-Anhalt, Germany

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## Executive summary

In Germany, as a federal country, states are responsible for addressing disaster situations, including pandemics. Thus, policies may differ between states, even in cases such as a nationwide pandemic. In the context of the SARS-CoV-2 pandemic, the federal system has been described as a complicating factor towards a nationwide uniform strategy (Bräutigam 2020). However, it has also been considered a strength in addressing the SARS-CoV-2 outbreak, as state officials are able to respond better to local circumstances (Feld and König 2020). Looking at the federal-state level, this report provides a comparative insight into different policies implemented in Germany with the example of the two states of Bavaria and Saxony-Anhalt during the first infection wave in the months of March and April 2020. The descriptions of policies are contextualised with the development of infection cases at the state level.

### **In which ways are pandemic policies similar or different? To what extent do they mirror local infection rates or harmonise with broader policy trends?**

Despite the socio-economic and political differences between the states of Bavaria and Saxony-Anhalt (cf. Figure 2), both states issued pandemic containment and control measures in the areas of contact tracing and isolation, gathering, contact and exit restrictions, closure of retail businesses, community and educational facilities, restaurants and touristic accommodation, leisure, entertainment and sports locations, health-sector provisions, and transport services during the first SARS-CoV-2 wave in March and April 2020. This finding is interesting in as far that it can be argued that, despite differences in details, the pandemic policies of the two separate states within the federal country of Germany are, on a broader scope, more similar than different. One contributing factor seems to be the federal government's efforts to harmonise states' response strategies via federal-state conferences. Another contributing factor may have been an initially strong agreement about the need to address the pandemic as a new threat with many uncertainties. However, competing political perspectives manifested as the pandemic progressed, for instance on the lifting or continuation of measures. Thus, it remains to be seen whether further comparative research during the summer, and particularly during the second wave of infections in the autumn of 2020, reveal similar or conflicting findings.

Comparing the two states in more detail and focusing on the period of March to April 2020 (cf. Figure 5), the following similarities can be concluded: Based on recommendations/agreements in federal-state consultations, both states issued **quarantine orders for people entering Germany** from abroad; **implemented restrictions/bans of gatherings**, but lifted the ban on religious gatherings at the beginning of May; closed and reopened **retail businesses** in a similar way; **closed community facilities, restaurants as well as leisure, entertainment and sports facilities** at similar times; and ordered the **postponement of plannable medical procedures**. **Public transport continued to operate** in both states throughout.

While the similarities are remarkable and often linked to federal-state conferences and recommendations, there were also a number of differences between the states' responses:

- Bavaria **restricted gatherings** and issued stay-at-home orders earlier, for a longer time and generally applied higher stringency levels. Bavaria followed the federal recommendation to ban religious meetings, whereas Saxony-Anhalt began by restricting meetings to a maximum

of 50 people. While Saxony-Anhalt opted for **contact restrictions** in accordance with the country-wide agreement, Bavaria chose to implement earlier, longer and stricter measures.

- In the area of **retail**, there were initial differences in mask wearing requirements and number of customers by sales area, with Bavaria observing stricter rules. Trade fairs in Bavaria remained closed until September, two months longer than in Saxony-Anhalt.
- Bavaria closed **community facilities** such as schools and kindergartens earlier and started reopening significantly later than Saxony-Anhalt. Workshops and day-care facilities opened in Bavaria a month later.
- Bavaria reopened **outdoor restaurants** earlier and indoor services later. **Touristic accommodation** was banned a week earlier in Bavaria while full reopening was similar, however exceptions were made for in-state tourism earlier in Saxony-Anhalt.
- Saxony-Anhalt granted exceptions for professional Olympic training from the beginning, while Bavaria did so only in May. Generally, there were differences in timing and reopening concerning various **leisure, entertainment and sports facilities**. Bavaria reopened libraries 14 days earlier than Saxony-Anhalt.
- Concerning **health sector provisions**, Bavaria began to restrict visits in medical facilities earlier, while Saxony-Anhalt followed national recommendations at first, then also banned visits one week later. While both followed national recommendations to postpone plannable medical procedures, Bavaria did so 5 days earlier than Saxony-Anhalt. Bavaria issued further orders in connection with the declaration of the state of disaster and the management of hospital capacities. Saxony-Anhalt did not declare the state of disaster.
- Saxony-Anhalt restricted **travel into the state**. Bavaria made **masks** compulsory in public transportation earlier, while Saxony-Anhalt began with a simple recommendation.

Where there were differences among the two states, Bavaria generally enforced earlier, stricter and longer measures, with the exceptions of reopening libraries and outdoor restaurants, which was done earlier than in Saxony-Anhalt. The policies reflected the infection development in Bavaria, which was significantly higher on a per 100,000 capita basis than in Saxony-Anhalt. Despite the states' policy differences, policy harmonisation in terms of restrictions was relatively successful in the beginning of the pandemic. However, reopening strategies in particular became an issue of contention, as well as conflicting strategies and timing. Further study is needed to reveal how changes to and differences in response policy evolved over the months following the first pandemic wave and during those thereafter.

# 1 Introduction

The SARS-CoV-2 pandemic posed tremendous challenges to societies worldwide and tested the limits of their respective health systems, response coordination, and policy-making in times of uncertainty. Based on general decision-making and governance set-up, emergency stipulations, and health as well as civil protection systems, the procedural pathways for addressing pandemics and disasters significantly differ among countries. However, particular measures and policies may also vary *within* countries, which is especially the case if they are less centralised and more federally organised. Accordingly, the question arises of how federal states deal with such a global crisis in more or less coherent ways.

As a Federal Republic many political responsibilities in Germany rest with the 16 federal states (*Bundesländer*). Germany's modern federal set-up has its roots in the reconstruction of the country's political system after World War II, based on the Allies' agenda to prevent another all-too-powerful federal government by distributing competences and responsibilities among the states, thus allowing for balance of power and more local decision-making (Behnke 2020). However, the political culture of federalism in the modern-day territory of Germany goes as far back as to the Middle Ages (Behnke 2020). The SARS-CoV-2 pandemic as global, yet also very local phenomenon demands on the one hand, speedy community response to address infection hubs, while at the same time requiring country-wide strategies, cooperation, and coordination. In this way, the pandemic challenges societal protection architectures in very different ways than do area-confined hazards. Likewise, the pandemic is an interesting case to study and compare actual policy practices of different states: **In which ways are pandemic policies similar or different? To what extent do they mirror local infection rates or harmonise with broader policy trends?**

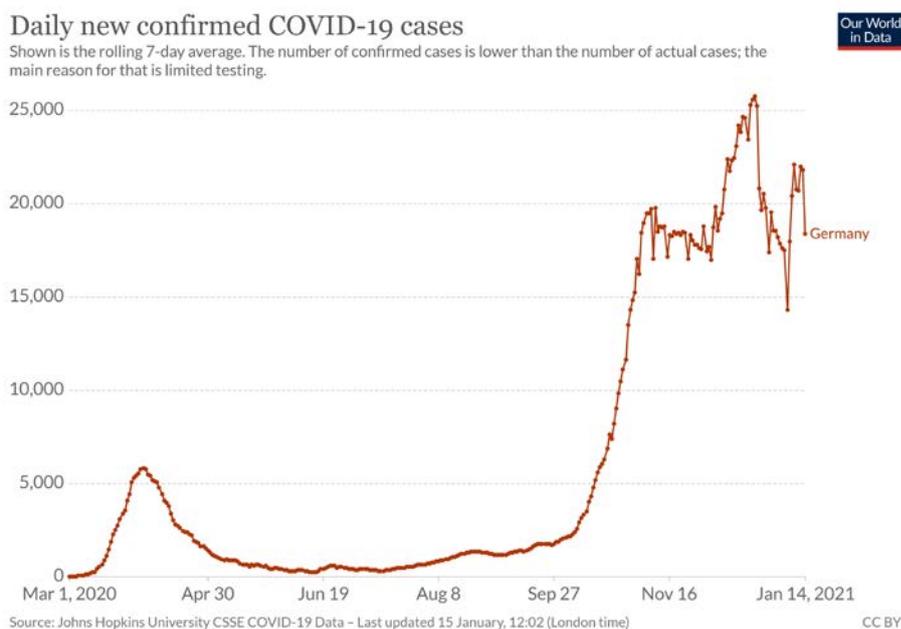
In order to provide answers to these questions, this report has been structured as follows:

- It begins with a brief summary of state and federal competences in pandemic management.
- By looking at the first wave and related policy decisions from March to April, 2020, it then provides a comparison of the political actions concerning the timing and content of public health measures taken in the two German states of Bavaria and Saxony-Anhalt.
- Building on this descriptive comparison, it discusses similarities and differences in terms of the scope of implemented measures.
- The report proceeds further with a contextualisation of the implemented measures with regard to infection development within the two states, as well as national response harmonisation efforts.

## 2 Covid response and case selection

The first confirmed Covid-19 cases in Germany were reported in Bavaria at the end of January 2020 (Robert Koch-Institut 2020b). While these isolated cases were well controlled, the number of confirmed cases began to rise exponentially in March (Böhmer et al. 2020; Robert Koch-Institut 2020a). From March to April 2020, a number of policy measures for pandemic containment were introduced and implemented in Germany to address the first wave of infections (cf. Figure 1), while from the beginning of May onwards, and with the decrease of daily incidences, the measures were gradually eased, adjusted, and subsequently mostly lifted towards the summer months (Isermeyer 2020; BPA 2020f; 2020h). From mid-October, measures were tightened again to address a second wave of infections for the year 2020 (BPA 2020j; 2020k).

Figure 1: Daily confirmed COVID-19 cases in Germany (7-day average)



Source: Ritchie et al. 2021

In Germany, civil protection, infectious disease control, and disaster management are primarily competences of the 16 states, whereas the federal government's responsibility is confined to the case of civil defence (*GG* 1949, Art. 30, 70, 73 (1)). The Basic Law of the Federal Republic of Germany furthermore provides for legal and official assistance by all federal and state authorities upon request (*GG* 1949, Art. 35 (1)). Based on this stipulation, it is possible, for example, for the states to request support from the German military (*Bundeswehr*) in order to increase capacities in the areas of logistics/transportation, contact tracing, procurement etc. (Major, Schulz, and Vogel 2020). According to the Infection Protection Act from 2000 (last amended Dec 2020), the responsibility of issuing policies for outbreak control and containment lies with the federal states, or alternatively at local district level, while quarantine orders are issued by local health authorities (*IfSG* 2000, § 16, 17, 28a, 32, 54). In the case of a pandemic, the federal government may assume a supportive coordinating function, for example, in order to facilitate harmonisation of policies among different states (BMI 2021). In order to do so, the federal government under Chancellor Angela Merkel invites the state ministers for federal-

state consultations (Gallon 2021). However, due to the informality of this forum, the decisions do not enter into force directly, but only indirectly via the legal orders issued within the individual states (Gallon 2021).

Based on changes of the Infection Protection Act from end of March 2020, the Federal Ministry of Health, partially with agreement from other federal ministries, may issue legal directives and exceptions in order to ensure the provision of pharmaceuticals, medical supplies, diagnostics and related items, of health care in various health care facilities, and of nursing care in times of epidemic situations of national importance (*IfSG 2000*, § 5). It may decide on financial aid as well as occupational and educational laws concerning health professions, commission – against reimbursement – support by emergency relief organisations<sup>1</sup> active in civil protection, and also suggest – based on the advice of the Robert Koch-Institute – recommendations for coordinated pandemic response within Germany (*IfSG 2000*, § 5). The aforementioned competences of the Federal Ministry of Health are granted under the condition that the German Parliament (*Deutscher Bundestag*) recognises an epidemic situation of national importance, which it did so on 27 March 2020 (*IfSG 2000*, § 5; Wissenschaftliche Dienste des Deutschen Bundestages 2020). A joint crisis task force (*Krisenstab*) by the federal government's Ministries of Health and Interior works together with representatives of other ministries on the operational implementation of decisions by the Corona Cabinet on the federal level (BMI 2021). Case reporting is conducted via the local health authorities which in turn inform the Robert Koch-Institute, which consolidates the data for Germany as a whole and issues technical advice and recommendation guidelines based on the National Pandemic Plan (*IfSG 2000*; Robert Koch-Institut 2017).

The states addressed the pandemic and implemented the federal recommendations differently, resulting in a wide range of specific policies (Müller 2020). Notably, states were also affected differently in terms of case numbers (Robert Koch-Institut 2020a). Germany's federal system has been subject to some controversy in this context. It has been described as a complicating factor towards a nationwide uniform strategy and reason for legal discrepancies (Bräutigam 2020). But it is also mentioned as a strength in addressing the SARS-CoV-2 outbreak because officials are able to respond better to local circumstances (Feld and König 2020). Looking at the federal state level, this report seeks to provide a comparative insight into different policies implemented in Germany at the example of two states. The description of policies is contextualised with the evolution of infection cases at the state level.

For this exemplary comparison of pandemic measures during the first infection wave in Germany, **two states were chosen which differ in a number of aspects**, among them socio-demographic and economic factors but also with regard to their history and political make-up of their state government. Whereas **Saxony-Anhalt** is located in the territory of former East Germany and is ruled by a coalition of the Christian Democratic Union, the Social Democratic Party of Germany, and the Greens (2016-2021), **Bavaria** is in former West German territory and traditionally leans strongly towards the rule of the Christian Social Union (Decker 2020; Statista 2020). According to Siewert et al. (2020), Bavaria was among the states which issued the most pandemic policies until June 2020, whereas Saxony-Anhalt issued fewer. Bavaria has land borders to the Czech Republic and Austria, as well as a lake border with Switzerland, whereas Saxony-Anhalt has no international borders.

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<sup>1</sup> Deutsches Rotes Kreuz, Johanniter-Unfall-Hilfe, Malteser Hilfsdienst, Arbeiter-Samariter-Bund, Deutsche Lebens-Rettungs-Gesellschaft

Figure 2: Socio-economic differences in Saxony-Anhalt versus Bavaria

Socio-economic aspects	Saxony-Anhalt	Bavaria
Population size	2.19 mio	13.12 mio
Population density	107/km <sup>2</sup>	186/km <sup>2</sup>
GDP 2019	63,545 mio €	632,897 mio €
GDP 2019 per capita	28,880 €	48,323 €
Unemployment rate 2020	7.7%	3.6%
Youth (15-25 yrs) unemployment rate 2020	9.5%	3.4%

Source: Statista 2020

In order to compare the pandemic policy approaches of the two states, the respective government websites of Bavaria and Saxony-Anhalt were consulted for the period from **beginning of March to end of April 2020** (Bavaria 2020a; Saxony-Anhalt 2020a). To contextualise the policies within the evolution of the pandemic, the number of cumulative confirmed infection cases per 100.000 inhabitants, as reported by the Robert Koch-Institute (RKI), is provided. It is important to note that this report is limited to a comparison of policy decisions based on state resolutions and their timing. It does not assess the effectiveness of measures or how well they were implemented. Likewise, it is confined to the study of state orders, while including some media references for contextualisation. However, its scope does not extend to the array of pandemic related studies which have been published continuously.

### 3 Comparison of public health measures in Bavaria and Saxony-Anhalt

While pandemic response lies in the responsibility of the states, the state ministers and the federal government discussed the pandemic response in a number of consultations and agreed on certain key aspects. However, the derived recommendations achieved at federal level (for simplicity, the term 'federal recommendation' will be used hereafter) were subject to the states' interpretation and decisions in regard to implementation, fine-tuning, and timing. In the following, significant federal-state conferences in March and April 2020 are summarised:

Figure 3: Federal-state consultations (March - April 2020)

Federal government and state minister consultations	
16 Mar	Agreement between the federal government and state ministers on closures/restrictions (retail, culture, sports, entertainment, contact restrictions, hospital visiting rules, schools, gastronomy, tourism) (BPA 2020a)
22 Mar	Country-wide contact restrictions (BPA 2020b)
1 Apr	Federal-state agreements extended (BPA 2020c)
15 Apr	Federal-state consultation on extending contact restrictions until 3 May, visiting rules for nursing homes, gradual school openings from 4 May onwards, opening of smaller retails from 20 April onwards, gatherings, travel, masks, support of local health authorities, test capacities (BPA 2020d)

<b>30 Apr</b>	Federal-state consultation on larger public gatherings, religious services, cultural institutions, hospital capacities (BPA 2020e)
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Sources: cf. chart

The policies were justified with the protection of society, in particular life and health, the protection of vulnerable groups, and the prevention of overloading the health care system in order to maintain the adequate treatment of patients, both those infected with Covid-19 and those with other health issues. (Bavaria 2020a; Saxony-Anhalt 2020a). The “alarming situation in other European countries – especially Italy and France” was also referred to (Saxony-Anhalt 2020a, 1, Begründung 2. Verordnung, 25.03.2020, authors’ translation). While the virus was recognised to “endanger[...] the life and health of a large number of people” (Bavaria 2020a, no. 115, 16.03.2020, authors’ translation), the restrictions aimed “to prevent communicable diseases in humans, detect infections at an early stage and prevent their further spread”, and “to protect the population, especially vulnerable groups, and prevent overburdening of the health care system” (Saxony-Anhalt 2020a, 1, 20, Begründung 2. Verordnung, 25.03.2020, authors’ translation).

Three major pillars were introduced to meet this goal. The first pillar referred to reduction of physical contact between people and thus the decrease of the risk of transmission. The authorities gave several reasons as to why larger gatherings pose a significant risk, among them close contact, mobility and spread of infections, difficulties for contact-tracing, and particular threats to health care workers and vulnerable groups (Bavaria 2020a, no. 139, 11.03.2020). The management of confirmed cases and contact persons via home quarantine orders constituted the second major pillar for preventing the transmissions (Bavaria 2020a, no. 249, 08.05.2020). The third pillar referred to the expansion of surveillance and treatment capacities; it was anticipated that hospitals “will face a challenge unprecedented since the end of the war” (Bavaria 2020a, no. 169, 25.03.2020). Over time and with a decreasing incidence of SARS-CoV-2 cases in Germany, the justification of measures changed slightly towards balancing the lifting of restrictions while continuing to address the overall aims:

“The individual facilities have to be weighted not only in terms of the risk of infection, but also in terms of their social and societal significance. Systemically relevant areas such as public transport, but also community facilities such as day-care centres and schools, whose operation can only be effectively implemented by neglecting the distance regulation and which are thus likely to increase the risk of infection, are therefore to be maintained or opened up further as part of a balancing of interests.” (Saxony-Anhalt 2020a, 3, 7. Verordnung, 02.07.2020, authors’ translation)

On 6 May, the federal government and the state governments agreed on further lifting of restrictions and the implementation of an “emergency brake” to respond to hotspots locally:

“In the event of an increase in the number of infections, a common ‘emergency mechanism’ has been agreed upon: if more than 50 new infections per 100,000 inhabitants within the last seven days occur cumulatively in districts or cities without districts, further restrictions will apply.” (BPA 2020g, authors’ translation)

In addition to the three pillars aiming to protect the population as best as possible, the governments tried to cushion the negative impacts of the regulations. A number of economic and social support measures on the federal and state level were issued (cf. e.g. BMF 2020), which are, however, not subject to this analysis. In April, Saxony-Anhalt adopted a supplementary budget of 500 million Euro (Saxony-Anhalt 2020b) whereas Bavaria increased its supplementary budget twice in March 2020, to

a total of an additional 20 billion Euro (Kohnen 2020). The pandemic policies of Saxony-Anhalt and Bavaria during the first SARS-CoV-2 wave is compared within the following different areas (cf. Appendix for references to the policies<sup>2</sup>).

### **Contact tracing and isolation**

The Robert Koch-Institute released an adapted National Pandemic Plan on 3 March, 2020 (Robert Koch-Institut 2020c). From then on, it published updated recommendations on testing and the management/isolation of confirmed cases, contact persons and people entering from infection hotspots. Contact tracing, assessments and quarantine orders were to be conducted and issued by the local responsible health authority (Robert Koch-Institut 2020c, 22).

On 10 April, both Bavaria and Saxony-Anhalt implemented a mandatory **14-day quarantine** rule for people entering the states from outside Germany with some border-crossing exceptions for professional reasons, which was later adjusted to those areas considered infection risk areas based on the classification by the Robert Koch-Institute (Bavaria 2020a; Saxony-Anhalt 2020a). This decision was based on a recommendation from the federal Corona Cabinet on 6 April (BMI 2020).

### **Gathering, contact and exit restrictions**

Saxony-Anhalt and Bavaria both interfered with the free right to assembly and the free practice of religion by implementing a ban of gatherings with differing caps on the maximum number of people. In Bavaria (2020a), regulations started with a general event ban, prohibiting any gathering of more than 1000 people (11 March), and were extended a ban of any gathering of people who do not have a personal connection one week later (17 March). Saxony-Anhalt (2020a) began with confining gatherings to a maximum of 50 attendees (18 March). In this sense, it did not immediately follow the federal recommendation from 16 March to ban religious meetings (cf. BPA 2020a). On the 22 March, state ministers and the federal government agreed on a nationwide contact restriction, allowing people to meet only one person (at a distance of 1.5 metres) not part of their own household at a time (BPA 2020b). Bavaria, however, released a resolution the day before, announcing that people were only allowed to privately gather with members of their own household (BR24 2020). **Saxony-Anhalt** opted for **contact restrictions in accordance with the country-wide agreement** from 25 March to 4 May; **Bavaria** decided for **earlier, longer and stricter measures** between 21 March to 11 May (Bavaria 2020a; Saxony-Anhalt 2020a). Bavaria kept private gatherings generally prohibited from April til mid-June, but later granted some exceptions; Saxony-Anhalt allowed small gatherings of 5 (later of 10) people starting at the beginning of May (ibid.). Notably, Saxony-Anhalt was the first of all German states to lift the contact restriction (zdfheute 2020). Upon allowing for certain exceptions such as religious gatherings and demonstrations beginning of May, both states did so under the condition of distancing and hygiene rules (Bavaria 2020a; Saxony-Anhalt 2020a).

Further, with the introduction of contact restrictions, the two states implemented **exit restrictions / stay-at-home orders** which permitted people to leave their place or residence only for legitimate reasons (ibid.). With a duration of 7 weeks, compared to 5 in Saxony-Anhalt, Bavaria opted for a longer enforcement and also allowed for fewer exceptions (Bavaria 2020a; Saxony-Anhalt 2020a): Exceptions in both states entailed professional and job activities seeking urgent medical assistance, the purchase of everyday consumer goods, visiting life partners (Saxony-Anhalt: also children) and people in need,

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<sup>2</sup> The references to the individual regulations are listed in the Appendix. The respective regulation can be identified via the date of entrance into force, listed in the tables of the main document and the Appendix.

exercise in the open air, accompaniment of persons in need of support, minors, and dying people, funerals in the immediate family, and animal care activities (Bavaria 2020a, 21.03.20; Saxony-Anhalt 2020a, 25.03.20). Saxony-Anhalt (2020a, 25.03.20) further allowed for participation in school and university exams (if they could not be postponed), gardening, weddings in the immediate family, the attendance of permitted meetings, court hearings, urgent official appointments, and individual quiet contemplation in religious facilities.

### *Closure of retails*

Following an agreement between the federal government and the state ministers, **both states closed all non-essential retail for four weeks** (18 March to 20 April for stores < 800 m<sup>2</sup>) (Bavaria 2020a; Saxony-Anhalt 2020a; BPA 2020a). Exempted at all times were shops offering products of daily needs: In Bavaria, this included grocery, beverage, drug, medical supply, animal supply, hardware, gardening and online stores, pharmacies, opticians, acousticians, post offices, gas stations, and dry cleaners (Bavaria 2020a, 18.03.20). Also in line with an agreement among the federal government and the state ministers, reopening began with smaller stores and was accompanied by **hygiene rules and customer limits** to be implemented in shops (Bavaria 2020a; Saxony-Anhalt 2020a; BPA 2020d). In Saxony-Anhalt, initially twice as many customers per store area (1 customer per 10 m<sup>2</sup>) were allowed than in Bavaria, which, however, adopted this rule three weeks later (ibid.). As of 15 April, the German chancellor officially recommended to wear **masks** in retail shops and public transport (BPA 2020d). Bavaria implemented in-store compulsory mask wearing from 20 April onwards; Saxony-Anhalt at first only recommended to do so, making it mandatory a little later (Bavaria 2020a; Saxony-Anhalt 2020a). Saxony-Anhalt was also faster in terms of opening trade fairs, which was already allowed at the beginning of July, compared to the beginning of September in Bavaria (ibid.). Otherwise, the two states only differed slightly in terms of reopening strategy and hygiene concepts.

### *Closure of community and educational facilities*

Both Bavaria and Saxony-Anhalt closed all **community and educational facilities**, namely schools, kindergartens and workshops or daycentres for people with disabilities for at least four weeks (Bavaria 2020a; Saxony-Anhalt 2020a). The regulations also included music schools, adult education offers, vocational training, driving lessons, etc. At universities, classes absolutely requiring on-site learning (e.g. laboratory work) could resume in late April (ibid.). Both states encouraged remote-learning opportunities and provided emergency care for children of parents working in essential infrastructure and services and in certain special need family situations (ibid.). Essential infrastructure jobs in Saxony-Anhalt comprised, for example, the sectors of 1) medical, veterinary, pharmaceutical and nursing care including related supply and service industries, 2) legislature, judiciary, government administration and public order and safety, 3) critical, public and communication infrastructure services including telecommunication, energy, water, waste disposal, finance and insurance, public transport, logistics, agriculture, food and hygiene product supply, 4) counselling and social crisis intervention facilities, 5) morticians and crematoria (Saxony-Anhalt 2020a, 25.03.20). In total, complete school closure, excluding Easter holidays, lasted for almost 3 weeks (25 March to 20 April, excl. 1 week Easter holidays) in Saxony-Anhalt (Mitteldeutsche Zeitung 2020), and for more 4 weeks (16 March to 27 April, excl. 2 weeks Easter holidays) in Bavaria (Bavaria.by 2020). For lower-grade pupils, the remote learning period was much longer, as reopening was gradual and prioritised graduation classes. In Saxony-Anhalt, schools opened to all students on 2 June and in Bavaria on 15 June (Saxony-Anhalt 2020a, 25.03.20). Workshops and day-care facilities for people with disabilities opened entirely on 2 July (Saxony-Anhalt) and 31 July (Bavaria) (ibid.). Recommendations for hygiene concepts were worked out (cf. e.g. Saxony-Anhalt 2020a). Mask wearing in schools became mandatory only in September, starting with Bavaria (Bavaria 2020a).

### *Closure of restaurants and touristic accommodation*

Bavaria and Saxony-Anhalt closed all **restaurants** for on-site consumption for at least two months (Bavaria 2020a; Saxony-Anhalt 2020a). Delivery and take-away food services were permissible throughout most of the time (ibid.). Notably in Saxony-Anhalt (2020a), there was a significant change in the strategy regarding gastronomic services at the very early stage of the pandemic. At first, only take-away restaurants were closed, and businesses offering on-site consumption were allowed to open, with a limitation on the number of people in one room. However, this was changed within 7 days to a concept that permitted take-away food and prohibited consumption on the spot (ibid.). From the beginning, Bavaria (2020a) introduced a concept which first limited and then banned on-site consumption while allowing for take-away food services the whole time. From the end of March (Bavaria: 21 March, Saxony-Anhalt: 25 March), restaurants for on-spot consumption were completely closed (Bavaria 2020a; Saxony-Anhalt 2020a). Upon reopening, they required the implementation of hygiene rules such as **restricting the number of people per table, mask-wearing when not seated, physical distancing between guests, and lists with guests' contact information** (ibid.). From 25 May onwards, indoor and outdoor restaurants were allowed to open with strict hygiene regulations in Saxony-Anhalt (2020a), and buffets from 2 July onwards. In contrast, **Bavaria differentiated between reopening outdoor and indoor consumption**: Restaurants for on-site consumption outdoors could open earlier, on 18 May, while indoor services resumed from 22 July onwards (Bavaria 2020a). In September, Bavaria introduced a plan for evening alcohol sale bans at local infection hotspots (ibid.).

On 16 March, the federal government agreed with the state ministers to prohibit **touristic accommodation** (BPA 2020a). Both states followed this agreement by suspending accommodation of tourists from 18 March in Bavaria and from 25 March onwards in Saxony-Anhalt respectively (Bavaria 2020a; Saxony-Anhalt 2020a). The ban did not apply to business travellers (ibid.). Mid-May, apartments and camping-sites were allowed to reopen for state residents under the condition of general hygiene regulations in **Saxony-Anhalt** (2020a), and a week later also hotels. Since end of May, tourists from other German states and non-risk areas abroad (based on a classification by the Robert Koch-Institute) were allowed to be accommodated in both states (Bavaria 2020a; Saxony-Anhalt 2020a). In **Bavaria** (2020a), touristic accommodation was permissible from end of May. From the end of June/beginning of July, both states required visitors from risk areas also within Germany (>50 cumulative confirmed cases per 100.000 inhabitants in the last 7 days) to present a negative PCR-test not older than 48 hours (Bavaria 2020a; Saxony-Anhalt 2020a). Furthermore, the Bavarian authorities began at the end of May to release official hygiene concepts for touristic service providers, including accommodation and saunas or wellness centres (Bavaria 2020a). These concepts were constantly revised (ibid.). Saxony-Anhalt (2020a) released similar recommendations for the gastronomic and tourism sector.

### *Closure of leisure, entertainment and sports locations*

Bavaria and Saxony-Anhalt closed all leisure, entertainment and sports facilities on 18 March based on an agreement by the federal government and the ministers of state (BPA 2020a; Bavaria 2020a; Saxony-Anhalt 2020a). While Bavaria re-opened libraries two weeks earlier (20 April) than Saxony-Anhalt, the latter was a week earlier to open museums, zoos and gardens (4 May) (ibid.). Playgrounds were reopened in May (Saxony-Anhalt: 8 May, Bavaria: 11 May), while physical contact and gathering activities followed later (ibid.). Both states implemented hygiene rules during reopening (ibid.). Whereas Saxony-Anhalt provided an exemption for professional athletes preparing for the Olympic Games from general restrictions from the beginning, Bavaria only did so in May (ibid.).

### *Health-sector provisions*

In order to scale up treatment capacities, the federal government and the state ministers agreed to request all hospitals to **postpone plannable procedures** as far as medically justifiable from 16 March (BPA 2020b). Bavaria issued the order to do so on 25 March, five days earlier than Saxony-Anhalt (Bavaria 2020a; Saxony-Anhalt 2020a). A **National Hospital Relief Act** was released on 27 March, with the intention to support the hospitals and other medical facilities financially and by reducing the bureaucratic burdens in their efforts to scale up treatment capacities and ICU beds (Bundestag 2020). The federal government was responsible for organising personal protective equipment for the staff working in medical facilities (BPA 2020c) and to increase the testing capacity by purchasing additional test kits (BPA 2020i). Bavaria released several resolutions clarifying the organisation of available health resources and the organisation of care in nursing (Bavaria 2020a). Furthermore, due to the **declaration of the state of disaster in Bavaria from 16 March 16 June 2020** (Bavaria 2020c), every district was to announce a physician in charge of coordination and planning of medical care to be integrated into the disaster management task force by the district administrative authority (“Führungsgruppe Katastrophenschutz”) (ibid.). In addition to the National Hospital Relief Act, Saxony-Anhalt issued regulations for psychiatric clinics and rehabilitation centres, which aimed at reducing services to an absolute minimum (Saxony-Anhalt 2020a). Furthermore, nursing facilities had to stop all semi-residential services in day and night care (Saxony-Anhalt 2020a). Exceptions were granted only for people whose care cannot be maintained at home, for instance if care-providing relatives work in essential infrastructure (Saxony-Anhalt 2020a). In line with the nationwide agreement, both states allowed plannable procedures to be steadily increased from the beginning of May, however it was emphasised that this must not impact the capacities available for Covid-19 patients (Bavaria 2020a; BPA 2020e; Saxony-Anhalt 2020a). To improve the coordination of national health resources, a nationwide intensive care register was established in April 2020 (DIVI and RKI 2021).

Saxony-Anhalt implemented the federal recommendation (16 March) to restrict visitors to medical facilities such as hospitals and nursing homes two days later than Bavaria and banned all visits with ethical exceptions from 25 March (BPA 2020a; Saxony-Anhalt 2020a). Bavaria implemented a **visitor ban**, first for people from risk areas (14 March), then, four days earlier than Saxony-Anhalt, a full visitor ban with the ethical exceptions for neonatal and birthing as well as palliative wards (Bavaria 2020a). Both states waited until the beginning of May to gradually lift these regulations under the condition of hygiene regulations (Bavaria 2020a; Saxony-Anhalt 2020a). Consequently, both states experienced a period of around six weeks where patients in hospitals or people living in nursing homes were not allowed to receive visitors. This was discussed several times in the consultations between the federal government and the state ministers (BPA 2020d; 2020k).

### *Transport services*

Regulations regarding mobility were very similar in both states. Notably, public transport services were not restricted at any time. However, travelling into state of Saxony-Anhalt (2020a) for tourism, leisure, and education purposes as well as avoidable medical treatment was prohibited until the end of May. After a meeting of the federal government and state ministers on 15 April, the chancellor explicitly encouraged everyone to wear masks in public transport and during shopping (BPA 2020d). In Saxony-Anhalt, wearing a mask in public transport was first introduced as a strong recommendation, while Bavaria made it compulsory immediately (both 20 April) (Bavaria 2020a; Saxony-Anhalt 2020a). Saxony-Anhalt followed soon after (ibid.).



## 4 Discussion of results and conclusion

Looking at global measures, the Oxford Covid-19 Government Response Tracker (Hale et al. 2020) provides a comparative overview of the public health response to SARS-CoV-2 in different countries. To do this, it maps containment policy indicators regarding the general areas of containment and closure, economic response, and health system measures:

### 1) Containment and closure

- School closing
- Workplace closing
- Cancellation of public events
- Restrictions on gathering size
- Closure of public transport
- Stay at home requirements
- Restrictions on internal movement
- Restrictions on international travel

### 2) Economic response

- Income support
- Debt/contract relief for households
- Fiscal measures
- Providing international support

### 3) Health system

- Public information campaign
- Testing policy
- Contact tracing
- Emergency investment in healthcare
- Investment in Covid-19 vaccines

Though it is limited – e.g. neither accounting for appropriateness, effectiveness or comprehensiveness (Hale et al. 2020, 4) – the mapping offers a good overview of which areas and aspects of public life restrictions were imposed by different countries. The comparative policy analysis of pandemic response of the states of Bavaria and Saxony-Anhalt focused mainly on the area of containment and closure. Socio-economic and health system response was more strongly targeted by the federal government while contact tracing and testing were conducted very locally. It is noteworthy that neither Bavaria nor Saxony-Anhalt ordered a shut-down of the economy or generally closed workplaces. Business activities were instead restricted based on their degree of contact with the public. Also, public transport was not closed.

Despite the socio-economic and political differences among the states of Bavaria and Saxony-Anhalt (cf. Figure 2), both states issued pandemic containment and control measures in the sectors of contact tracing and isolation, gathering, contact and exit restrictions, closure of retails, community and educational facilities, restaurants and touristic accommodation, leisure, entertainment and sports locations, health-sector provisions, and transport services during the first SARS-CoV-2 wave in March and April 2020. This finding is interesting in that it can be argued that, despite differences in details, the pandemic policies of the two separate states within the federal country of Germany are, on a broader scope, more similar than different. One contributing factor seems to be the federal government's harmonisation efforts via federal-state consultations. Another contributing factor may have been an initially strong agreement about the need to address the pandemic as a new threat with many uncertainties. However, competing political perspectives arose over the progression of the pandemic, for example on the lifting or continuation of measures. Thus, it remains to be seen whether further comparative research during the summer, and especially the second wave of infections in the autumn of 2020, reveal similar or contrasting findings.

Comparing the two states in more detail (cf. Figure 5), the following similarities can be concluded with focus on the period of March to April 2020:

- Both states followed federal recommendations concerning the **quarantine orders for people entering Germany** from abroad.
- Both states **implemented restrictions/bans of gatherings**, and also lifted the ban on religious gatherings from 4 May based on federal recommendation.
- The **timing for closing and reopening of retails** was similar and in line with federal harmonisation efforts.
- Both states **closed community facilities**, however the timing was different.
- Despite some conceptual differences in the beginning, the **timing of closing restaurants** was similar.
- **Closure of leisure, entertainment and sports locations** was also based on federal-state agreement.
- In order to relieve the health sector and prevent overstretching of capacities, both states followed national recommendations **to postpone plannable medical procedures**. However, the timing differed.
- **Public transport continued to operate** in both states throughout.

While the similarities are remarkable and often linked to federal-state consultations and recommendations, there were also a number of differences between the states:

- Bavaria **restricted gatherings** and issued stay-at-home orders earlier, for a longer time and generally applied higher stringency levels. Bavaria followed the federal recommendation to ban religious meetings, whereas Saxony-Anhalt first restricted meetings to a maximum of 50 people. While Saxony-Anhalt opted for **contact restrictions** in accordance with the country-wide agreement from 25 March to 4 May, Bavaria chose to implement earlier, longer and stricter measures between 21 March to 11 May.
- In the area of **retail**, there were initial differences in mask wearing requirements and number of customers by sales area, with Bavaria observing stricter rules. Trade fairs in Bavaria remained closed until September, two months longer than in Saxony-Anhalt.
- Bavaria closed **community facilities** 9 days earlier and started gradual reopening 7 days later, with full opening 13 days later, than Saxony-Anhalt. Workshops and day-care facilities opened in Bavaria 29 days later (31 July).
- Bavaria reopened **outdoor restaurants** earlier (18 May) and indoor services later (22 July) (Saxony-Anhalt both; 25 May). **Touristic accommodation** was banned a week earlier in Bavaria while full reopening was similar, however exceptions were made for in-state tourism earlier in Saxony-Anhalt.
- Saxony-Anhalt granted from the beginning exceptions for professional Olympic training while Bavaria did so only in May. Generally, there were differences in timing and reopening concerning different **leisure, entertainment and sports facilities**. Bavaria reopened libraries 14 days earlier.
- Concerning **health sector provisions**, Bavaria began earlier to restrict visits in medical facilities, while Saxony-Anhalt at first followed national recommendations, then also banning visits one week later. While both followed national recommendations to postpone plannable medical procedures, Bavaria did so 5 days earlier than Saxony-Anhalt. Bavaria issued further orders in connection with the declaration of the state of disaster and the management of hospital capacities. Saxony-Anhalt did not declare the state of disaster.

- Saxony-Anhalt restricted **travel into the state**. Bavaria made **masks** compulsory in public transportation earlier, while Saxony-Anhalt at first issued a recommendation.

Where there were differences between the two states, **Bavaria generally enforced earlier, stricter and longer measures**. Exceptions were the reopening of libraries and the outdoor restaurants, which took place earlier than in Saxony-Anhalt. Bavaria tended to be an **early adopter, or rather forerunner, advocating stricter pandemic control measures** including in the federal-state consultations (cf. e.g. Stroh 2020), and thus became, in accordance with the position of the German chancellor, a leading voice advocating resolute pandemic containment (Dörr et al. 2020, 49). In addition to Bavaria's comparatively high political weight, the visibility of the Bavarian Minister President was further increased by Bavaria's chairmanship of the Conference of Federal State Minister Presidents (*Ministerpräsidentenkonferenz*) from October 2019 to September 2020 (Bavaria 2021). In his government declaration from 20 April 2020, Markus Söder stressed that Bavaria was and is more cautious in the sense of earlier response and later lifting of measures in comparison to other states and that restrictions will be eased in steps in accordance with the development of infection numbers (Söder 2020).

Dörr et al. (2020, 50) find a pandemic-related increase of approval rates for office holders on federal and state level as of June 2020, including in Bavaria and Saxony-Anhalt, regardless of their different infection rates. While political considerations certainly played a role—Bavaria's Minister President Markus Söder gained significantly in popularity with 94% of Bavarians approving his crisis management beginning of April 2020 (*Süddeutsche Zeitung* 2020)—one can also hypothesise that, due to the comparatively higher infection cases per 100,000 capita and thus the higher affectedness of Bavaria, there was a need for earlier, longer, and stricter measures and an interest to prevent other states from free-riding on these efforts. Looking at the cumulative cases, Saxony-Anhalt reached the mark of 70 cumulative (!) cases per 100,000 inhabitants at the beginning of May 2020, when the restrictions were gradually lifted again, whereas Bavaria found reached the same point more than a month earlier, at the end of March (cf. Robert Koch-Institut 2020a). Therefore, it is also not surprising that **Saxony-Anhalt adopted some agreements of the federal-state consultations later than Bavaria and not necessarily to the same stringency level**. Saxony-Anhalt attempted to **protect state citizens by restricting travel into the state**. Bavaria faced this issue more on its national borders: The state's proximity to early infection hotspots in Austria and Italy were claimed to pose a higher threat to the state and contribute to comparatively higher case numbers (Bavaria 2020b).

In his government declaration from 11 June 2020, Saxony-Anhalt's Minister President Reiner Haseloff (2020) emphasises the relatively good contextual factors for successful pandemic containment, including sparse population, and only few travellers entering from high-risk areas. Likewise, he stressed the economic support packages by Saxony-Anhalt, the federal government, and the European Union while addressing challenges in addition to the pandemic, such as the drought affected agriculture and the structural changes concerning the phasing out and closure of coal production in Germany (ibid.). Saxony-Anhalt introduced a traffic-light warning and response system according to which regional action is taken based on the number of infections and set much lower thresholds than according to the federal-state agreement (Saxony-Anhalt 2020a, 7. Verordnung, 02.07.2020; *Ärzteblatt* 2020). Saxony-Anhalt's minister of interior, Holger Stahlknecht, was quoted in August that he considers the push of states with higher infection numbers for joint, country-wide liability as fundamentally wrong (*MDR* 2020). He stressed that proportionality must be considered, especially on account of the restriction of fundamental liberties and rights, and of the fact that such decisions should be based on a common baseline, but ultimately made by each state considering the infection numbers (*MDR* 2020). Thus, whereas more affected states may have an interest in nationwide restrictions, less affected

states argue for more locally aligned measures. They do not wish to pay in terms of freedoms but presumably also in terms of economic loss, especially considering Saxony-Anhalt's much lower economic strength. In contrast, strongly affected states may have an interest in preventing free riding on their pandemic containment and efforts to close public and economic sectors while others choose not to do so.

Despite the states' policy differences, which reflect their local infection rates, policy harmonisation was relatively successful in the beginning of the pandemic when it came to restrictions (cf. also Behnke 2020 for similar findings). However, reopening in particular became an issue of contention and competition in terms of different strategies and timing (cf. also Münch 2020). At the same time, the federal system also allowed for catering to different infection situations locally and thus increased the adaptability of measures to the context of application (Ragnitz and Thum 2020). Further study is needed to reveal how changes to and differences in response policy evolved over the months following the first pandemic wave and during following waves toward the end of 2020 and into spring 2021, which, in terms of infection numbers, were even more challenging.

Figure 5: Comparative summary of pandemic policies in Saxony-Anhalt and Bavaria (March - April 2020)

Policy area	Saxony-Anhalt	Bavaria	Federal recommendation / federal-state negotiation	Comparative perspective
<b>Quarantine for travellers</b>	<b>10 Apr:</b> 14-day quarantine for people entering from outside Germany	<b>10 Apr:</b> 14-day quarantine for people entering from outside Germany	<b>16 Mar:</b> entry restriction Germany (exception: citizens etc.) <b>6 Apr:</b> 14-day quarantine for those entering Germany, starting 10 Apr	Both states followed federal recommendation
<b>Gathering, contact and exit restrictions</b> (max. applies to people from different households)	<b>18 Mar:</b> max. 50 people (exception: courts, parliaments, etc.) <b>25 Mar - 4 May:</b> max. 2 people (exception: funerals, weddings, unavoidable professional meetings), stay-at-home order (with exceptions) <b>4 May:</b> max. 5 people (exception: funerals, weddings, unavoidable professional meetings, religious gatherings)	<b>11 Mar:</b> max. 1000 people <b>17 Mar:</b> ban of <u>all</u> gatherings (exception: personal connections, e.g. family/job) <b>18 Mar:</b> ban of religious gatherings <b>21 Mar - 11 May:</b> stay-at-home order (with exceptions) <b>31 Mar - 15 Jun:</b> ban of all gatherings (also personal connections; exceptions only on individual case basis) <b>4 May:</b> ban lifted on religious gatherings, demonstrations <b>11 May:</b> max. 2 people	<b>16 Mar:</b> prohibition of religious gatherings <b>30 Apr:</b> ban lifted on religious gatherings <b>22 Mar:</b> country-wide contact restriction, max. 1 outside of household	Both states implemented restrictions/bans of gatherings Bavaria restricted gatherings and issued stay-at-home orders earlier, for a longer time and generally applied higher stringency levels  Saxony-Anhalt opted for contact restrictions in accordance with the country-wide agreement from 25 March to 4 May; Bavaria decided on earlier, longer and stricter measures between 21 March to 11 May. Bavaria followed the federal recommendation to ban religious meetings; Saxony-Anhalt first restricted meeting to max. 50 people  Both states lifted the ban on religious gatherings from 4 May based on federal recommendation
<b>Closure of retails</b>	<b>18 Mar:</b> closure of non-essential retails <b>20 Apr:</b> opening of stores with sales area <800m <sup>2</sup> , max. 1 customer per 10 m <sup>2</sup> sales area, masks recommended <b>4 May:</b> masks compulsory	<b>18 Mar:</b> closure of non-essential retails <b>20 Apr:</b> opening of stores with sales area <800m <sup>2</sup> , max. 1 customer per 20 m <sup>2</sup> sales area, masks compulsory <b>11 May:</b> max. 1 customer per 10 m <sup>2</sup> sales area	<b>16 Mar:</b> closure of non-essential retails, wholesale, service providers <b>15 Apr:</b> Chancellor recommends masks in retail and transport <b>20 Apr:</b> opening of stores with sales area <800m <sup>2</sup>	Similar closing and reopening of retails following federal recommendations  Initial differences in mask wearing requirements and number of customers by sales area (Bavaria stricter) Trade fares remained closed 2 months longer in Bavaria (until Sept)
<b>Closure of community facilities</b> (schools, kindergartens,	<b>25 Mar:</b> closure of all community facilities (emergency child care provided)	<b>7 Mar:</b> children returning from risk areas not allowed to go to school/kindergarten	<b>16 Mar:</b> prohibition of gatherings in extracurricular educational facilities, no entry to community facilities (if not closed) to persons	Bavaria closed community facilities 9 days earlier and started gradual reopening 7 days and full opening 13 days later

workshops for people with disabilities, day-care facilities)	<b>20 Apr:</b> gradual reopening with graduation classes <b>2 Jun:</b> full school opening	<b>16 Mar:</b> closure of all community facilities (emergency child care provided) <b>27 Apr:</b> gradual reopening with graduation classes <b>15 Jun:</b> full school opening	from risk areas (according to RKI classification)	Workshops and day-care facilities opened in Bavaria 29 days later (31 Jul) Mask wearing became first mandatory in Bavaria (Sept)
<b>Closure of restaurants and touristic accommodation</b>	<b>18 Mar:</b> closure of gastronomy (with exceptions, e.g. canteens, take-out) <b>25 Mar:</b> closure of gastronomy (exception: take-out), no touristic accommodation	<b>18 Mar:</b> closure of take-out gastronomy (with exceptions), no touristic accommodation <b>21 Mar:</b> closure of gastronomy (exception: take-out)	<b>16 Mar:</b> hygiene rules for restaurants, touristic accommodation ban	Similar closure of gastronomy (at the beginning some conceptual differences) Bavaria reopened earlier outdoor restaurants (18 May) and later indoor services (22 Jul) (Saxony-Anhalt both; 25 May) Touristic accommodation was banned a week earlier in Bavaria, full reopening was similar (earlier exceptions in Saxony-Anhalt for in-state tourism)
<b>Closure of leisure, entertainment and sports locations</b>	<b>18 Mar:</b> closure of leisure and sports facilities (exception: Olympic training)	<b>18 Mar:</b> closure of leisure and sports facilities <b>20 Apr:</b> reopening of libraries	<b>16 Mar:</b> closure of leisure and sports facilities	Similar closure based on federal agreement (Saxony-Anhalt granted exceptions for Olympic training, Bavaria only in May) Differences in timing and reopening concerning different facilities, Bavaria opened libraries 14 days earlier
<b>Health sector provisions</b> (medical facilities including hospitals and nursing homes)	<b>18 Mar:</b> restrictions to visits in medical facilities (1 person, 1 h) <b>25 Mar:</b> no visits in medical facilities (ethical exceptions), postponement of all plannable medical procedures, no semi-residential care in nursing homes (with exceptions)	<b>14 Mar:</b> no visits in medical facilities from people from risk areas / contact persons <b>18 Mar:</b> report test rates, results, ventilator capacity <b>20 Mar:</b> postponement of all plannable medical procedures <b>21 Mar:</b> no visits in medical facilities (ethical exceptions) <b>25 Mar:</b> pandemic officer per hospital, scale up ventilator capacities, regional patient coordination groups <b>27 Mar:</b> one physician per district to be integrated in local disaster management unit (FÜGK) <b>2 Apr:</b> report capacities to DIVI-Intensive Care Register	<b>16 Mar:</b> restrictions of visits in medical facilities (1 person, 1 h), postponement of all plannable (non-emergency, non-urgent) medical procedures <b>30 Apr:</b> lifting postponement of plannable medical procedures (condition: sufficient free capacities for Covid-19 patients)	Bavaria started earlier to restrict visits in medical facilities while Saxony-Anhalt first followed national recommendations but then banned visits one week later as well  Both followed national recommendations to postpone plannable medical procedures; Bavaria did so 5 days earlier than Saxony-Anhalt  Bavaria issued further orders in connection with the declaration of the state of disaster and the management of hospital capacities  Saxony-Anhalt did not declare the state of disaster

		<b>4 Apr:</b> admission stop nursing homes / disability care facilities, quarantine for referrals from hospital, one pandemic coordinator per nursing home		
<b>Transport services</b>	<p><b>25 Mar:</b> no travel into the state for touristic, leisure purposes, education purposes or for receiving avoidable or adjustable measures of medical care; no coach travel</p> <p><b>20 Apr:</b> masks in public transport recommended</p> <p><b>4 May:</b> masks in public transport compulsory</p>	<b>20 Apr:</b> masks in public transport compulsory	<b>15 Apr:</b> Chancellor recommends masks in retails and transport	<p>Saxony-Anhalt restricted travel into the state</p> <p>Bavaria made masks compulsory earlier, while Saxony-Anhalt at first issued a recommendation but then quickly switched to a mandatory rule</p> <p>No shut-down of public transport</p>

Sources: Bavaria 2020a; BMI 2020; BPA 2020a; 2020b; 2020d; Saxony-Anhalt 2020a

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## Appendix

Containment Resolutions and federal-state conferences (March – May 2020)		
Validity (2020)	Number	Name of Resolution
<b>Bavaria (2020a)</b>		
11.03.	111	General regulation to visit schools and day care centres for children and special education
11.03. – 19.04.	139	General regulation to ban events with more than 1,000 participants
14.03.	114	Restriction of visiting rights for hospitals, nursing homes and facilities for the disabled
16.03.	115	Corona pandemic: identification of the disaster
17/18.03. – 30.03./19.04.	143	Event bans and operating bans on the occasion of the Corona pandemic
18.03. – 20.04.	144	Obligation of laboratory operators in Bavaria to report the number of swabs and samples tested and the number of positive and negative findings to the State Office for Health and Food Safety (prolonged several times)
18.03. – 20.04.	145	Notification obligation for ventilators in the event of the Corona pandemic
18.03. – 19.04.	147	Corona pandemic: Ban on entering university
18.03. – 19.04.	149	Measures on the occasion of the corona pandemic in the area of workshops for handicapped people, support facilities and vocational training, and career advancement centres
18.03.	148	General regulation amending the event and operating bans
19.03.	150	Execution of the run-off elections on March 29, 2020 exclusively as postal votes on the occasion of the Corona pandemic
20.03. – 15.04.	151	Postponement of elective procedures and planned treatments in hospitals
21.03.–03.04.	130	Bavarian regulation on a temporary exit restriction due to the Corona pandemic
21.03. – 03.04.	152	Enforcement of Law on the Protection against Infection (IfSG) – Temporary exit restriction due to the corona pandemic
23.03.	166	Measures in the context of the Corona Pandemic (including regulations regarding community facilities)
25.03. – 15.05.	164	Corona Pandemic Emergency Plan: General Decree to cope with substantial numbers of patients in hospitals
26.03.	155	Administrative regulation on public procurement
26.03. – end of state of disaster	157	Corona pandemic emergency plan: maintenance of medical care during the identified disaster
27.03.	159	Catalogue of fines for the Corona pandemic (prolonged and adapted several times)
31.03. – 03.04.	160	Enforcement of the Shop Closing Act (LadSchlG) – Special store closing times on the occasion of the Corona pandemic
31.03. – 19.04.	158	Bavarian regulation on infection control measures on the occasion of the Corona pandemic
31.03. – 03.04.	160	Special closing times due to the Corona pandemic for shops
02.04.	171	Corona Pandemic Emergency Plan: Amendment of the General Decree to cope with substantial numbers of patients in hospitals
03.04. – 19.04.	172	General regulation on the amendment on special store closing times on the occasion of the Corona pandemic
04.04. – 19.04.	187	Corona Pandemic Emergency Plan: Regulations for care facilities (prolonged several times)
04.04. – 19.04.	203	Corona Pandemic Emergency Plan: Regulations for inpatient facilities for people with disabilities (prolonged several times)
09.04.	191	Ordinance amending the funeral ordinance

10.04. – 19.04.	192	Ordinance on quarantine measures for people entering Bavaria (prolonged several times)
10.04. – 30.09.	202	Approval of additional intensive care treatment capacities with machine ventilation in hospitals
19.04. – 03.05.	206	Corona pandemic: measures concerning production and production sites for people with disabilities and early intervention centres
20.04. – 03.05.	205	Second Bavarian Infection Prevention Regulation
20.04. – 29.04.	207	Measures in the context of the Corona Pandemic (including regulations regarding community facilities)
20.04. – 03.05.	209	Special store closing times due to the Corona pandemic
30.04. – 10.05.	235	General regulation on the amendment on special store closing times on the occasion of the Corona pandemic
01.05. – 10.05.	236	Extension of Corona Pandemic measures
01.05. – 10.05.	237	Corona pandemic: measures concerning production and production sites for people with disabilities and early intervention centres
04.05. – 10.05.	239	Third Bavarian Infection Prevention Regulation
08.05. – 30.06.	249	Isolation of category I contact persons and suspects (prolonged once)
09.05. – 31.07.	253	General disposition for coping with significant numbers of patients in hospitals
09.05. – 17.05.	246	Corona pandemic: measures concerning production and production sites for people with disabilities and early intervention centres
10.05. – 01.06.	251	Measures on the occasion of the Corona pandemic in the area of schools and therapeutic pedagogical day-care centres
11.05. – 17.05.	240	Fourth Bavarian Infection Prevention Regulation
11.05. – 24.05.	250	Measures in connection with the corona pandemic in the area of child day care facilities
16.05. – 29.05.	269	Regulation amending the Fourth Bavarian Infection Control Regulation
18.05. – 08.06.	271	Corona pandemic: measures concerning production and production sites for people with disabilities and early intervention centres
18.05.	270	Corona pandemic: Hygiene Concept Gastronomy
25.05.	286	Corona pandemic: measures concerning production and production sites for people with disabilities and early intervention centres
26.05.	291	Amendment of the announcement “Corona pandemic: hygiene concept gastronomy”
26.05. – 10.05.	224	Measures in the context of the Corona Pandemic (including regulations regarding community facilities)
30.05.	290	Hygiene Concept Accommodation
30.05. – 14.06.	304	Fifth Bavarian Infection Prevention Regulation
30.05.	305	hygiene concept for touristic service provider
<b>Saxony-Anhalt (2020a)</b>		
18.03.		First regulation on measures to contain the spread of the novel coronavirus SARS-CoV-2 in Saxony-Anhalt (“Containment Regulation”)
25.03. – 19.04.		Second Containment Regulation in Saxony-Anhalt
03.04. – 19.04.		Third Containment Regulation in Saxony-Anhalt
20.04. – 03.05.		Fourth Containment Regulation in Saxony-Anhalt
04.05. – 27.05.		Fifth Containment Regulation in Saxony-Anhalt
19.05.		Concept of the State of Saxony-Anhalt to extend testing to SARS-CoV-2
28.05. – 01.07.		Sixth Containment Regulation in Saxony-Anhalt

Federal government and state minister conferences		
16.03.		Agreement between the federal government and state ministers on closures/restrictions (retail, culture, sports, entertainment, contact restrictions, hospital visiting rules, schools, gastronomy, tourism) (BPA 2020a)
22.03.		Country-wide contact restrictions (BPA 2020b)
01.04.		Federal-state agreements extended (BPA 2020c)
15.04.		Federal-state conference on extending contact restrictions until 3 May, visiting rules for nursing homes, gradual school openings from 4 May onwards, opening of smaller retails from 20 April onwards, gatherings, travel, masks, support of local health authorities, test capacities (BPA 2020d)
30.04.		Federal-state conference on larger public gatherings, religious services, cultural institutions, hospital capacities (BPA 2020e)

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