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## A comparative study of the Scandinavian decision-making during the COVID-19 pandemic

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**A comparative study of the Scandinavian decision-making during  
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## Introduction

Since the onset of the COVID-19 pandemic in late 2019 we have seen a range of different approaches taken by the governments, all with the common goal of tackling the issues and consequences that inevitably followed. In this thesis there will be a comparative study of a most similar systems design (Toshkov, 2016). The actors that will be used and examined in this study are the Scandinavian countries; Denmark, Norway, and Sweden, and how they responded to the pandemic. The reason for choosing these three countries is due to the plethora of similarities that these three states have in regards to political, economic, welfare, and culture, despite this they still ended up responding to the pandemic in different ways. Where the policies that were implemented in Denmark and Norway were based on the recommendations by the political bodies and in a way disregarded and essentially ignored what was recommended by the experts on infectious disease control in said countries. Sweden took a rather different approach and implemented the regulations based on what the experts in Sweden recommended at the time.

This paper will thoroughly analyse how these countries responded differently during the onset of the pandemic, and more importantly, why this was the case. A philosophy that will be enforced throughout this paper is that there is not just one answer or action that is the right one during a pandemic like COVID-19, this academic paper is not a comparison on what is the right and wrong answer to the pandemic nor will it in any way condemn any state for the actions that they took. Rather this thesis plan on purely looking at the actions taken and why such measures were implemented. Even if the countries are very similar, they are not the same and measures that work in one country might not work in another country. There will be a focus on sociological institutionalism namely the theory of logic of appropriateness, and the symbolic actions of political decisions. In addition, this study will also examine the idea of

evidence-based decision-making (or evidence-based practices) and how it can potentially explain the actions of some of the actors in this study, namely Sweden. In regards to the regulations that were implemented and how these different approaches can explain why the countries, that are so similar, ended up going in different directions. The research question that will be thoroughly examined and answered throughout this study is the following: **How can we explain the different policy responses of the Scandinavian countries to the COVID-19 pandemic?**

What this study hopes to provide is a further look into the decision-making that went on during the pandemic in the three Scandinavian countries and provide an explanation of the actions that were taken. The academic and societal relevance of this study is to offer a deeper look and explanation of the decision-making that occurred during the pandemic and how countries might respond differently based on what the countries viewed as the right and appropriate actions. By focusing specifically on these three countries we can understand better what laid ground for taking such different actions. Moreover, by looking at the reasoning behind their choices we can better understand the actions taken. Because what was seen during the pandemic and around the time where the regulations were implemented, there was a rather large amount of negative, if not some condemning, opinions about Sweden's soft regulations.

What this paper will shine a light on is how one policy or regulation does not fit all countries and the actions taken in the Scandinavian states were taken in accordance with what they thought was the best option. The structure of this paper will be as follows, firstly there will be a look into the existing literature on policy-making during the pandemic in the Scandinavian countries and which knowledge gaps that this paper will attempt to fill. Following the

literature review, there will be a deep examination of the possible theories that exist that can explain the puzzle, that is the different responses of the Scandinavian countries to the pandemic. As well as why the theories that are chosen explains the case better compared to the ocean of theories that exist, at the end of the theoretical framework there will be a presentation of the proposition that will be examined and tested throughout this study with the goal of reaching an explanation to the research question. After that there will be a presentation of the research design and data selection, more specifically, there will be an explanation why this paper is choosing a comparative case study and why these three countries can be seen as most similar case studies. In this section there will also be an explanation of which data will be used and where said data will be collected from, as well as a presentation of how this will be conducted and which methods and techniques will be used when analysing the data. Furthermore, there will be an explanation of how the concepts in this paper will be operationalized to improve the ability to examine the presence or absence of the different concepts. There will also be a discussion of the probable validity and reliability issues that can occur and how this paper aims to ensure that these do not happen and not affect the results presented in this study.

This thesis will be using a wide range of sources, due to the case studies being the Scandinavian states there will be newspapers and documents from those countries which are in the native languages of said countries and some of those sources might not offer an official translation to English. However my native language is Swedish, so throughout the paper there will be objectively translation of sources such as newspapers and documents that are in Swedish to English when presenting and examining them.

### *Literature review*

At the time that this analysis is written there are rather few studies that delve deep into the discussion of the role that policy making and decision-making occurred in the Scandinavian countries during the pandemic. There is a plethora of studies that look at policy-making and welfare in the Scandinavian countries as a whole, however due to the focus of this study there will be a specific focus on the decision and policy-making that occurred during the COVID-19 pandemic. While there exists literature that looks at the policy-making in Scandinavia, the main focus is on the effects of the policies on for example mobility, mortality, intensive care, and the economic impact (Sulyok and Walker, 2021; Sheridan et al., 2020; Juranek and Zoutman, 2020; Andersen et al., 2020). There are, however, rather few studies that look at the reasoning behind the policies that we saw were implemented. Moreover, there are studies that look at the country's policy responses separately, which will be discussed in this section. However, there is a rather prominent gap in the literature that explicitly conducts a comparative cross-country analysis between these countries and why they took such different directions. Specifically in regards to examining the role that experts played in the policy and decision-making during the COVID-19 pandemic more precisely, because why did Danish and Norwegian incumbents base their regulations on the recommendations of the political actors, whereas the Swedish incumbent based it on the recommendations of the experts. The aim of this thesis is to provide a thorough analysis of the policy-making that can be seen in Scandinavia during the beginning of the pandemic, as well as the reasoning behind the policies that were implemented in the end. The goal of this study is to fill the gap in the literature by examining what made the three countries take such different approaches to the pandemic by providing an answer to the research question: **How can we explain the different policy responses of the Scandinavian countries to the covid pandemic?**

### *Denmark*

Olagnier and Mogensen (2020) illustrates that the approach taken by the Danish Government was quick and firm, by announcing a full lockdown and closing their borders, which was a similar approach that a range of European countries would also end up enforcing. One can argue that the approach taken by the Danish Government was more political based than expert focused, as Rubin and Vries (2020) states that there were disagreements between the political actors and the Danish Health Agency (DHA). The Prime Minister announced total lockdown and closing down borders despite the DHA stating that the approach by the PM was more of a political decision, rather than a scientific one (Rubin and Vries, 2020). This can to some extent illustrates the idea that the choices taken by Danish authorities were more political based, rather than expert based.

### *Norway*

Norway's response to the pandemic with a lockdown and travel restrictions by march of 2020 (Schou-Bredal et al., 2021), and after seeing positive results the Norwegian government decided on the 8th of April 2020 to gradually and cautiously lift the bans (Christensen and Lægneid, 2020). While the Norwegian Institute of Public Health (NIPH) did come with recommendations when asked by the politicians there were still disagreements in the approach to the pandemic, where the political leadership and the experts disagreed on a few of the regulatory measures (Christensen and Lægneid, 2022). The disagreement was in the form of how severe the restrictions should have been; where the NIPH suggested softer measurements the Norwegian Directorate of Health (NDH), which is an organisation that works closely with the Ministry of Health and Care Services more so than NIPH, argued that the regulations should be harsher (Christensen and Lægneid, 2022). Despite the different views on how severe the regulations should be, the political executive still decided to



implement harsher restriction, against the experts recommendation, as mentioned by Christensen and Lægreid (2022). This illustrates how, in Norway, while experts were open to express their recommendations and views, the politicians still had the last say, which to some extent can show how Norway's regulatory approach to the pandemic was more politically based rather than based on the experts recommendations.

### *Sweden*

The main approach that was taken by the Swedish Government was an evidence-based strategy recommended by the Public Health Agency of Sweden (PHAS; Folkhälsomyndigheten) which included frequent hand washing, keeping distance, and staying home if one felt sick, but besides that there were no harsh measures taken, such as lockdowns or closing down borders (Kavalinus et al., 2020; Pashakhanlou 2022). Kavalinus et al. (2020) points out that Sweden's approach to the pandemic has been largely dependent on the recommendations of the Public Health Agency of Sweden rather than turning to the political actors such as ministers of health. Illustrating the idea that Sweden might have taken an evidence-based decision-making approach in regards to policy-making. This is further supported by Pashakhanlou (2022) as they state in their article how strong PHAS mandate position was in regards to COVID-19 policy recommendations, as the Swedish Government has followed the recommendations presented by the PHAS.

## **Theoretical framework**

This study will examine and provide an explanation to the actions of the Scandinavian countries and what drove them to introduce the policies that they did, through sociological institutionalism and evidence-based decision-making. The two concepts of sociological

institutionalism that will be used are, the concept of logic of appropriateness, which will be examined with the goal of further explaining the reasoning behind the actions of the countries. The second concept that will be analysed is politics as a symbolic action, which will be analysed to explain the more political direction in the decision and policy-making. The reason for using these two concepts is to analyse, not the effects of the policies, but what drove the countries to implement the policies they did and the reasoning behind the decisions. Beyond the scope of sociological institutionalism, this paper will also analyse evidence based decision-making to further understand the actions taken by the actors in the study. Understanding why certain decisions were made can potentially result in a deeper understanding of the intended purpose of said policies. As in the beginning of the pandemic in 2020 Sweden received huge backlash for the policy direction they took, but there were few discussions regarding what the reasoning was for such actions to be taken. Despite this thesis focusing on three concepts the main concept that will be used to explain the actions taken is logic of appropriateness, since it argues that an actor will act in a way that they seem appropriate and correct. However, what is seen and believed to be appropriate and right is a subjective matter, which is why this paper will use politics as a symbolic action and evidence-based decision-making to illustrate the two different directions that Denmark, Norway, and Sweden took. As their actions reflect what they believed to be the best and most appropriate action during the onset of the COVID-19 pandemic.

### *Logic of appropriateness*

The first concept that will be analysed is the logic of appropriateness. It is argued that the actions taken are based on what is believed to be the most appropriate action, based on what is seen as rightful, expected, and legitimate, and actors are seen to do what is expected of them based on their positions and roles ( March and Olsen, 2008). This can illustrate the idea

that political actions might be taken in line with what is expected of the political actors, rather than what is believed to be the best action. This further strengthens the idea that doing something is more important than what is actually done, since national political actors have the responsibility to react and produce solutions in times of crises, such as the COVID-19 pandemic. However, this might not always be the case as the actors might wholeheartedly believe that what they are doing is the correct and appropriate actions. Because how can we know what actions are taken out of perceived responsibility and what actions are taken based on what the actor actually thinks is the best solution. If we specifically look at democratic states, one can argue that during pandemics like COVID-19 the actions taken should result in a solution to the problems that arise as well as, to ensure the safety and well-being of the citizens. However, the different choices and roads that can be taken to ensure this are a multitude, because the actions taken by one actor that they view to be the best, might not have the shared sentiment in another state. What this argument points out is that the decision-making during the pandemic is inherently objective, because countries can have taken opposite courses of actions but each actor might still view their measures as the most appropriate and correct. Schulz (2014) presents a similar argument by stating that logic of appropriateness is guided by rules when responding to situations, where the meaning of rules and being guided by rules has a wide range of meanings. The range includes "...automatically following a familiar routine, neurotically conforming with a norm, diligently obeying a new law, generously fulfilling an obligation, casually observing a custom..." (Schulz, 2014:2). In other words, the appropriate action does not always stem from what is deemed moral and right, rather there is a range of different factors and rules that can lay ground for the actions of actors. Moreover, such rules can stem from norms and what actions the actor has taken before i.e. priming, however, rules can also be derived from other actors actions by imitation, as argued by Schulz (2014). The concept of logic of appropriateness will act as an

overarching theory throughout this paper, because by recognising the fact that what is an appropriate and correct measure to take is an objective matter one can argue that all three actors took actions that they believed were appropriate and right. Even if the actions taken by the three different countries in this study are quite the opposite.

### *Politics as symbolic actions*

Which brings us to the two concepts that will be used to examine and explain the different actions taken by the three Scandinavian countries. The first concept that will explain one of the roads taken is politics as a symbolic action. There is the idea that political actors might act in a specific way to manipulate and control the outcome through the use of symbols, rituals, norms, and myths (March and Olsen, 1983). In other words, by using such symbolic actions it can drive a specific outcome to occur. Furthermore, one can argue that using symbolic actions in politics can emphasise the idea that doing something weighs more than reaching a specific outcome. Brown (1994) argues that the meaning of symbolic acts are beyond their impact which further points to the idea that taking actions might be more important than which actions that one decides to take. In addition, March and Olsen (1983) argues that political actors might take steps that are not viewed as popular but using popular symbols to reassure, and in a way convince the public of what they are doing is right and the measures and actions that they are taking are the best and most appropriate. This illustrates the argument that there are three possible ways that symbolic actions can be viewed and taken, the first way can illustrate how the actions that are taken are being taken with the purpose of doing something and sometimes with the purpose of doing too much rather than too little which can be seen in cases of uncertainty.

The second way can be seen when actors use symbolic actions to turn an unpopular policy popular with the use of symbolic means to reassure and convince the public of what they are doing is the best and right thing to do. Because, one can argue that one of the main purposes of using symbolic actions in politics is to legitimise the actions taken by political authority (Klatch, 1988). Using symbols to reassure and convince the public of one's actions can be a way to legitimise the actions taken by the actors. The last possible way that will be used in this paper is the idea that actors might use symbolic actions to ensure that a specific, and often favoured, outcome occurs. There will be further analysis throughout this study with the purpose of understanding which of these two, if not both, can explain the actions taken by the Scandinavian actors.

### *Evidence-based decision-making*

Whereas the second concept that will illustrate the second road that was taken, by some of the actors during the pandemic, is evidence-based decision-making. The purpose of this theory is to provide another potential explanation of the actions taken by the actors, namely Sweden, during the policy-making at the beginning of the pandemic. The origin of evidence-based practices can be dated back to the 1980s where the British central government put heavy emphasis that "...policy and practice are informed through a more rigorous and challenging evidence base." (Tranfield et al., 2003:208). Following this motion the 'three E' initiatives (economy, efficiency and effectiveness) was introduced, the following results have been positive as there has been a "...development of detailed guidance and best practice manuals in many disciplines." (Tranfield et al., 2003:208). This illustrates that by providing solutions to issues that are established on studied and proven evidence, provide people with the right tools to deal with issues that arise in the most effective way.

There are two stages to evidence-based practices, the first one emphasises on the generation of evidence that is often produced by an academic body, and the second stage illustrates how such evidence then is applied in practice and put into use (Baba and HakemZadeh, 2012). In public health the use of evidence-based decision-making is not new and there have been studies that emphasise the positive impact evidence-based practices have on improving public health (Tranfield et al., 2003; Brownson et al., 1999; Brownson et al., 2009). This idea is further supported by Parsons who argues that “Policy should not be guided by 'dogma', but knowledge of 'what works and why'.” (2002:46). Putting further emphasis on the idea that when implementing policies one should turn to evidence and knowledge that have been proven to work when trying to solve issues in the most effective way, especially when it comes to issues surrounding health care, as argued in the literature mentioned above. The idea that evidence plays an important role in policy-making is further supported by Parkhurst (2017) who argues that by using a stricter or perhaps a more widespread use of evidence can aid us in reaching important social policy goals, as well as avoid any unnecessary harm. This is why the use of evidence-based practices could potentially explain the reasoning behind Sweden’s policy-making as well as how it can shine an interesting light on the decision-making that was seen during the beginning of the pandemic. While there are a number of scholars that have voiced positive opinions regarding evidence-based decision-making, there are still people that do not seem to be on the same side. What Parkhurst (2017) points out is that the people that are sceptical often state that while making decisions based on evidence works in technical decision-making, it is not that simple when it comes to policy-making on a public level since there are trade-offs that have to be taken into consideration. Such trade-offs can be how there are a multitude of social values that might be disregarded or not taken into account if the policy is based on evidence alone.

*Theoretical discussion*

So, the way that these three concepts are related, as discussed briefly above, is that all three Scandinavian countries acted in a way that they deemed appropriate and right in terms of the measures implemented during the pandemic. Where some actors might have implemented measures with the purpose of doing something, rather than nothing, as a symbolic action. As well as taking actions that were similar to other countries in a way to reassure and even maybe convince the public that they were doing enough, rather than too little. There were actors that took a rather different way by using evidence-based decision-making to implement the best measures based purely on studies. Despite the actions being different one can argue that they still implemented them with the same goal in mind i.e. to produce and resolve the problems that arose during the pandemic while also keeping the people in the country as safe and healthy as possible. Which can illustrate how their actions were taken based on what each actor believed to be the most appropriate and right at the onset of the pandemic.

This leads us to the question of when will actors use politics as symbolic actions and when will they use evidence-based decision-making, because what is argued in theory and does it transcribe to what happens in real life, more specifically during the pandemic in the three Scandinavian countries? What March and Olsen (1983) argues is that the modern view of political science either ignores symbolic actions and gives primacy outcomes or that symbolic actions can be seen as a way to manipulate the outcomes. One can argue that actors are bound to use symbolic actions either when they want to manipulate and drive a specific idea or policy forward. Another instance when actors might take to symbolic actions is when they want to reassure and convince the public that the policy that they want to implement is the best possible choice, to secure the outcome that the political actors want. What these two instances illustrate is that actors are likely to use symbolic actions when there might be a lack

of belief in the policy presented, or when the actors want to secure a specific type of outcome. Moreover, as discussed previously in this chapter, politics as a symbolic action can also be seen in cases where there is uncertainty regarding which actions to take if the issue at hand is new and political actors take actions mainly to do something rather than doing nothing.

What we can take away from this is the idea that, in theory, there are a range of different reasons political actors are likely to turn to symbolic actions. This paper will highlight three of the more prominent reasons, where the first one is when the actors take certain symbolic actions when they want a specific outcome to occur. Secondly, symbolic actions can be taken by incumbents when they want to turn a rather unpopular policy into a policy that is well received and positively viewed by the public. Lastly, the actions taken by the actors might be inherently symbolic in themselves when there is a problem that arises that is new and there is a high level of uncertainty in what to do, to the extent where actions are taken just to be taken, as a way to show the public that they are doing something rather than nothing.

Which leads us to the second concept that is discussed in this paper which is evidence-based decision-making, more specifically, in what instances that the theory proposes that the actors will turn to this concept to address issues or other types of cases. There is a rather strong argument made by Parsons (2002) who states that in all cases policy-making should be based on sound evidence and knowledge. The importance of evidence-based decision-making is further supported by a range of scholars who point out the importance and the positive-effects that this concept has on policy making, and how it can also stop unnecessary harm from being made (Tranfield et al., 2003; Brownson et al., 1999; Brownson et al., 2009; Parkhurst, 2017). This seems to be the case especially when the policies that are being discussed are



within the area of medicine and other types of healthcare related areas. What this illustrates is the idea that policy-makers and politicians should then always turn to evidence and previous knowledge when making decisions, especially when dealing with issues surrounding issues around health care and the public well-being.

However, as with any concept or theory there are people that do not agree with basing policies on evidence alone, as discussed above, due to the fact that people have different social values and moral beliefs that might be ignored or disregarded. So in what cases should, or when are politicians expected to turn to evidence and previous knowledge when making and implementing policies? The argument by scholars presents the idea that the push for evidence-based decision-making in regards to policy-making is because of how it has had such positive effects and development in the field of medicine (Tranfield et al., 2003; Brownson et al., 1999; Brownson et al., 2009; Parkhurst, 2017). Because it is strongly believed that decisions made within health care should be based on rigorous research and a deep analysis of the effectiveness of the proposed clinical interventions (Parkhurst, 2017). This idea is further supported by the Coalition for Evidence-Based Policy who states the following “In the field of medicine, public policies based on scientifically-rigorous evidence have produced extraordinary advances in health over the past 50 years.” (2015). Further emphasising the positive effect that using evidence has on the development of public health. What these scholars present us with is the idea that politicians can be expected to use scientifically proven research and evidence when they make and implement public policies in the area of public health and medicine.

### *Propositions*

This leads us to the propositions that will be thoroughly and rigorously analysed and discussed throughout this academic paper, by examining these propositions and if they are true or false we can gain a greater knowledge of why the three Scandinavian actors decided to take the actions that they took. Said propositions will be based on what actions the scholars and the theories expect the actors i.e. the politicians to take, based on the research done in sections above, in line with either symbolic actions or evidence-based decision-making.

The first proposition that will be presented will be an overarching proposition that will test the main argument and will be presented as follows P1: *The three Scandinavian countries took actions based on what they thought were the most appropriate response to the pandemic.*

The next three propositions will aid this academic paper's research in understanding if politics as symbolic actions played a role during the decision-making and if so how can we see this in the case studies. So the second proposition is P2: *If politicians want a specific outcome to occur then they will use symbolic action to ensure that the predetermined outcome happens.*

The third proposition will take a look at a similar aspect and will be presented as following P3: *If a policy is deemed as unpopular by the public then the politicians will use symbolic actions to convince the public that the policy is good and necessary.* The fourth proposition, and the last that will look at symbolic action is P4: *If politicians are faced with a new problem that causes uncertainty, then they will do too much rather than too little.* The fifth and last proposition is P5: *When politicians are faced with a public health issue then they will turn to previous knowledge and evidence to present the best measures.* This proposition will be used to further understand the role and effect that evidence-based decision-making plays in this study. P1 is the overarching proposition as it is based on the main argument that this paper is examining, which is whether or not the actions taken by the three countries can be

explained through the concept of logic of appropriateness or not. Whereas propositions P2 through P5 will be examined with the purpose of finding out which concept or theory can, in the best way possible, explain the different responses and actions taken by each country.

## **Research Design and data selection**

In this section there will be explanations and discussions why the chosen design was picked along with why the cases of Denmark, Norway, and Sweden were chosen and why they represent a most similar systems design. In addition, there will be a look into how the theories discussed above will be applied and tested in this comparative case study, as well as a thorough explanation of the data collection as well as the analysis. Lastly, there will be a look into the validity and reliability of the chosen design and data selection, more specifically are there any elements that can affect the credibility of the design and data?

### *Comparative case studies*

The methodology that has been chosen and will be used to answer the research question is a comparative case study. Because, the goal of this academic paper is to analyse and compare the three Scandinavian countries and how they responded to the pandemic in 2020, but what makes this type of methodology so fitting for the case that is presented in this study?

Alexander George's guide "method of structure, focused comparison", is viewed as one of the best guides for comparative case study (Kaarbo and Beasley, 1999) such opinion is also supported by (Achen and Snidal, 1989). What George and Bennett (2005) states is that:

The method is "structured" in that the researcher writes general questions that reflect the research objective and that these questions are asked of each case under study to guide and standardize data collection, thereby making systematic comparison and

cumulation of the findings of the cases possible. The method is “focused” in that it deals only with certain aspects of the historical cases examined. (pp. 67)

In other words, what this illustrates is that the main aspects of a comparative case study is to pose the same question in all the chosen cases to further understand the actions taken by the actors, as well as gaining greater knowledge in regards to why there might be different answers to the research question.

Moreover, by only focusing on a particular period in time there is a specific focus of the actions taken or what occurred in that time which can aid in generating specific answers to the question at hand. Comparisons is a vital way to analyse, weigh, and defend different options with the purpose of reaching the best conclusion, people do it when discussing where to go for holidays, and policy makers use comparative methods to reach the best solution, so comparing is not a new method of reaching the best solution or answer (Toshkov, 2016).

What Toshkov further presents is how “ It is altogether quite hard to imagine what human reasoning and argumentation would be like without the aid of comparisons.” (2016:259).

Which further supports how important comparative methods are when trying to reach a wide range of answers and solutions. Collier brings further support to this argument by stating that “Comparison is a fundamental tool of analysis.” (1993:5) Comparing different actors, especially those who are similar in a plethora of aspects, but decided to take different actions in certain areas can help us understand what laid the ground for such actions.

The main reason behind the choice of methodology in this paper is because I found the puzzle of how the different Scandinavian countries acted during the initial period of the pandemic especially intriguing and the best way to research such a puzzle is to compare the different states, and their actions. Furthermore, by comparing such cases to theoretical expectations, or

predictions, can provide us with knowledge whether or not the theoretical story is compelling (Achen and Snidal, 1989). Only looking at one country would not give us the opportunity to compare different responses and the findings would only tell us about that specific country. Whereas looking at a large number of cases would be a good way to compare a range of different responses, however, the more cases that a study is looking at, especially when looking at countries, the risk of having different variables that can play a role in the outcome that the study is looking at, increases. Which is why this thesis has decided to focus only on the three Scandinavian countries as they are very similar countries, and can thus represent a most similar systems design II.

### *Most Similar Systems Design II*

To begin with there will be an explanation of the Most Similar Systems Design II (MSS II) as well as why the three countries in this case is considered MSS II and not Most Similar Systems Design I (MSS I), after that there will be a discussion regarding why the Scandinavian countries can be considered a MSS II.

According to Toshkov (2016) there are two different MSS designs, the first one is MSS I and it is the design where the main explanatory variable (MEV), possible confounding variable, as well as other possible causally relevant variables are known and the only unknown variable is the outcome variable. The reason why this design does not fit the puzzle that is presented in this paper is because in the case study the outcome variable is known and the MEV is unknown. Because of the fact that we know how the countries acted, such as which actions and policies that they decided to implement, however what is unknown is the reason for the actions being different, which in this case is the MEV. This leads us to the second MSS design which is MSS II, due to the fact that in a MSS II design the possible

confounding variables, outcome variable, as well as other possible causally relevant variables are known and the only unknown variable is the MEV (Toshkov, 2016). The main reason why I believe that this case study fits the MSS II is because the Scandinavian countries are as similar as possible, which will be further argued in the following section, while they are such similar countries they saw different outcomes following their responses to the pandemic. Since all other variables are the same it means that the variable that is causing this divergent outcome is the MEV as it is the only unknown variable. Which is why this paper argues that the MSS II design illustrates the puzzle at hand because by finding what the MEV variable is and how it differs between the different cases it can provide us with greater understanding why the outcomes turned out to be different.

So, how can the three Scandinavian countries be viewed as actors that are as similar as possible? To begin with, all three countries are located in the same part of the world, they share similar cultures, as well as having extremely closely related languages. Another important similarity of these three countries is that they have the same type of government structure that is a constitutional monarchy, however in all three states the monarch has rather limited power in regards to governmental matters and their role are more in line with ceremonial duties (Freedom House, 2023; Nordstrom, 2020). The Danish and Norwegian monarchs appoints the prime minister who usually is the leader for the largest party or the largest coalition, whereas the Swedish monarch has the least amount of power out of the three countries and the prime minister is chosen by the speaker of the elected parliament and confirmed by the body as a whole (Freedom House, 2023). Another similarity between the states is that they all have proportional electoral systems where governmental coalitions frequently occur, as well as the states being small and open economies (Andersen et al, 2017). The responses to certain challenges, such as the issue of an ageing population and the

challenges of globalisation, has been similar which further points towards similarities regarding social policy challenges, strategies and outcomes, according to Andersen et al. (2017). Frederiksen (2018) further supports the proposition that these states are similar by stating that Scandinavian countries are often viewed as relatively homogeneous regarding attitudes and policies. Another similarity between these states is social welfare, as all three countries follow a similar model of high social support which is possible due to high taxes (Hein et al., 2020). Such taxes finance free and equal access to social services such as health care, education, social support, and a range of different types of grants, as stated by Hein et al. (2020). So, in other words the Scandinavian countries can be viewed as most similar in a number of ways such as geographically, culturally, electoral system, to some extent the role of the monarch, social welfare, and the policies in place for social challenges. These are the reasons why this paper is arguing that the three Scandinavian countries can be considered most similar systems as they are extremely similar in a range of aspects. Which is why this puzzle is evermore exciting because despite such similarities their responses to the pandemic were not at all similar.

### *Operationalisation*

So, how will the concepts and theories mentioned in previous sections of this thesis be applied to the comparative case study? It is important to point out that there are two different types of indicators, if the concept that is used is can be operationalised into a measurable variable than it is a direct indicator, however if this is not possible and one cannot create precise measurements for the variables then it is an indirect indicator (detectors) (Toshkov, 2016). Indirect indicators are referred to as detectors because if the concept is not measurable then there will be a focus to detect the absence or presence instead (Toshkov, 2016). In this case study there will be an operationalisation in the line of the latter, as the concepts that are

used in this paper can not be precisely measured, rather there will be a distinction of the presence or absence of the concepts and theories. The main way that the concepts and theories will be operationalised is to look at how the different actors argued for proposing the different policies that they implemented. Due to the fact that this paper will look at how and why the actors responded so differently, and by looking at documents leading up to the policies and documents following the policy implementation can improve our understanding of what caused the divergent responses. In other words, the actions of the three countries will be analysed separately with the purpose of finding which proposition explains their actions the best to be able to find which theory can, in the best way possible, explain the action taken by said country. By analysing data, which will be discussed further in the following section, such as news and other types of publications from governmental sources, speeches, news articles, and journal articles I will be looking for words, phrases, and concrete explanations that are in line with what the propositions expect to happen. More specifically, what propositions can be detected as present and what propositions can be concluded as absent.

How logic of appropriateness will be measured is by examining said data to reach an understanding if the actions taken were inherently believed to be the best and most appropriate option at the time. One of the ways that this will be conducted is by analysing governmental data, such as speeches and other governmental data, to understand how the incumbents justified their actions. In the case of evidence-based decision-making there will first be a look at if the actors are using previous knowledge and evidence to create as well as support the measures and actions taken, by analysing the data, as mentioned previously, there will be an examination of what the incumbents state when justifying their actions. The same type of measurement will be done for politics as a symbolic action as well, as there, again, will be an analysis of the data to understand how they justified their actions. More



specifically, if the actions taken are not based on proven evidence then there is the probability that there is another reason for taking such actions which might be in line with that the theory of politics as a symbolic action proposes will happen. However, the absence of one does not always guarantee the presence of the other so a further way to measure the presence of symbolic actions is by analysing the reasoning behind the incumbents actions and investigate if they point towards one or more of the propositions which are based on what the theory of symbolic actions expect to happen. Essentially, the main way that these concepts and theories will be measured is by analysing the actions taken and more specifically how the incumbents justified said actions and if they are in line with one or more of the propositions made above.

### *Data collection and analysis*

What this paper aims to do is to provide an explanation to the question: **How can we explain the different policy responses of the Scandinavian countries to the covid pandemic?** As I will look at how they responded the data in this academic work will purely be qualitative due to the nature of the study, more specifically there will be a focus on archival research as well as secondary data collection. Since the paper will look at how the three countries responded to the pandemic there will be a thorough examination of archival data, as mentioned above, such as government documents and other types of government resources and records that shine a light on the choices made and the reasoning behind it. This type of data will be taken from the respective governmental and public health websites from each country, more specifically the Danish data will be collected from websites such as the Danish Government (*Regeringen*) as well as Danish Health Agency (DHA). For Norway there will be data collected from the Norwegian government's website the Norwegian Government (*Regjeringen*), the Norwegian Institute of Public Health (NIPH), and the Norwegian Directorate of Health (DoH). Lastly, the Swedish websites which will be used will be the

Swedish Government's website the Swedish Government (*Regeringen*) and Public Health Agency of Sweden (*PHAS*). Another source that will be utilised for the data collection is the World Health Organisation (WHO). There will also be data in the form of secondary sources such as newspapers and academic articles that focus on the actions and measures taken by the governments at the beginning of the pandemic. It is vital to point out that the governmental sources, as well as national newspapers, for each of the countries are often written in the native language of each state, for the Swedish sources I will, objectively, conduct the translation to English as Swedish is my native and first language. However this is not the case for Danish and Norwegian and I will be using Google Translate to translate such sources and texts to English when using sources that are in Danish and Norwegian respectively. A vital factor to highlight is how the Norwegian Government's website as well as the NIPH website does offer some of their documents in English, but not all. So in the case of the Norwegian sources I will be using Google Translate for any source that is in Norwegian where an official English translation is not available, and for sources where there is an official English translation I will be using that instead of Google Translate.

As mentioned in the literature review there is a lack of articles that look and analyse the role that policy making and decision-making occurred in the Scandinavian countries during the pandemic. So, the articles that will be examined will mainly be those that look at each country separately. The data which will be collected will be mainly focused around the time period of the implementation of the different policies in the different states, however, there will also be an analysis of sources which were released after the onset of the pandemic. So, the specific time frame in which this paper will base the data collection on is the measures that were implemented at the onset of the pandemic and the following months leading up to and including December of 2020 to ensure that there is a wide enough coverage to better

understand the actions taken. However, the time frame will only be the first 11 months to ensure that the data collected will only show the first response before the result of the actions could be seen. The reason behind this is that actions might have changed after there was more knowledge of what worked and did not work, and I believe that such knowledge can alter the actions taken, which is why this paper will focus on the first 11 months to guarantee that only the first responses are analysed. Since there might be additional data in the time following the first months of the pandemic which provides the public with thorough explanation of the incumbent's actions and why said actions and measures were taken. While this paper will focus on the measures in the first 11 months there might be data, in which this paper will use, that has released after 2020 however such data will only be used of the content is only focused on the first 11 months, such data will for the most part be timelines and academic articles that only touch upon the actions taken in 2020 by the different countries.

The analysis which will be conducted will be based on the data, findings, and the theories mentioned previously, with the purpose of finding an explanation and answer to the research question and puzzle at hand. Because the purpose of the analysis in this paper is to thoroughly examine the data collected with the goal of understanding the different actions taken and if they fall in line with what this paper proposes. Furthermore, the aim of the analysis will be to use the findings from the data collected to test the different propositions with the purpose of finding out which proposition can be accepted and which can be denied. As mentioned above, the concepts that will be focused on in this study cannot be precisely measured, rather it comes down to whether or not one can detect the presence or absence of a concept. In other words, the analysis will be conducted in such a way where the focus will be finding which theory or concept can be detected in the different cases and which cannot be found. Furthermore, the methods and techniques that will be used is to thoroughly analyse the

documents from the governmental and public health websites, as well as speeches made by the incumbents, specifically when they address such questions and topics of why they decided to take the measures that they did. Moreover, there will also be an analysis of interviews that were conducted at the beginning of the pandemic that addresses the question of why the actions taken were essentially taken to gain further understanding of why the incumbents decided to implement the measures that were seen in 2020. In addition, the analysis section will be structured in such a way where at first there will be a thorough examination of each country by looking at governmental documents, speeches, reports, interviews, news and journal articles and analyse the reasoning behind the decisions taken. After that there will be a discussion on how, if they do, differ from each other.

### *Validity and reliability*

It is vital to point out any issues that surface in regards to validity and reliability of the chosen design and data. To begin this critical discussion of this topic it is important to clarify and define the terms. Firstly, Toshkov states the following “When variables are properly operationalized and measured, they provide valid representations of the concepts they refer to.” (2016:118). In other words, validity illustrates how trustful and rational the sources, concepts, and measurements are in terms of being able to justify the study and the results that are produced. This, however, does not mean that we should reject any study that does not match previous findings or when it diverges from previous studies, rather one should use extra care to reach an understanding of why new measures were produced, the line between what should be rejected and what should be further investigated is rather blurred and often comes down to “...fine judgement and academic debate...” (Toshkov, 2016:119). Another factor that is crucial when producing academic work is reliability, which illustrates the idea that a study is reliable if it can be recreated by another independent researcher, with the same

data, where the same results are produced, as argued by Toshkov (2016). While it is rather uncommon that perfect reliability is achieved it is important to point out and estimate the uncertainty that can arise as well as to quantify how much one can rely on the measures (Toshkov, 2016).

In this study there are a few potential issues that can arise which will be addressed in the following section, as well as how those issues can be resolved. One potential issue that can occur is in regards to the data collection, because there might be biases in newspapers and academic articles that frame the actions by the Scandinavian countries in a specific way. To overcome this issue and to ensure the validity and reliability of this study there will be a range of different newspapers from different countries to get an understanding of the overall opinion of the actions taken. The same goes for the academic articles as this study will pick articles from different journals and authors as well as being selected at random to again, to be able to move away from the potential risk of the data being biased. Another potential issue that can affect the validity of the sources is how the governments and incumbents might not be fully honest when discussing the reasoning behind their action, however one can argue that since they are democratic states being transparent is vital for the support and trust of the public, as well as the international community. However, I will be examining a range of different sources to make sure that any and all opinions as well as facts are brought to light and analysed. While I am Swedish I will not let that affect the validity of this study, as I believe that there is not one correct answer and this study is conducted to solve the puzzle regarding the different actions taken by the three countries. Lastly, in the discussion section there will be a further discussion regarding the limitations and alternative explanations that might offer a different reason for the findings found in this study.

## **Analysis**

What the analysis section will aim to do is thoroughly analysing and examining the data that exists, from the sources mentioned in the previous section, which discusses and presents the actions taken by the incumbents and the justification of such measures being taken. This section will dive deep into the data for each country separately to further the understanding and test which proposition can be detected and which proposition can be classified as absent. The purpose of the analysis is to essentially decipher the puzzle at hand and what this paper will aim to solve said puzzle is to examine the data to gain greater knowledge and understanding of how the incumbents justified the actions taken as well as why those specific measures were implemented. After this section there will be a thorough discussion of what essentially differs the three countries in their responses to the pandemic, which could potentially be an explanation to why we have seen such different outcomes of the COVID-19 pandemic even though the countries are not exceedingly different.

### *Denmark*

In this section this paper will analyse what actions Denmark took at the onset of the pandemic and why such measures were initially implemented. Because the actions taken in Denmark resemble the ones of Norway as well as other countries around Europe and other parts of the world, however, they took actions that diverged from those of Sweden. So what led Denmark to take the actions that they did? This is the question that this section of the analysis will attempt to answer by looking at data and publications from sources such as the Danish Government, the Danish Health Agency (DHA), and the WHO, as well as secondary sources such as journal articles and news papers. Furthermore, this analysis will be conducted with the goal of finding which proposition can be detected and explicate the actions taken by

Denmark. With the purpose of finding which theory can explain why Denmark decided to take actions more in line with Norway and the majority of states around the world. There will first be an introduction of the measures that were implemented following that there will be a thorough analysis of why said actions were taken, who were the architects for the measures, and how the incumbents justified taking such actions.

On the 11th of March 2020 the Danish Prime Minister Mette Frederiksen announced that Denmark would, from the 13th of March for two weeks, be closing down educational institutions, indoor cultural institutions, libraries, and leisure facilities, along with strong recommendation that private institutions would do the same ( EU FRA, 2020; Statsministeriet, 2020). Moreover, in the speech made by PM Frederiksen it was urged that public employers were to send their employees home to the farthest extent possible, however this was not including critical workers, this was the case for private employers who were also encouraged to do the same (Statsministeriet, 2020). Whereas on the 14th of March Denmark implemented temporary border controls where one could only enter the country under very selected conditions such as being a Danish citizens, having residency in Denmark, Greenland or the Faroe Island, needing to transit through Denmark to reach e.g. Sweden, or having a justified reason for entering the country ( EU FRA, 2020). These actions meant that, from the 13th of March, Denmark would be in a lockdown. In addition to closing borders, schools, and businesses PM Frederiksen further urged people to limit their use of public transportation and healthcare facilities should limit visitors (Statsministeriet, 2020). Besides the Danish Government implementing temporary lockdowns and border controls the Danish health Agency published guidelines to inform the public of recommended measures to follow to limit the spread of the virus. Such measures were washing hands, sneezing and coughing in your sleeve, limiting physical contact, making sure to clean your environment, and if you

were elderly or chronically ill one should keep their distance and ask people around them to also keep a distance (Danish Health Agency, 2020). Additional recommendations stated that if an individual experienced symptoms such a cold, mild fever, or a cough they should stay at home until they feel better, and if someone is experiencing breathing problems or symptoms becoming worse they should contact the doctor, as stated by the Danish Health Agency (2020).

While the government took actions that were in line with what the evidence stated, such as hand washing, urging people to isolate if they had any mild symptoms, and coughing and sneezing in the elbow which were all recommended by the WHO (2020) they were also seen taking actions that had rather little scientific support. Because according to Søren Brostrøm, who is the Director General for the Danish Health Agency stated in an interview with Altinget that the actions taken by the Danish Prime Minister, in form of border closure, was a political decision through and through and that there are very little documentation and scientific evidence that supports closing down borders (Mølgaard, 2020). Moreover Brostrøm points out what the WHO recommended, that is that border closures are not a recommendation with the exception of very specific cases (Mølgaard, 2020). To specify Hans Kluge who is the WHO regional director for Europe, stated that implementing lockdowns during the pandemic are avoidable and should be the last resort (BBC News, 2020; Ellyatt, 2020; Shields et al., 2020). What these statements illustrate is the idea that the actions taken by the Danish Government, that is border closures, were not inherently proven by science and that implementing such actions were "...a political decision with no scientific merits." (Rubin and Vries, 2020: 279). In other words, the lockdown and border closure that was put in place in Denmark seemingly had very little scientific support that showed that such actions would aid in mitigating the spread of the coronavirus. One can argue that the actions taken by the



Danish Government went against the recommendations by the WHO, as during one of the meetings at the height of the pandemic in 2020 it was stated that State Parties should:

“Avoid politicization or complacency with regards to the pandemic response which negatively impact local, national, regional, and global response efforts. National strategies and localized readiness and response activities should be driven by science, data, and experience and should engage and enable all sectors using a whole-of-society approach.”

Meaning that the WHO recommended State Parties around the world to only take actions and measures that were based on evidence, data, science, and experience, as well as avoiding making pandemic responses into something political. However as seen in the case of Denmark this was not the case as they took actions such as border closure, which were not based on hard scientific evidence and the pandemic responses can be viewed as political as Brostrøm argued that the actions taken were a political decision (Mølgaard, 2020).

Moreover, on the 12th of March 2020 there were amendments to the Epidemic Law which were passed through the parliament which resulted in the Ministry of Health gaining the ability to evoke lockdowns, which was an ability that the Danish Health Agency originally possessed (Rubin and Vries, 2020). The DHA responded with the following “In a public hearing, the health authorities argued against key parts of the legislation on the grounds that the outbreak was not severe enough to justify these extensive amendments to the existing epidemic law” (Rubin and Vries, 2020: 288). This further illustrates the idea that what was done in Denmark, in a way, went against what was recommended by the WHO as they changed legislations to be able to invoke harsher measures, which can be seen as a case of politicisation. What this shows is that Denmark decided to take actions which did not have solid evidence to back the measures up, as well as essentially changing the Epidemic Law to

be able to implement harsher measures in the form of lockdowns and limit to gatherings (Statsministeriet, 2020), despite there being little evidence to support such measures. The Danish Prime Minister's reasoning for taking actions that did not have scientific support was that "The health profession is behind us all the time, but we cannot wait for evidence. We would simply risk too many human lives if we did it in all cases..." (Nielsen, 2020, Google Translation). In other words, PM Frederiksen argued that waiting for evidence to be able to take actions would simply cause too many lives to be lost, while the action itself is seen as the most appropriate in the way that it is taken to protect the people, it also points towards that there are actions taken, with no scientific evidence to back up said actions. Further cleavages between the health experts and the government can be seen when PM Frederiksen held another press conference with "...the Minister of Justice, the Foreign Minister and the National Police Commissioner; there were no representatives from the health authorities." (Rubin and Vries, 2020: 279). One can argue that the ever present cleavage between the health experts and the government during this time period can further illustrate the rather divergent ideas in how to approach the pandemic and which measures would work the best, where on the one hand there were the health experts who argued for softer measures based on evidence and on the other hand there were the government that believed in harsher measures to ensure the safety for the public.

So, what led the Danish Government, fronted by PM Frederiksen, to take such harsh actions without the support of scientific evidence despite the recommendations from both the WHO as well as the Danish Health Agency? One of the main arguments made by Prime Minister Frederiksen during the initial speech on the 11th of March where the measures which would be implemented were presented to the public throughout the press conference. One of the points that PM Frederiksen pointed out was that "All of this together has huge consequences

for the whole of Denmark. Huge consequences. But the alternative – doing nothing – would be far worse. I hope that there will be an understanding of that. I am convinced that there will be.” (Statsministeriet, 2020, Google Translation). In other words, the actions taken in Denmark were harsh and what would follow were prominent consequences, however what PM Frederiksen argued was that it would be worse to do nothing. Similar statements to the ones above were also made during the press conference on the 17th of March 2020, when justifying the implementation of the measures that we saw Denmark take at the onset of the pandemic was “...the government has chosen the approach that we would rather act quickly than too late, that we would rather go too far than too short.” (Statsministeriet, 2020, Google Translation). Which further supports the idea that the Danish approach can be seen as doing too much and taking harsher actions rather than not doing enough and taking actions that were too soft. In addition PM Frederiksen mentioned during the same press conference that “We are standing on unknown land...” (Statsministeriet, 2020, Google Translation). Which puts emphasis on the idea that there was a number of uncertainty in regards to the coronavirus and how to essentially solve the issue as it was a rather new situation. This, again, emphasises the idea that Denmark took actions that were inherently harsh and the justification was that it was better to do too much rather than too little as there were consequences from doing too little.

While there is a rather clear illustration that Denmark acted from a place of uncertainty, it came from a place of duty and doing what is best for the people as during the press conference PM Frederiksen stated that:

“I have also asked myself and others on previous occasions if we think we are going to make mistakes. The answer is yes. Am I going to make mistakes? The answer is also

yes. But the biggest mistake we can make is to hesitate, and we do not offer that to the Danes.” (Statsministeriet, 2020, Google Translation)

This was also seen in above, where PM Frederiksen stated that too many people will be at risk if we wait for the evidence (Nielsen, 2020) which emphasises that the measures that were implemented were done so from a place of duty and what was, at the time, perceived as the most appropriate and correct actions. Furthermore, stating that there will be mistakes made, while no policy response is perfect and mistakes can happen, one can argue that it demonstrates a place of uncertainty and not knowing what actions would be the best, which can be seen in this case as the pandemic did pose new challenges in an, to some extent, unprecedented situation. Which was highlighted by PM Frederiksen when stating that “We are standing on unknown land...” (Statsministeriet, 2020, Google Translation).

So, which propositions can we detect in the case of Denmark and which propositions can we conclude to be absent? As demonstrated above, there have been a number of statements referring to doing what was best for the citizens and what was the appropriate actions to ensure the safety and health of the people in Denmark. So, the first proposition P1: *The three Scandinavian countries took actions based on what they thought were the most appropriate response to the pandemic*, can in that way be seen as present in the case of Denmark. As the Danish authorities did what they thought were appropriate in a time where uncertainty, in a way, ruled the world, to the point of changing legislations with the purpose of ensuring people's safety.

The second proposition that can be seen as present is P4: *If politicians are faced with a new problem that causes uncertainty, then they will do too much rather than too little*. This proposition can be seen quite clearly across the data found in the case of Denmark, as there

was, as stated above, a number of statements made by PM Frederiksen as well as the DHA. Statements that rather explicitly illustrate that the actions taken during the pandemic in Denmark were taken with the best intentions that is to ensure the safety and health of the people. As it can be seen stated by PM Frederiksen at multiple points throughout speeches, press conferences and interviews, where there have been statements of doing too much rather than too little and to act too soon rather than too late (Statsministeriet, 2020). In addition, there are statements made such as standing on unknown land which emphasises that the pandemic was a new challenge in which there was a lack of knowledge in how to solve the issues that followed. This together with the fact that the Danish Government, with PM Frederiksen at its head, made amendments to the existing legislations to be able to implement harsher restrictions, which further demonstrates the idea that the actions taken in Denmark fits what the fourth propositions claims will happen. That when there is uncertainty following a new challenge the incumbents or politicians will take harsher actions and do too much rather than doing too little and taking too soft actions. Because of this, this paper argues that the presence of P4 is detected in the case of Denmark. The second proposition can be, to some extent, detected as well in this case, because what P2 argues is that: *If politicians want a specific outcome to occur then they will use symbolic action to ensure that the predetermined outcome happens.* One can argue that the actions taken by the Danish Government as well as PM Frederiksen can to some extent illustrate symbolic actions being taken to ensure that Denmark closed their borders. Because they used statements such as not being able to wait for evidence to act as it would cost too many lives, as well as its better to do something rather than nothing, and there are huge consequences that would follow if no action is being taken. This in a way can show that they used certain phrases such as the safety and well being of the people to convince and maybe even justify taking harsher actions, then what was essentially recommended by the DHA and WHO. However, the reason for taking

such harsh actions might not be grounded in wanting to push for a specific outcome, rather when faced with a new and an uncertain situation it can result in wanting to do too much rather than too little, as seen above in P4. Which is what this paper is arguing as the Danish Government might not have been using symbolic actions to push for a particular policy, rather they were in a place of uncertainty and decided to take actions that were rather too harsh than too soft.

This is why P2 can to some extent be seen in this case, however, this paper claims that Denmark took such actions to solve the issues that arose from this rather unprecedented situation. Rather than using symbolic actions to address the issues of the pandemic, because at the time, and to some extent even now when this paper is written, what solutions work and which do not is still unclear. Because one can argue that it does not really make sense for an incumbent to push for a specific policy if there is no knowledge of said policy will work, especially in this case as at the time, there is rather little knowledge of which approach works and which does not. Rather, what this paper claims is that the actions taken by Denmark were wholly from a place of uncertainty and doing too much and doing it too soon rather too little too late, as claimed will happen according to the theory. Thus, this paper will deny P2 as a proposition that can fully and explicitly explain Denmark's actions.

The propositions that we can deny in this case is P3 and P5, P3 can be seen as absent as the policy implemented by the Danish Government was rather popular in the citizens eyes as there was a great trust in the Danish authorities and the actions that they took (Bor and Petersen, 2021). As there was a high degree of trust in the government and other authorities there was no need for using symbolic action to turn an unpopular policy popular as the policies overall were not seen as unpopular by the citizens to begin with. The reason for

denying P5 is due to the fact that the actions and measures taken in Denmark were not evidence-based, as there were a number of cases where the government and PM Frederiksen took actions despite the lack of evidence as well as going against the DHA and WHO who argued that there were no evidence to backup the use of lockdowns and closing borders. There was also the argument made by PM Frederiksen which stated that there is no time to wait for evidence (Nielsen, 2020), which essentially emphasises that what was done was not based on evidence. The continuous move from following what the evidence and science, as well as how Brostrøm argued that the actions taken by the government were a political decision and not based on scientific evidence (Mølgaard, 2020; Rubin and Vries, 2020). Thus this paper denies the presence of P5 in the case of Denmark.

### *Norway*

In this section there will be a thorough examination of Norway and the measures that they implemented during the onset of the pandemic and the months that followed, as well as an analysis looking at why their actions were more in line with Denmark rather than Sweden. Moreover, there will be a demonstration of the factor causing this turnout to occur. To begin with, there will be a presentation, similar to what is seen above in the section about Denmark, of the actions and measures that Norway took, as well as an overall timeline of said actions. After that there will be a thorough examination and demonstration of why said actions were taken and which actor or actors were the architects of the measures implemented. The sources that will be used, as mentioned in the data section above, is the Norwegian Government's website, as well as the Norwegian Institute of Public Health (NIPH), along with newspapers and academic articles. The sources will be in the form of press conferences, reports, publications, and research reviews. Moreover, in this section there will be a focus on the Norwegian Directorate of Health (NDH) and the NIPH which are two actors that are quite

similar as they both are governmental organisations that are under the Ministry of Health and Care Services. However, while both actors focus on the health of the public, the NDH is an executive agency whose role includes having the authority to apply and interpret legislations and regulations (NDH, 2023). Whereas the NIPH is a knowledge provider in the healthcare system as well as being the national infection control institute whose responsibilities includes handling the entire process of vaccines in the immunisation programmes (NIPH, 2023). So, while both actors are quite similar, the NDH has an executive role as well as being closer to the Ministry of Health and Care Services more so than NIPH (Christensen and Læg Reid, 2022; NDH, 2023) whose role is to “...produce, summarise and disseminate knowledge to support good public health efforts and healthcare services.” (NIPH, 2023).

Norway announced the first COVID-19 case on the 27th of February 2020, following the announcement the Minister of Health and Care Services, Bent Høie urged the citizens to follow what the official advice was, that is washing hands regularly and cough into your elbow or paper (Regjeringen, 2020a). Høie went on to state that they are receiving updates from both the NDH and the NIPH, as well as keeping contact with the WHO and working together with European states in the EU Health Security Committee (Regjeringen, 2020a). The following weeks after this the Norwegian Government along with the Ministry of Foreign Affairs kept publishing updates regarding the situation and on the 14th of March the Ministry of Foreign Affairs stated in a press release that they advised against any unnecessary travels abroad, and that said advice would be in place until the 14th of April (Regjeringen, 2020b). On the same day Høie announced that any individual that arrives in Norway from abroad, after the 27th of February, from any country except Finland and Sweden needs to undergo a fourteen day quarantine (Regjeringen, 2020c). The border closure was announced



on the following day, the 15th of March, by the government which was fronted by the then Prime Minister Erna Solberg, the new measures would mean that any individual that is not a Norwegian citizen or does not hold a Norwegian residence permit will not be able to enter the country, as stated in the press conference (Regjeringen, 2020d). In other words, Norway, similarly to Denmark and most European states, closed their borders rather urgently, as well as advising the public to take measures such as improved hand washing as well as improved coughing and sneezing etiquette.

Another actor that provided the Norwegian citizens with recommendations was the NIPH, who provided the public with information and updates about the situation and how it progressed. Not only did they release such information, they also provided their opinions regarding the measures that were introduced by the government and the ministries. The NIPH further recommended what the Ministry of health and Care Services did in regards to good hand hygiene, and coughing in your elbow, as well as keeping distance from people in general, as stated by the NIPH (2020a). So, there are areas where the two different bodies did overlap in their recommendations and advice on how to behave and what measures to take to limit the spread of the virus in the best way possible. However, this was not always the case and in the following section there will be a thorough analysis of the actions taken by the government and why the NIPH did not agree with all recommendations and measures implemented.

So what measures and recommendations did the government and the NIPH disagree on and why was this the case? The disagreement between the Norwegian Government and the NIPH began as early as March 2020 where the NIPH wanted to wait until around May/June before introducing harsher measures but the government and the ministries did not seem to share the

same view (Christensen and Læg Reid, 2022). There was also the fact where the NIPH and the NDH had separate press briefings which started to become an issue, which resulted in an urgent meeting between the NIPH and the NDH on the 8th of March, following the meeting on the 10th of March the minister of health and care briefed the Parliament but there were no mention of the country going into a lockdown just a few days later (Christensen and Læg Reid, 2022). This was one of the main disagreements between the NIPH and the NDH along with the Ministry of Health and Care Services, as the NIPH did not agree with enforcing harsh measures such as lockdowns and closing the borders, as argued by Christensen and Læg Reid (2022). In addition, there were some actions taken by the government that the NIPH viewed as quite problematic, which was how “The government had given the director of the NDH the discretion to propose major regulations without involving the NIPH...” (Christensen and Læg Reid, 2022: 297). What this emphasises is how, despite the NIPH being the national infection control institute (NIPH, 2023) they were in a way denied the ability to be involved in the discussion regarding closing down Norway. The main approach of the NIPH throughout the onset of the pandemic and which recommendations should be in place and which should not, was an evidence approach. Because they would release research reviews discussing whether or not certain measures that were implemented by the government had factual and scientific proof of actually working as well as if they recommended it. The reason that the NIPH did not recommend the enforcement of harsher measures such as national quarantines and having entry rules between different municipalities and parts of the country, was due to the lack of evidence that proved that it would work in curbing the spread (NIPH, 2020b). Moreover, NIPH argues that when the government lifts these regulations there is a prominent risk of a large number of people to be infected the moment these regulations are removed (2020b). What this illustrates is how the NIPH did not recommend the enforcement

of such regulations due to the lack of evidence which proves that it works on curbing the spread of the virus, as well as how there are probable side effects in regards to said measures.

This was not the only case where the NIPH illustrated the lack of evidence that supported the measures taken in Norway. Because on the 8th of May 2020 they released a research review which discussed the effects of quarantines alone and when they are combined with other measures. What was seen was that quarantining after travelling had a small possible effect on being infected, whereas quarantining after being in contact with people who were infected were possibly more preventative than no measures, and the combination of quarantine and other measures such as social distancing was more possible in reducing infection (NIPH, 2020c). However, a key word seen in these statements is ‘possible/possibly’ and ‘small effect’ because the NIPH goes on to state that “Confidence in the results is low and very low mainly due to weaknesses in the models used in the studies.” (NIPH, 2020c, Google Translation). In addition, the NIPH further states that “The review authors graded the confidence in the results down to small and very small mainly because the studies had methodological flaws.” (2020c, Google Translation). In other words, the NIPH did not have confidence in implementing a quarantine because of the lack of scientific evidence which proved that it would result in a slower spread and reduce infection rates. The NIPH highlights the importance of looking at the advantages and disadvantages of the measures with the purpose of being able to implement the best version of the regulation in that specific area, because not only were there a lack of support for quarantining, but it also showed to have rather negative effects on the mental health of a number of groups of people (2020c). In other words, the NIPH was heavily focused on what the evidence said as well as making sure that the measures that were implemented were proven to work and where the advantages outweigh the disadvantages.

Where the NIPH strictly followed the evidence, the government and NDH could be seen doing something rather different. A rather interesting argument made by the government as well as the NDH is how “...the knowledge basis for the regulatory measures was weak, but that urgency based on the precautionary principle and a suppression strategy drove a lot of the regulations.” (Christensen and Lægreid, 2022: 297). In other words, the government as well as the NDH were aware of the fact that there was rather little evidence to back up the regulations that they implemented but there was a need to do something to prevent and suppress the crisis at hand. In addition, the minister of Health, Høie, told the Corona Commission in an interview that being criticised for doing too much is better than being criticised for doing too little (Christensen and Lægreid, 2022). What Høie essentially stated was how it is better to do too much rather than too little. Not only did the government as well as the Minister of Health argue that in a situation like the coronavirus it was more important to do something despite the clear lack of evidence in support of said actions, but it was also argued that it is better to do too much rather than too little. To further illustrate the fact that the actions and measures taken by Norway was, essentially, exceptionally harsh is seen when Høie stated that the measures taken “...will be the most invasive that Norway's population has experienced in peacetime.” (Kalajdzic and Solberg, 2020). Furthermore, Høie goes on to state that it is absolutely necessary to take such action to ensure that the spread of the infection is prevented (Kalajdzic and Solberg, 2020). Illustrating that the actions taken by Norway was the harshest since the World War II (Christensen and Lægreid, 2020) which further supports the fact that the measures in Norway were exceptionally harsh, despite the recommendation of implementing softer measures from the NIPH (Christensen and Lægreid, 2022). One can argue that the reasoning behind taking such harsh actions is due to the level of uncertainty that followed, as it is argued by Lodge and Boin (2020) that the leaders have to take critical

decisions, but there is a lack of data as well as an overall lack of knowledge if the actions taken will be the most appropriate and best in dealing with a situation like the pandemic. In a speech by the Minister of Justice and Emergency Situations Monica Mæland, it is stated that “It is also an unclear situation with a lot of uncertainty...” (Regjeringen, 2020e, Google Translate). What this points to is the idea that the situation in Norway was, just like seen across the world, plagued with uncertainty in how to deal with the pandemic, but the main goal and aim of the Norwegian Government was to “...ensure that we can safeguard people's health and safety, that important businesses are given the opportunity to survive, that parents have contact with their children, and that students can come home for Easter.” (Regjeringen, 2020e, Google Translate). So, while the measures in Norway were harsh, the main objective of implementing them was to ensure that the citizens were kept safe and healthy.

So, what does this mean in regards to the propositions, which can be detected and which propositions can be argued is absent? The first proposition that can be detected in the case of Norway is P1: *The three Scandinavian countries took actions based on what they thought were the most appropriate response to the pandemic.* Due to the fact that, throughout the pandemic Norwegian policy makers took actions that they were aware were harsh as well as based on very limited evidence but their main objective and aim was to ensure that the people in Norway were safe and healthy, despite it having grave consequences for many (Regjeringen, 2020e). One can then argue that the measures taken by the government were viewed as the most appropriate as, despite the consequences that were rather likely to follow, they took such actions to safeguard the citizens. In that sense this paper will argue that the first proposition can be detected in this case.

The second proposition that can be found in the case of Norway is P4 which is *If politicians are faced with a new problem that causes uncertainty, then they will do too much rather than too little*. The reason being that the Norwegian actions were exceptionally harsh and there were statements made which illustrated and clarified that the situation was plagued by uncertainty and that despite the uncertainty actions have to be taken. In addition, there were further statements made that it is essentially better to do too much and receive criticisms because of that than to do too little. As well as how the actions taken, as mentioned previously, were harsher than what was recommended by the NIPH. Illustrating the idea that there were high levels of uncertainty in regards to how to act but there was still a need to do something and the actions taken were in line with what the theory suggests, that when there is uncertainty incumbents are more likely to do too much rather than too little. So, due to the actions taken by the Norwegian Government during a time of uncertainty this paper argues that it is in line with P4, as mentioned above, because they essentially did too much which can be seen in the number of arguments and statements arguing just that. Because of this this paper states that P4 can be detected as presence in the case of Norway.

So, which propositions can be seen as absent? The first proposition that can be denied as an explanation of what happened in Norway is P5 as the government were not seen basing their actions on evidence as well as stating that there was a lack of evidence in support for the regulations that they did take (Christensen and Lægreid, 2022). As well as how there were regulations put in place in which the NIPH did not recommend due to the lack of evidence that supported these regulations as well as very weak evidence that proved that they worked. In other words the measures and actions taken by the government were not based on evidence, thus this paper will argue that the fifth proposition is classified as absent as there

was no use of evidence-based practices when implementing a number of regulations and measures in Norway.

The second proposition that can be denied is P2, which is: *If politicians want a specific outcome to occur then they will use symbolic action to ensure that the predetermined outcome happens.* Because throughout the various discussions and speeches made in regards to the policy implementations in Norway at the onset of the pandemic, there was a rather clear emphasis on uncertainty in regards to what actions should be taken. While one can argue that there might have been symbolic action used such as arguing that the people's health comes first and harsher actions are necessary to protect the people, despite there being rather little evidence that supports such a claim. Which can point to the idea that the Norwegian government wanted to implement harsher actions and claimed that it was the best and safest option to protect the citizens, in order to ensure that the outcome that they wanted, in the form of harsher policies, would be reached. However, the reason why there might be some scepticism surrounding this idea is that there was no clear and strong evidence which supported harsher measures, and because the pandemic resulted in a range of new challenges and question marks for incumbents and policy-makers alike. It is, essentially, hard to believe that there was a desired outcome that was to be reached other than doing what was the best for the citizens and since there was such heavy emphasis on doing what was the best for the people it is hard to believe that Norway would implement measures that would cause more harm to the people for the sake of reaching a desired outcome. Which is why this paper argues that there might be a few weak signs that could potentially illustrate that they used symbolic actions, however such signs are, again, weak. Whereas the evidence in which supports the fourth proposition, that there was a high degree of uncertainty that resulted in such harsh actions to be taken, is much stronger, as seen above. Which is why this paper will

deny the presence of P2 due to the lack of clear and strong evidence which supports what said proposition claims.

The third proposition that can also be classified as absent is P3 which is: *If a policy is deemed as unpopular by the public then the politicians will use symbolic actions to convince the public that the policy is good and necessary.* Because throughout the onset of the pandemic there was rather little justification needed because even though the policies implemented by the government might have been harsh, there was still trust in the government (Christensen and Lægveid, 2020; Ursin et. al., 2020). Due to the level of trust in the state is rather high during the pandemic it can illustrate how the measures implemented and the COVID-19 policies were popular and thus the government did not need to use symbolic actions to make the policies popular, as they already were. Since this proposition claims that the incumbent will utilise symbolic actions to turn an unpopular policy popular, but in this case that was not needed due to the belief that the people had in the government as well as in the policies that were implemented. Which is why this paper will also deny the absence of P3 due to the fact that the policies were already popular and there was no need to convince the citizens that the measures implemented were the most appropriate, as they were already supported by the people.

### *Sweden*

So, what actions did Sweden decide to take at the onset of the pandemic in 2020 and how did the incumbents and any other involved actors justify the actions and measures that were taken and implemented? To begin with there will be a focus on the primary data that has been provided by the WHO, the Swedish Government, as well as the Public Health Agency of Sweden (PHAS), such data includes but is not limited to, speeches, reports, governmental



news publications, articles published by both the government as well as the PHAS, and COVID-19 guidelines by both bodies. In addition, there will also be attention on secondary sources such as newspapers and journal articles. While analysing said data I will thoroughly examine which of the propositions and in turn which theory, can explain if Sweden believed that using politics as a symbolic action or evidence-based decision-making was the most appropriate road to take to combat the pandemic. Firstly there will be an examination of the measures taken in Sweden, after that there will be an analysis of what the actions were based on, who were the architects, and how the measures justified.

The 13th of March 2020 was the official day when WHO declared through a press release that the spread of the corona virus was a pandemic (WHO, 2020; Ministry of Foreign Affairs, 2020a), on the same day the Ministry for Foreign Affairs of Sweden released a press statement where they essentially advised against travelling outside of Sweden. The advice against travelling to high risk cities and countries such as the Hubei-Province in China, and Iran, as well as non-essential travels to Mainland China, Daegu and the Gyeongbuk province in South Korea, Italy, and lastly Tyrolen in Austria kept being communicated to the public in Sweden (Ministry of Foreign Affairs, 2020b). However, on the 25th of May the advice against non-essential travels to specific countries were revoked and the advice was instead extended to all countries until the 15th of July, as stated by the Ministry of Foreign Affairs (2020b). The main theme that could be seen in regards to the actions that were taken was that the PHAS would recommend certain measures to the Swedish Government and then, in the majority of cases, said recommendations would be implemented as advice to the public or as measures that need to be followed, as seen in the timeline by Stockholms Stad (*City of Stockholm*) (2021) where one can see that the PHAS would recommend certain actions and then a few days later the government would implement such measures. The main

recommendations that were seen in Sweden throughout the first 11 months was to stay at home if you had mild symptoms, avoid visiting retirement homes, work from home, as well as avoid non-essential social events (Stockholms Stad, 2021). In addition on the 17th of March the government recommended that high schools as well as universities implement distant learning from the 18th of March, this led to said educational bodies to implement such measures for the following 3 months (Stockholms Stad, 2021).

What can be seen in this timeline is how the government implemented measures in line with the PHAS recommendations, further illustrating that the PHAS was the main architect for the measures in Sweden. Interestingly enough this was not recommended for primary and middle school as Anders tegnell who was Sweden's state epidemiologist, until his resignation in March 2022, who specialises in infectious diseases argued that the COVID-19 is not dangerous for children and thus it was not a recommendation to close primary and middle school (Andersson, 2020). The idea that primary schools should not close as it would not be effective was further argued by the WHO regional director for Europe Hans Kluge who stated "...that children and adolescents are not driving spread of the new coronavirus..." ( Shields et al, 2020). Furthermore, in an interview with KU Leuven University Kluge stated that the WHO advocates heavily for keeping schools open during the pandemic (2020). What was seen during the first months of the pandemic was that the government essentially turned to the PHAS for their knowledge and recommendations on how to move forward, and PHAS was the main actor throughout the entire pandemic that were responsible for providing the government with the information on how to handle with the pandemic and the effects that were seen. One might wonder why the PHAS was the body of choice to be responsible for the pandemic recommendations even though the measures they recommended have received heavy criticism both nationally and internationally for being too soft. However, a rather

important point is how in Sweden there is a law by the name Smittskyddslagen (2004:168) (*Infection control law*) where the following is stated:

“The Public Health Agency is responsible for coordinating infection control at national level and must take the initiatives required to maintain effective infection control. The Public Health Authority must monitor and further develop infection control. The Public Health Authority must follow and analyze the epidemiological situation nationally and internationally.” (Riksdagen, 2014: 7§, Own Translation)

What this essentially states is that, by law, the PHAS is responsible for infection control in Sweden, which can explain the way that the government turned to the PHAS for guidance relatively naturally and quickly. As seen above the measures taken by Sweden were rather mild compared to what was seen being done in the other two Scandinavian countries as well as what, in a way, became the normative way of acting around the world.

So, why did Sweden take a rather different road compared to the other two states? During the numerous discussions regarding why the PHAS as well as Tegnell’s recommendations were not as harsh as was seen in the other two states their main argument was that there was either no evidence that supported the harsher measures and in some cases where there was evidence, it was often deemed as too weak to be the ground for actions to implemented based on said evidence. Throughout the onset of the pandemic whenever the question came up regarding the measures that Sweden took, it all came down to what was proven by science and what was not. One concrete example of this is how during the first year of the pandemic there were never any recommendation nor rule implemented regarding face covering (outside healthcare) because according to Tegnell there was very weak evidence that proved that the use of face covering would minimise the spread of the virus (Gad, 2020; Ludvigsson, 2020; Ronge and Hermansson, 2020; Vogel, 2020). Tegnell argues that he is surprised that there is

so little studies being conducted that examines the effect that face coverings have, as well as how some of the countries in Europe that does use them, such as Spain and Belgium, still experienced an increase in the number of cases (Ronge and Hermansson, 2020). In other words, what drove Sweden to not implement measures where wearing face coverings were mandatory all came down to the lack of evidence that stated that it would have positive effects and result in the spread of the virus slowing down. What this essentially points to is how Sweden did not take such actions as there was no evidence to support it and thus one can argue that Sweden took an evidence-based approach in regards to policy making as they only implemented policies which were based on evidence. Such as washing hands and staying home if one experienced symptoms, and avoiding unnecessary travel, which were recommendations which PHAS pushed for as there was established evidence to prove the positive effects of such measures (Kavalinus et al., 2020).

The evidence road was not only seen in the case of face coverings but also in regards to lockdowns as Sweden was one of the few countries and the only state in Scandinavia that did not end up implementing lockdowns during pandemic (Kavanlinus et al., 2020). What was argued to be the main reason for not implementing lockdowns, according to Tegnell was the lack of evidence and proof that showed that lockdowns was a solution that worked in slowing down the spread of the virus as well as decreasing the mortality of the virus, which was one of the main aims of the lockdown, as argued by Kavanlinus et al. (2020). Another prominent figure that had a similar view to that of Tegnell in regards to the implementation of lockdowns was Hans Kluge, the WHO regional director for Europe, pointed out that lockdowns during the pandemic are avoidable and should be the last resort (BBC News, 2020; Ellyatt, 2020; Shields et al., 2020). Despite the backlash that Tegnell received for the anti-lockdown stance, he stated in an interview with Reuters that more countries should have

thought more than once before implementing such drastic measures such as a lockdown (Ahlander, 2020). He further states in the interview with Ahlander that “That’s what’s experimental, not the Swedish model” (2020), which one can see as a way of saying that the implementation of lockdowns were an experimental measure rather than a fool proof idea to curb the pandemic, as there is a lack of evidence that supports the claim that a lockdown would work in curbing the pandemic. In another interview by Nature where Paterlini (2020) asks Tegnell about the evidence behind Sweden's approach Tegnell states the following:

“It is difficult to talk about the scientific basis of a strategy with these types of disease, because we do not know much about it and we are learning as we are doing, day by day. Closedown, lockdown, closing borders — nothing has a historical scientific basis, in my view. We have looked at a number of European Union countries to see whether they have published any analysis of the effects of these measures before they were started and we saw almost none.”

What Tegnell states in this interview further points to the argument that the COVID-19 pandemic posed a new challenge to dealing with this type of disease due to the fact that there was a lack of knowledge and evidence that illustrated that what was being done was not fully based on scientific evidence. Another point in the interview that is vital to point out is how a number of the countries that did implement such measures like the lockdown had seemingly not conducted studies (in which were published) that analysed the effects of the pandemic. Which further points to the argument that the pandemic posed as a new challenge in how to deal with such a disease, this further highlights the idea that the more drastic measures did not have enough scientific evidence which proved the effectiveness of for example a lockdown.

Since the Swedish approach can be seen as evidence-based one can argue that the reason for not implementing such drastic measures as a lockdown was due to the lack of evidence in which supported such action. The argument that the approach taken by Sweden was evidence-based is not a secret, throughout the first months of the pandemic there was constant referring evidence in support of what measures should be taken and which should not be taken. Not only was this referral to evidence seen in news and journal articles, it is also seen in Swedish law where in Smittskyddslagen (2004:168) (*Infection control law*) where it is stated that:

“Infection control measures must be based on science and proven experience and must not be more far-reaching than is justifiable in view of the danger to individual’s health. The measures must be taken with respect for the equal value of all people and the integrity of individuals. When measures concern children, special consideration must be given to what the consideration of the child's best interests requires. Actions that the individual opposes may only be taken if no other options are available.” (Riksdagen, 2014: 4§, Own translation)

This illustrates what we saw Sweden do during the pandemic as they only took measures that were proven and based on evidence, and did not take measures that were inherently drastic where there was no justified reason to do so. In other words, strong and drastic measures were not taken for the sake of being taken if they were not justifiable. Ludvigsson further illustrates the use of evidence by the PHAS and in turn the Swedish Government as it is stated in the article that “Throughout the pandemic, the PHAS has formulated measures using an evidence-based approach.” (2020:2464). Further support for this argument can be seen by Bylund and Packard (2021) who stated the following:

“But even without this legal proscription, the experts in PHAS are obligated to follow and rely only on the scientific evidence in their policy proposals and recommendations.

They were, therefore, not authorized to propose measures beyond what is explicitly supported in the scholarly literature.” (pp. 1314)

This further supports the argument that the measures taken by PHAS were strictly based on strong and certain evidence that proved the effectiveness of such measures. Moreover, there is further support for this argument which is presented by Kavalinus et al. (2020):

“In numerous interviews, the representatives from PHAS have been stressing that all the measures being implemented are only those that have established evidence to reduce the transmission, e.g., washing hands regularly and properly. In the light of this evidence-based strategy, many other measures undertaken by other countries, e.g., closing the borders, lack this power and can be questionable against their effectiveness.” (pp. 599)

So, based on the analysis above which proposition can we detect in regards to Sweden and their approach to the COVID-19 pandemic? To begin with, since the actions taken in Sweden was to curb the virus spread, and ensuring the health of the people came first this paper argues that we can accept the first proposition P1: *The three Scandinavian countries took actions based on what they thought were the most appropriate response to the pandemic.* Because, the measures taken were all based on scientific evidence which proved to work to minimise the spread of the virus, which points towards the idea that in the eyes of Sweden the actions that they took were the most appropriate and right. This paper argues that the proposition that can be detected is P5: *When politicians are faced with a public health issue then they will turn to previous knowledge and evidence to present the best measures.* This is because of the fact that, quite clearly, Sweden took an evidence-based approach when implementing measures and policies. In the analysis above we have quite clear evidence that

points to this as there are a number of scholars who state that the recommendations from the PHAS and the measures that were implemented following such recommendations are based on science and evidence that illustrates that such measures work in curbing the spread of viruses (Bylund and Packard, 2021; Kavalinus et al., 2020; Ludvigsson, 2020). What happened in Sweden is exactly what, in theory, the concept of evidence-based decision-making proposed would happen, that in the case of public health issues, such as a pandemic, politicians will turn to what is proven to work by science and evidence when deciding which policies and measures to implement. Thus, we can accept the presence of proposition P5 in the case of Sweden.

Throughout the analysis there was a lack of clear evidence and support for proposition P2-P4, which are in line with symbolic actions, and this study is because of this taking the stance that said propositions cannot be detected and thus they are rejected, in the case of Sweden. Because, even if PHAS was uncertain of how to move forward in terms of actions they never took actions that were inherently drastic as the measures in Sweden has been seen as some of the more mild actions, and they only took measures that were backed up by evidence. In addition, one can say that there was never really a use of symbolic action to convince the public that their actions were the best option, rather there was the use of evidence to justify their actions. Moreover, one can argue that they did not use symbolic measures to convince the public because Sweden still received backlash nationally and internationally for the actions that they took, to the point where Tegnell received messages to resign and even death threats (Ahlander, 2020). Which is why this paper argues that P2-P4 cannot be detected in this case.



## **Discussion and conclusion**

So, what does the analysis of the three countries illustrate? To begin with, what was seen in the analysis section above was how both Denmark and Norway were countries that took actions and implemented measures that were harsh, such as lockdowns and closing down borders, with the reasoning behind said actions being the high degree of uncertainty that the pandemic brought. The reasoning for both countries followed a similar line of argument that it was better to do too much in such a situation like COVID-19, rather than do too little. What was also seen in these two cases was how the DHA (Danish Health Agency) and the NIPH (Norwegian Institute of Public Health) disagreed with their respective government's decision, as they argued that the actions taken were simply too harsh and that in the case of the pandemic this was not needed. There were further arguments made from the respective health authority that what was being done by the Danish and Norwegian governments were not based on evidence and the health authorities saw either weak or no evidence at all that supported the measures which were implemented. Compared to Sweden who took a completely different turn where the actions taken and the measures that were implemented were only based on evidence, and the recommendations made by the PHAS (Public Health Agency of Sweden). What was also seen in the case of Sweden was that they looked at what actions were being taken by other countries, such as lockdowns, closing borders, and shutting down schools, and looked at the data that supported the effectiveness of said measures and when it was evident that there was little to no data, Sweden ended up not implementing said actions. However, Sweden did receive backlash for their soft measures, both by national and international actors. Which I found to be a rather interesting reaction seeing that the pandemic caused a high degree of uncertainty and the majority of states took actions that were not supported by evidence, which brings up the question of how can we condemn

countries for taking divergent actions from the majority despite not knowing how to deal with a situation and what will work the best to solve the problems that arise?

So on the one hand we have two countries that took harsh actions due to unknown territory that the pandemic created and who wanted to do too much rather than too little, two countries in which the health agencies did not agree with said actions due to the lack of evidence in which supported said measures, as well as the Danish and Norwegian health agencies arguing that the actions were too harsh. On the other hand we have a country that took the opposite road by only implementing measures that were supported by explicit evidence and data, and despite the immense backlash that Sweden received they still kept said soft measures.

However despite the different roads taken the Scandinavian countries had the same goals, to ensure the health and safety of their citizens and even though they took different actions, they decided to implement measures that they deemed to be the most appropriate for the situation that would result in the best outcome. Arguing that one country's actions are not the best or appropriate because they do not follow what the majority does, especially when there is no explicit evidence in which shows what works and does not work, is an argument that I would view as rather faulty. Because, the policies and measures that work for one country might not work the same or even at all in a different country, despite how similar said countries are.

So, what does this mean in terms of the research question: **How can we explain the different policy responses of the Scandinavian countries to the covid pandemic?** The answer that I wish to provide to this RQ is the following, while all three Scandinavian countries took actions that were in line with logic of appropriateness, what is deemed as appropriate actions are not the same for every country and what measures are the best to solve the issues in the case of the pandemic might be different, but that does not make it any less appropriate. What

was seen in the three countries was just this, different roads being taken to reach the same goal where each country viewed what they did as the best choice. This is how we can explain how the different states took different actions despite being such similar states, by arguing that they took actions based on different factors. Denmark and Norway recognized how unfamiliar the situation was and decided to take a no-risk road by implementing exceedingly harsh actions, whereas Sweden took the evidence road as they decided to only implement actions which were supported by evidence to ensure that the actions taken had data backing up the actions effectiveness. Since they took such different roads it can explain how exceedingly different the policy responses were, because while they all took actions based on what they viewed as appropriate, what they thought was the most appropriate were seemingly different. Where on the one side there was a no-risk attitude being embodied, on the other side there was a strictly evidence based attitude being taken, which explains how the three Scandinavian countries who are so similar ended up taking such divergent policy responses.

### *Theoretical expectations*

So, are the findings found through the analysis in line with what the theories expected to find? What this thesis is proposing is that, yes, what was found through the analysis of the three Scandinavian states are in line with what the theories proposed to happen.

In the cases of Denmark and Norway it can be seen that they acted in line with what the theory of politics as symbolic actions states would happen, that in a situation that brings high levels of uncertainty political actors will rather do too much rather than too little. As argued above, the incumbents from both states did argue that the situation was new, caused high levels of uncertainty in how to proceed, and what was done by both states are in line with the

theoretical idea by March and Olsen (1983) who states, which argues that they would do too much rather than too little. We can see a similar turn out in the case of Sweden, as what they ended up doing is in line with what the theory of evidence-based decision-making proposes, that when faced with a public health issue, the incumbents will turn to evidence when deciding on policies. As stated above by a number of scholars (Tranfield et al., 2003; Brownson et al., 1999; Brownson et al., 2009; Parsons, 2002; Parkhurst, 2017) the use of evidence in decision-making is one way to reach the best decision without causing unnecessary harm, and the use of evidence-based policy-making has been used for years in the area of public health. So turning to evidence to produce policies in such emergencies surrounding public health is, in theory, one of the most useful strategies taken by political actors. In addition, Parsons states that “Policy should not be guided by 'dogma', but knowledge of 'what works and why'.” (2002:46), which further emphasises that the actions taken by Sweden are in line with what is, in theory, expected of political actors to take in a public health crisis. Which is why this paper, again, argues that Sweden acted in accordance with what was expected of them and in line with what the theory proposed. So, in the case of all three Scandinavian countries, it can be seen that they adhere to what the theories in the theoretical chapter proposed to happen. As well as how the actions taken by the three countries were done with the goal and purpose of ensuring the safety and health of the citizens are in line with what the logic of appropriateness argues, that the actors simply took actions that they viewed to be the most appropriate that would produce the best outcome for the respective country. Thus, the research done in this paper found what was expected to be found in accordance with the theoretical chapter.

### *Limitations*

While the analysis has illustrated the most probable answer to the question there is a limitation that needs to be addressed. The main limitation can be seen in the case of Denmark and Norway because while the analysis arrived at the conclusion that both countries were in a position plagued with high levels of uncertainty and they took actions that were rather too harsh than too soft, there might be other probable explanations for the actions taken. One of the possible alternative explanations for what occurred in the two countries can be mimetic isomorphism, that in cases of uncertainty actors will opt for imitating other actors and the actions that they have taken (DiMaggio and Powell, 1983). This can be a probable explanation because, instead of those actions being in line with politics as a symbolic action, states decided to imitate the actions of other states and the measures that they took due to the level of uncertainty during the pandemic.

However, while we saw that countries took exceedingly similar approaches which could be explained with the aid of mimetic isomorphism it would be difficult to find out the political actors true agenda for the actions taken. As stating that said actions were taken due to what other countries did and not what is viewed the best for the people might create negative backlashes from the citizens. Moreover, while this is an alternative explanation to what the research in this paper has found it is important to point out that the incumbents in both Denmark and Norway pointed out that the actions taken were in line with doing too much rather than too little due to uncertainty. To research the impact that mimetic isomorphism has there would be a need to purely look at what was done in terms of the actions taken and measures implemented, and not based on the statements by the incumbents. Due to the fact that the incumbents, in this study, are rather clear with their agenda in regards to the reasoning behind implementing said actions. So, if one only looks at the actions taken and

that only, then mimetic isomorphism can be an alternative explanation, however if there is an examination of what the political actors state were the objective then it might not be as clear that mimetic isomorphism can be an alternative answer.

### *Recommendations for future research*

While this thesis has analysed the question why the Scandinavian countries took the actions that they did, there are questions that I was not able to answer due to the limitations of this paper, as well as being written when the pandemic is still ongoing. An interesting and important update that occurred during the process of writing this paper is how WHO on the 5th of May 2023 did declare that the global emergency is over but the pandemic is still taking place (WHO, 2023). An interesting avenue that future research could take is examining the long term effects of the actions taken in the Scandinavian states, because while we know why they were taken and some of the immediate effects of said measures there is little knowledge of what effect this will have on welfare, health care, and policy making in the future. Another possible question that could be analysed on a broader spectrum than just the Scandinavian countries, is how close a country is to the next elections, and if the incumbent will introduce more popular policies to increase their chances of being reelected. The third road that can be analysed in the future, again with the possibility of using a broader database, is the effects of mimetic isomorphism in terms of implementing policies to curb the spread of COVID-19 and because what can be seen during the first year of the pandemic was numerous states implementing exceedingly similar measures and policies.

### *Takeaway*

What policy recommendations can be taken away from this study? Due to the nature of this thesis there is rather little room to provide solid policy recommendations, however there are

broad takeaways that can be considered in the future if a similar situation arises. One of the main takeaways is that one policy does not fit all as we have seen in the Scandinavian countries, that despite being exceedingly similar they decided to implement different policies. During pandemics like COVID-19 where there is a high level of uncertainty due to the fact that situations like this are often unprecedented, there is little knowledge of what strategy will work the best and countries will implement policies that they believe will result in the best solution. Such strategies are bound to be different due to countries being inherently different in a range of areas, such as infrastructure, social factors, culture, welfare, and political leadership, even if there are similarities between countries in terms of these areas, the countries are not the same. Meaning that what will work in one country is not likely to work in another and states should mould policies after the needs and the specific situation in that country. What we saw during the onset of the pandemic, in terms of the Scandinavian states, was just this: two countries implemented almost the same exact policies and one took a different direction. What was essentially seen was that Sweden who took a different road received backlash for not following what, in a way, became the standard response, despite taking actions with the same goal of protecting the people.

Which brings up the takeaway question of: should one criticise what other states and actors do in times of crisis despite not knowing what truly works and what does not, as well as what works for one state will in a majority of cases not work as well in a different country. Is it not as bad in that case to implement policies blindly without moulding them to the specific needs of the country. Because one can argue that alienating policies without knowing to what extent they will work results in backlash and, to some extent, discourages actors from implementing unpopular policies which might actually work.

*Concluding statement*

To conclude this research paper, while the Scandinavian countries are very similar in a lot of aspect the factor that caused them to take such divergent responses during the onset of the COVID-19 pandemic, was what they based the policies on i.e. evidence or doing too much rather than too little. While there is little information regarding the long-term effects, and even the short-term effects to some extent, said policies were implemented with the same goal of protecting the citizens. In the future we will have a broader view of the true effects of the different policies which will improve our understanding if evidence-based practice is the optimal response or if it is better to take too harsh actions rather than too soft.



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