



**UNIVERSIDAD DE SAN ANDRÉS  
ESCUELA DE CIENCIAS SOCIALES  
MAESTRÍA EN POLÍTICA Y ECONOMÍA INTERNACIONALES**

**TESIS FINAL**

**A NATURAL PANDEMIC EXPERIMENT IN SCANDINAVIA: COMPARING PUBLIC  
POLICIES IN DENMARK, NORWAY AND SWEDEN IN THEIR FIGHT AGAINST COVID-**

**19**

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## ABSTRACT

This thesis would seek to examine how Denmark, Norway, and Sweden, three relatively similar countries with a long history of close socialisation and cooperation, suddenly unaligned their public policies, which shaped different economic and health outcomes during the COVID-19 pandemic. To do so, the thesis has adapted a “most similar system design” comparing the three countries along five phases of the pandemic and evaluating their performance with a metric ranging from 1 to 4, depending on the harshness of the individual measures.

Throughout this investigation it will encounter a slightly different governance structure in the Scandinavian countries. This is given since Denmark and Norway have a centralised ministerial governance system, with a “main rule” that keeps the agencies dependent on the ministries when implementing policies. Sweden, on the other hand, has a collectively decentralised governance system, with the “main rule” that gives the Swedish agencies independency from the ministries when implementing policies, which separate the Swedish agencies from the ministerial hierarchy.

This difference in-between the governance system has therefore allowed investigation to come across three main findings. First, the less influence of the government in the public policies did not necessarily result in a better economic outcome. Second, the lower interference by the government in the public policies resulted in a higher morbidity and mortality. Third, there is a limit as to where the type of public policies implemented has a counterintuitive effect on the economy.

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## **I INTRODUCTION: THE PUZZLE AND THE ARGUMENT**

This thesis it will enlighten the political changes of the Scandinavian countries, and see how these changes have affected the economic and health impact through five different phases of the pandemic defined as: 1) The beginning/unknown (the panic was present), 2) The acceptance (the panic has settled), 3) The opening (the societies reopened), 4) The second wave (the societies closed once more) and 5) The partial end (end of Q1-2021). Continuing on this, it is then measuring the responses to these phases, by dividing them into 4 different categories defined as: 1) Recommendations, 2) Recommendations & limitations, 3) Restrictions & limitations, 4) Restrictions & complete limitations. Once done, all the results will be compared with the before mentioned economic- and health-impact of the Scandinavian countries during the pandemic from the 31<sup>st</sup> of January 2020 to the 31<sup>st</sup> of March 2021.

However, before reaching this part of the paper, it is essential that the research question and main argument are being revised, followed by four additional sections that end with a discussion and conclusion. The first section examines the literature on the pandemic and revises what has been written before in regards to this topic, and shows what their findings have been. The second section, explains the selected research design chosen for this thesis, which allows it to make a controlled comparison between the Scandinavian countries. The third section, presents the variables that are used to compare the three Scandinavian countries, and explains how the data is collected and treated for this thesis. The fourth section shows the results, which demonstrate the main findings as it traces through the five selected phases of the pandemic. Here it will explain the strategies and implementation of the individual countries during each phase, which is followed by a model that quantifies the political decisions in order to compare the political decisions of each country.

The findings of the quantified political measures are then further correlated towards the economic impact, the infection rate and the excess mortality of the three different countries, which have been affected by the chosen strategies of the individual countries. Once this section is done, it will end the thesis with a discussion and conclusion, where the final conclusion to the hypothesis are presented.

### **I.1 Research Question**

The aim of this paper is to examine the two fundamental questions as to why three seemingly similar countries such as Denmark, Norway and Sweden chose different strategies during the COVID-19 pandemic, and what the consequences of these choices have been regarding the economy and health

(infection-rates and excess mortality) of the Scandinavian countries. In order to obtain this knowledge, it is needed to empirically examine qualitative and quantitative information on the strategy each country followed to deal with COVID-19. Here there has been developed a number of comparative statistics to see how each country performed during the different phases of the pandemic.

This thesis, therefore, may contribute to the understanding of the chosen strategies and the effectiveness of the political response made by the individual countries, and see if these decisions have had a mitigating or aggravating effect on economy, infection-rate, and excess mortality.

The reason for choosing the selected cases (Denmark, Norway, and Sweden) are that these three Scandinavian countries exhibit important commonalities (e.g., population size, climate, Nordic culture, demographics, and political system), which help the researcher study their policies as a “natural experiment”. In order to develop a sort of external validity, the results, in certain cases, are compared to the statistical outputs of the average of the EU27-countries and OECD. This is done to provide a better understanding of the Scandinavian countries’ performance in comparison with the average EU27 and OECD level.

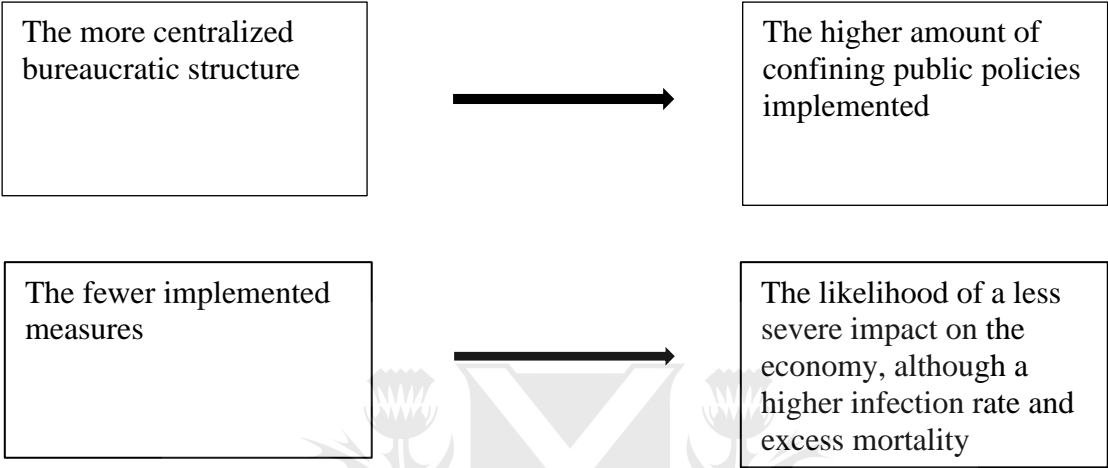
## **I.2 Main Argument**

The WHO officially declared the COVID-19 a pandemic on March 11<sup>th</sup>, 2020, which changed the course of the world, and how the individual countries choose to approach this crisis. Scandinavia, Denmark and Norway seemed to follow the strategies of Europe to a larger degree (Ottosen et al., 2019; Regjeringen, 2022); meanwhile Sweden chose an alternative approach (Hassing Nielsen & Lindvall, 2021). The differences in the strategies became more evident as the pandemic intensified throughout the world as it was made clear that the bureaucratic structure (governmental structure) of Sweden differs from Denmark & Norway. The responses of Denmark and Norway were relatively quick, harsh and more aligned between each other; meanwhile, Sweden initially only used recommendation, guidelines, and limitations on large gatherings.

The assumptions are therefore two folded; 1) That the difference in the bureaucratic structure creates different strategies; thereby does a more centralized bureaucratic structure contribute to a higher amount of confining public policies during a pandemic; 2) These policies will then have a different economic and health impact in the countries, depending on the quantitative amount of confining policies implemented.

Continuing on this topic, the hypotheses are the following: 1) The more centralized bureaucratic structure, the more confining public policies are implemented, as they would have a higher decision

power; 2) The fewer public policies implemented, would result in an increased infection-rate and excess mortality, as it would allow the virus to spread fairly unrestricted. While at the same time the economic impact would be lower as it allows economic activities to continue relatively unhindered.



## II LITERATURE REVIEW

As it begins to touch the surface of a pandemic, then it is acknowledged that there currently is a lack of relevant data in the field of pandemics.<sup>1</sup> The reason for this is that the last virus to be considered a pandemic was the Spanish flu (1918-1920), which was havoeking throughout the world during a time that was already seeing economic distress after the first world war. Furthermore, it swiped through a “slower” global world with a less advanced medical and economic system in comparison with the technology that persisted during the COVID-19 pandemic. This means that the spreading of the virus during COVID-19 is quicker, but equally is the distribution of essential goods and knowledge to support the research and preventions of the pandemic in comparison with the Spanish flu.

They therefore did not pose any mainstream models or common specific guidelines that could help predict the outcome of a pandemic in 2020. However, some measures, such as quarantine, have been used during several previous pandemics or outbreak of regional diseases, which is regularly one of the tools used during COVID-19 (Sehdev & Mackowiak, 2002). Nevertheless, this indicated that they were still lacking crucial information to create accurate models that could unravel how a pandemic in the 2020 would develop. A number of authors have developed theoretical models by using databases from other known diseases such as SARS, HIV, Spanish flu, and together with other small disease outbreaks, which they tried to adapt to society in 2020.

These theoretical models therefore presented an estimate as to how a pandemic could affect the economy. For understanding these theoretical models, it is crucial to understand how the “shocks” of the models affect society, which creates a domino-like effect that tildes the next brick in the puzzle until it falls over. These shocks are therefore divided into four main categories.

Firstly, is the mortality and morbidity shock, as it would cause a direct and indirect shock to the labour market, as the illness and deaths affects the employees and families, causing loss or delay in output and future income (A. L. Andersen et al., 2020; Arndt & Lewis, 2001; Barro et al., 2020; Fernandes, 2020; Keogh-Brown et al., 2010; McKibbin & Fernando, 2020; McKibbin & Sidorenko, 2006). Secondly, there is the supply chain shock, which increases the cost due to the change in labour supply decisions, the efficiency of labour, and foregone investment in staff training. This would discourage the consumers to

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<sup>1</sup> Due to the actuality of the topic, this literature review has been accompanied by non-peer review articles, as the topic are yet to be thorough investigated to present sufficient scientific articles to complement this literature review. The author have therefore taken the liberty to use articles and opinions from scholars, whom have given their hypothesis and opinions throughout respected media channels. Nevertheless, is the purpose to reduce the amount of non-peer review material in the literature review.



consume, as the prices would rise to a level where the consumer is unwilling to pay, which pushes a change in the consumption patterns that results in shortage of other goods (McKibbin & Fernando, 2020; McKibbin & Sidorenko, 2006). However, inside of Europe, the prices remained relatively the same or weakened due to monetary policy in a “deflationary retail environment”, even though there was a surge in shipping cost as a post consequence of the manufacturing hold and rising international orders, which created a supply bottleneck (Attinasi et al., 2021; Baig, 2003).

However, other countries outside the EEA experienced increases in prices, such as the USA, which witnessed a strengthening of pricing due to the excess demand and rise in shipping costs (John, 2021; Lynch, 2021). Nevertheless, the consumption pattern changed significantly inside the EU, due to the implemented public policies, such as lockdowns, as customers changed their physical consumption pattern with digital (online) purchases (Arora et al., 2020). Thirdly: demand shocks, as unemployment would rise and change the fixed income of the population together with the remaining workforce changing their preferences in spending, as they would keep their savings, as a precaution, rather than spending.<sup>2</sup> And fourthly, the risk premium shocks, which creates a rise in the equity risk premium on companies together with an increase in country risk premium. This is based on the exposure to the disease which drives the vulnerabilities of changes in the macroeconomic conditions due to the increased public expenditure towards healthcare and support of victims (A. L. Andersen et al., 2020; Fernandes, 2020; Guerrieri et al., 2020; McKibbin & Fernando, 2020; McKibbin & Sidorenko, 2006).

Of these shocks, the authors considered that the driver of a global economic recession would be the increase in the production cost, as a consequence of the supply-shock being exceeded by the demand-shock. This is explained as the data behind these theoretical models are collected from the macroeconomic effects of the SARS-epidemic in 2003 and the great recession of 2008, where there were found significant constraints on the economies as a consequence of large reductions in consumption of various goods and services, as the business operating costs- and re-evaluation of country risks premiums increased (A. L. Andersen et al., 2020; Fernandes, 2020; Guerrieri et al., 2020; McKibbin & Fernando, 2020; McKibbin & Sidorenko, 2006).

These shocks are then linked together through direct channels of the trade flow adjustments and the capital flow reallocation. This is reflected in the stock market, as it created a bear-market<sup>3</sup> which produced panic in the investors who then sold their stocks to reallocate the global capital from stocks

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<sup>2</sup> Percentage of household saving-rate in EU27: 2019-Q4 12.38%; 2020-Q4 18.98%: Source ([https://ec.europa.eu/eurostat/databrowser/view/NASQ\\_10\\_KI\\_\\_custom\\_930888/bookmark/table?lang=en&bookmarkId=62f905c7-4838-4071-8537-98889e8bc33f](https://ec.europa.eu/eurostat/databrowser/view/NASQ_10_KI__custom_930888/bookmark/table?lang=en&bookmarkId=62f905c7-4838-4071-8537-98889e8bc33f))

Percentage of unemployment rate in total labour force EU27: 2019-Q4 6.6%; 2020-Q4 7.4% = 35.8 million extras unemployed: Source (<https://data.oecd.org/chart/6onb>)

<sup>3</sup> Underperforming market

into bonds (OECD, 2020). As a result, the foreign capital of the developing countries would be reallocated into the developed countries as the investors seek to stabilise their investments in relatively safe havens until the panic has settled and the market has recognised the new value of the stocks as it was seen during the great recession in 2008 (McKibbin & Sidorenko, 2006; Tvede, 2012). Such movement in capital would result in severe consequences, as it tends to appreciate the exchange rate of countries that are receiving capital and depreciate the exchange rate of the countries losing their foreign capital, thereby leaving the developed countries in a better economic position to withstand a pandemic (Barro et al., 2020; McKibbin & Fernando, 2020; McKibbin & Sidorenko, 2006).

Something perhaps not surprising: those countries with an established and well-funded health sector are likely to have a better outcome of a pandemic, as the global shocks presents different impacts throughout the world (OECD, 2020), thereby relatively creating discrimination between wealthy and poor nations that result in leaving countries in Africa and East Asia in a worse condition to receive the disease (McKibbin & Sidorenko, 2006). Nonetheless, the discrimination equally existed in between the sectors in the individual states since businesses related to social spending, such as restaurant, cinemas, tourism, and sectors depending on unskilled labour, struggled more throughout the pandemic. The reason behind this is, a consumer is thinking of buying a new cell phone or a microwave, then they are likely to wait and buy the product later.<sup>4</sup> However, if they do not go out to restaurants for their weekly dinner during a lockdown, it is very unlikely that they will have dinner outside every day when the crisis disappears, to make up for the “lost dinners” and neither will they cut their hair twice in the same week to make up for lost cause (A. L. Andersen et al., 2020; Arndt & Lewis, 2001; Fernandes, 2020; Guerrieri et al., 2020; McKibbin & Fernando, 2020; McKibbin & Sidorenko, 2006).

It has now narrowed down the path, as the different shocks has been established, which has presented a discrimination of the virus towards the different countries and sectors. This should therefore continue to look at the suggested strategies that were introduced during the beginning of the pandemic, such as Acemoglu et al (2020). This strategy presented a theoretical model that recommended, until a vaccination was introduced or herd immunity had occurred, the “optimal policy” in between saving the economy and the population, during COVID-19: policies consisting of differential lockdowns on groups (Acemoglu et al., 2020). These groups should then have been divided depending on their risk criteria,<sup>5</sup> combined with social group distancing and improved testing and tracing strategies (Acemoglu et al., 2020). These measures should then be combined with emergency packages to help restart the economy, together with creating active monetary policies which would increase the demand for bonds and creating a shift in the

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<sup>4</sup> Assuming this shock is temporary and an income is still available

<sup>5</sup> Age, chronic diseases, type of occupation etc.

portfolio that would then drive down the real interest rate and provide cheaper loans for the end consumer, which theoretically would soften the negative economic impact (Baldwin & Mauro, 2020; Guerrieri et al., 2020; IMF, 2020; McKibbin & Fernando, 2020).

In the absence of more accurate models, it could be appropriate to look at countries with commonalities and treat them as a sort of “natural experiment” (more below). Hence, this suggests that an area such as Scandinavia, which from a scientific perspective produces the perfect “scenario”, as the three countries consist of similarities within their cultural, economy, geographical location and political system. Furthermore, all three countries possess a long history of close cooperation, since the nations are tied together through their common languages and with their currencies generally being “pegged” to each other’s, along with the possibility of travelling among themselves without border checks or documents since 1954, which served as the model for the European Union’s open border system (Barret, 2020; Thorleifsen, 2003).

In this natural experiment, approximately 10 million people were “assigned” to a lockdown (Denmark and Norway), whereas further 10 million (Sweden) were advised to responsibly follow the governmental guidelines, which did not contain national lockdown (Franks, 2020). It should be emphasised that the fundamental difference between the countries in this “natural experiment” is the differences in the public policies implemented as a consequence of their differences in their bureaucratic structure during the pandemic, and not the intrinsic characteristics of the countries themselves. This, therefore, served as a foundation to investigate why the countries chose different strategies and which of these strategies in the region resulted in the best outcome to protect the public health of their citizens and their economy during the selected time frame of the COVID-19 pandemic.

Due to their historic past and close cooperation, it would have been assumed that their cooperation would carry on into times of crises, such as following the same strategies. By, for example, following the recommendations provided by Acemoglu et al. (2020) in his theoretical model, none of the Scandinavian countries followed these recommendations of Acemoglu as a whole (more below).

This was given as Denmark and Norway, in the initial months, adopted relatively quick and harsh measures, that consisted of: lockdown,<sup>6</sup> forced quarantine, strict limits on social gatherings, high testing and tracing, and the closing of borders<sup>7</sup>(Koronakommisjoen, 2021; Udvalg, 2020). These measures taken by Denmark and Norway disputed the ground pillars of the European Union, with their “Freedom of movement”, and they equally rejected to follow the recommendations of the WHO<sup>8</sup> (A. L. Andersen et

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<sup>6</sup> All non-essential business

<sup>7</sup> Closing of borders for all non-essential entries, internally and externally

<sup>8</sup> “WHO continues to advise against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks.”

al., 2020; Enchelmaier, 2016; Erdbrink, 2020; WHO, 2020b; Yarmol-Matusiak et al., 2021). Meanwhile, Sweden, compared to almost every other Western country, decided to take a relatively different approach to the COVID-19 pandemic, as they decided not to force their population into lockdown, they encouraged them to stay home if feeling unwell, limit social interaction if possible, cancelled large events, and limited restaurants and bars to table service only, which left the private businesses to operate relatively freely, together with a low testing and tracing strategy (A. L. Andersen et al., 2020; Hassing Nielsen & Lindvall, 2021; Yarmol-Matusiak et al., 2021).

These different strategies, therefore, left different impacts to the economy, but as some author has already demonstrated, then Sweden only surpassed Denmark with 4% in social spending during the first quarter of 2020 (A. L. Andersen et al., 2020). This suggested that the previous mentioned shocks<sup>9</sup> were accompanied by a psychological shock that led the population to avoid spending in social-sectors due to their fear of the disease, which thereby created a counterintuitive effect that impacts the economy regardless if their societies are kept completely open for economic activity (A. L. Andersen et al., 2020; McKibbin & Fernando, 2020; McKibbin & Sidorenko, 2006).

As the literature review has not been examined, then it presents certain gaps to which the framework of the thesis will be built upon. It has been defined how the shocks can discriminate between countries and sectors, how three relatively similar countries choose different paths, since Denmark and Norway followed the trend of the rest of Europe rather than listening to international institutions (Ottosen et al., 2019; Regjeringen, 2022). Meanwhile, Sweden chose a different path by adapting their decisions to a higher degree of data-science (Koronakommisjoen, 2021; Udvalg, 2020; Yarmol-Matusiak et al., 2021). However, there are still certain unanswered questions present, such as why Sweden chose a different path and why did Denmark and Norway not choose the same path as Sweden? Additionally, what are the consequences of their choosing, and does the outcome deviate significantly in between the strategies in the region?

The paper will therefore investigate the role of the governmental influences and other relevant factors, such as the bureaucratic structure in the different countries to see how this has shaped the public policies, and how these public policies correlate to the economy, number of infected and excess mortality during the five selected phases of the pandemic.

Additionally, is this accompanied by an investigation that seeks to explain whether the degree of influence by the government presents an improved outcome, and/or if there is a limit as to where the

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(<https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-COVID-19-outbreak>)

<sup>9</sup> Mortality- and Morbidity-shock, the Supply-Chain shock, Demand shock, and Risk Premium shock

quantities of measures implemented would have a counterintuitive effect. Furthermore, it will reveal if the strategies chosen by the Scandinavian countries possess common characteristics that could be deemed as universal. This is meant in the sense that the observations of the Scandinavian countries' strategies could provide a tangible model or political decisions that could help future decision makers to cherry-pick or discard between the measures adapted for this pandemic.



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### III A MODEL AND A RESEARCH DESIGN FOR A CONTROLLED COMPARISON

#### III.1 Research design

For this thesis, a Most Similar System Design (MSSD) has been used, with which it is intended to compare the Scandinavian countries. This design implies that the countries have a number of controlled variables in common, which makes the countries similar, together with a few elements that make them dissimilar. Among those dissimilarities are two variables: the independent variable (X) that creates the presence of the dependent variable (Y). In this case, there are six different case systems, one for each country of each of the hypotheses, that produces different outcomes (Anckar, 2008).

The MSSD of this thesis seeks to study reasons as to why the Scandinavian countries chose different strategic approaches to the COVID-19 pandemic, while taking the designated variables into account. The result of this case should then demonstrate why countries who seem apparently similar on several indicators chose different strategies, and what the outcome of these approaches was. This should contribute to the discussion about why and how the chosen strategies have affected the countries through their excess mortality, infection rate, and economy during the nominated five stages of the pandemic.

This MSSD case could therefore present a general look upon similarities, which could serve as a foundation for future decision makers before implementing specific policies in a similar context. The three Scandinavian countries are similar in a variety of variables, such as demographic, political system, well-founded health sector, and high trust towards the government. On the other hand, parameters differentiate between the countries, such as the governance structure of the countries. For example, Denmark and Norway have a system of ministerial governance, with a “main rule” that keeps the agencies dependent on the ministries when implementing policies, which means that the Danish and Norwegian agencies are part of the ministerial hierarchy. Sweden, on the other hand, has a collectively responsible governance, and with the “main rule” where the Swedish agencies are independent from the ministries when implementing policies, which separate the Swedish agencies from the ministerial hierarchy (Christiansen et al., 2016; Juranek & Zoutman, 2020; Key et al., 2021; Lindbom, 1997; Yarmol-Matusiak et al., 2021).

Even if these differences seem relatively small, they are likely to have influenced the public policy decisions-making during the COVID-19 pandemic, which ultimately had consequences towards the economy, infection rates and excess mortality in the individual countries. Since these countries are seemingly similar, then this allows the research to investigate a “natural experiment” in which it can

compare different bureaucratic structures and the relative impacts of the different policy responses during the five different phases of the COVID-19 pandemic.

The focus of this MSSD case study is the different policy responses to the pandemic by the three Scandinavian countries, and afterwards these responses will be correlated to the impacts of the economy, infection rate and excess mortality. It therefore intends to explain the two questions; 1) How the pandemic has changed the public policies (Y – Dependent variables) by analysing the dissimilarities between the countries given by the governance system, the main rule and ruling parties, and population density. 2) explain how the public policies implemented impacted the economic and health of the countries (Y – Dependent variables) by analysing the dissimilarities of the public policies between the countries, which would be the amount and degree (from 1-4) of public policies implemented.

10

	<b>Denmark</b>	<b>Norway</b>	<b>Sweden</b>
<b>Population</b> <sup>11</sup>	5,813,298	5,465,630	10,160,169
<b>GDP per capita</b> <sup>12</sup>	\$48,250	\$68,630	\$42,650
<b>Inflation rate</b> <sup>13</sup>	0.73%	2.17%	0.66%
<b>Pandemic preparedness ranking</b> <sup>14</sup>	<b>world</b> 8 (70.4%)	16 (64.6%)	7 (72.1%)
<b>Trust in government</b> <sup>15</sup>	71.6%	82.9%	67.1%
<b>Political system</b> <sup>16</sup>	Parliamentary	Parliamentary	Parliamentary
<b>Ruling party</b> <sup>17</sup>	Social Democrats (Left centred)	Conservative Party (Right centred)	Social Democratic (Left centred)

<sup>10</sup> In the method of difference, the selected cases that are similar in every relevant characteristic expect for two: the outcome is trying to be explained (y – dependent variable), and the characteristic that could explains this outcome (x – independent variable).

<sup>11</sup> Population data (2021): Source (<https://worldpopulationreview.com/countries>)

<sup>12</sup> GDP per capita data: Source (<https://ec.europa.eu/eurostat/databrowser/bookmark/4084bcbe-3610-488b-a552-83a363a85770?lang=en>)

<sup>13</sup> Inflation rate: Source (<https://www.statista.com/topics/7457/key-economic-indicators-of-scandinavia/>)

<sup>14</sup> Global Health Security Index ranked countries for their pandemic preparedness: Source (<https://www.ghsindex.org/>)

<sup>15</sup> Trust in governments: Source (<https://data.oecd.org/chart/6p8d>)

<sup>16</sup> Political system: Source (<https://datacatalog.worldbank.org/dataset/wps2283-database-political-institutions>)

<sup>17</sup> Ruling Party and orientation: Source (<https://publications.iadb.org/en/database-political-institutions-2020-dpi2020>)



<b>Population density per Km<sup>2</sup></b> <sup>18</sup>	137 Km <sup>2</sup>	15 Km <sup>2</sup>	25 Km <sup>2</sup>
<b>Unemployment rate</b> <sup>19</sup>	4.6%	4.6%	8.3%
<b>Health spending per capita</b> <sup>20</sup>	\$5,568	\$6,647	\$5,782
<b>Governance system</b> <sup>21</sup>	Centralised ministerial	Centralised ministerial	Decentralised collectively ministerial
<b>Main rule</b> <sup>22</sup>	Agencies dependent of ministries	Agencies dependent of ministries	Agencies independent of ministries

Furthermore, through this research design it is focused on the data collection via a triangulation of both quantitative and qualitative data (I. Andersen, 2019; Yin, 2014). The area regarding the political decisions is naturally adopting a qualitative data collection, while the statistical output, such as the impact to the economy, infection rate and excess mortality will obtain a quantitative data collection. Through this data collection process, it has pursued to collect the primary and secondary sources, as part of the triangulation of data collection technique.

The primary sources are collected on a first-hand basis, which means that it is obtained directly for the purpose- and/or within the timeframe defined by the scope of the thesis (I. Andersen, 2019). These primary sources are mainly categorised as qualitative data, as they are acquired through the collection of video recordings, statements, and transcriptions of the interviews made during press conferences with the respective ministers of the Scandinavian countries and heads of the international institutions such as the WHO and the EU, to obtain the recommendation suggested by them. Additionally, there are the collections of resolutions regarding legislative measures, which have been obtained via governmental official webpages and encyclopaedia, together with press statements and official documents.

The secondary data, are already existing data-material that sheds the light on the problem of the thesis. These secondary data are therefore not necessarily data that is directly designed in connection with the thesis, which can lead to bias of the data collection, as the secondary data obtained may have been prepared for other purposes (I. Andersen, 2019). The collection of secondary data is predominated by

<sup>18</sup> Population density: Source (<https://www.worldometers.info/population/europe/northern-europe/>)

<sup>19</sup> Unemployment rate: Source (<https://www.statista.com/topics/7457/key-economic-indicators-of-scandinavia/>)

<sup>20</sup> Health spending per capita: Source (<https://data.oecd.org/chart/6p8O>)

<sup>21</sup> Source (Ministeren och makten: Hur fungerar ministerstyre i praktiken? (Lindbom, 1997))

<sup>22</sup> Source (Ministern och makten: Hur fungerar ministerstyre i praktiken? Source (Lindbom, 1997))



quantitative data, since the collection of quantitative data is gathered through observation of national and international statistical-databases that are published by nations and international institutions. However, few elements are still considered qualitative data, such as the collection of Scientific journals, books, documents, newspaper articles, and reports.

As part of the collection of primary- and secondary-data, the author has compiled a table that is located as in the annex (Annex A), which serves as a timeline for the countries and the international community. This data has been collected through different web pages that report directly from the press conferences made by the individual ministers and international institutions such as WHO. Furthermore, this collection of data has been manually translated from Danish, Norwegian, and Swedish into English to help the reader of this paper understand the otherwise Nordic languages. Additionally, this compiled data has served as a reference to build and understand the thesis, since the created timeline has been simplified for an easier and faster understanding of the happenings during the pandemic.

The purpose of using several different sources is to illuminate the same topic and increase the quality of the thesis by reducing possible bias (Yin, 2014). It should therefore pursue to obtain the mentioned data through different mediums. For example: the collection of books is obtained through the use of Nota.dk, UdeSA library and their partners for gathering relevant books. The collection of scientific articles are acquired via Google scholar, EBSCO Host, Business Source Complete, and Libsearch. The collection of statistical-data was obtained from Eurostat, OCED, Ourworlddata, Atlas, BSG, Github (OxCGRT), and Global Trade Alert. Furthermore, official web pages from WHO, the EU, BSG, and the Scandinavian countries used to gather reports with introduced legislative measures and recommendations. In addition to these, both local and international media were used for the collection of newspaper articles and other live interviews, which include guidelines, recommendations, timelines, and more. Finally, general collection of other documents and further information was achieved through searches on trusted web-databases.

This triangulation of data collection technique, provides the possibility to analyse the excess mortality, infection-rate, and economic impact in a statistical analysis, where each output from the countries is demonstrated throughout the phases of the pandemic. In regards to the political changes, then it will only present and collect the relevant changes made during the pandemic, and analyse these changes through the theoretical approaches of political science and a content analysis. To be able to quantify these qualitative dates, it has been necessary to implement the concept of mathematical logical test (logical sequence), which is defined as the equation below, were Y is the total sum of count and X is defined as a value dimension relevant to the pandemic, such as a lockdown, closing of borders, sending people to work from home, and etc.

$$Y_1 = X_1 + X_2 + X_3 + X_4 \dots X_c$$

Each dimension will then be defined by a value, between 1-4, where 1) is recommendations, 2) is recommendations & limitations, 3) restrictions & limitations, 4) restrictions & complete limitations. Each value is counted on a daily basis and summarised in each phase of the pandemic. These attributes are defined according to a theoretical approach of mathematical logical test as given by the theory of necessary and sufficient (Goertz, 2009).

This valuation presents the differences between the initial approach of the countries (before the pandemic) and the following phases during the pandemic, while combining this result to the other quantitative data outputs (Economic impact, infection rate, and excess mortality). This, therefore, provides the possibility to trace and compare changes from phase to phase and country to country.



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## IV MAIN FINDINGS

### IV.1 The Scandinavian relationship

As the investigation continues, then it is essential to understand why Scandinavia might be seen as a great natural experiment by understanding the basic relationship and similarities of the Scandinavian countries. In general, the Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden) are known for having a special relationship, which includes significant policy transfer and favourable treatment on a range of issues (Ursin et al., 2020). It, therefore, comes as no surprise that their relationship has always been one of the ground pillars for the foreign policies of the Scandinavian countries dating back to days where they were united under the Kalmarunionen during the late Middle Ages (Gebhard, 2017). Even though this Union did not last and the governments had, frequently, been raging wars in between each other's, then this still implies that the Scandinavian countries have had a long history of close cooperation despite the constant rivalry. Nevertheless, is it necessary to keep in mind, that Norway, in opposed to its Scandinavian neighbours, are not a part of the European Union, but is a member of the European Economic Area, which grants them the economic benefits of an European single market, but decreases the EU legislation that they would need to follow (EFTA, 2016; European Union Law, 2022).

Furthermore, are the Scandinavian trio similar in various aspects, such as being an established welfare state democracy, that are ruled by a multi-party unitary parliamentary in a constitutional monarchy, they have a high level of political and social trust towards the controlling bodies of their countries (The separation of power; The Monarchy/primary minister, the parliament and the court (Folketinget, n.d.; Regjeringen, n.d.)). They operate under what is considered a Beveridge system, which is essentially a public funded national health- and transport system, as countries such as Norway and Sweden have a dispersed population, which creates particular challenges in terms of travel, provision and access (R. F. Andersen & Dinesen, 2017; Holmberg, 1999; Kumlin & Haugsgjerd, 2017; Rothstein & Stolle, 2003; Ursin et al., 2020). Meanwhile, Denmark, excluding the other countries in the kingdom of Denmark, has a geographically smaller challenge.

Besides this, they are geographically located in the same region, have similar languages, and are all unofficially “controlled” by the Scandinavian code of conduct, known as the law of “Jante”,<sup>23</sup> which is

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<sup>23</sup> The Law of Jante is a literary element that has been assumed by some to explain the egalitarian nature of Nordic countries. It characterises not conforming, doing things out of the ordinary, or being personally ambitious as unworthy and inappropriate.

a big present "player" in all the Scandinavian cultures, as it keeps individual people from acting out, and following the "herd" (Pier, 2018; Straubhaar, 2021).

However, are they not similar in everything, even though it might seem, this will be presented as this research unfolds, where it demonstrates that the bureaucratic structure of these three countries is not as similar as first thought, and might be the essential reason for the different strategic approaches of COVID-19.

This is given as Denmark and Norway have a system of ministerial governance which creates a dependency between the agencies and the ministerial hierarchy, while Sweden has a collectively responsible governance which separates the agencies from the ministerial hierarchy. Thereby, are the agents in Sweden not dependent on the ministry when choosing its local decisions as long as it is within the framework of the present legislation, which in the given case of Sweden means that the primary minister (Stefan Löfven) has little power over the local regions, as long as the country is in peace times and thereby not being able to evoke the state of emergency clause of the constitution. Although, Sweden will stand out in comparison with the other countries, then it should be emphasised that Sweden was in line with the existing Swedish legislation of the Communicable Diseases Act (CDA), which governs the Swedish public health policies in regards to diseases. This Communicable Diseases Act gives the government the authorisation to implement policies that can limit the spread of infectious diseases, however, is it largely based on the principles of voluntarism and personal responsibility, rather than direct orders from the local governments (Kavaliunas et al., 2020; Mikko, 2020a; Petersson, 2016).

Furthermore, was Sweden before-, under- and after the pandemic suffering from a higher percentage of unemployment than their Scandinavian neighbours (Chart I.1). This could have been a contributing effect to the strategy that was made by Sweden, in order to keep the economy open and avoid lockdowns which would naturally restrain the active economy and increased unemployment. However, would The Communicable Diseases Act still not be sufficient to give the government the mandate to forcefully implement a lockdown over larger areas, this mandate of the CDA will be further elaborated during the thesis.

These differences might seem of minor importance, even so the following segment will demonstrate how these small differences can create large differences during a pandemic.

### Graph I.1

#### Unemployment in Scandinavia and EU27: Before, after, and under COVID-19

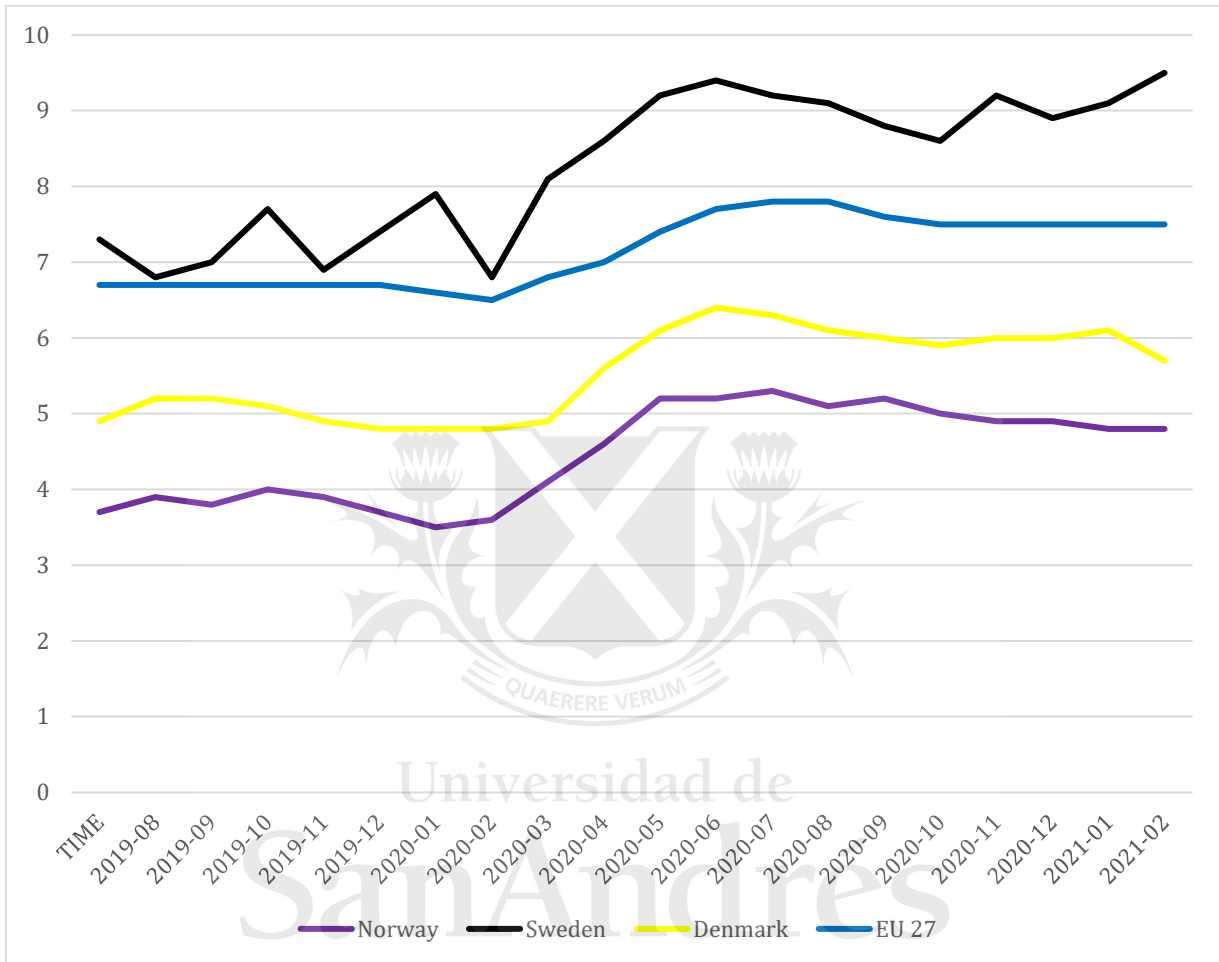


Chart I.1 Own Creation: Unemployment in Scandinavia and EU27: Before, after, and under COVID-19. Total, % of labour force, Jul 2019 – Feb 2021 Sources: (<https://data.oecd.org/chart/6MuY>).

### IV.2 The phases of the pandemic

To analyse the consequences of the political decisions and how they correlate with the economic impact, infection-rate, and excess mortality during the COVID-19 pandemic, it has been necessary to divide the pandemic into five measurable phases. This offers a more transparent and accurate portrait that allow the investigation to closely examine the impacts of the decisions through different time-loops.

To illustrate this, the author has created a timeline, which can be found in the annex (Annex A), where the respective highlights during the pandemic are illustrated. For this reason, there is below a resume that walks through the “highlights” of the different phases of the pandemic in the Scandinavian countries. Once this has been done, then the degrees of policies implemented by each country will be counted by the concept of “logical sequences”. This will then produce a measurable output that compares the countries and find a correlation towards the economic impact, the infection rate, and the excess mortality of the Scandinavian countries. As mentioned earlier, the phases of the pandemic will trace through 1) The beginning/unknown (the panic was present), 2) The acceptance (the panic has settled), 3) The opening (the societies reopened), 4) The second wave (the societies closed once more), and 5) The partial end (end of Q1-2021).

#### **IV.2.a Phase 1 (30th of January 2020 – 10th of March 2020)**

Phase one was the beginning of the uncertainty of the COVID-19 pandemic. This is given as SARS-CoV-2 was first detected in Wuhan in December 2019, and several months later was the virus first taken into consideration in the global community. One of the reasons for this could possibly be that the international media was more focused on covering the last days of Brexit, which ended the 31<sup>st</sup> of January. However, even the preliminary time after the Brexit, the WHO was reluctant to escalate the situation, together with other health departments of nations such as Denmark, Norway, and Sweden, who deescalated the situation by estimating that there would be a small likelihood of the virus reaching their countries. Nevertheless, the respective country did prepare emergency response units, in the unlikely event of this happening (Ludvigsson, 2020; Ottosen et al., 2019; Regjeringen, 2020b).

Even though the individual countries would like to have escalated the situation, in terms of their constitutions and legal framework, the majority of the countries were limited in terms of actions. This is given since the WHO still had not announced the world health situation as a pandemic, which thereby meant that nations would not be able to escalate the situation to a state of emergency. Hence it was seen that all of the Scandinavian countries initially only recommended avoiding larger events, handshakes, and hugs, even after they actually received their first official COVID-19 infected person.<sup>24</sup>

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<sup>24</sup> First infected person: Denmark 27/02/2020 (Sundhedsstyrelsen, 2020), Norway 26/02/2020 (Reuters, 2020), Sweden 31/01/2020 (Folkhälsomyndigheten, 2020a)

#### **IV.2.b Phase 2 (11<sup>th</sup> of march 2020 – 14<sup>th</sup> of April 2020)**

The second phase of the pandemic, then the international media seemed to have changed their focus towards it, which meant that society started to understand the virus, and thereby relatively accepted the presence of it. This is given as the WHO on March 11<sup>th</sup> 2020, changed its vantage point by declaring the COVID-19 virus a pandemic. By these decisions, it enabled certain countries to have the possibility of using their emergency tools, given by their constitutions, which would help these governments to introduce special legislation to help handle the situation, and even turn the nations into a “state of emergency” (Daley, 2020).

As a result of the change presented by the WHO, Denmark and Norway unanimously passed emergency laws through the parliament.<sup>25</sup> These laws were set with fixed expiration dates, ranging from 3-12 months, depending on the country and the specific law passed through the parliament (Kavaliunas et al., 2020; Udvalg, 2020; Ursin et al., 2020). Meanwhile, Steffen L fven the Swedish Prime Minister, informed the public that COVID-19 pandemic had been qualified as a disease constituting ‘a danger to the general public’, which gave the Public Health Agency of Sweden the possibility to implement extraordinary measures within the legal framework of the Communicable Diseases Act from 2004 (Narlikar & Sottilotta, 2021).

Initially, the Scandinavian countries discarded the possibilities of using these new available legislations, and were only approved as a precaution. This therefore showed that the Scandinavian countries had aligned their strategies, as it would have expected, by only implementing recommendations and guidelines for the population to follow. The only initial legislative measure adopted by the countries was limiting the number of persons permitted to participate in gatherings, which meant that large events from March and onwards were either cancelled or limited to the allowed capacity determined by the individual governments (Justitiedepartementet, 2020b; Regeringen, 2020a; Ursin et al., 2020).

As the second phase of the pandemic continued, then the initial strategic approaches of the Scandinavian countries were starting to separate. This was seen early on in the second phase, as Norway the 14<sup>th</sup> of March implemented their first mandatory 14 days quarantine for all incoming travellers outside of the Nordic countries and forcing mandatory social distance for all business (Services, 2020; Ursin et al., 2020). Meanwhile, Denmark and Sweden still continued to rely on goodwill of the population and businesses to follow the recommendation issued by the government, such as keeping distance and frequently washing hands (Kavaliunas et al., 2020; Regeringen, 2020b).

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<sup>25</sup> Denmark 12/03/2020 (Ottosen et al., 2019), Norway 18/03/2020 (Regjeringen, 2020a)



As the situation in the pandemic deteriorated, the Scandinavian governments were forced to revise the global situation. The consequences of the revisions meant that both Denmark and Norway deemed that the gravity of the situation was in a worse state than first assumed, and thereby implemented lockdowns as a mandatory measure. This meant that all public non-essential staff needed to work from home, along with the closure of day-care facilities, kindergarten, and other educational institutions. Meanwhile, the private sector was urged to send their employees to work from home, although this was indirectly forced by the governments, as their employees with families would need to take care of their children during working hours. This was equally followed by further reducing the limit on gatherings to 100 persons in Denmark and Norway (Statsministeriet, 2020; Ursin et al., 2020).

These measures were further intensified, as they considered the previous decisions not being sufficient to counter the spreading of the virus, which resulted in Norway deciding to close their regional and external borders, while Denmark only settled with closing their external borders (Udvalg, 2020; Ursin et al., 2020). The decisions made by Denmark and Norway were heavily disputed by the leading Swedish epidemiologist, Anders Tegnell, who has been the front figure for the Swedish battle against the COVID-19 pandemic. Anders Tegnell, criticised these decisions by remarking that there was no scientific evidence to support the claim that a closure of borders would be a useful measure against the pandemic. This was further stated as he believed that such a measure would most likely only delay the outbreak within a few days or a week, while he continued to emphasise that the WHO itself had advised against closing the borders (Svahn, 2020; WHO, 2020b). However, it should be noted that this recommendation of the WHO and the remarks of Anders Tegnell are not unilaterally agreed upon by all experts, as the strategy of closing the borders could have a beneficial impact, so forth that the country is yet to receive the virus, having a low infection rate, or is located on an island. Though if the disease had already entered the country and the infection rate was relatively high, then closing the borders could have limited to no effects (Chinazzi et al., 2020; Grépin et al., 2020; Russell et al., 2021). However, these remarks did not prevent Denmark or Norway from continuing to enforce these measures. Furthermore, as stated in the initial literature review, then are there missing crucial information and knowledge regarding how to handle a pandemic. This is further acknowledged by Hoffman (2020) when commenting on the measures implemented throughout the world:

*”There is a good chance that a whole lot of what we are doing is causing more harm than good”*  
(Mallapaty, 2020)



He thereby implied that during the time in question would leaders and decision makers still be considered novices regarding how to control the pandemic in a hyperglobal world. Thereby, some of the restrictions implemented could be considered more of a political show, rather than having actual beneficial effects that are backed-up by scientific evidence (Leigh, 2020).

As given by the strategies of Denmark and Norway, then it is clear that they were no longer aligned with the Swedish approach. This was shown as Anders Tegnell and the local authority regime (Kommunalt självstyre) of Sweden still advocated to follow the recommendations and measures based on their scientific evidence. Therefore, they simply trusted the population to work from home, in both private- and public sectors, avoid all non-essential travelling, stay at home if sick, keep social distance, and maintain a good hygiene, without any legislative measures forcing them (Kavaliunas et al., 2020), it should yet again be emphasised that their bureaucratic structure still did not permit them to implement lockdowns, whereas the only “tool” they could rely on was that the population trusted them to follow their recommendations. Nevertheless, did they acknowledge the risk of large gatherings, and thus introduced a legislation to limit the gatherings of participants to 500 in public events (later in March further reduced to 50), issuing visiting bans for eldercare homes, and encouraging students older than 17 to initiate virtual education. The latter was however only applicable for two weeks, while universities would be exempt as their school year finished earlier (Justitiedepartementet, 2020a).

Due to the measures implemented during the initial phases and the general disruption to international trade, meant that the Scandinavian economies experienced heavy impacts to their economy. For these reasons, they all deployed emergency packages in order to stimulate the economy as suggested by some of the authors in the literature review. These packages contained state guaranteed loans with 0% interest, postponing the payment of VAT and B-income tax for a year and extending unemployment security guarantee schemes, together with state guaranteed payment of 75% of the base salary of employees (maximum of 3.800 dollars before taxes) to encourage businesses to keep their employees. This was further accompanied by extra economic reliefs for business in the sectors that were especially hit by the pandemic and the implemented measures, such as industries reliant on tourism, festivals, and concerts (Finansministeriet, 2020; Finansministeriet et al., 2020).

#### **IV.2.c Phase 3 (15<sup>th</sup> of April 2020 – 21<sup>st</sup> of August 2020)**

The third phase of the pandemic was the part of the pandemic where they started to roll back on the implemented measures. This was seen as Denmark initiated their stage one of their reopening program, the 15<sup>th</sup> of April, by gradually reopening their schools from 0-5<sup>th</sup> grade, day-care, kindergarten, and

allowing certain professions to return to work. However, they were only permitted if respecting the demanded requirements for social distancing and good hygiene. Shortly after this, Norway initiated similar roll-backs, as they started their re-opening process (Ottosen et al., 2019; Udvalg, 2020; Ursin et al., 2020).

The initial stage 1 of the reopening was considered a success in both countries, which was naturally followed by stage 2 of the reopening program, that consisted of the reopening of indoor sport events (without spectators) and outside events with permission for up to 500 fans (Mauricio, 2020; Regjeringen, 2020b), together with the reopening of social businesses until midnight (Restaurants, pubs, cafés etc.). Finally, libraries, schools from 6-10<sup>th</sup> grade, high-school, and the entertainment industry (Museums, Theatres, cinemas, zoos etc.) were allowed to open again. The latter with limited capacity and with mandatory social distance as given under stage 1 (Udvalg, 2020; Ursin et al., 2020). Nevertheless, the reopening of stage 2 quickly presented certain issues in Denmark, as large concentrations of gatherings were focused on certain areas. As a consequence of this, the police were provided with the legislative tools to enforce restraining orders on certain crowded areas, meaning that the population could circulate through these areas but not stay. This legislative tool was part of the law passed through the parliament in the beginning of the pandemic (Ottosen et al., 2019).

The reopening of stage 2 was again considered a success in Denmark and Norway, which meant that they would roll-back additional implemented restrictions, as border controls were eased. For that reason, the borders of “low risk” countries opened on June 15<sup>th</sup>, initially determined as Denmark, Norway, Iceland, and Germany (Holst, 2020). Meanwhile, Sweden had never implemented any lockdown, which therefore meant that they only eased their travel recommendations by the end of May, though due to their infection-rate they were not yet allowed to enter either Denmark or Norway. However, Danes and Norwegians were allowed to roam through Sweden as they pleased. As a result of this, the local authority regime (Kommunalt självstyre), changed their COVID-19 protocols in certain regions, which meant that Swedes living within the municipalities close to Denmark (Skåne, Blekinge, and Halland) were now accepted to enter Denmark and Norway, while the rest of Sweden would need to provide a maximum of 72 hours negative test before being permitted to cross the borders (Mikko, 2020b; Scheel & Jørgensen, 2020).

Shortly after the countries started opening their borders to designated nations, it was agreed upon an EEA-travel model in which citizens of the EEA would be able to travel within the EEA area, provided that the country from which they would travel had a national infection pressure with under 20 cases per 100.000 citizens. This included Sweden and other countries in the travel agreements, so forth that their

infection pressure was below the agreed threshold (European Commission, 2020; Udenrigsministeriet, 2020).

As an outcome of the reopening of the borders towards other countries, Denmark and Norway implemented a 14-day mandatory quarantine for all in-coming travellers due to the newly presented threat of spreading the virus. However, there was a difference in between the Danish and Norwegian quarantine, since the Danish model only forced in-coming travellers to mandatory quarantine if tested positive, in the case of Norway, this was mandatory regardless of a negative test (Ottosen et al., 2019).

#### **IV.2.d Phase 4 (22<sup>nd</sup> of august 2020 – 30<sup>th</sup> of December 2020)**

Contrary to the third, the fourth phase of the pandemic was the complete opposite of the roll-backs from phase 3, as the summer started to end and the autumn and winter were approaching. This, therefore, presented what was defined by the media as the second wave, which slowly started to wash over Europe. For this reason, Denmark and Norway again reviewed their earlier recommendations, whereas they yet again started to implement new restrictions, since it was made mandatory to use a face mask or visor in public transportations, crowded areas, restaurants, and in-door stores. These initiatives have been seen before in other countries, but were first introduced in Denmark and Norway in the beginning of the autumn (NIPH, 2020; Bekendtgørelse Om Krav Om Mundbind m.v. i Kollektiv Trafik m.V., 2020). Along with this came the prohibition for social businesses to serve their customers after 22:00 hours, to only have seated guests, and to limit gatherings to 10 people.

As before, the measures implemented by Denmark and Norway were greatly disputed by their own citizens and neighbour of Sweden, as scientific studies revealed the effectiveness of using a face mask or visor, in comparison with social distancing, was estimated an insignificant and an irrelevant measure if already having implemented mandatory social distancing (H. Bundgaard et al., 2020). Nevertheless, the governments of Denmark and Norway did disregard these studies and continued with the mandatory use of face mask or visor, despite knowing the effectiveness of these measures.

As the second wave intensified it created additional problems, given that all organisms including viruses have genomes that are genetically inheritable and have the possibility to mutate<sup>26</sup> (Rybicki et al., 2021). This specifically became an issue for Denmark, since they discovered a new mutation of COVID-19 on 5 different Mink farms in November 2020, which meant that Denmark for the first and only time within the scope of this thesis made a regional lockdown, as they lockdowned the municipalities of

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<sup>26</sup> All cells have genomes made of strands of deoxyribonucleic acid (DNA). Viruses, on the other hand, may have genomes made of strings of DNA or ribonucleic acid (RNA) nucleotides.

Vesthimmerland, Læsø, Frederikshavn, Hjørring, Brønderslev, Jammerbugt and Thisted (Kulturministeriet, 2020). This discovery meant that other countries closed their borders to Denmark as a precaution to not receive the danish mutated virus variant.

However, this finding had further consequences, given that the Danish Prime Minister, Mette Frederiksen, ordered the slaughter of the mink industry throughout Denmark, with an estimated population of 13 million minks that needed to be killed, rather than killing only minks on mink-farms within the vicinity of where the mutation was found. This decision made by the Prime Minister was, however, in violation of the Danish constitution, which resulted in an investigation that is pending to whether or not her decisions should release an impeachment. Even if this investigation is out of the scope for this paper, it is still relevant because the Danish population starts to show distrust in the government and the Primary Minister Mette Frederiksen, which possibly change the public policies made in the governments (C.-D. Bundgaard, 2020; Ritzau, 2021).

As the second wave entered the late stage of the fourth-phase in December of 2020, a year after the first official COVID-19 case was detected in Wuhan, China, the first COVID-19 vaccine was developed by Pfizer-BioNTech approved for vaccination of the population. This was therefore thought of as a turning point for the pandemic. However, due to misalignment of the supply and demand of these vaccines, this meant that the waiting time would continue. Meanwhile, the second wave proved a larger challenge for the Scandinavian governments, as they once again needed to implement stricter restrictions. This meant that the Danish government reapplied the earlier used lockdowns measures, given that they again closed all schools and educational institutions, together with non-essential business in both public- and private sectors from the 16<sup>th</sup> of December until the 28<sup>th</sup> of February 2021. Furthermore, the Danish government urged its population to cancel all New Year's celebrations outside of private homes, while enforcing a limit of 10-people gatherings in both public and private places (Brandt, 2020).

Norway adapted somewhat the same measures as Denmark during the second wave, as they equally limited their gatherings, and went into a lockdown with the closing of schools and educational institutions for students on a level higher than high-school, thus these were measures only applied until the 19<sup>th</sup> of January (Ursin et al., 2020). Additionally, they introduced mandatory quarantine hotels for a minimum of 10 days for all non-residents in Norway, while again closing down their regional borders (Security, 2020a, 2020b).

Sweden continued the same strategy as in the initial phases of the pandemic. Even though the second wave was approaching, they continued to ease on their restrictions. This is seen as Sweden increased their number of participants from 50-300 on outdoor culture- and sports-events, while maintaining the 50 person limit for all indoor activities, though surprisingly enough they exempted nightclubs and pubs

from this limitation and permitted those to function under the conditions of outdoor events (Moe et al., 2020). However, this decision later reversed, as the nightclubs and pubs struggled to control the required social distance.

Furthermore, Sweden continued to reopen the remaining educational institutions to allow all their students to once again receive education in classrooms. Additionally, they removed the visiting ban from elderly care homes, though due to the earlier crisis of a rapid infection rate within the eldercare homes, it was decided that visitors and workers would need to use a facemask and/or visor in all healthcare and elderly care facilities (Folkhälsomyndigheten, 2020b).

The decision of Sweden not to implement a facemask and a visor public and private places, was due to the Folkhälsmyndigheten (the health authorities) that relied in larger degree on scientific evidence, which suggested that the use of these remedies were seen as insignificant and unnecessary in comparison to keeping social distance, and the fact that their bureaucratic structure did not allow them to implement such invasive measures on a larger area (H. Bundgaard et al., 2020; Claeson & Hanson, 2021; Region Stockholm, 2020). It is therefore assumed that Sweden implemented these measures in the healthcare and elderly care facilities because the possibilities of keeping social distance were limited, and that the CDA only allowed the government to implement local measures in small areas (such as building blocks, schools and elderly care facilities, but not possible to force a larger area to follow these mandatory guidelines). Furthermore, the WHO had confirmed that a facemask or a visor could have some effect in places where social distancing could not be obtained, such as public transportation and other crowded areas (WHO, 2020a).

Nevertheless, by the end of the fourth phase then it was seen that the Swedish strategy started to change, since it seemed like they realised that their previous measures might not have been sufficient in controlling the virus. This shift in their strategy is shown as the Swedish Folkhälsmyndigheten started to implement measures that would limit the temptation of gatherings by prohibiting the sale of alcohol from supermarkets, restaurants, cafés, and pubs during specific hours. This began from 22:00-11:00 hours from the 11<sup>th</sup> of November and was further reduced from 20:00-11:00 hours the 24<sup>th</sup> of December until the 16<sup>th</sup> of January, where the prohibition again would return to the normal 22-11 serving ban. This again demonstrates the scope of the mandate that the parliament and prime minister possessed in order to control the population.

#### **IV.2.e Phase 5 (31st of December 2020 – 31st of march 2021)**

The fifth and last phase of this investigation. This phase went on during the first quarter for 2021, where the desired effects of the vaccines were still far away. The differences between the end of the fourth-phase and the fifth, is that the situation seems to worsen, which was reflected in the measures applied by the countries. Denmark and Norway again intensified their restrictions, since they further reduced the permitted number of people in gatherings to 5-people and further enhanced their risk-assessment of incoming travellers. This meant that the ministers of foreign affairs considered the world a “red-zone”, meaning that no travellers were allowed into the countries, without a minimum 24 hours old PCR-test (HelseNorge, 2019; NKPC-19, 2021).

As mentioned in the fourth-phase, then the changes in the strategy and measures implemented by Sweden were only beginning. The reason for this, is that the Swedish Folkhälsmyndigheten asked the parliament of Sweden to introduce a temporary law that would give the government, with the support of the Folkhälsmyndigheten, the possibility to control the public in a larger degree, as seen in the other Scandinavian countries. This shows how the local agents supported the decisions of the parliament in order to help them control the virus.

After a fast revision of the new bill, it was approved by the parliament on January 11<sup>th</sup> 2021, which allowed the Swedish government to introduce their harshest measures so far, by reducing the number of incoming passengers by cancelling all non-essential flights until the 1<sup>st</sup> of March for all incoming flights outside the EEA (Krisinformation, 2019). This was followed by the limitation of gatherings to a limit of 8 people though due to conflict with the Swedish constitution, as it will elaborate later, this limitation was only applicable for areas with access to the public, such as gyms, libraries, shopping centres, shops, and other places of commerce that are open to the public, together with places for private gatherings, like spaces rented for parties. The reason for this, is that the government again lacked the mandate to invade the private houses, and only had the possibility to control local public accessible places. Furthermore, the government recommended the educational institutions to return to virtual education for students older than 16, and advising people to work from home if possible (Krisinformation, 2019; Perma | Svenskforfattningssamling.Se, 2021).

#### **IV.2.f The traces of the phases**

Through this examination, the Scandinavian response to COVID-19 has revealed two relatively different approaches. Firstly, the Danish and Norwegian model which consisted of early and harsh measurements throughout the whole period by implementing several legislative policies that gave the authorities more influence to control the public, followed by additional recommendations. These strategies were different



due to the Danish and Norwegian system of ministerial governance, which means that the policy and political-tactical advisers are controlled by the main rule, where the implementation of policies of the agencies depend on the ministerial hierarchy (Christiansen et al., 2016; Lindbom, 1997).

Sweden, on the other hand, had the same possibilities to use the same legislative measures as Denmark and Norway, but the Swedish restriction policies were seen as less restrictive with fewer compulsory measures. They mainly applied restrictions in the form of cancelling public events and restricting gatherings. One of the reasons behind this is the ministerial governance system that rests on a collectively responsible government,<sup>27</sup> where the main rule gives the local agencies the responsibility for the implementation of policies in Sweden, who in their case are independent of the ministerial hierarchy, together with the long-institutionalised tradition of forming commissions to slowly scrutinise public policies before the bills are presented to the parliament (Hall, 2016; Lindbom, 1997; Petersson, 2016).

In this context, Sweden has a more decentralised decision-making process, as the agencies (Folkhälsmyndigheten) have a larger individual power in comparison with the other Scandinavian countries (Narlikar & Sottilotta, 2021; Yarmol-Matusiak et al., 2021). Therefore, the Swedish parliament (Riksdagen) had little decision-making power during the COVID-19 pandemic. This, thereby, presents the question of why Sweden could not enter a state of emergency that would have allowed the government to amplify their decision-making power over the local agencies, the same way they had done in Denmark and Norway. Even if Sweden had a more decentralised system, then they would still have this possibility. However, the justification is essentially quite simple, since it is a result of Sweden's constitution.

This is elaborated as the Swedish constitution is several hundred years old, and did not foresee or implement any clause in their constitution that treats the subject of pandemics. For this reason, is it not possible for Sweden to declared a state of emergency during what is classified as peacetime, as stated under Chapter 2, Article 8<sup>28</sup> from the Swedish constitution (Kungörelse (1974:152) Om Beslutad Ny Regeringsform Svensk Författningssamling 1974:1974:152 t.o.m. SFS 2018:1903 - Riksdagen, 1974).

Hence, the Swedish government did not have the authority to restrict people's freedom of movement (Mikko, 2020b) and Swedish laws on Communicable Diseases Act (Smittskydslagen) only permitted the government to enforce quarantining on individuals and/or smaller areas such as buildings, and not large

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<sup>27</sup> The agencies have a relatively high degree of autonomy that the Swedish state agencies enjoy in relation to the government.

<sup>28</sup> *“Everyone shall be protected in their relations with the public institutions against deprivations of personal liberty. All Swedish citizens shall also in other respects be guaranteed freedom of movement within the Realm and freedom to depart the Realm”*

geographical areas as seen in the other Scandinavian (Smittskyddslag (2004:168) Svensk Författningssamling 2004:2004:168 t.o.m. SFS 2020:430 - Riksdagen, 2004).

The issue with the constitution, together with their decentralised and independent agencies in their collective governance system, means that several institutions and local authorities are outside the scope of control by the ministries authority, which limits the interference of the parliament. Therefore, it has been seen that the Public Health Agency of Sweden (Folkhälsomyndigheten) has had more influence on the COVID-19 agenda than the ministers in the parliament (Riksdagen) during the pandemic. However, the Folkhälsomyndigheten has been equally limited, because their legislative-body is further restricted by the local authority (Kommunalsjälvstyre).

This Kommunalsjälvstyre is controlling the individual municipalities in the regions, and these regions can be seen as small states (agencies), whereas healthcare and social welfare institutions need to report to the regional authorities (landstingen) (Mikko, 2020b). As a consequence, the parliament of Stockholm is limited due to the distribution of power determined by their constitutions during peacetimes, which means that the decentralised and independent governance system forces the government into betting on the willingness of the population to participate and follow the guidelines and recommendations set forward by the national authorities (Carlson, 2020; Kavaliunas et al., 2020; Omni, 2020).

However, the parliament, on behalf of the Public Health Authorities, passed a law on January 11<sup>th</sup> 2021 that gave the parliament the authority to intervene, in a larger degree, towards the quantity of individuals allowed in gatherings in accessible public places and dictate minimum distance between tables in restaurants, cafés, and pubs (Mikko, 2020b). Should the government wish to intervene further, such as amending or revising the constitution of Sweden, then this would only be possible as long as the Riksdagen (parliament) approves the changes twice in two successive terms with qualified majorities. However, it is mandatory through a general election between the voters and the first vote can be replaced with a referendum (Brandhof & Brandhof, 2004). This thereby poses an intimidation towards Steffen Löfven, as there is a possibility that he would not be re-elected, which therefore diminishes this opportunity.

In short, even though the Danish, Norwegian, and Swedish system have come closer to each other, then this “small” difference in the Swedish bureaucratic structure seems to have had a relatively significant impact on the strategies chosen during the COVID-19 pandemic. This is especially seen in how the decentralised system has created different strategies throughout the country, such as the southern states of Sweden that had to adapt their strategies to be accepted to cross the borders of Denmark. Furthermore, these strategies meant that the regions had to coordinate to a higher degree, while trying to follow their scientific proven measures as mentioned by Anders Tegnell. Such examples of following scientific



evidence were seen among others, like day-care, kindergarten, primary schools that were always kept open because children enrolled in these institutions were not deemed, by scientific studies, as carriers of the pandemic (Carlson, 2020). Furthermore, Anders Tegnell even challenged further the decisions made in Sweden, like those of closing high-schools since it was estimated that these measures would be unnecessary, or probably would have proven little effect in slowing the spread of the disease (Tegnell, 2020).

Additionally to the decisions made during the pandemic, it was believed by the Swedish health authorities that the consequences of a lockdown would increase other side effects, like domestic violence, mental health issues, and limiting other diagnostics of diseases, which decreased the potential benefit of a lockdown. However, this topic still lacks evidence to be developed further (Bradbury-Jones & Isham, 2020; Kuhlen et al., 2020; Kumar & Nayar, 2020).

### IV.3 Quantifying the political measures

In order to measure the policies adopted by each country it is necessary to examine and quantify measures implemented by the different countries. The data behind this quantification has been collected by the Oxford COVID-19 Government Response Tracker (OxCGRT),<sup>29</sup> and implemented this into the mentioned mathematical logical sequence.

The logic of this would be to follow the equation below and adapt this to the available OxCGRT data in the selected different phases.

$$Y_1 = X_1 + X_2 + X_3 + X_4 \dots X_c$$

$$Y_2 = X_1 + X_2 + X_3 + X_4 \dots X_c$$

$$Y_c = X_c + X_c + X_c + X_c \dots X_c$$

$Y_{1\dots c}$  is the sum of each degree of measures implemented during the phases, and  $X$  is the count of each degree of changes throughout the eight categories: 1) School closing, 2) Workplace closing, 3) Cancel public events, 4) Restrictions on gatherings, 5) Close public transportation, 6) Stay at home requirements, 7) Movement restrictions, and 8) International travel. In this case, a designated corresponded value has been assigned to each degree of the changes, and sorted them out to 4 different classifications. These classifications are defined as: 1) Recommendations (REC), 2) Recommendations & limitations

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<sup>29</sup> Source ([https://github.com/OxCGRT/COVID-policy-tracker/blob/master/data/timeseries/OxCGRT\\_timeseries\\_all.xlsx?raw=true](https://github.com/OxCGRT/COVID-policy-tracker/blob/master/data/timeseries/OxCGRT_timeseries_all.xlsx?raw=true))

(REC&L), 3) Restrictions & limitations (RES&L), 4) Restrictions & complete limitations (RES&CL). These classifications are then connected by the logical operation in the equation, given as + (AND) as this connects the count of the classifications and results in a final sum ( $Y_1$ ). In this case, Y is the sum of all X, such as  $Y_1$  is the sum of all  $X_1$ , and  $X_1$  is the count of each (1) Recommendations (REC) made throughout the phase in all the classifications, and  $Y_2$  is the sum of all  $X_2$ , and  $X_2$  is the count of all (2) Recommendations & limitations (REC&L), and etc.

It can, therefore, be distinguished between the count of each implemented measure by counting the number of days each country had an active policy towards one of the classifications (1-4). As an example, throughout phase two (Chart I.2), Norway has 48 counts of active (2) Recommendations & limitations (REC&L). However, it is acknowledged that certain restrictions cannot reach the full scale of the restrictions (from 1-4) due to the limited possibilities, such as the case of closing public transportation,<sup>30</sup> which only consisted of (1) Recommend closing (or significantly reduce volume/route/means of transport available) and (2) Required closing. For these reasons the author assigned all required closings to a classification of 4 (Restrictions & Complete Limitations 'RES&CL').

Furthermore, is the data scope of the OxCGRT further limited to the use of only the Containment and Closure policies,<sup>31</sup> as this provides an enhanced foundation to analyse the governmental responses between the Scandinavian countries.

Below are charts that traces the evolution through the different phases, which contains a total count for each classification (1-4) during the five phases, a sum of all counts during each phase, and in the end a total count for each classification and the total sum of all counts from all phases together with an average count of the total sum of all counts from all phases. The selected time period for the 5 phases is equally demonstrated below, where the start of each phase is the beginning of a recommendation or restriction that has started or changed since previous phases for one or more of the countries.

Following these charts, then it is shown how the different countries have acted during the different phases in terms of counts with the different variables. It is clear that, during the first phase (Chart I.1), Denmark was the first one to react to the pandemic, in comparison with the other countries. This was achieved due to the implementation of a few more than a dozen recommendations & limitations in order to react to the pandemic. On the other hand, Norway only relied on a couple recommendations, though surprisingly enough Sweden initially implemented relatively many restrictions & limitations. However, by a further investigation of the data, this reveals that these implemented restrictions in phase one were derived from

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<sup>30</sup> Closing of public transportation, Cancellation of events, and Restriction of movement

<sup>31</sup> Defined as C1\_school\_closing, C2\_workplace\_closing, C3\_cancel\_public\_events, C4\_restrictions\_on\_gatherings, C5\_close\_public\_transportation, C6\_stay\_at\_home\_requirements, C7\_movement\_restrictions, and C8\_international\_travel, from the OxCGRT dataset

banned arrivals from some regions. In this case, Iran, due to the spread of COVID-19 in their country (Styrelsen, 2020).<sup>32</sup>

### Chart I.1

#### COVID cases and political implementations in Phase one

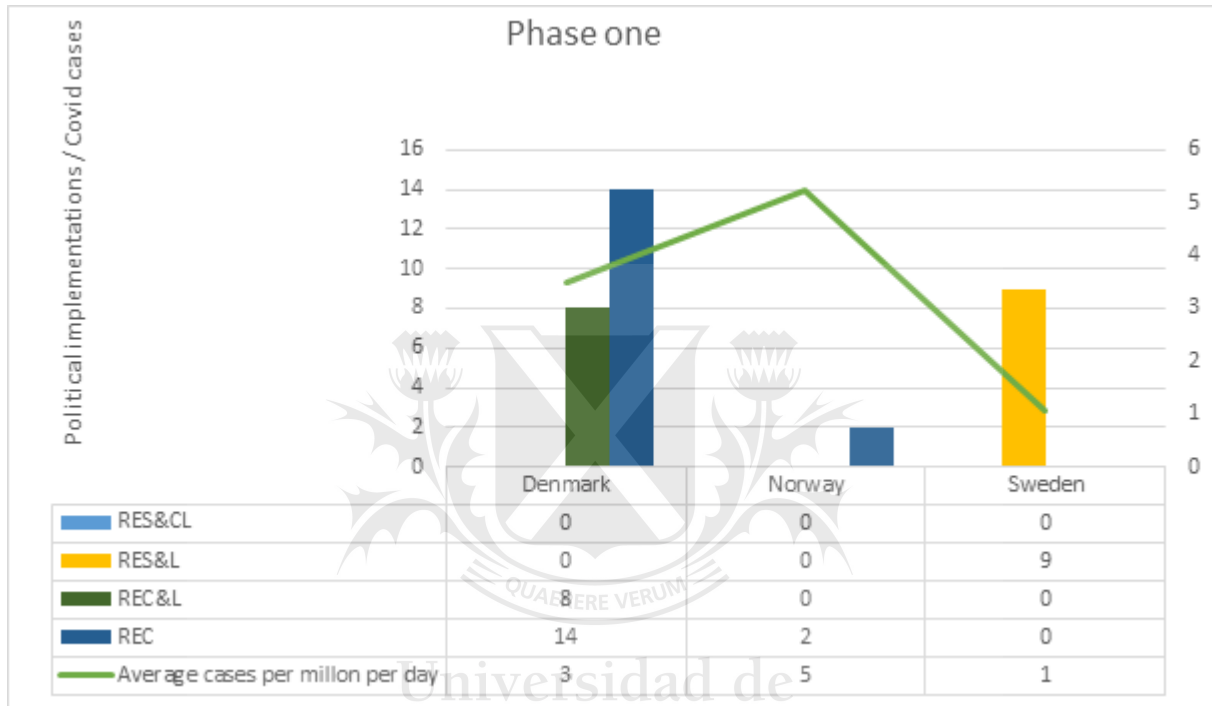


Chart I.1 Own Creation: COVID cases and political implementations in Phase one. Sources: ([https://github.com/CSSEGISandData/COVID-19/tree/master/csse\\_COVID\\_19\\_data/csse\\_COVID\\_19\\_time\\_series](https://github.com/CSSEGISandData/COVID-19/tree/master/csse_COVID_19_data/csse_COVID_19_time_series), <https://github.com/OxCGRT/COVID-policy-tracker>).

Phase two, this is where the pandemic started to reveal itself since the data starts to align to what has been presented throughout this paper. It is therefore clear that Sweden was forced to stick to only their recommendations & restrictions up until classification 3,<sup>33</sup> whereas Denmark and Norway shifted their strategy and started implementing harsher legislative restrictions on classification 4 (Chart I.2).

<sup>32</sup> [https://github.com/OxCGRT/COVID-policy-tracker/blob/master/data/OxCGRT\\_latest\\_withnotes.csv?raw=true](https://github.com/OxCGRT/COVID-policy-tracker/blob/master/data/OxCGRT_latest_withnotes.csv?raw=true)

<sup>33</sup> 1) Recommendations 'REC', 2) Recommendations & limitations 'REC&L', 3) Restrictions & limitations 'RES&L', 4) Restrictions & complete limitations 'RES&CL'.

**Chart I.2**

**COVID cases and political implementations in Phase two**

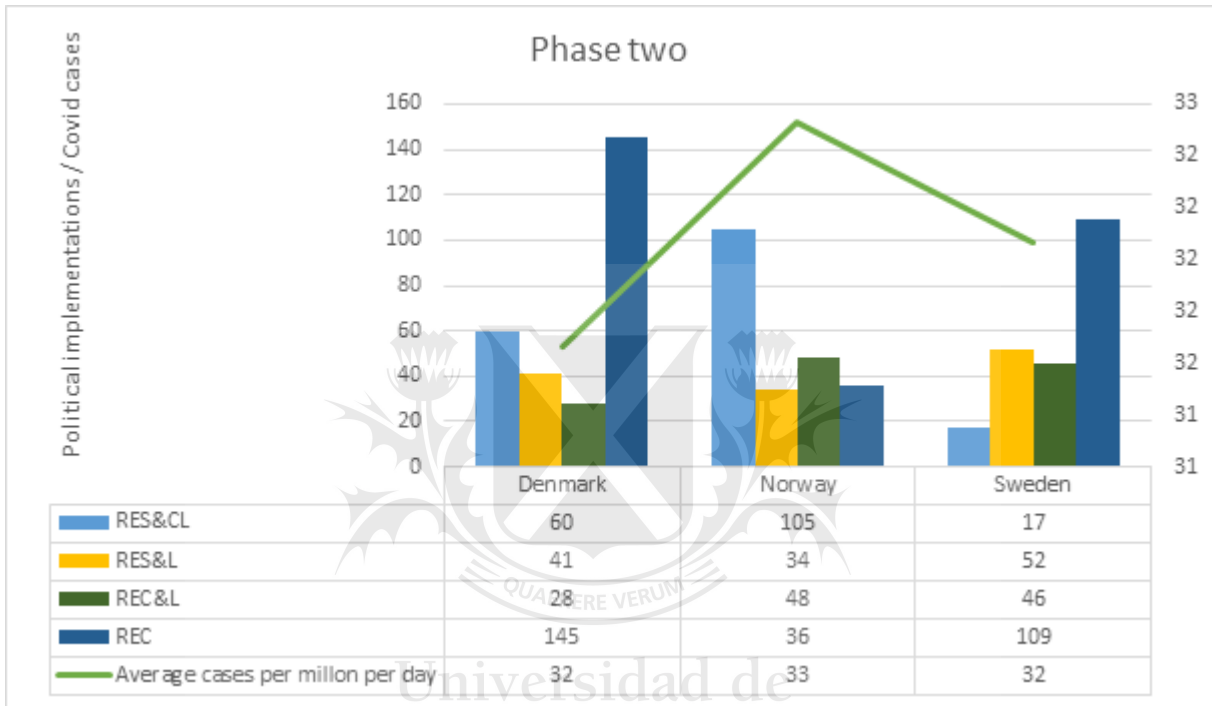


Chart I.2 Own Creation: COVID cases and political implementations in Phase two. Sources: ([https://github.com/CSSEGISandData/COVID-19/tree/master/csse\\_COVID\\_19\\_data/csse\\_COVID\\_19\\_time\\_series](https://github.com/CSSEGISandData/COVID-19/tree/master/csse_COVID_19_data/csse_COVID_19_time_series), <https://github.com/OxCGRT/COVID-policy-tracker>).

This trend seems to follow in phase 3, where Sweden is equally starting to invest in restrictions, though the data would show that the majority of the restrictions with complete limitations is derived from the suspension of public events and restrictions on public gatherings (Chart I.3).

**Chart I.3**

**COVID cases and political implementations in Phase three**

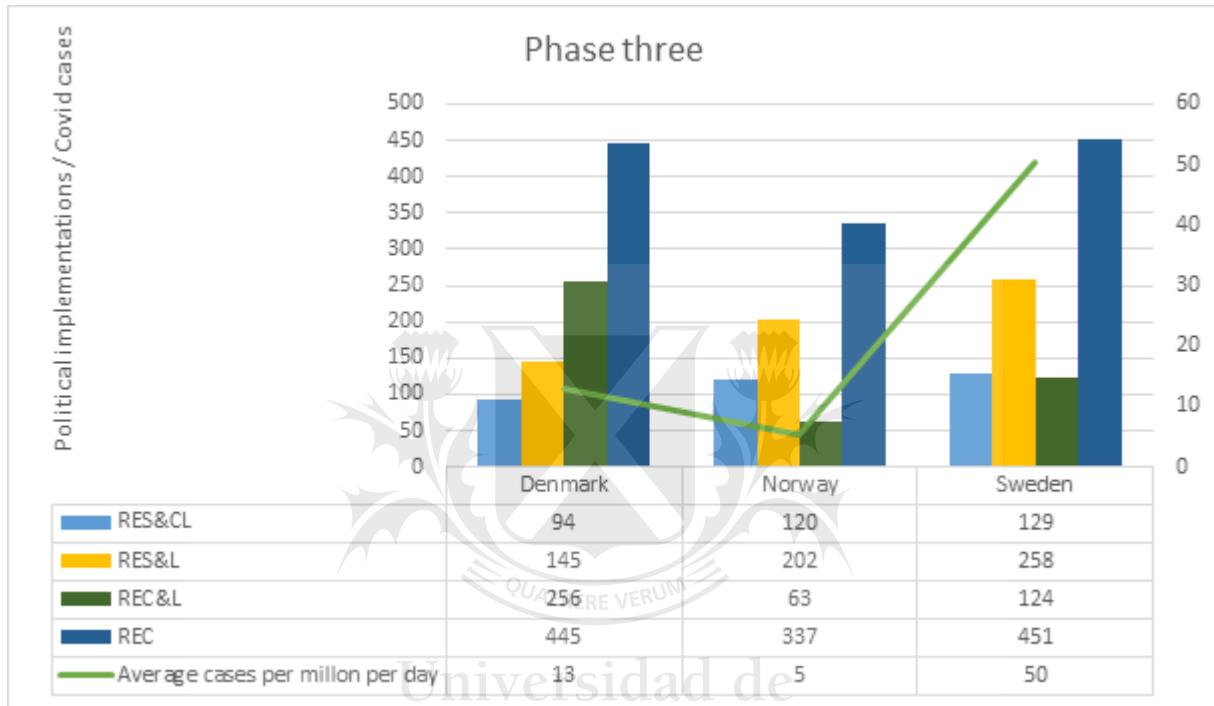


Chart I.3 Own Creation: COVID cases and political implementations in Phase three. Sources: ([https://github.com/CSSEGISandData/COVID-19/tree/master/csse\\_COVID\\_19\\_data/csse\\_COVID\\_19\\_time\\_series](https://github.com/CSSEGISandData/COVID-19/tree/master/csse_COVID_19_data/csse_COVID_19_time_series), <https://github.com/OxCGRT/COVID-policy-tracker>).

In phase 4, the Scandinavian countries started to roll back a lot of their restrictions, even if their average cases per million per day were rising. However, by investigating the data-source once again, then the majority of these rollbacks are the “permission” of participating in public events and the restriction on gatherings. Even so, it is still evident that Sweden “preferred” recommendations over restrictions (Chart I.4).

**Chart I.4**

**COVID cases and political implementations in Phase four**

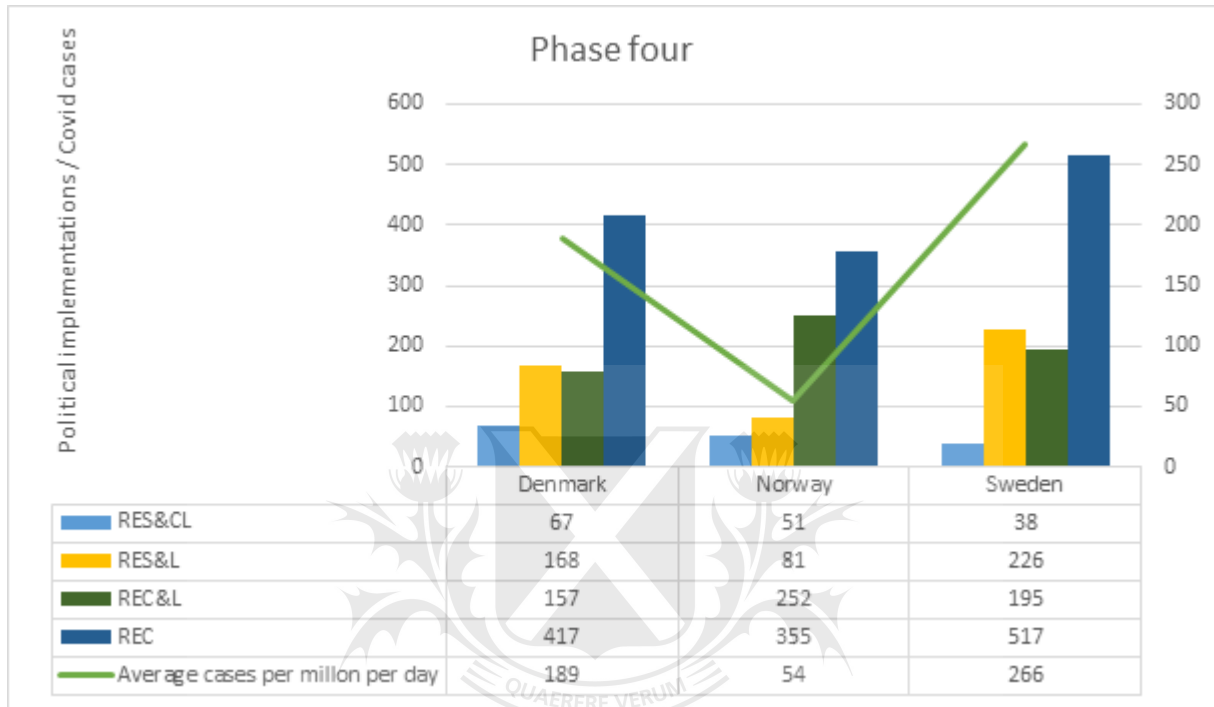


Chart I.4 Own Creation: COVID cases and political implementations in Phase four. Sources: ([https://github.com/CSSEGISandData/COVID-19/tree/master/csse\\_COVID\\_19\\_data/csse\\_COVID\\_19\\_time\\_series](https://github.com/CSSEGISandData/COVID-19/tree/master/csse_COVID_19_data/csse_COVID_19_time_series), <https://github.com/OxCGRT/COVID-policy-tracker>).

By the end of phase four, Sweden, as mentioned before, started to change their strategy. They did this by implementing harsher restrictions in the classification 4, by yet again cancelling public events and restricting the amount in public gatherings. This change in the Swedish strategy is followed in the fifth phase, where it really shows the changes in their strategy, as their count of classification (1) (recommendations ‘REC’) drastically drops and with a steep increase in (4) (Restrictions & complete limitations ‘RES&CL’). This clearly indicates that initial assumption of a change in strategy was correct, and that the law passed through the parliament on behalf of the Swedish Public Health Authorities on the 11<sup>th</sup> of January 2021 played a key role in the change of strategy, as they now had the possibility to further restrict gatherings in public accessible places (Chart I.5). Furthermore, these data demonstrate how the second wave created a change in strategies for all the countries, as they all decreased their (1) Recommendations in between phase four and five, while heavily increasing their (4) Restrictions & complete limitations.

**Chart I.5**

**COVID cases and political implementations in Phase five**

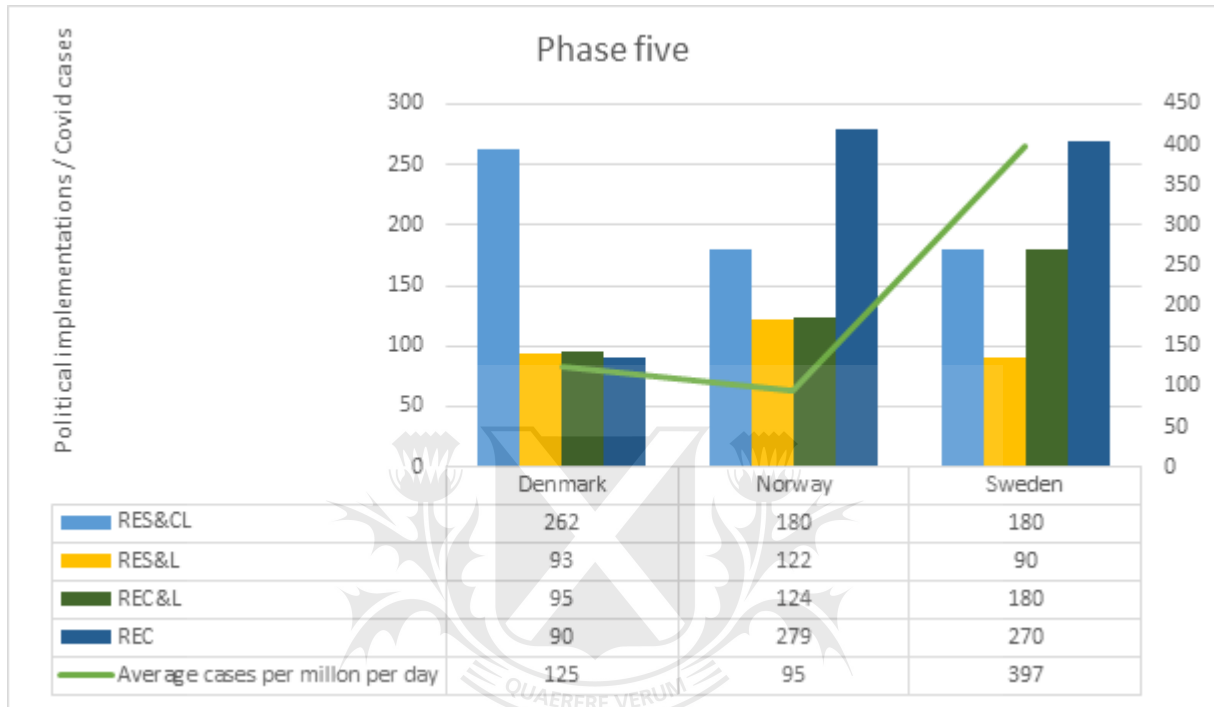


Chart I.5 Own Creation: COVID cases and political implementations in Phase five. Sources: ([https://github.com/CSSEGISandData/COVID-19/tree/master/csse\\_COVID\\_19\\_data/csse\\_COVID\\_19\\_time\\_series](https://github.com/CSSEGISandData/COVID-19/tree/master/csse_COVID_19_data/csse_COVID_19_time_series), <https://github.com/OxCGRT/COVID-policy-tracker>).

When observing the full count and average of the five phases, then it evidently reveals the preferences of each country, and how the main part of their strategy was built. In general, the strategies of Denmark, Norway, and Sweden have followed the baseline explained throughout this paper. This can be seen as Sweden evidently had a larger quantity of recommendations which seems to follow the general line of their strategy explained throughout this paper, thereby providing a softer approach to the pandemic as a consequence of the bureaucratic structure.

Nevertheless, in the end, this large quantity of restrictions & complete limitations (4) is reflected in the data as the cancellation of public events and the restriction of gatherings. Here it is important to keep in mind that even though Sweden implemented restrictions on gatherings, they were still not able to “invade” private property. This meant that Swedes could meet with as many people as they wanted in private homes, but were limited to the allowed capacity in public accessible places (Chart I.6 & I.7).

**Chart I.6**

**COVID cases and political implementations for Country total full period**

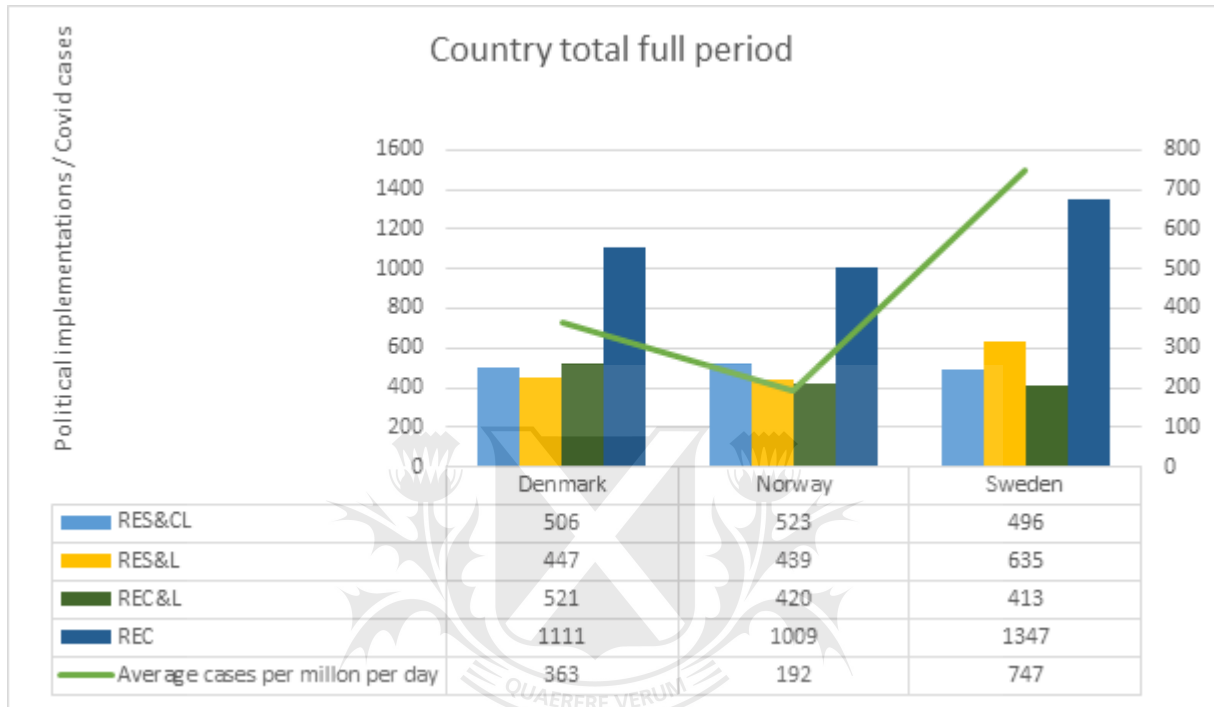


Chart I.6 Own Creation: COVID cases and political implementations for country full period. Sources: ([https://github.com/CSSEGISandData/COVID-19/tree/master/csse\\_COVID\\_19\\_data/csse\\_COVID\\_19\\_time\\_series](https://github.com/CSSEGISandData/COVID-19/tree/master/csse_COVID_19_data/csse_COVID_19_time_series), <https://github.com/OxCGRT/COVID-policy-tracker>).

When focusing on Denmark and Norway, then the end result distinctly shows that they had a stricter approach, with a large quantity of (4) Restrictions & complete limitations, and with less (1) Recommendations, in comparison to Sweden. However, the final result presents a view between Denmark, Norway, and Sweden, whereas Norway seemed to have adopted a harsher strategy than Denmark. Nevertheless, it does not explicitly state that the (4) Restrictions & complete limitations were harder in Norway than Denmark or Sweden, but it only demonstrates that it has been applicable for a larger count. To actually determine the magnitude of the restrictions it would be need to analyse each of the separate categories of restrictions,<sup>34</sup> to see within which categories Denmark, Norway, or Sweden where most persistent with restrictions & complete limitations (4). In the Swedish case, as mentioned

<sup>34</sup> Categories defined as C1\_school\_closing, C2\_workplace\_closing, C3\_cancel\_public\_events, C4\_restrictions\_on\_gatherings, C5\_close\_public\_transportation, C6\_stay\_at\_home\_requirements, C7\_movement\_restrictions, and C8\_international\_travel, from the Oxford: OxCGRT dataset



before, were all restrictions & complete limitations found within the cancellation of public events and restrictions of gatherings, whereas Denmark and Norway had restrictions & complete limitations outside of these two categories.

The table of the average count of the five phases presents a further interesting view (Chart I.7), as it is the two extremes that have the differences that is compelling for this thesis. The battle of the strategies is not to neglect the two-centre classification (2 & 3), but to find between the count of recommendations that Sweden (269) adopted versus Denmark (222) and Norway (202), and the count of restrictions & complete limitations for Sweden (99) versus Denmark (101) and Norway (105). This clearly shows the difference between the Scandinavian countries, especially in the classification 1, where Denmark and Norway had relatively less recommendations than Sweden.

**Chart I.7**  
**COVID cases and political implementations for Country average**

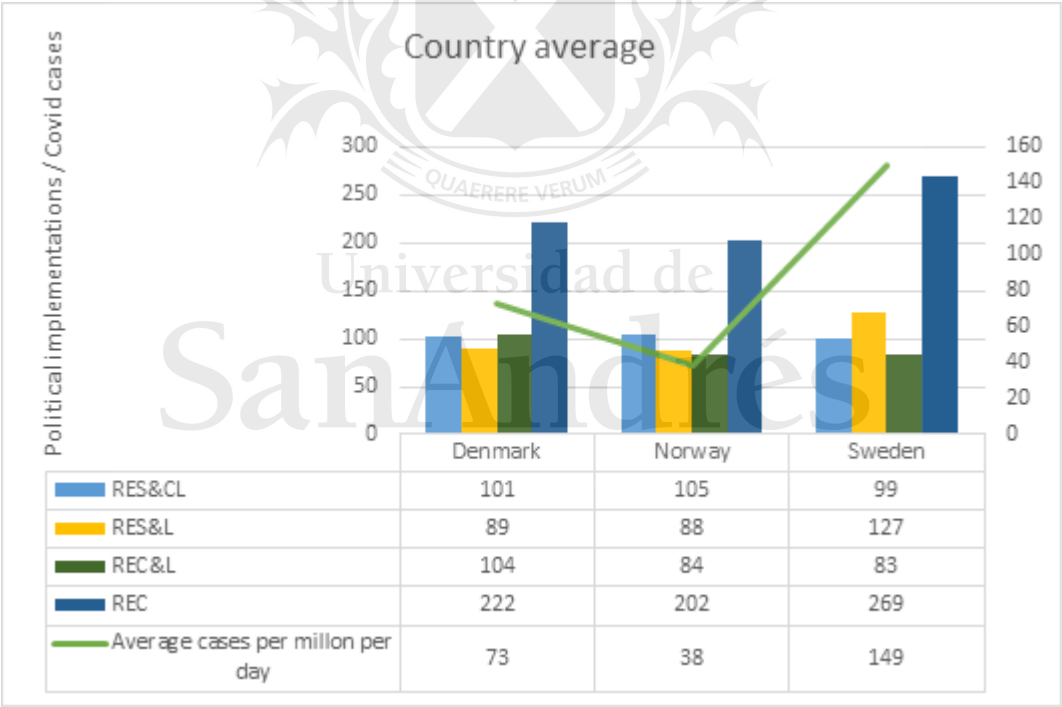


Chart I.7 Own Creation: COVID cases and political implementations for country average. Sources: ([https://github.com/CSSEGISandData/COVID-19/tree/master/csse\\_COVID\\_19\\_data/csse\\_COVID\\_19\\_time\\_series](https://github.com/CSSEGISandData/COVID-19/tree/master/csse_COVID_19_data/csse_COVID_19_time_series), <https://github.com/OxCGRT/COVID-policy-tracker>).

However, again it needs to be emphasised that the Swedish strategy was in a large degree “forced” by their constitution which meant that their decentralised and independent agencies in their collective governance system could continue as usual and thereby leaving the parliament relatively powerless compared to the local authority. This naturally means that their possibilities to implement invasive restrictions were limited, hence it is demonstrated that Sweden implemented large quantities of recommendations. Nevertheless, Sweden, in the fifth phase, implemented a new law that was approved on January 11<sup>th</sup> 2021. This had an evident impact on their strategy towards restrictions & complete limitations (4) but were still limited by the constitution as mentioned earlier.

To bring further credibility to the statistical output, a regression model has been made by running the data from the dependent variables (Death rate & Cases) together with the independent variables (REC & RESCL) in STATA. Through this regression model (can be found in Annex B & C) it can, with a 99% confidence level, when testing the F value (Prob > F), determine that, with a 99% confidence level for both regression models, at least some of the regression parameters are non-zero, and that the regression equation does have some validity in fitting the data (the independent variables are not purely random regarding the dependent variables). As a consequence, the null hypothesis is rejected with at least a 99% confidence level. By rejecting the null hypothesis, then this indicates that the regression model has some explanatory significance and the F-test therefore proves that the regression model has an explanatory value.

When continuing to the R-squared result, then 17.79% & 14.74% of the variations (in cases and deathrate) are explained by REC & RESCL variables. This leaves the margin with an 82.21% & 85.26% not explained, which is deemed as acceptable within the statistical database. Moving along to the T-value, which is acceptable for all variables (REC, RESCL & \_CONS) with a confidence level of 99%. This means that with an at least 99% confidence level, it can be stated that REC & RES&CL have a significant effect on deathrate and cases. Whereas the T-value for REC is more significant for both the deathrate and cases in comparison with RESCL and thereby is the most significant variable.

The coefficients of the regression model provide an interesting output: this being that for every REC there is an increase of 10 in cases and for every RESCL the increase is 59 cases. However, when analysing the coefficients for the deathrate, then this is far more interesting, as for every REC there are 0.3 deaths and for every RESCL there are 0.13 deaths.

In regards to cases and the RESCL, this seems to have a counterintuitive effect. Even so, this is explained as a correlation between the variables. In other words, the more cases there are, the more RESCL is being implemented; therefore this observation is associated with many cases and it does not mean there exists a causality but a correlation between the variables of RESCL and cases.

However, in the case of the death rate, the situation is different. At this point, it displays causality between RESCL and deaths, as the coefficient of excess mortality decreases with the implementation of restrictions & complete limitation relative to the recommendations.

In other words, the restrictions & complete limitation phase did not have an effect on the cases, but had a significant effect on the excess mortality.

To further increase the credibility of the database that is being used, an additional analysis has been made in STATA 'Eststo: regression model' which can be found in the annex (can be found in Annex D). This is a simplified model of the one explained above. However, have there been added the countries (Denmark, Norway, and Sweden) as variables. As it is demonstrated in Annex D, then Sweden is presented as the baseline to evaluate the others (set to null); thereby it is visible that Denmark and Norway were relatively and significantly better in terms of cases and deaths than Sweden.

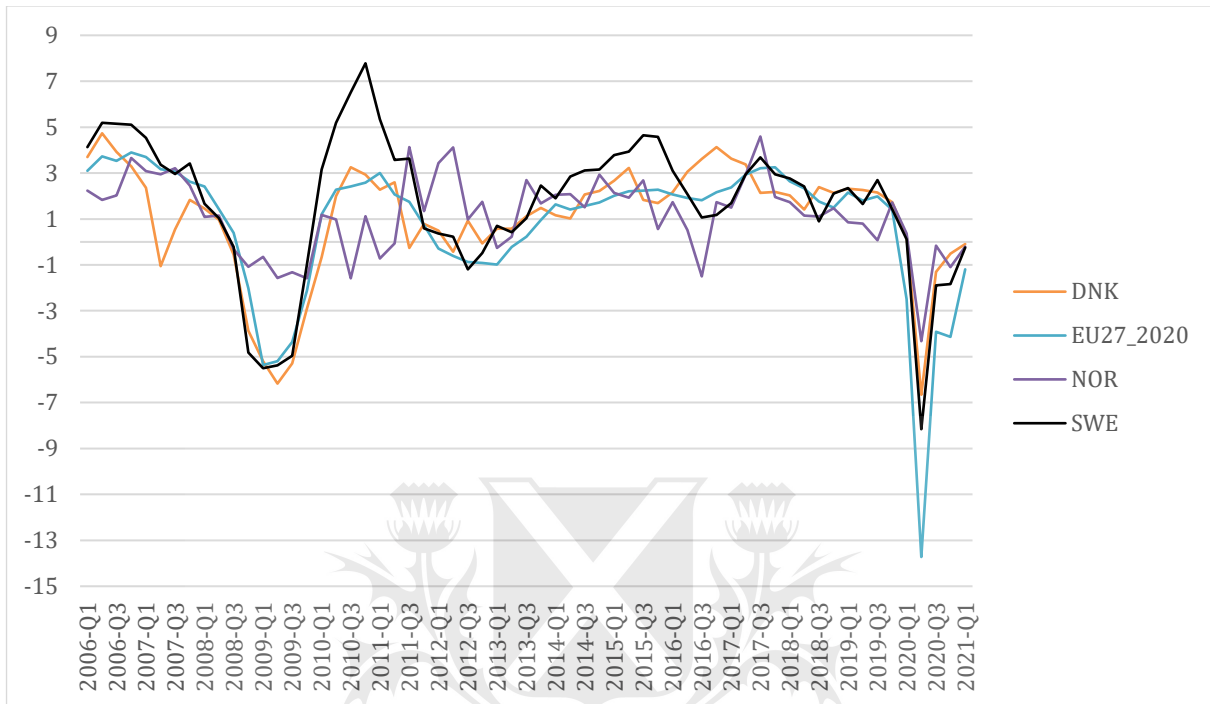
#### **IV.4 Economic impact**

The COVID-19 pandemic made its economic impact on a global scale, and with countries imposing a total border closure and other related measures that resulted in an unintentional global cost of approximately US\$ 400 billion every month due to the economic activities that had been disrupted in the global market (Mallapaty, 2020). For those reasons, it was anticipated that the Scandinavian countries would experience an impact in the range of negative 3-7% of their GDP, which seems rather similar to the impact of the great recession, as it is demonstrated below in graph I.2 (Europa-Kommissionen, 2020). Furthermore, it was equally estimated that the Scandinavian countries would suffer less than the average of the EU27 countries (Gentiloni, 2020).

As being presented in the next graph I.2, then this clearly indicates some of the main findings of the thesis, this is given as it clearly indicates that the impact was worse than the great recession. However, the recovery, when compared to the great recession, has been relatively swift.

## Graph I.2

GDP Annual (Q1:2006 – Q1:2021)<sup>35</sup>



Graph I.2 Own creation: Percentage change in GDP, same period previous year Q1 2006 – Q1 2021.

Source (<https://data.oecd.org/chart/6pAf>).

Continuing with the economic impact, table I.1 correspondingly demonstrates how Scandinavia performed in comparison with the EU27 countries, in terms of their GDP during the COVID-19 pandemic. When analysing the performance of Norway, then they were on average twice as good as Denmark and Sweden, with an average impact from Q1-2019 to Q1-2021 being only -0.63%. In comparison, then Denmark experienced a -1.33%, Sweden -1.28%, and the average EU27 being -2.87%, thereby creating a large gap between the Scandinavian countries and the average EU27. This further proves the assumption that the Scandinavian countries outperformed the average EU27 during the COVID-19 recession. Additionally, the data indicates that Q2-2020 was the worst economic period of the pandemic. This period corresponds to the second Phase of the pandemic, where the majority of the countries went into some sort of a lockdown that would limit their economic activity, as companies were yet to be adjusted to a virtual working environment

<sup>35</sup> Denmark: Green, EU27: Blue, Norway: Orange, Sweden: Black

**Table I.1****GDP Annual (Q1:2019 – Q1:2021)**

Country	2019- Q1	2019- Q2	2019- Q3	2019- Q4	2020- Q1	2020- Q2	2020- Q3	2020- Q4	2021- Q1
DNK	2.23	2.23	2.21	1.17	0.22	-6.66	-1.30	-0.51	-0.10
EU27	2.22	1.18	1.20	1.14	-2.49	-1.37	-3.91	-4.14	-1.19
NOR	0.85	0.80	0.07	1.17	0.37	-4.32	-0.16	-1.10	-0.20
SWE	2.24	1.16	2.27	1.14	0.12	-8.16	-1.89	-1.83	-0.24
<b>Grand Total</b>	<b>7.53</b>	<b>5.37</b>	<b>5.76</b>	<b>4.63</b>	<b>-1.78</b>	<b>-20.51</b>	<b>-7.26</b>	<b>-7.59</b>	<b>-1.73</b>

Table I.1 Own creation: Percentage change, same period previous year Q1 2019 – Q1 2021. Source

(<https://data.oecd.org/chart/6pFw>)

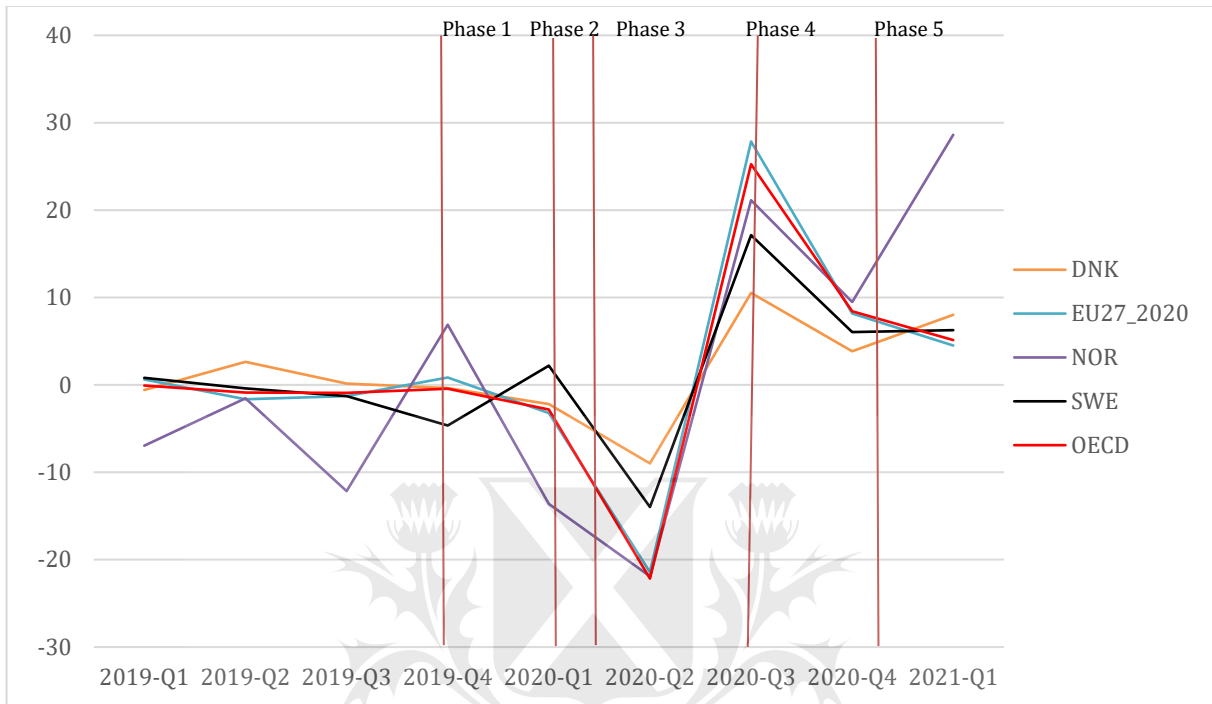
It is necessary to mention that their economic impact was largely driven by the limitation to economic activity, which is reflected in the disruption of the international trade for the Scandinavian countries, who depend heavily on export. This meant that their largest manufacturers saw large drops in the demand for their products and increased their inventory cost.

In Denmark, the pharmaceutical, wind turbines manufacture, and shipping industry were in large degree affected by this; for Norway it was their whole petroleum industry; and in Sweden their largest manufactures were Scania and Volvo who suffered these consequences. All these factors combined with the loss of tax revenues as a consequence of unemployment increased and several businesses were forced to shut down temporarily or permanently during the pandemic, as they were unable to operate under the given conditions. This meant that national economies would suffer.

This disruption to the international trade flow is validated in graphs I.3 & I.4, which indicate that the pandemic caused a panic in the international market during Q2-2020.

### Graph I.3

#### Export in traded goods<sup>36</sup>



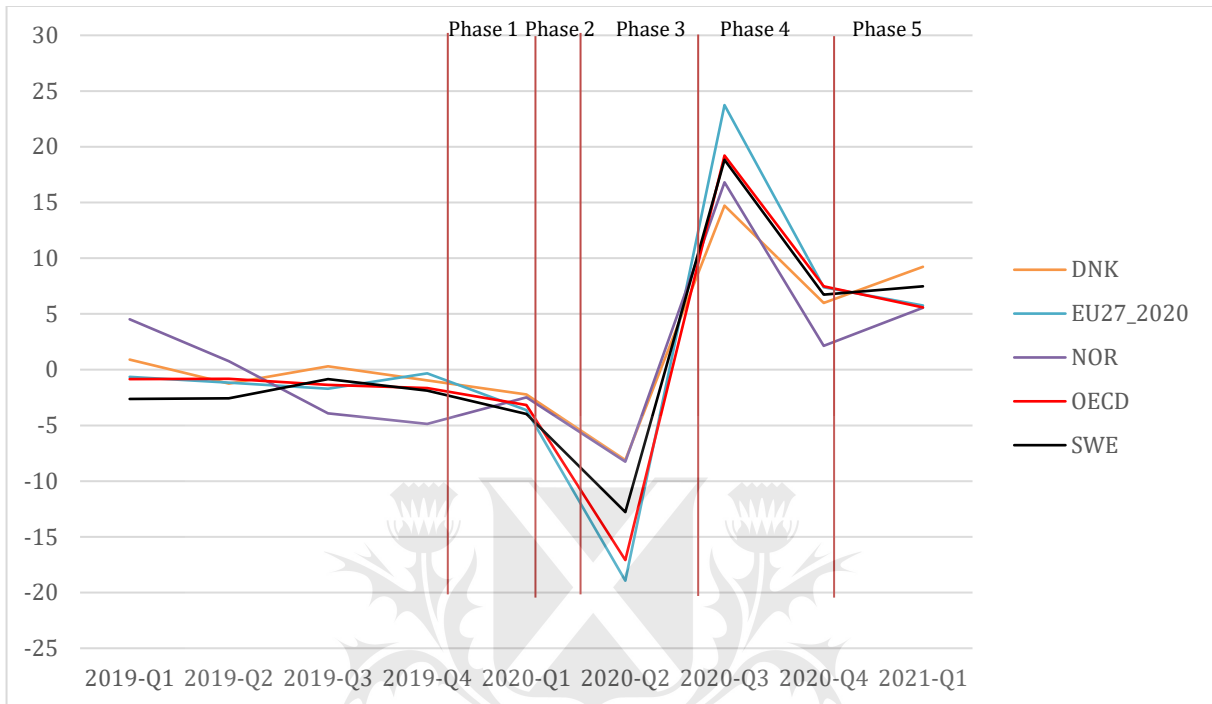
Graph I.3 Own creation: Exports, Percentage change, previous period, Q1 2019 – Q1 2021. Source (<https://data.oecd.org/chart/6pFC>).

These graphs present the impact on the Import and Export of the Scandinavian countries and the EU27 average during the selected timeframe. From these tables it seems evident that Norway, compared with the other Scandinavian countries, were hit the hardest, in terms of trade, though they recover relatively quickly, especially in Q4-2020 within their exports. In the case of Norway, then it is assumed that this downfall in export was largely driven by the plummeting prices of crude oil, which is the largest exporting sector of Norway (Cliffe, 2020). While on the contrary, when the shock on the supply-chain settled, so did the supply and demand for crude oil and therefore reigniting the demand for their exported goods.

<sup>36</sup> Denmark: Green, EU27: Blue, Norway: Orange, Sweden: Black, OECD: Red

## Graph I.4

### Import in traded goods<sup>37</sup>



Graph I.4 Own creation: Imports, Percentage change, previous period, Q1 2019 – Q1 2021. Source (<https://data.oecd.org/chart/6pFD>).

Along with this data then the different strategies can be observed, this further indicates that Norway had a more economical successful strategy than the other two Scandinavian countries. If comparing the individual decisions between Denmark and Norway, then Denmark, according to the previously presented data, had adopted more national restrictions than Norway. This should therefore have presented a relatively similar economic output between the countries. However, as presented, then measures implemented by Norway were harsher in terms of more regional restrictions in comparison with Denmark, by, for example, closing regional borders to restrict the movement of the citizens between the regions (Nielsen, 2021; Smith, 2020). This therefore suggests that Norway, compared with Denmark, implemented stricter measures with a slightly higher count as demonstrated in the section “Quantifying the political measures”. The average count with (4) Restrictions & complete limitations were 105 in

<sup>37</sup> Denmark: Green, EU27: Blue, Norway: Orange, Sweden: Black, OECD: Red



Norway, which were marginally higher than Denmark which had 101 during the same time period. This could therefore prove a valid reason for the difference between the countries.

When comparing Denmark and Sweden, then their situation followed the hypothesis of the thesis to a larger extent, given that the less involvement by the government, the less would the economic impact be. This has been proven correct in economic terms, since they had a slight advantage in their economic performance during the pandemic.

#### **IV.5 Excess mortality and infection rate**

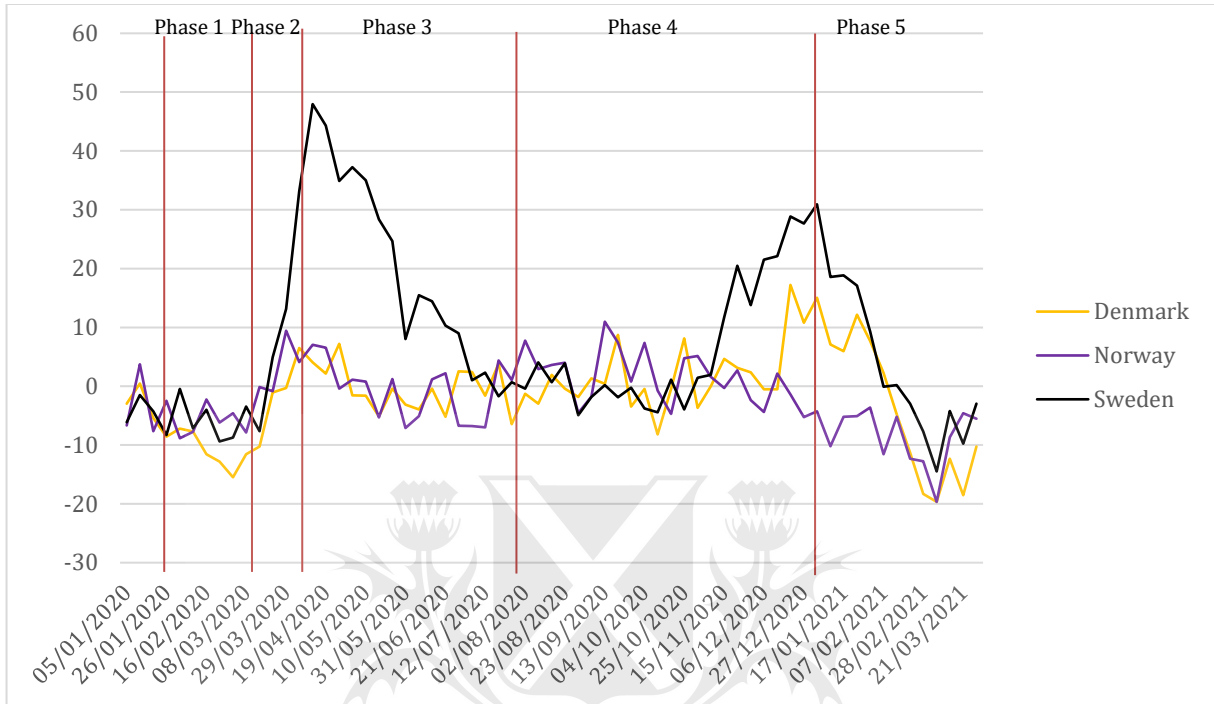
As it has now been traced through the different sections of this paper, then it seems clear that the Scandinavian countries chose different strategies, which is visibly reflected on the economic impact, the logical sequence and now in the excess mortality and infection-rate.

As mentioned earlier, the strategies in the context of excess mortality and infection-rate indicate that Sweden embraced a more laissez-faire approach to the pandemic, which is validated in the large degree of excess mortality during the peaks of the first and second wave, when compared to Denmark and Norway. These peaks are exhibited in the below graph I.5 & I.6.

Furthermore, this is proportionately noted in the differences between Denmark and Norway, where Denmark in comparison to Norway has been struggling relatively more during the second wave, when analysing the infection rate and excess mortality from graph I.5 & I.6. This information therefore suggests that the measures implemented seemed to work towards the virus, although the Danish strategy did not prove as effective as the Norwegian. This therefore presents evidence that once again returns to the same result: the measures adopted by Norway, which have been harsher and more regional than the Danish, had a more successful outcome (Nielsen, 2021; Smith, 2020).

### Graph I.5

Excess mortality: Death from all causes compared to previous year in all ages<sup>38</sup>



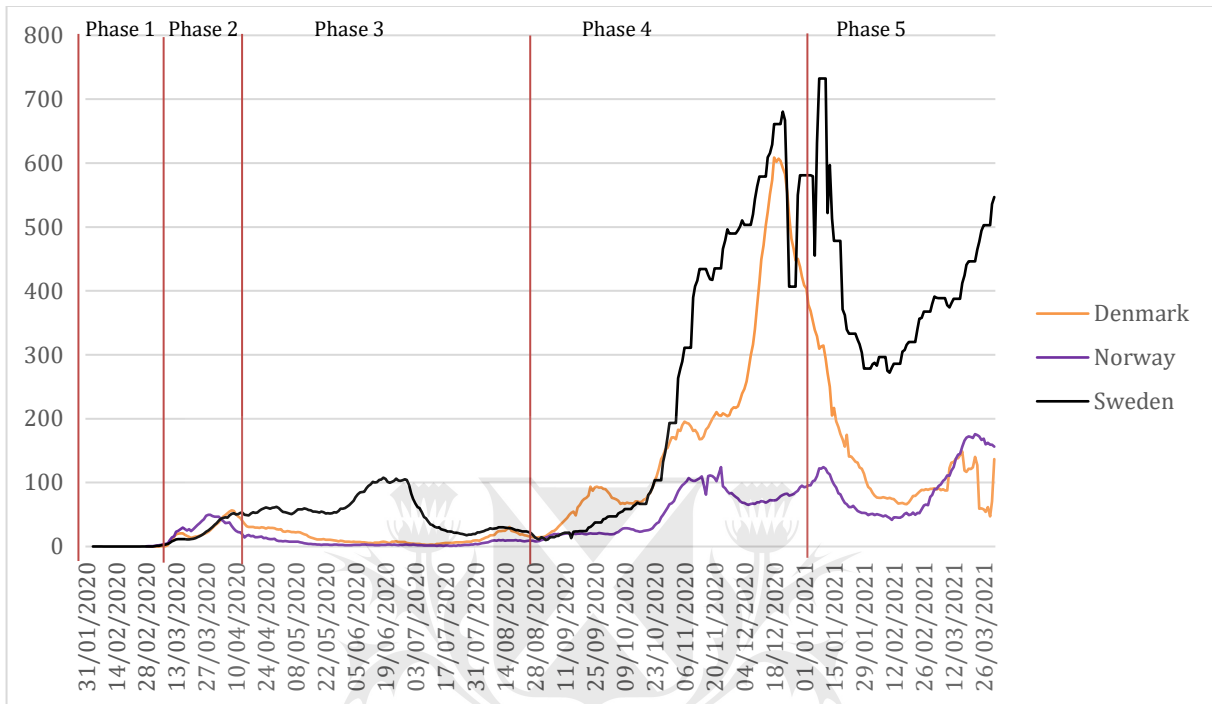
Graph I.5 Own creation: Death from all causes compared to previous year, Percentage change. Sources (<https://www.mortality.org/>, [https://github.com/akarlinsky/world\\_mortality](https://github.com/akarlinsky/world_mortality)).

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<sup>38</sup> Denmark: Green, Norway: Yellow, Sweden: Black

**Graph I.6: Daily new confirmed COVID-19 cases per million people**

**Daily new confirmed COVID-19 cases per million people<sup>39</sup>**



Graph I.6 Own creation: Daily new confirmed COVID cases per million people. Source (<https://github.com/CSSEGISandData/COVID-19>).

Even when analysing the Cumulative confirmed COVID-19 deaths in graph I.7, it undoubtedly shows the difference between the Scandinavian countries in terms of the health measures implemented towards combating the virus.

Sweden has a population double the size of Denmark and Norway, but their deathrate is 5-20 times higher, depending if it is compared with Denmark or Norway. It is yet again assumed that the logical reasons for this difference is reflected in the handling of the pandemic as a consequence of their constitution which limits the government in responding and gives the decentralised, and independent agencies the possibilities to continue as before. As earlier stated, then all this combined meant that the Swedish government in general was forced to rely on recommendations and the goodwill of the people, rather than restricting their population, like it was done in the other Scandinavian countries.

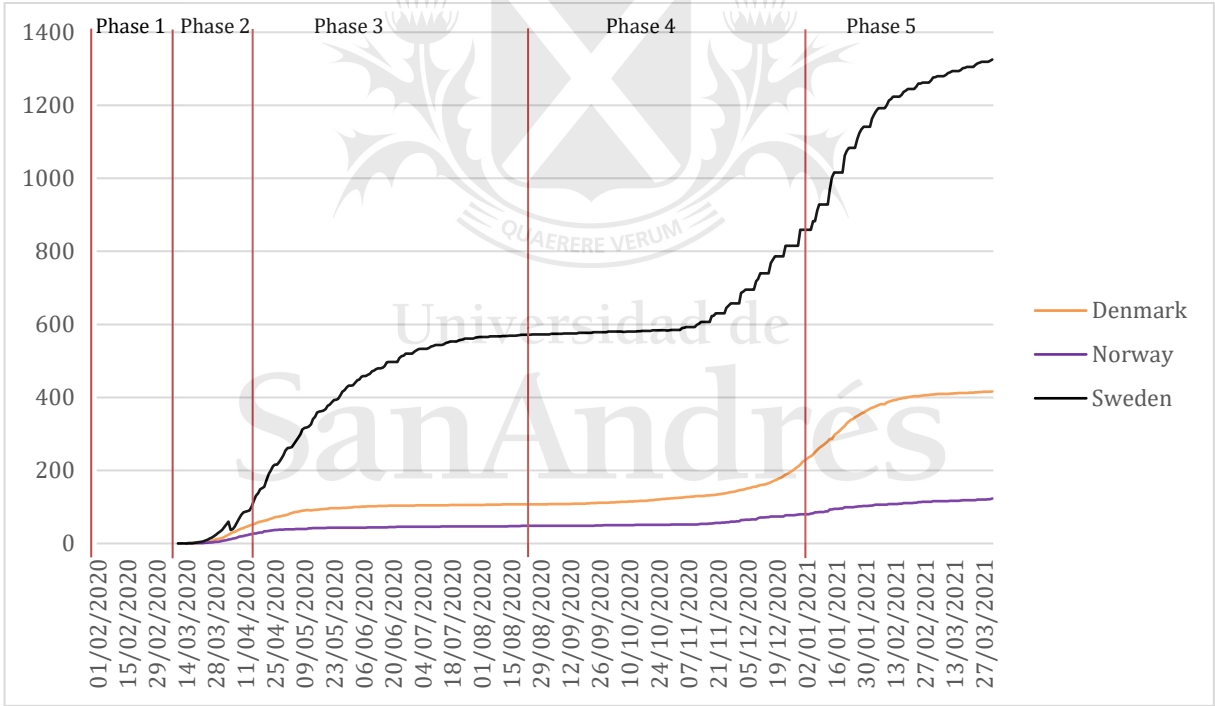
This, therefore, demonstrates that the Danish and Norwegian strategies have had a more preventative effect towards the spreading of the virus, compared with Sweden. Nevertheless, it equally demonstrates

<sup>39</sup> Denmark: Green, Norway: Yellow, Sweden: Black

the differences between Denmark and Norway, with Denmark having 3 times the amount of casualties that Norway experiences in the same period of time. However, if comparing Denmark and Norway, then it should be taken into consideration the clear differences of the population density, as the population density of Denmark is 9 times higher than Norway (Worldometer.info, 2021). This could therefore maybe have played a vital role in the distribution of the virus, and thereby making the handling of a pandemic harder from a health perspective. Though it could be argued that with a higher population density, the measures should have been more regional to better control or limit the spreading of the virus throughout the country, which was only seen once in Denmark during the Mink breakout (Kulturministeriet, 2020), whereas this was common practices in Norway (Security, 2020b).

**Graph I.7**

**Cumulative confirmed COVID-19 deaths<sup>40</sup>**



Graph I.7 Own creation: Cumulative confirmed COVID-19 deaths. Source (<https://github.com/CSSEGISandData/COVID-19>).

<sup>40</sup> Denmark: Green, Norway: Yellow, Sweden: Black

## V DISCUSSION AND CONCLUSION

### V.1 Discussion

As it has now demonstrated the different strategies of the Scandinavian countries, then the question should be if the measures adopted by the Scandinavian countries have been unnecessary, near perfect or not enough. Though to answer this question it is essential to first divide the strategies into three different categories: economic, health, and combined.

If analysing the outcome through the economic lenses, then it is clear that the economic cost has been the highest for Denmark, the reason for this could be the duration or type of their restrictions which limited their economic activity to a larger extent than Norway and Sweden. It could therefore be assumed that the Danish strategy, in economic terms, has been unnecessarily complex when compared to Norway and Sweden. This could consequently imply that there is a correlation between the implemented measures and the economic impact, as in the Danish case, where it seems that the more restrictions were implemented, the higher was the economic impact.

However, the same evidence counters that claim, since there seems to be a gap between these pieces of evidences when comparing Norway and Sweden. Here, the same logic is applied as assumed earlier, which is now contradicted, given that Norway had far more restrictions than Sweden, but yet had a far better economic outcome. Hence, it seems like the measures implemented by Denmark have crossed the “line”, between what is economically- and health beneficial.

Although the reason for this difference might not be that simple, it could be assumed that one of the reasons for the hard economic impact to the Danish economy versus the Norwegian could be the ways in which the restrictions were handled. This is given as Norway had tighter and more frequent regional restrictions, whereas Denmark had tighter and more national restrictions with only once using regional restrictions. Nevertheless, the population density of Denmark could play a vital role in how the Danish government handled their measures, and therefore choose national restrictions to prevent the distribution of the virus. In hindsight, more regional measures could have proved a more beneficial solution, as seen in the Norwegian example, given that it provided the country with sufficient economic activity in the regions in order to avoid a larger economic impact.

Sweden did marginally outperform Denmark in economic terms, which therefore would have approved the second of our original hypothesis; that the less involvement of the government, the less impact to the economy, since Sweden presumably would have experienced more economic activity. However, the

Norwegian example again contradicts this hypothesis, as they had more restrictions than Sweden, and ended with a significantly better economic output.

When looking through the lenses of the health impact, then it evidently indicates a large difference between Denmark and Norway versus Sweden. Even though Sweden was never overwhelmed, they did exceed their pre-pandemic ICU limits, however, these were increased due to the pandemic (Kavaliunas et al., 2020; Sjödin et al., 2020). This could, therefore, suggest that their strategy of “flattening the curve” was a success, nevertheless, their success came at a cost in form of a relatively high excess mortality, infection rate and cumulative COVID deaths, compared to the other Scandinavian countries as indicated in graph I.5. I.6, and I.7 (Kavaliunas et al., 2020). On the contrary both Denmark and Norway, if compared with Sweden, have been considered a huge success in terms of the health impact, with Norway being considerably better than Denmark (Hopkins, 2021).

When combining both the economic- and health impact, then it seems clear that the Norwegian strategy appeared to accomplish both of these tasks, at least when compared with the other Scandinavian countries. Nevertheless, as mentioned throughout the paper, then it needs to be kept in mind that the Swedish government, in contrast to the Danish and Norwegian government, was heavily limited by their decentralised bureaucratic structure and independent agencies. Furthermore, neither Sweden nor Norway deployed emergency packages that directly injected capital into the society, which could have provided a different view of the economic situation. Even so, it is assumed that both the Swedish and Norwegian economic activity was limited to a lesser degree than the Danish, whereas this capital injection would not have been necessary or effective enough compared with the cost.

## **V.2 Conclusion**

As the situations has now been compared between the Scandinavian countries, then in terms of bureaucratic structure which played a significant role in the impact towards the implementation of public policies, then it must be concluded that a centralized bureaucratic structure does indeed lead to a higher amount of stricter public policies, and out of these implemented measures then it must be concluded that Norway had the best individual and correlated outcome when deriving the public policies towards the impact of the economy and health of the nation. As a consequence, it can be concluded that between the Scandinavian countries, the Norwegian centralized government found the right balance between the economy and their health. This was done by implementing harsh regional- and national measures, compared with Denmark. However, the Norwegian government experienced the “freedom” of handling

the pandemic with a centralised governance system rather than being limited by their constitution and a decentralised governance system as seen with Sweden.

Furthermore, can it be concluded that the Swedish approach has had a marginal better economic outcome compared to the Danish. However, the cost of this has been offset with more than 5 times as many casualties as Denmark, and 20 times more than Norway.

Even so, should it be kept in mind that the strategies implemented by Denmark and Norway, in terms of lockdown, could have long-term health implications. This therefore presents an interesting topic for a future investigation, as to what the economic and health consequences of these policies would implicate in the long-term costs of this pandemic, since this would affect foregone tax revenue by the morbidity and mortality of the virus, but equally the public expenditure, the healthcare system, and the future pensions, given that the mortality rate is higher among the elderly population.

As a result of the investigation, then the first hypothesis can be approved as centralized governments do increase the amount of harsh measures implemented during a pandemic, while our second hypothesis would need to be rejected, as Norway proved that fewer legislative measures do not necessarily result in an improved economy and a worse health output. However, were the scope of the thesis only between Denmark and Sweden, then both of the hypotheses would have been approved.

Nevertheless, it does seem like there is a point, meaning that restrictions have counterintuitive effects towards the economy, and thereby outweigh the benefits, as Denmark had implemented fewer regional lockdowns (only once). This is reflected in their economy, excess mortality, and infection when compared with Norway.

In certain terms, it can be concluded that the measures implemented by the Scandinavian countries could work on a universal platform, as none of the measures implemented has had a criteria that no other countries could replicate. Even so, should it be taken into consideration that social and economic factors could play a vital role in the handling of a pandemic, as the Scandinavian countries rank high within these categories. Furthermore, parameters such as trust in the government present different challenges for countries with a higher degree of distrust and corruption, since the population would, to a larger extent, doubt and not respect the decisions of their governments.

To sum up, it is given that between the three Scandinavian countries, then Norway found the “golden road” with their centralized bureaucratic structure which implemented the public policies on which we measured that the impact towards their economy and their health of the country were less severe of the three countries.



In the case of Denmark and Sweden, the question of who was most successful would need to be determined depending on what the individual considers most important: the low death rate and excess mortality with a higher impact on the economy, or vice versa.

That being the case, it can finally be concluded that there is a limit regarding the amount and type of restrictions implemented during the pandemic, given that both having too many or too little national and/or regional restrictions can have a negative impact on the economy and the health. However, it cannot be denied that different types of restrictions and the time applied, other bureaucratic structure, together with future health and economic complications could present completely different outcomes in future pandemics.



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## VII Annexs

### Annex A: Time-line

Dates	INTERNATIONAL	DANMARK	NORGE	SVERIGE
31/12/2019	China warns WHO on the outbreak of what is expected to be pneumonia in Wuhan.			
09/01/2020	The European Centre for Disease Prevention and Control (ECDC) publishes a brief Threat Assessment Corona virus.			
11/01/2020	China records first death from coronavirus in Wuhan.			
15/01/2020		The Health Authority publishes information about coronavirus health staff.		



<p><b>22/01/2020</b></p>	<p>WHO: Controversy declaring COVID-19 for an international health crisis.</p>	<p>The Board of Health estimates that "there is very little likelihood that the disease comes to Denmark".</p>		
<p><b>23/01/2020</b></p>	<p>China Wuhan shuts down.</p>	<p>Board of Health information from the d. Jan. 15 is now converted to guidelines for health workers and others who may be involved if there is suspicion of COVID-19 from someone who has returned from the affected areas. There is also information for citizens who plan to travel.</p>		
<p><b>24/01/2020</b></p>	<p>France detects the first case of COVID-19 in Europe.</p>			
<p><b>28/01/2020</b></p>	<p>The EU's civil protection mechanism (UCPM) is enacted by France to help repatriate</p>			

	stranded Europeans in Wuhan.			
<b>30/01/2020</b>	WHO declares the virus outbreak of an "international emergency".			
<b>31/01/2020</b>				Sweden reports its first confirmed case of the novel coronavirus, COVID-19. A woman in her 20s in Jönköping, who had recently visited Wuhan in China, is isolated in hospital for treatment.
	Italy shut down air travel from China.			
	WHO Director-General calls for not closing its borders to travellers from China.			
	The US declares national emergency, but the US government says that the risk of infection in the United States is small.			

<p><b>01/02/2020</b></p>				<p>Sweden's government labels the coronavirus as a 'socially dangerous disease'. This allows the government to take certain actions under the Communicable Diseases Act, such as requiring people to be tested or putting entire buildings or areas under quarantine if judged necessary.</p>
<p><b>02/02/2020</b></p>	<p>The United States impose entry bans on virtually all foreign travellers who have recently been to China.</p>			
<p><b>07/02/2020</b></p>		<p>MFA changed about 75 travel guides based on the coronavirus outbreak.</p>		

<p><b>25/02/2020</b></p>	<p>Health ministers from Austria, Germany, France, Italy, Switzerland, Croatia, Slovenia meet in Italy and agree that border control and closure of major events will be ineffective.</p>	<p>Sundhedsstyrelsen changed risk assessment and issued new guidelines for the handling of COVID-19th</p> <p>There is now "moderate risk that we in Denmark will look COVID-19" cases.</p>		
<p><b>27/02/2020</b></p>		<p>The first Dane tested positive for COVID-19 and Health's information efforts around COVID-19 increased.</p>	<p>Coronavirus: Norwegian authorities are closely monitoring the situation: The first cases of the coronavirus has been confirmed in Norway. The Norwegian health authorities are monitoring the situation closely and are prepared for more cases.</p>	



				<p>People in the Stockholm region return to work and school after the winter half-term break, spent by many in the Alps where the virus is spreading quickly. The timing of this break, a week after the other large city regions, and the national guidelines that people returning to Sweden after international travel do not need to get tested or isolate themselves, has been cited as one of the main reasons the capital city was hit so hard by the first wave.</p>
<b>02/03/2020</b>				<p>The Foreign Ministry advises against travel to Iran, and on March 6th will add some northern Italian regions and parts of South Korea to that list.</p>

<p><b>03/03/2020</b></p>	<p>France introduces temporary export of protective equipment. Germany followed suit.</p>	<p>Health recommends that all Danes who have been in high-risk areas, for example. Northern Italy, Iran and China, to be quarantined for two weeks.</p>		
<p><b>06/03/2020</b></p>		<p>The Prime Minister holds his first press conference and calls to postpone or cancel all events with more than 1,000 participants. It is recommended not to shake hands and hug. Foreign Ministry change travel guides - all "green" areas changed to "yellow".</p>		
<p><b>07/03/2020</b></p>		<p>Eurovision Song Contest held in an empty Royal Arena.</p>		

<p><b>09/03/2020</b></p>	<p>Italy: The entire population is quarantined. Schools, universities, cultural etc. closed.</p>			
<p><b>10/03/2020</b></p>		<p>Second press conference with the Prime Minister, the Foreign Ministry changed travel guides again, and this is now discouraged to travel to a number of regions in Northern Italy, Iran and specific areas in China, South Korea and Austria. Air traffic from these areas for Denmark is set. They are also encouraged to avoid public transportation during rush hour.</p>		<p>The Public Health Agency raises its assessment of the risk of the coronavirus spreading in Sweden to 'very high', after raising it from 'low' to 'moderate' on March 2nd.</p>



Support Packages:

You can apply for compensation for cancelled events with more than 1,000 participants, companies are allowed to defer the payment of tax, social security contributions and income tax.

Create a corona device with industry to discuss measures.

<p><b>11/03/2020</b></p>	<p>March 11 WHO states that the world is hit by a pandemic.</p>	<p>Third press conference with the Prime Minister: Denmark closed down in preliminary two weeks. Any officials who do not perform critical functions are sent home. All schools, day care and institutions closed. Assembly Prohibition of more than 100 people.</p>	<p>Norwegian citizens may face new measures when entering other countries: The Ministry of Foreign Affairs wishes to make Norwegian citizens aware of the fact that certain countries are introducing measures and/or restrictions for people entering their countries. This will affect Norwegian citizens or others travelling to these countries from Norway. Norwegian citizens who are currently travelling, or who are considering travelling, are therefore urged to familiarise themselves with the rules for entry into the country or countries concerned.</p>	<p>Sweden reports its first confirmed death from the coronavirus, on the same day the World Health Organisation classifies the global outbreak as a pandemic.</p>
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	<p>First European country closes its borders. (Austria to Italy).</p>			
	<p>The US closed its borders from all flights from the Schengen-area, except GB and Ireland.</p>			
<b>12/03/2020</b>		<p>Health changer testing strategy: Only the sickest tested. New emergency law implemented, which gives the government additional powers to slow the spread of infection.</p>		
		<p>Help Package: Major lending opportunities for banks, two new guarantee arrangements for companies, reimbursement from the first day an employee is sick of COVID-19 or quarantined and</p>		<p>Sweden bans public gatherings of more than 500 people as all of Sweden's 21 regions have now confirmed coronavirus cases.</p>

the system of division of labour more flexible.

The Public Health Agency updates its guidelines to urge anyone with symptoms of the coronavirus or a cold (for example a fever and cough), regardless of whether or not you have been travelling, to stay at home and limit social contact until you have been symptom-free for at least two days. But in Stockholm, which has most cases, only elderly people or those needing hospital care will be offered tests due to limited testing capacity.



<p><b>13/03/2020</b></p>		<p>Fourth press conference with the Prime Minister when it announced that the borders are closed the following day at 12. The Ministry of Foreign Affairs advises against all unnecessary travel to the world, and all Danes abroad should return home.</p>		
			<p>The Government acts to mitigate effects of the COVID-19 pandemic on the economy.</p>	
			<p>Travel advice for the United States and France: The Ministry of Foreign Affairs advises against trips to the United States and France that are not strictly necessary.</p>	

<p>14/03/2020</p>		<p>Denmark closed the border temporarily as one of the first countries, but it is still possible for goods transport to pass. Danish citizens can always get into Denmark.</p>		<p>The Foreign Ministry advises against all non-essential travel overseas, due to the outbreak and increasing travel restrictions. This is not legally binding and Sweden does not introduce restrictions for travellers returning from overseas until the end of the year.</p>
		<p>March 14 The first Danish casualty of COVID-19.</p>	<p>Ministry of Foreign Affairs advises against non-essential travel to all countries: The Ministry of Foreign Affairs advises against all international travel that is not strictly necessary. The reason is the increasing spread of coronavirus internationally and the unpredictable and difficult situation faced by many travellers. For now, this advice</p>	

			will remain in effect until 14 April.
			<p>New regulations on quarantine etc. after travelling outside the Nordic region.</p> <p>Regulations on quarantine etc. after travelling outside the Nordic region were approved in the Council of State on 13 March 2020.</p>



<p><b>15/03/2020</b></p>		<p>Fifth press conference with the Prime Minister: The Government's third aid package contains a tripartite agreement that ensures billions of aid to large companies that are forced to send employees home, thereby providing wage compensation for salaried employees by 75 per cent. of salary.</p>	<p>Stricter border controls being introduced – Norwegian airports not closing: The Government will close the border to foreign nationals who lack a residence permit in Norway.</p>	
			<p>All goods traffic to proceed as normal</p>	

<p>16/03/2020</p>		<p>Help Pack containing deferral of payment of VAT for small and medium enterprises and postponing the deadline for payment of self-employment taxes.</p>	<p>NOK 100 billion worth of guarantees and loans in crisis support for businesses</p>	<p>The Public Health Agency recommends that all employers ensure everyone who can work from home does so. It also recommends that over-70s self-isolate and avoid all environments where they could come into close contact with others including supermarkets and grocery stores, encouraging them to use home delivery services or ask a friend or neighbour to shop for them. The government announces plans for a 300 billion kronor crisis package to support affected businesses and individuals.</p>
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<p><b>17/03/2020</b></p>		<p>Sixth press conference with the Prime Minister: Effective d. 18/3, it will be forbidden to gather more than 10 people. Large centres, hairdressers, restaurants etc. shut down. Purchased a major test capacity.</p>		<p>The Public Health Agency recommends that upper secondary schools, universities and other adult education institutions move to distance learning. The same day, Sweden adopts a ban on travel from non-EU countries following an EU decision. Initially this is set to last 30 days, but will ultimately last into 2021, with some exceptions for Swedish or EU citizens as well as certain countries.</p>
<p><b>18/03/2020</b></p>			<p>Large compensation scheme for culture, voluntary sector and sport</p>	<p>Sweden's Public Health Agency publishes its coronavirus information in a variety of languages following criticism that this is lacking.</p>
<p><b>20/03/2020</b></p>			<p>Changes to the rules for temporary layoffs and unemployment benefits. Both people who are laid off or lose their jobs</p>	

			and employers will receive more compensation under new rules.	
			Guarantee and loan programmes improving liquidity for Norwegian companies	
<b>22/03/2020</b>				Prime Minister Stefan Löfven addresses the nation on TV. In a six-minute speech, he urges everyone in Sweden to take responsibility and follow the new recommendations closely, as well as showing solidarity by helping elderly neighbours' shops or buying takeaway lunches to support local restaurants.
<b>23/03/2020</b>		Seventh press conference with the Prime Minister: All actions extended to April 13th.		
<b>24/03/2020</b>			Coronavirus measures to	

			continue till 13th of April	
<b>27/03/2020</b>				The upper limit on public events is lowered to 50 people.
<b>30/03/2020</b>		<p>Eighth press conference with the Prime Minister:</p> <p>Denmark reopens slowly after Easter if the positive trend continues.</p>		
<b>31/03/2020</b>		<p>Parliament passed emergency law, which allows the government to ban gatherings of more than two people.</p>		The government bans visits to care homes for the elderly across the country, though some individual municipalities or homes have already taken measures to stop visits.
<b>02/04/2020</b>		<p>Parliament passed emergency law on corona-related crime, so you can now go to jail if, for example. steal hand alcohol.</p> <p>Help package for Africa and neighbouring areas to combat coronaviruses</p>		

		adopted by a broad majority in Parliament.	
<b>05/04/2020</b>			King Carl XVI Gustaf gives a televised speech to the nation from the palace where he is isolating, as an over-70-year-old. He urges Swedes to follow the restrictions and take comfort in the fact they are not alone.
		Prohibition large gatherings valid through August.	
<b>06/04/2020</b>		Ninth press conference with Prime Minister Mette Frederiksen presents the plan for how Denmark should open again. Day nurseries, kindergartens and	

		0.-fifth Class opens again from d. 15/4.		
<b>08/04/2020</b>	China Wuhan reopens.			
	EU extends travel ban against all non-essential travel to the d. 15 May.			
<b>14/04/2020</b>		Tenth press conference with the Prime Minister: The figures are so reasonable that Denmark can be reopened further in phase first		
<b>17/04/2020</b>		Hairdressers, driving schools, research laboratories and some professions are allowed to reopen on Monday. April 20.		



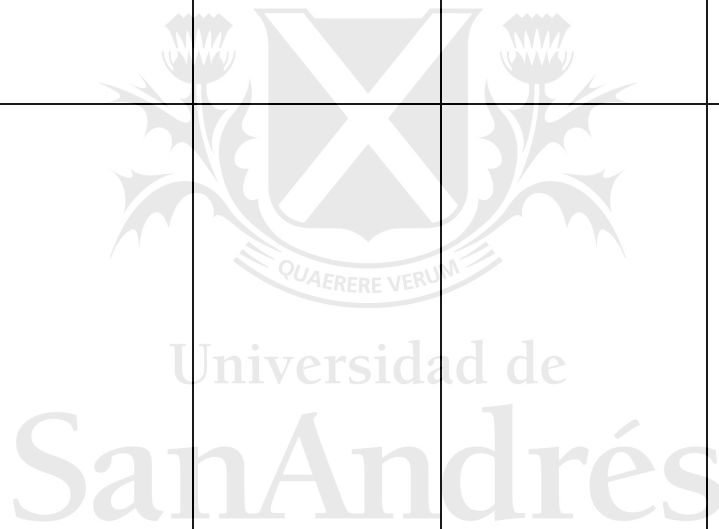
<p><b>18/04/2020</b></p>		<p>Government and Parliament adjusts and expands aid packages to the Danish economy.</p>		<p>A new temporary pandemic law, first proposed by the government ten days earlier, comes into effect. It gives the government special powers to take faster decisions to limit the spread of infection, such as closing any or all Swedish gyms, shops or restaurants. It will expire in July without ever being used.</p>
<p><b>21/04/2020</b></p>		<p>New testing strategy: All who have symptoms of coronavirus should now be tested for infection.</p>		
		<p>The government prohibits gatherings of more than 500 jobs by September 1.</p>		
<p><b>25/04/2020</b></p>		<p>The Police introduces a ban on residence in a shopping centre</p>		

		on Romo and later Islands Brygge.		
<b>07/05/2020</b>		Eleventh press conference with the Prime Minister on phase two of the reopening. Professional sport without spectators, outdoor sports and associations and zoos where guests commute by car reopens.		
<b>08/05/2020</b>	The Commission calls upon Member States to extend the restrictions on non-essential travel to the EU d. 15 June.			
<b>09/05/2020</b>		Foreign Ministry extends its global travel advice and advises therefore all non-essential journeys for the whole world to 31 May.		

<b>10/05/2020</b>		Health amending guidelines to one meter in the public space.		
<b>11/05/2020</b>		Assembly ban on more than 10 people extended to June 8.		
<b>12/05/2020</b>		Government launches new testing strategy: The authorities will continue tracking down everyone who has been in contact with a coronavirus infection and then tested and isolated.		
<b>15/05/2020</b>		For the first time in two months there is no new deaths recorded in the past day as a result of COVID-19th		

<p><b>18/05/2020</b></p>		<p>Restaurant and café life, the national church and religious communities as well as deposit and lending libraries reopens. 6th to 10th classes, club facilities, STU, VET and FGU open again and after school students can return.</p>		
<p><b>20/05/2020</b></p>		<p>Agreement on further reopening of phase 2 fell into place. Museums, theatres, cinemas, zoos mm. can be opened immediately.</p>	<p>Economic measures in Norway in response to COVID-19. The Norwegian Government has introduced significant measures to secure jobs, help businesses and people, and strengthen health services.</p>	

27/05/2020		Colleges, voluntary physical presence in the public sector (excluding Capital Region and Zealand), colleges mm. reopens.		
29/05/2020				The government announces that upper secondary schools and universities may revert to teaching in person.
04/06/2020				The Public Health Agency announces an overhaul of testing, meaning tests will be offered to anyone with symptoms who is referred for a test by a doctor, regardless of the severity of their symptoms, and contact tracing will be resumed. These changes do not come into effect immediately in all regions.



<p><b>13/06/2020</b></p>			<p>Ahead of the summer, the Public Health Agency says that domestic travel can take place with no restrictions, but everyone must continue to follow recommendations around social distancing and avoiding public transport if possible.</p>
<p><b>15/06/2020</b></p>		<p>The Danish border opens for German, Norwegian and Icelandic tourists who can show six nights outside Copenhagen / Frederiksberg.</p>	
<p><b>27/06/2020</b></p>		<p>New model for travel guides in EU and Schengen countries and Britain, will open to all countries where the disease pressure is below 20 per. 100,000 inhabitants.</p>	

<p><b>10/07/2020</b></p>			<p>Changes in the travel advice from the Ministry of Foreign Affairs from 15 July. The Ministry of Foreign Affairs is introducing new exceptions to the travel advice against non-essential travel to all countries. The new exceptions apply to individual countries in the Schengen area/EEA from 15 July.</p>	
<p><b>30/07/2020</b></p>				<p>The national recommendation to work from home is extended until the end of the year.</p>
<p><b>12/08/2020</b></p>			<p>Norway extends global travel advice and makes changes for the Nordic region and Europe. The Ministry of Foreign Affairs' global advice against non-essential travel to all countries has</p>	



			<p>been extended and will now apply until 1 October.</p>
<p>19/08/2020</p>			<p>Changes in the travel advice for Austria, Greece, Ireland, the UK and certain regions in Sweden and Denmark. The Ministry of Foreign Affairs changes the advice for some countries in the EEA/Schengen area and is now advising against non-essential travel to Austria, Greece, Ireland, the UK and certain regions in Sweden and Denmark.</p>

<b>22/08/2020</b>		From d. August 22 is a requirement that passengers and staff carry a Face mask or visor in public transport in Denmark.		
<b>26/08/2020</b>			Changes in the travel advice for Germany and Liechtenstein. The Ministry of Foreign Affairs is now advising against non-essential travel to Germany and Liechtenstein, as well as to the regions of Kalmar and Västerbotten in Sweden.	
<b>27/08/2020</b>				The Public Health Agency suggests that the government raise the limit of attendees allowed at public events to 500.
<b>17/09/2020</b>		There are new rules for the nightlife and restaurant		

		industry in the metropolitan area.		
<b>18/09/2020</b>		The government holds press conference on new measures against the spread of COVID-19th		
<b>24/09/2020</b>		Global travel advice from the Ministry of Foreign Affairs to be extended. Changes in the travel advice for the Nordic countries and Europe. The global travel advice will be extended to apply until 15 January 2021.		
<b>25/09/2020</b>		Due to rising infection prolongs the Government the measures you announced by d. September 18, through d. Oct. 18.		

<p><b>01/10/2020</b></p>				<p>Visits at care homes for the elderly are allowed again. Also from this date, it becomes possible for a doctor to order household contacts of people with COVID-19 to stay at home.</p>
<p><b>14/10/2020</b></p>		<p>There are recorded cases of COVID-19 with 89 mink farms in North and West Jutland. In total, up to five million animals are killed.</p>		

<p><b>20/10/2020</b></p>				<p>The first set of regional coronavirus recommendations were introduced, in Uppsala, after this became a possibility the previous day. Up until now, Sweden has focused on national recommendations that rely on individuals taking responsibility and adapting their actions to their personal context. In Uppsala, residents are urged to avoid physical contact (defined as being closer than 1.5 metres) with people they don't live with; and to avoid bars, restaurants, shopping centres and gyms.</p>
<p><b>22/10/2020</b></p>				<p>The special recommendations for over-70s are scrapped.</p>

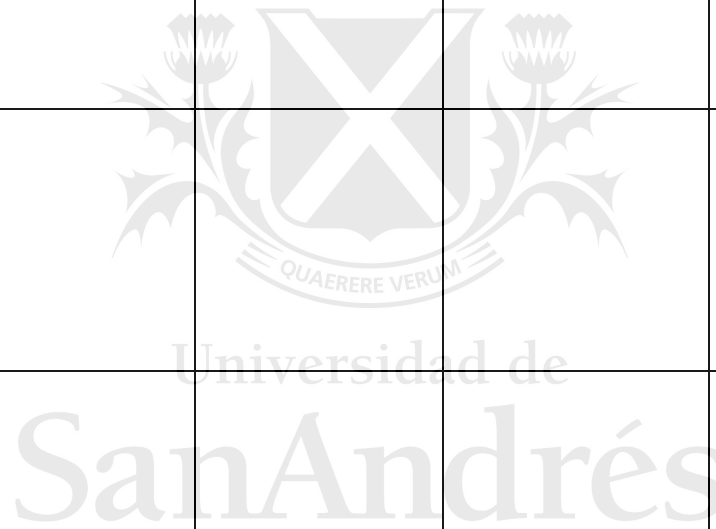


<p><b>23/10/2020</b></p>			<p>More family members may come to Norway. The Government has decided to allow more family members from outside the EU/EEA to visit relatives in Norway.</p> <p>Grandparents are among those who will now be able to visit. The rules on entry quarantine remain unchanged.</p>	
<p><b>23/10/2020</b></p>		<p>The government holds a press conference on COVID-19 situation and expands include the requirement to wear mouthpiece and lowers assembly ceiling from 50 to 10 people.</p>		
<p><b>24/10/2020</b></p>		<p>The government extension tube volume requirement until 2 January 2021st</p>		

<p><b>26/10/2020</b></p>			<p>New national restrictions. The Government is introducing new targeted measures for a time-limited period.</p>	
<p><b>27/10/2020</b></p>				<p>Regional recommendations are introduced in Skåne, Stockholm, Östergötland, and Västra Götaland. They are largely the same as those in Uppsala, but there are some small differences between the regions, with some avoiding non-essential use of public transport for example and others not.</p>



<p><b>01/11/2020</b></p>			<p>November 1st: The limit for public events is raised from 50 people to 300 in certain situations – when attendees are seated and distance between them can be ensured. The regions with local coronavirus recommendations say they will not introduce the change however.</p>
<p><b>03/11/2020</b></p>			<p>The government announces that no more than eight people will be allowed per group in bars and restaurants.</p>
			<p>The Public Health Agency introduces regional recommendations in Sweden's remaining regions except two. The exceptions are Blekinge, where regional authorities introduce their own measures instead, and Jämtland.</p>





<p><b>04/11/2020</b></p>		<p>Government decided to turn all Danish mink herds due. Mutation of COVID-19.</p>		
<p><b>05/11/2020</b></p>		<p>To reduce infection rate in North Jutland the Government implemented a number of local restrictions that apply in Hjørring, Frederikshavn, Brønderslev, Jammerbugt, Vesthimmerland, Thisted, and Læsø municipality.</p>	<p>Stay at home, have as little social contact as possible. Norway stands at the beginning of the second wave of infection. The Government is therefore introducing new national infection control measures.</p>	
<p><b>07/11/2020</b></p>			<p>The Corona situation: Requirement to stay at a quarantine hotel. The Government is introducing a requirement that people in entry quarantine must stay at a quarantine hotel during the 10-day quarantine</p>	

			<p>period. This requirement will not apply to people who reside in Norway or own a home or holiday home in Norway.</p>	
			<p>Requirement of negative COVID-19 test to enter Norway. Foreign nations who cannot present documentation of such a test can be refused entry.</p>	
<b>10/11/2020</b>			<p>Continuation of controls at the internal borders.</p>	

<p><b>16/11/2020</b></p>			<p>Norway reintroduced controls at the internal borders as a measure to limit the spread of COVID-19. The Government has decided to continue these measures and will, in line with our obligations, notify the EU of this.</p>	<p>Possibly the strictest coronavirus rule change to date, the government limits public gatherings to no more than eight people. Prime Minister Stefan Löfven says this should be seen as “the new norm” even for private events, and urges people to stick within 'bubbles' of no more than eight people, although the Public Health Agency refuses to put a number on its recommendation that people should only socialise “with a smaller circle” of people.</p>
<p><b>18/11/2020</b></p>				<p>The World Health Organisation said “masks work” in response to a question about whether recommending mask-wearing would be a useful addition to the Swedish strategy, but stopped short of saying Sweden should introduce such a recommendation.</p>

<b>20/11/2020</b>				A ban on post-10pm alcohol sales at pubs and restaurants comes into effect.
<b>24/11/2020</b>				The 'local' coronavirus recommendations now apply in all Sweden's 21 regions and are extended until December 13th.
<b>01/12/2020</b>				The Public Health Agency changes its recommendations so that even preschool children who live with someone with confirmed COVID-19 should be kept at home
<b>02/12/2020</b>			Infection prevention measures necessary during Christmas holidays	
<b>07/12/2020</b>				Upper secondary schools switch to distance learning again for the rest of the term, and the Public Health Agency makes it possible to introduce local visiting bans at care homes for the elderly.

<p><b>12/12/2020</b></p>			<p>New statutory authority relating to requirements for a negative COVID-19 test result prior to entry into Norway and deportations in the event of violations of quarantine regulations</p>	
<p><b>14/12/2020</b></p>				<p>New national recommendations replace the local coronavirus measures, and these are slightly more strongly worded than previously (the verb changes from 'bör' or 'should' to 'ska' or 'shall'). These include limiting gatherings to a small number (the government states no more than eight, but the Public Health Agency doesn't give a number) and limiting travel. Recommendations to work from home if possible are extended to the end of June 2021.</p>



		Measures for Winter Fishing in Northern Norway	The Civil Contingencies Agency sends a mass SMS to millions of mobile phones in the country warning people to follow the new recommendations and look at the emergency response website.
		Changes to quarantine hotel regulations. The most recent change sees the removal of the requirements to stay in a quarantine hotel for persons whose stay is for purposes other than work or an assignment and who can document that they have access to another suitable location for their quarantine stay.	

<p><b>15/12/2020</b></p>			<p>The coronavirus commission's first report is published, with harsh criticism aimed at the government, Public Health Agency, regions and municipalities. Sweden failed to protect its elderly, the report confirms, and states that the ultimate responsibility for the failure lies with the current and previous governments.</p>
<p><b>16/12/2020</b></p>		<p>A news conference presenting the Prime Minister nationwide restrictions that apply to 3 January 2021st</p>	

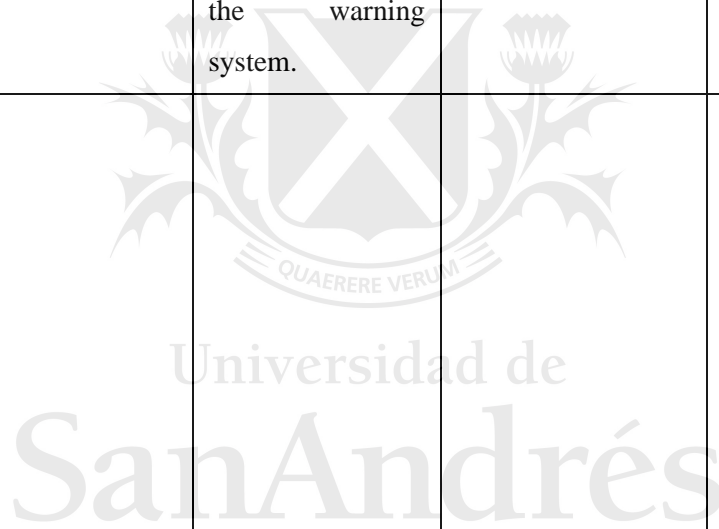
<p><b>18/12/2020</b></p>				<p>The government announces new, stricter restrictions to apply from Christmas Eve: a ban on post-8pm alcohol sales (previously 10pm). a limit of four people per group in restaurants (previously eight), and upper secondary schools must continue distance learning until January 24th. Shops and businesses must set a limit on the maximum number of people allowed inside simultaneously.</p>
<p><b>21/12/2020</b></p>	<p>The Commission authorises EU's first vaccine against COVID-19, developed by BioNTech and Pfizer.</p>			<p>Additionally, face masks – which until now have not been recommended at all apart from within the healthcare sector to be worn by healthcare and care staff – will be recommended from January 7th on public transport, although only between 7-9am and 4-6pm.</p>



			Norway to ban direct flights from the United Kingdom.	After a new, possibly more contagious variant of the coronavirus is reported in the UK, Sweden introduces an entry ban on travel from the UK and Denmark, and stops all flights from the UK until December 31st.
			Government introduced a registration requirement for all people entering Norway. The amendment enters into force at 12 noon today, Monday 21 December.	
<b>26/12/2020</b>				The first case of the variant first discovered in the UK, B117, is reported in Sweden.
<b>27/12/2020</b>		The first Danes are vaccinated against COVID-19th		The first person in Sweden, 91-year-old Gun-Britt Johnsson, receives a coronavirus vaccine.

<p><b>29/12/2020</b></p>		<p>At a press conference with the Prime Minister extended the restrictions and closure of the community on January 17 and it is recommended that New Year celebrations to be cancelled.</p>	<p>New quarantine rules will contribute to more travellers being tested. Travellers arriving in Norway from abroad may, at the earliest, end quarantine on day seven if they test negative for COVID-19 twice after arrival.</p>	
<p><b>31/12/2020</b></p>			<p>Mandatory testing for travellers to Norway. From January 2nd 2021, the government has imposed mandatory testing for COVID-19 for all travellers to Norway.</p>	
<p><b>02/01/2021</b></p>			<p>Norway lifts ban on flights from United Kingdom</p>	
<p><b>04/01/2021</b></p>			<p>Introduction of further national infection prevention measures for two weeks</p>	

<p><b>05/01/2021</b></p>		<p>The prime minister presents stricter restrictions, which among other things means that the Assembly ban is reduced to five people and the risk level raised to highest level in the warning system.</p>	
<p><b>07/01/2021</b></p>			<p>The government says for the first time in the pandemic that lower secondary schools (for 13-15-year-olds) may bring in distance learning for the spring term, after this was previously only allowed in certain specific situations.</p>



<p><b>08/01/2021</b></p>		<p>MFA's new stricter travel guidelines take effect. All the world is stained 'red', and all exits are discouraged. On entry to be detected negative test</p>		<p>A new temporary pandemic law is passed by the government after being rushed through, with parliament recalled early from their Christmas recess. Now the government can make fast decisions on things like limited opening times or maximum number of people in shops and businesses, as well as introduce closures. The main difference from last April's law is the option to introduce more moderate measures, like limiting opening times, rather than closing businesses altogether.</p>
<p><b>12/01/2021</b></p>			<p>Global travel advice from the Ministry of Foreign Affairs to be extended. The global travel advice will be extended to apply until 1 March 2021.</p>	<p>Increase testing capacity for large-scale PCR testing</p>

<p><b>13/01/2021</b></p>		<p>Shutdown and assembly ban on five people extended to February 7.</p>	<p>Stricter measures to reduce import infection. Norway has one of the strictest systems for entry and testing in Europe. The Norwegian Government is now further tightening the control system to limit import infection.</p>	
<p><b>14/01/2021</b></p>				<p>Alcohol ban from Christmas extended until 24th of January</p>
				<p>Extended travel bans from UK and DK</p>
<p><b>18/01/2021</b></p>			<p>Continuation of most national measures but easing of measures for children and young people. The national level of measures for schools is downgraded to yellow, and local sports and leisure activities for children and young people are no longer discouraged. The</p>	

			<p>recommendation to avoid home visits remains in effect but everyone should limit social contact.</p>
21/01/2021			Alcohol ban from Christmas extended until 7th of February
			Sports for children born in 2005 or later are exempt for the sport ban
			Upper secondary schools get the option to carry out some teaching in person. Recommendation only.

<p><b>22/01/2021</b></p>				<p>Travellers from South Africa and Brazil to Sweden are asked to isolate on arrival and get tested for the coronavirus, after new variants are discovered in both countries. A general travel ban is still in place for most non-EU countries, including these two, but various exceptions apply including for Swedish and EU citizens.</p>
<p><b>23/01/2021</b></p>			<p>Strict measures in ten municipalities following UK COVID-19 mutation outbreak. The municipalities support the Government's decision to adopt these measures.</p>	<p>Entry ban from DK and Norway are extended until 14th of February</p>

			<p>Stricter rules for testing and quarantine upon arrival to stop coronavirus mutation. The requirement to present a negative SARS-CoV-2 test prior to arrival when travelling to Norway is being amended to require a test taken 24 hours prior to departure instead of 72 hours.</p>	
<b>24/01/2021</b>				<p>Sweden bans travel from Norway following an outbreak of the variant first found in the UK.</p>
<b>27/01/2021</b>			<p>Norway introduces its strictest entry rules from March 2020. In general, only foreign nationals who reside in Norway will be permitted to enter.</p>	<p>Increase funding for rapid-test</p>



<p><b>28/01/2021</b></p>		<p>January 28 Mette Frederiksen communicated at a news conference that the decommissioning of Denmark extended to February 28th.</p>		
<p><b>29/01/2021</b></p>			<p>New financial measures to tackle the pandemic. The measures are aimed at young people, students and furloughed workers, among others.</p>	<p>The Public Health Agency asks the government to introduce a requirement for foreign nationals to show a negative COVID-19 test no more than 48 hours old before entering Sweden.</p>
<p><b>30/01/2021</b></p>			<p>Infection control measures are continued – but restrictions eased for children and young people.</p>	
<p><b>03/02/2021</b></p>		<p>3 The government announces that the first version of a Danish digital coronapas expected to be ready end of February 2021st</p>		<p>Negative test required to enter Sweden</p>

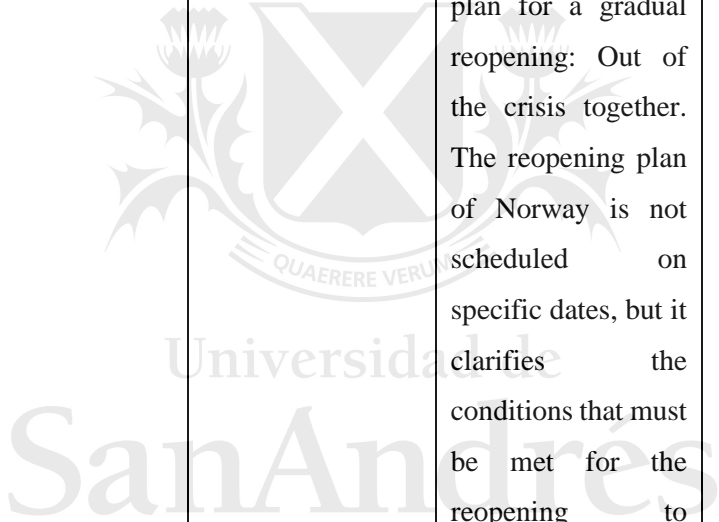
<b>04/02/2021</b>				Children born 2002 or later exempt from sports ban
<b>12/02/2021</b>				Alcohol ban from Christmas extended until end of May
				Restrictions on long-distance public transport are introduced
<b>15/02/2021</b>		The Board of Health announces that Denmark receives 900,000 more vaccines than expected.	Deportation of foreigners who do not register prior to arrival or submit to testing at the border	
<b>19/02/2021</b>			Stricter rules upon arrival in Norway	
			National infection prevention measures: Easing of measures applicable to children, young people and students	
<b>26/02/2021</b>			Solution for daily commuters from Sweden and Finland with a strict testing and control regime. Starting Monday 1 March, daily commuters from Sweden and Finland will again be able to come to work in	

			Norway under a strict testing and control regime.	
<b>01/03/2021</b>		Denmark reopens partially.		
<b>04/04/2021</b>				introduced tools to prohibited the population from gathering in specific places, within the rights of freedom
<b>09/03/2021</b>		The government and supporting parties present a plan for expanded reopening including schools and education.		

<p><b>10/03/2021</b></p>			<p>Income protection for locked out EEA citizens. The government is to introduce a new compensation scheme for non-Norwegian employees who are unable to work in Norway due to the current tight border restrictions.</p>	
<p><b>11/03/2021</b></p>		<p>First anniversary of the closure of Denmark marked.</p>		<p>Introducing requirements for infection controls in zoos, amusement parks, museums, and etc.</p>
<p><b>12/03/2021</b></p>			<p>More people must go into hotel quarantine and entry restrictions to be extended</p>	
			<p>The government's recommendations for Easter. The Easter holidays are in just a few weeks' time, which is why the government has today announced a series of recommendations</p>	

			on how to enjoy the holidays in a COVID-safe manner.	
<b>15/03/2021</b>		Denmark opens further. The measures include the opening of schools and more customers in stores.		
<b>16/03/2021</b>			Strict regional measures to be introduced throughout Viken county municipality. These measures will remain in force until the end of Sunday 11 April.	
<b>18/03/2021</b>		Parliament to agree on further reopening of society, including swelling of the		

		assembly ceiling to 10 people.		
<b>22/03/2021</b>		Parliament has agreed to reopen the community - with some exceptions - when everyone over 50 in Denmark has been vaccinated.		
<b>25/03/2021</b>			The Government is implementing stricter national measures. These measures are in effect from 00:01 Thursday, March 25, and will remain in force until further notice. A new assessment will be made before April 12.	Entry ban from Norway and Denmark are lifted, however, a negative test is still demanded for all entries
<b>01/04/2021</b>				National recommendation on distance and distance education in upper secondary school ceases

<p><b>06/04/2021</b></p>		<p>The reopening of Denmark continues with the opening of the professions, education, etc., Where showcasing coronapas may be necessary</p>		
<p><b>10/04/2021</b></p>			<p>The Government's plan for a gradual reopening: Out of the crisis together. The reopening plan of Norway is not scheduled on specific dates, but it clarifies the conditions that must be met for the reopening to happen.</p>	
<p><b>15/04/2021</b></p>			<p>Travel to Norway. Only those non-Norwegian citizens who are residents of Norway are permitted to enter the country.</p>	

### Annex B: Regression model with REC, RESCL & Cases in STATA

Source	SS	df	MS	Number of obs	=	1,368
Model	5436728.63	2	2718364.31	F(2, 1365)	=	147.70
Residual	25122143.9	1,365	18404.501	Prob > F	=	0.0000
				R-squared	=	0.1779
				Adj R-squared	=	0.1767
Total	30558872.5	1,367	22354.6982	Root MSE	=	135.66

cases	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
rec	10.09236	2.190242	4.61	0.000	5.795751	14.38896
rescl	58.91149	3.525097	16.71	0.000	51.99629	65.82668
_cons	2.939423	8.405035	0.35	0.727	-13.54876	19.42761

### Annex C: Regression model with REC, RESCL & Death in STATA

Source	SS	df	MS	Number of obs	=	1,368
Model	502.474917	2	251.237459	F(2, 1365)	=	117.95
Residual	2907.58627	1,365	2.13009983	Prob > F	=	0.0000
				R-squared	=	0.1474
				Adj R-squared	=	0.1461
Total	3410.06119	1,367	2.49455829	Root MSE	=	1.4595

death	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
rec	.3549058	.023563	15.06	0.000	.3086822	.4011293
rescl	.13427	.0379236	3.54	0.000	.0598752	.2086648
_cons	-.9767651	.0904227	-10.80	0.000	-1.154148	-.7993826



**Annex D: Eststo: Reg. Model with Countries, REC, RESCL, Cases and Death in STATA**

	(1) cases	(2) death
rec	<b>2.086</b> (0.318)	<b>0.275***</b> (0.000)
rescl	<b>59.64***</b> (0.000)	<b>0.139***</b> (0.000)
denmark	<b>-82.51***</b> (0.000)	<b>-1.067***</b> (0.000)
norway	<b>-133.5***</b> (0.000)	<b>-1.100***</b> (0.000)
sweden	<b>0</b> (.)	<b>0</b> (.)

