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How Nordic solidarity failed the COVID-19 test: uncoordinated pandemic responses and the decline of Nordic health cooperation

Abstract

The inability of Nordic governments to coordinate their COVID-19 pandemic responses on social distancing and travel restrictions has puzzled observers and raised concerns for the future of Nordic cooperation. However, little academic attention has been directed so far to the collective Nordic response to the pandemic. In the first comprehensive account of Nordic health coordination and cooperation during the pandemic, this article investigates a paradox: how did one of the oldest regional units in Europe, with the current ambition of becoming the “most sustainable and integrated region in the world in 2030”, become one of the most inconsistent and divided once the pandemic hit? This paper argues that the recent developments have roots in the overall decline of the Nordic regional model. Increasingly based on broad commitments and informal coordination, Nordic solidarity has shown its limits in a time of crisis – leaving the Nordic project on the brink of marginalisation between the domestic and European levels.

Keywords: Nordic countries, Public Health, Coordination, Cooperation, COVID-19 response

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1. Introduction

As all European countries were grappling with the COVID-19 pandemic, the Nordic region stood out as a paradox. It was on average less impacted by the virus than the rest of Europe. Yet, the region faced this global threat in a scattered way and Nordic cooperation as a political project – one of solidarity, trust, and cooperation – has been uniquely destabilised by the handling of the pandemic. On September 25, 2020, Anders Tegnell, the then Sweden’s state epidemiologist, was asked by a reporter to reflect on the way Nordic countries had handled the COVID-19 pandemic up to that point:

Reporter: *As the situation has developed, would it have been better to have a common Nordic coronavirus strategy?*

A.T.: *Yes, it probably would have been. But it is not always easy to have a common strategy. Things look very different in each country, with different ambitions and levels, so unfortunately, it did not work out this time. Let’s hope we can do better next time.*

Reporter: *So, there are things to learn for the next epidemic?*

A.T.: *Yes, you hear from many that more collaboration would make life easier².*

The Swedish state epidemiologist has been otherwise one of the most controversial figures of the pandemic, however, his casual and dismissive answer on the Nordic cooperation is illustrative of a wider sentiment amongst Nordic policymakers and observers. To be sure, the lack of unity and solidarity across the regions has been almost unanimously lamented, and its potential long-term consequences have roused passionate discussions but interest in understanding how and why Nordic countries failed to work together more efficiently on public health and preparedness has remained surprisingly low. As if this outcome was inevitable. Some actors quoted by Creutz et al. (2021, p. 100) have even argued that Nordic cooperation was simply not to be expected for crisis management and public health policies. While is true that those policies are, like most, primarily the responsibility of national and local governments, Nordic health cooperation dates back to the early days of Nordic cooperation and has contributed to the shaping of similar and interconnected national health systems (Davesne, 2017). Pandemic preparedness has furthermore been highlighted as a priority by the Nordic Council of Ministers in recent years. Admittedly, even with this background, no sensible observer would go as far as to expect from a group of sovereign countries to hastily adopt a common pandemic strategy, pull resources together, or seamlessly harmonise their social distancing decisions amid such crisis but some degree of Nordic unity was to be expected. In the first weeks of the pandemic, a certain confidence even reigned in the Nordic circles regarding the ability of Nordic cooperation to generate pragmatic solutions, as expressed by the Foreign Minister of Norway Ine Eriksen Søreide: “We [...] have a long tradition of helping each other. In this crisis, Nordic solidarity and unity give us strength”

² Extract from *Dagens Nyheter* (2020, September 25). English translation by the author.

(Norwegian Ministry of Foreign Affairs, 2020, March 17). It seemed indeed reasonable to assume that highly interconnected small countries would be more likely to quickly coordinate and unite against a sudden threat such as a pandemic. Nordic states have developed a specific model of regional cooperation based on limited harmonisation and dense politico-administrative networks. Comparing Nordic cooperation to the European Union would thus be misguided. Yet, the collective Nordic response to the pandemic appears underwhelming even correlated to that of the Baltic countries, despite stronger regional networks and more established regional institutions. So why did Nordic countries struggle to react in a coordinated and cooperative manner to the COVID-19 pandemic?

The bulk of the emerging literature on COVID-19 policies in the Nordic region focuses on single-country studies (Kavaliunas et al., 2020; Ludvigsson, 2020; Pierre, 2020) or compares policy responses and epidemiological indicators with the specific purpose of establishing which national strategy was the most efficient (Yarmol-Matusiak et al., 2021; Saunes et al., 2022; Helsingen et al., 2020; Andersen et al., 2020; Greve et al., 2020). Studies addressing the Nordic dimension of the crisis have been focused mostly on assessing the impacts of border closures (Hansson & Stefánsdóttir, 2021; Creutz et al., 2021; Etzold, 2021; Giacometti & Wøien Meier, 2021; Wøien Meijer & Giacometti, 2021). Yet no study has so far provided a detailed and comprehensive analysis of both the national and Nordic responses to the pandemic and their implications for our understanding of regional integration and multi-level health policymaking in Northern Europe.

This article adopts a distinctively Nordic perspective and builds an analytical framework which articulates formal cooperation and coordination of domestic policies. Our framework is informed by the golden age of Nordic cooperation in the 1950–1970s when coordinated domestic reforms and formal cooperation initiatives fuelled each other. Our account challenges recent arguments according to which Nordic cooperation is “alive and kicking” despite a decline in formal cooperation and still thrives through informal networking and soft coordination among national administrations and stakeholders (Stie & Trondal, 2020). We suggest that the difficulties encountered cannot be solely blamed on the unique challenges posed by the pandemic. They are the symptoms of a weakening of Nordic regionalism regarding cooperation through formal institutions, as it has been widely acknowledged (Olesen & Strang, 2016, p. 28) but also affecting informal policy coordination mechanisms. The article further argues that superficial policy exchanges and non-cooperating practices further marginalised formal Nordic institutions (Olsen & Sverdrup, 1998) to the point of having little to no relevance in the handling of the pandemic (Etzold, 2020, p. 17).

The study focuses on the four continental Nordic countries (Denmark, Finland, Norway, and Sweden) which are all comparable in size, and share a land border – or a bridge crossing – with at least one Nordic country. Official policy documents from the selected countries and Nordic institutions have been analysed to trace the content and timing of national restrictions and Nordic initiatives (official investigations, legislative acts, parliamentary debates, speeches) as well as relevant newspaper articles.

2. Divergence, distrust, and closure: how uncoordinated COVID-19 strategies weakened Nordic solidarity

Convergence, mutual trust, and open borders (also referred to as “deborderisation”) are pillars of the Nordic coordination model. A detailed analysis of the handling of the pandemic by national authorities has laid bare limitations and vulnerabilities in all three respects. Usual soft coordination mechanisms such as mutual learning, sharing expertise through informal networks and seeking policy inspiration from close neighbours (Læg Reid & Rykkja, 2020) were unable to foster convergence at the outbreak of the pandemic and, as national strategies solidified, were partly supplanted by more competitive relations exacerbated by unprecedented international scrutiny. Uncoordinated social distancing responses led to equally uncoordinated, confusing, and at times contentious border control decisions. While Sweden has been an obvious outlier throughout the pandemic, discrepancies in the timing of key decisions, unilateralism, and a general lack of interest in coordinating national strategies have been a dominant feature of all national responses.

2.1. Diverging and uncoordinated responses: a comparison of Nordic social distancing strategies

The first case in the region was recorded in a resort in the North of Finland on January 29, 2020. All Nordic countries took nationwide measures to tackle the growing infection in the middle of March 2020, shortly after the World Health Organization had declared COVID-19 a pandemic. The Finnish Prime Minister activated a national emergency law for the first-time during peace on March 16, giving the government extended powers (Finnish Government, 2020, March 16). Norway and Denmark passed similar laws days later. Only the Swedish government refrained from passing an emergency law in the first month of the pandemic, citing constitutional differences with its neighbours³.

Overall, Nordic social distancing strategies differed in terms of objectives, instruments, and timing. Two fundamental objectives have been identified in the literature: mitigation, which focuses on slowing down epidemic spread, reducing peak healthcare demand while protecting those most at risk, and suppression, which aims to maintain low case numbers for as long as possible (Kavaliunas et al., 2020, p. 598). The Swedish approach was closer to the first strategy while the other three countries applied the latter. Different policy instruments were also used, with Sweden mostly relying heavily on voluntary compliance and individual responsibility instead of mandatory regulations. Finally, significant differences in the timing of social distancing measures have been observed. Whenever Sweden resorted to more stringent measures, these decisions have been delayed or more gradual, as opposed, for instance to Denmark which was in many respects an early mover (Seeing et al., 2021, p. 2). These different trajectories were made particularly noticeable and politically sensitive due to the fact that Sweden had

³ A pandemic law was eventually passed by the Swedish Parliament in January 2021 (SOU 2021:89, p. 223).

significantly higher COVID-19 incidence (see: Figure 1), hospitalisation, and mortality rates than the three other countries for most of the period covered.

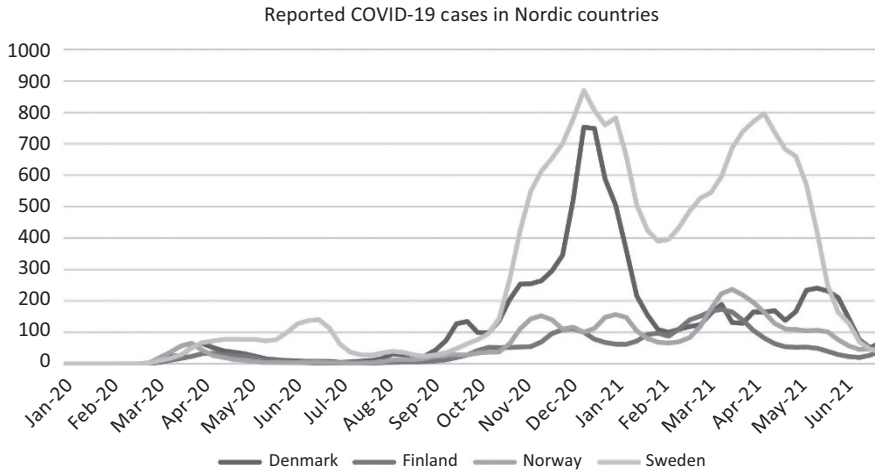


Figure 1. The 14-day notification rate of reported COVID-19 cases per 100,000 population (Source: ECDC)

The lowest common denominator: remote work recommendations

Provisions to encourage remote work were relatively uniformly implemented by Nordic governments. On March 10, 2020, the Norwegian authorities required all non-critical public sector employees to work from home and asked the private sector to implement it as much as possible (NOU 2021:6, 2021, April 14, p. 127). Denmark and Finland followed suit a few days later (Danish Parliament, 2021, p. 206). The Swedish Public Health Agency also encouraged people to work from home and issued a directive to allow non-essential public employees to work remotely a few weeks later (SOU 2021:89, 2021, p. 91). In all four countries, the recommendations were shortly paused, and reinstated when the “second wave” of the pandemic hit in the fall of 2020. The Swedish Statistics Office estimated that 40% of the workforce was working from home at the beginning of 2021 (SCB, 2021, May 20). Equivalent results were found in other Nordic countries (Eurofound, 2022, p. 12). Policy convergence was facilitated by the consensual nature of these measures (mostly recommendations) and the fact that the region was already amongst the most advanced in terms of remote work infrastructure (Randall et al., 2022). Looking at other social distancing measures, however, consensus on remote work appears to have been an isolated rather the result of a coordinated crisis management response.

Nordic tensions over school closures

Highly digitalised Nordic countries also easily turned to remote teaching for upper secondary schools, universities, and other adult education institutions during the pandemic (Hall et al. 2022, p. 3; OECD, 2021). However, national decisions dealing

with compulsory school closures have been much more controversial – sparking heated domestic and international debates.

Denmark and Norway closed schools on March 12, 2020. Two days later, the Finnish government also decided to enforce distance learning for all levels except for grades 1–3. Sweden introduced distance learning in upper secondary schools but did not implement compulsory school closure during the pandemic, despite a temporary law making it possible in March 2020 (Swedish Parliament, 2020). The Public Health Agency stressed early that such measure lacked scientific evidence and was not warranted given its potential negative effects on younger children (*Dagens Nyheter*, 2020, March 13). Up until the end of 2020, Swedish authorities even refrained from advising pupils to stay home if someone in their household had COVID-19. Given the divergence between Sweden and its neighbours, the Nordic dimension became an integral part of domestic debates. While publicly striking a defiant tone, Swedish authorities were uneasy with their isolated position. Some Swedish officials reportedly attempted to sway Finnish authorities to their approach, an effort that was poorly received according to Finnish sources cited by Mörttinen (2021).

Regardless, most Nordic experts converged towards the Swedish position on school closures, as concerns for the well-being of children mounted (*Aftenposten*, 2023, May 30). Denmark became the first European country to gradually reopen elementary schools in April. Contact teaching for young children resumed in Finland a few weeks later. Norwegian schools were allowed to reopen for 1–4 grade pupils under the condition that all pupils are not at school at the same time (Norwegian Government, 2020, April 17). During the “second wave” of the pandemic in the winter of 2020–2021, the Swedish government extended distance learning options to lower secondary schools but remained opposed to comprehensive compulsory school closures. This time around, Norway and Finland followed a similar approach, albeit with temporary exceptions in areas or schools with high infection rates. Denmark was the only country to enforce significant primary school closures from December 2020 to February 2021 (Hall et al., 2022, p. 13).

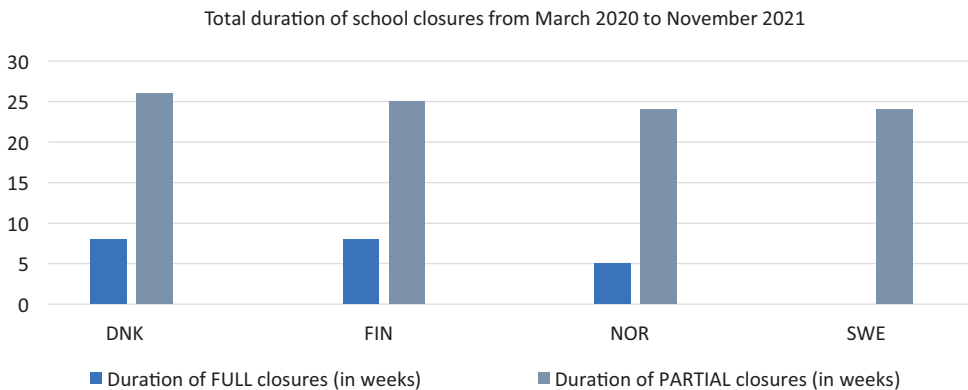


Figure 2. Primary schools closure (Source: UNESCO global dataset on the duration of school closures)

All over the place: limits on crowds and public gatherings

In the first days of the outbreak, a specific event caught the attention of Nordic media and became a symbol of the growing inconsistency of Nordic responses. On March 7, 27,000 Swedish fans attended the annual song contest Melodifestivalen while its Danish equivalent Melodi Grand Prix was happening on the same day without any audience (*Dagens Nyheter*, 2020, March 16). The day before, Danish Prime Minister Mette Frederiksen had advised against events with more than 1,000 attendees (*Ekstrabladet*, 2020, March 6). On 18 March, an emergency law prohibited gatherings of more than 10 persons and implemented a partial lockdown of public venues such as restaurants, shopping centres and hotels (DR 17/03/2020). The Finnish government applied similar restrictions on the same day and asked the public to avoid spending unnecessary time in public places (Finnish Government 2020). The list of closed facilities was later extended. Norwegian authorities adopted the most stringent measures after few days of hesitation. On March 10, they advised the public to cancel or postpone events with more than 500 participants but two days later a shutdown of all indoor and outdoor events was announced by the Prime Minister. The same applied to all hospitality businesses except for restaurants where visitors could always keep at least one metre distance (NOU 2021:6, 2021, April 14, pp. 127–129). Swedish authorities were the most restrained in their approach to business closures. The cap for public gatherings was initially set at 500 people, as big events were deemed more likely to attract visitors from all over the country (*Dagens Nyheter*, 2020, March 12). It was lowered to 50 people at the end of March, leaving most shops, restaurants, and bars opened if they complied to serving restrictions (Swedish Government, 2020a). A temporary law passed on 18 April allowed the government to close such venues but it was never used and expired in July.

After a short relaxation of restrictions during the summer of 2020, all countries gradually tightened the rules again. In Denmark, the maximum number of people allowed to gather was again reduced to 10 until the end of February 2021 (Creutz et al., 2021, p. 23). Norway briefly postponed all public events in January, while private events were limited to 5 persons and serving alcohol was temporarily banned (Norwegian Government, 2021, January 4). Finland took a softer touch with a nationwide limitation of public gatherings to 50 people and temporary restrictions on opening and alcohol sales hours. The government instead started to focus on a differentiated set of recommendations depending on the epidemiological situation of regions and cities, as did Denmark in December 2020. Norway waited until April 2021 to adopt a similarly decentralised approach. Once again, Sweden stood out from other Nordic countries both in timing and intensity. The Swedish Public Health Agency raised the crowd limit from 50 to 300 in November 2020 – despite a deteriorating epidemiological situation. The decision was criticised by many experts and several regions refused to implement it. Only two days later, the limit was lowered to 8 people (Public Health Agency of Sweden, 2020, November 10). The Swedish government finally limited crowds in shops to a maximum of one person per 10 square meters in January 2021. However, controls were rare, and compliance remained uneven.

Overall, social distancing measures in Nordic countries remained comparatively less stringent than in other parts of Europe. No comprehensive curfew laws were for

instance imposed in Nordic countries during the pandemic (Saunes et al., 2021, p. 5). Only Denmark had a general mask mandate in October 2020 (*DR*, 2020, October 26) while Norway and Finland simply issued recommendations for wearing face masks in public. Regardless, the Nordic response was, to say the least, fragmented. With this brief overview of key domestic social distancing measures, a picture of two contrasting approaches in terms of objectives, instruments, and timing emerges. The Swedish authorities opted for a more relaxed strategy from the start and partially held on to it despite mounting political pressure and growing cases. Denmark, Finland, and Norway had initially a more hands-on crisis management approach, albeit with variations in both timing and intensity. They also followed a relatively similar trajectory, gradually adopting more flexible arrangements when the conditions allowed.

2.2. Insurmountable diversity or unwillingness to coordinate?

Variations across national policies, and specifically the diverging Swedish strategy, have attracted much attention from academics and observers. A culturalist approach suggests that different political cultures and social norms could explain, for instance, why recommendations based on individual responsibility had more sway in Sweden, where social trust is highly valued (Lindström, 2020, p. 3), or why Finnish citizens have been more accepting of strict measures in line with a certain “crisis mentality” (Creutz et al., 2021, p. 101). Linking policy decisions to essentialised national cultural differences is problematic on many levels, not the least because such arguments have been made by policymakers themselves to justify their own choices. A constitutional approach argues that different legal structures could account for the diverging strategies. The fact that Sweden had no constitutional provisions for emergency powers in time of crisis could have played a role in the early decisions of March 2020 (Ludvigsson, 2020, p. 2464). Yet, this explanation is only partial and national strategies fluctuated significantly. After claiming they could not, Swedish authorities did pass an emergency law, which they did not trigger, proving it was more of a political choice than a constitutional problem. An institutionalist explanation focuses more convincingly on governance, administrative autonomy and the role of public health agencies. The Public Health Agency led the national strategy, while its counterparts had to compromise and were occasionally overruled by cabinet decisions (Saunes, 2022, p. 424; Pierre, 2020, p. 480). The Danish government issued for instance travel restrictions that had not been recommended by the Danish Health Authority (Creutz et al., 2021, p. 101). The Norwegian COVID-19 inquiry also reported similar disagreements (NOU 2021:6, 2021, pp. 130–131) but overall there is no clear indication that the strategy of Norway, Denmark, and Finland would have been markedly different if their public health experts had the same influence as in Sweden.

None of these cultural or institutional differences can explain the intensity and scale of the variations observed between Nordic countries – nor can they explain why countries with relatively similar approaches also failed to coordinate their response. Our contention is that the weakening of Nordic coordination in the field of public health is the cause and not the consequence of divergence. The institutionalist hypothesis presented above assumes, for instance that national experts had similar recommendations and that the focus of investigations should, therefore, be the

mechanisms through which expert knowledge was translated into public policies. Yet, far from building a “Nordic epistemic community” (Kettunen et al., 2016, p. 69), national public health experts were not aligned in their approach to preparedness and crisis management despite regular exchanges (Creutz et al., 2021, p. 47). The formation of initial responses was, for instance informed by different risk assessments made by national experts prior to March 2020, in which the number of hospitalisations projected by the Norwegian Institute of Public Health was double the number calculated by their Swedish colleagues (*Dagens Nyheter*, 2020, March 27).

During the first weeks of the pandemic, different approaches between public health authorities went from going virtually unnoticed to making world news. Contrasting and comparing Nordic strategies became a major part of domestic debates, either to criticise or legitimate national decisions. Swedish officials justified their approach as evidence-based, rooted in individual responsibility, and preserved from political interferences (*Dagens Nyheter*, 2020, May 7), while some of their Nordic colleagues prided themselves on their pragmatism, collective responsibility, and responsiveness to a rapidly evolving situation (*Dagens Nyheter*, 2020, August 21). Efforts to dismiss reports about Nordic disagreements were often quashed by national experts themselves, most notably Swedes and Norwegians, who publicly quarrelled on their respective approach⁴.

Diverging and scattered domestic responses to COVID-19 relate to broader trends in Nordic policymaking. Firstly, close contacts between experts and administrative networks do not always translate into tangible policy coordination and often only created superficial consensus or “window-dressing” (Strangborli Time & Veggeland, 2020, p. 61). When an unprecedented and highly volatile crisis put immediate pressure on policymakers and civil servants to act, those close relations were simply not substantial enough to foster coordination. Secondly, closeness and interconnectedness within the Nordic region made uncoordinated responses both problematic and difficult to justify to the public – thus creating an incentive (mostly for Swedish health officials and politicians) to build a political rationale for what was at its core expert disagreement. Thirdly, and probably more profoundly, the handling of social distancing strategies shows how Nordic countries rely increasingly on competitive benchmarking practices in which national policymakers seek to promote their national “Nordic” model rather than participate in shaping the Nordic model (Kettunen et al., 2016, p. 69). During the pandemic health authorities and national politicians have become entrenched in defending their national strategies and seemed overall more interested on being proved right than on learning from their neighbours.

2.3. Border closures: how diverging and uncoordinated social distancing strategies undermined mutual trust

Domestic policy divergence and disagreements between public health agencies spilled over into a wider Nordic crisis when national governments started to unilaterally close their borders.

⁴ See: *Dagens Nyheter* (2020, August 28) and *Göteborgs Posten* (2020, September 17).

At the beginning of the pandemic, all Ministries of Foreign Affairs advised against any international travel that was not strictly necessary. As the virus spread in Europe, most Nordic countries turned to increasingly drastic border control measures. They initially carved exemptions for inter-Nordic border travels but did so in an uncoordinated manner since no “Nordic bubble” was ever instituted. Denmark was the first to ban incoming passengers arriving from high-risk areas on March 12, 2020, a decision that did not apply to Nordic countries (*DR*, 2020, March 10). However, only three days later the government closed its borders to all foreigners without a worthy purpose such as work (Danish Police, 2020, March 14). Norway and Finland came the closest to creating a coordinated Nordic scheme in March 2020. They both introduced a 14-day quarantine for individuals returning from abroad, with exemptions for people residing or working in border communities. However, neither Norway nor Finland included Denmark in these exemptions. From April 2020, the exemptions were gradually tightened, making cross-border travels increasingly difficult. Finland limited work travel to/from Sweden and Norway to “strictly necessary” occupations. Work commuters were also ordered to self-isolate when returning to Finland (Finnish Government, 2020, April 7). Here again, Sweden chose a different approach. Up to the very end of 2020, the only coercive measure implemented by Sweden was the EU-wide entry ban on all non-essential travellers from non-EU-EEA countries. Travellers to Sweden were encouraged to be attentive to symptoms and practise general caution but were not systematically placed in quarantine unless symptomatic (Public Health Agency of Sweden, 2020, March 19).

This softer approach led in turn the other Nordic country to keep considering Sweden as a potential risk area when they gradually re-opened their borders in the summer of 2020 (*Dagens Nyheter*, 2020, May 18). In June, Denmark and Norway lifted border restrictions to EU/EEA countries following national infection rates. Both countries chose to break down Nordic countries into zones to allow for more flexibility in border regions. Nearly all Swedish regions remained listed as “orange”, which entailed stronger quarantine requirements. Norwegian infection level limits (20 new cases for 100,000 inhabitants) also meant that border restrictions remained in place for most of Sweden except the island of Gotland (*Bohuslänningen*, 2020, June 20). In the following weeks, travellers from Blekinge, Kronoberg, and Scania were allowed in (Norwegian Government, 2020, July 7). In May, the Finnish Government added family matters, personal reasons, or attending to property in Finland to the initial list of valid motives for commuting to and from Norway and Sweden. In June, travel restrictions for Baltic and Nordic countries were lifted but not for Sweden (Ministry of the Interior of Finland, 2020, June 12). New entry rules to Finland were introduced on July 13, 2020. The country was now open to all travellers from countries with less than eight new cases per 100,000 persons in the previous 14 days – a threshold which still excluded most of Sweden (Finnish Government, 2020, July 10). The border to Sweden was finally reopened on September 19, when the limit was raised to the EU level of 25 new COVID-19 cases per 100,000 inhabitants (Finnish Government, 2020, September 11).

Despite the application of region-specific restrictions instead of nation-wide bans, there was no escaping the optics of Finns, Norwegians, and Danes being able to travel freely in the Nordic region but not the Swedes. Two competing narratives started to

emerge: the Swedish authorities voiced concerns over the long-term impacts of border closures for border communities and for Nordic solidarity (*Aftenposten*, 2020, July 13), while Norway and other Nordic governments justified them as a pragmatic response to different local situations (Creutz et al., 2021, p. 52). The Minister of Foreign Affairs Ann Linde sought to present the Swedish position as a principled defence of a Nordic region where people could move freely. As a symbolic gesture, Sweden lifted the advice against travels to Denmark and Norway in July (Swedish Government, 2020, July 29). In fact, the advisory against non-essential travel to most EU countries had already been lifted – and had arguably more to do with easing summer holidays than improving Nordic relations. Moreover, the advisory against non-essential travel to Finland remained in place until September 21 – two days after Swedes were allowed to Finland again (Swedish Government, 2020c). The timing of these decisions indicates that, despite the official claims, the Swedish government did in fact consider the restrictions its citizens were facing in other Nordic countries when making its own decisions.

Uncertainties around new variants made travel restrictions increasingly stringent in all Nordic countries from August 2020 to January 2021. In a dramatic policy shift, Sweden introduced a temporary travel ban from Denmark on December 21, 2020. The measure was justified by concerns over the spread of the “UK variant” to Denmark. (Swedish Government, 2020b) The entry ban was extended to travellers coming from Norway on January 25, 2021, following an outbreak in the Oslo region (Swedish Government, 2021, January 24). At this point, the new variant had already spread to Sweden (SOU 2021:89, 2021, p. 225). On 29 January, the Swedish government required foreign nationals to show a negative COVID-19 test (*The Local*, 2021, January 29). Border controls and requirements for a negative COVID-19 test became the norm in the Nordic region, until the vaccine roll-out allowed for a relaxation of intra-Nordic border controls in the spring of 2021. This belated convergence was not born out of coordination and mutual trust but emerged after months of unilateral, abrupt, and sometimes contradictory national decisions which exposed the vulnerability of free mobility, one of the oldest and the most celebrated *acquis* of Nordic cooperation.

3. Health cooperation during the pandemic: in search for the “Nordic added value”

During the COVID-19 crisis, Nordic cooperation found itself in a paradoxical situation: almost unanimously celebrated as a common good to be preserved in the face of chauvinism and inward-looking policies, while at the same time, somehow not legitimate or relevant enough as a regional organisation to be trusted with concrete problem-solving capabilities in times of crisis. Unequipped to react rapidly and seize political opportunities, Nordic institutions took the back seat and let the EU become the main locus of pandemic cooperation in Northern Europe, while informal bilateral cooperation based on personal contacts punctually delivered practical stop-gap solutions in the grey area between the Nordic and wider European political spaces.

3.1. Nordic institutions weathering the storm: resilience or inertia?

With national health agencies publicly at odds with each other and governments unable to coordinate their social distancing and border management strategies, Nordic institutions tiptoed around the most sensitive issues and focused on fulfilling their mandate despite the crisis.

The Nordic Council, created in 1952, promotes cooperation among national parliamentarians. It normally meets twice, during a spring “theme” session and a “plenary” session in the fall, where the Council adopts recommendations and presents statements of opinion to the Council of Ministers or directly to national governments. These activities are conducted by the Presidium, which can act as a plenary assembly in-between sessions. The Nordic Council of Ministers, established in 1971, is the intergovernmental cooperative body and meets 3–4 times each year to adopt Council recommendations and propose decisions to the Council. Travel restrictions initially disrupted this long-established routine but Nordic institutions quickly adapted. The 2020 spring theme session was replaced by digital committee meetings and the 72nd Plenary session was replaced by a digital meeting held together with prime ministers. Overall, Nordic institutions succeeded in maintaining regular activities and keeping the lines of communication open despite the circumstances. In fact, more meetings were held in 2020 than the year before, albeit digitally (Norwegian Parliament, 2021).

Substantively, the Nordic Council was a useful damage control mechanism at the height of tensions surrounding border closures. The Freedom of Movement Council, appointed by the Nordic Council, has contributed to concretely solve COVID-19 related disruptions to cross-border commuting (Swedish Government, 2021). Yet, as Giacometti and Mejler put it, this action could more adequately be described as “an effort to mitigate the initial failure of national governments to coordinate” rather than a success of Nordic cooperation (Giacometti & Mejler, 2021, p. 9). Nordic institutions played their role, presenting a unified front and defending the principles of Nordic cooperation but rarely ventured outside of their comfort zone. The 2020 plenary session did feature a debate on the COVID-19 crisis in a global and Nordic perspective (Swedish Parliament, 2021, p. 12), for which the President of the Nordic Council Silja Dögg Gunnarsdottir had high expectations: “I think we can have an extra interesting debate because the subject is so burningly topical. Our Nordic countries have chosen slightly different strategies in the fight against the virus, and it will be exciting to hear how the countries reason. I hope that we can learn lessons from our mistakes to avoid repeating them when the next crisis comes” (Nordic Co-operation, 2020, September 28). Yet little of substance was discussed. Despite holding regular meetings over the course of the pandemic, the Nordic Council of Ministers was never used as a platform for joint crisis response. The Prime Ministers, critically, appeared moderately interested in launching a Nordic task force. As the Secretary General Paula Lehtomäki lamented it, “Nordic institutional cooperation is simply not seen as a tool to manage everyday issues”⁵.

⁵ Presentation by Secretary General of the Nordic Council of Ministers Paula Lehtomäki at the webinar “Nordiska scenarier – kickoff” on July 7, 2021 (cited by Creutz et al., 2021, p. 20).

Nordic institutions started to engage in a structured pandemic response only once the re-opening phase and the vaccine roll-out had begun, most notably by launching a revision of the existing crisis preparedness agreement. The ministers for cooperation have appointed Jan-Erik Enestam, a former Finnish minister, to carry out an investigation on how Nordic institutions have worked during the crisis and how to strengthen Nordic cooperation in the future. The report was first discussed with prime ministers during the 73rd Session of the Nordic Council (which was held physically again) in October 2021 (Swedish Parliament, 2022, p. 17). Based on these initial discussions, it is, however, relatively unlikely that this reform will bring forward significant policy changes or institutional innovations.

3.2. Emergency assistance during the crisis: a few bright spots in a sea of missed opportunities

In 2002, Nordic ministers have signed a health preparedness agreement in to help each other in times of disasters and crisis. The agreement could be triggered on short notice to deliver any type of assistance and support. A Nordic Group for Public Health Preparedness (also known as the Svalbard Group) has also been set up to improve the sharing of information, skills, and knowledge. Its mandate was later expanded in 2017. If the COVID-19 has provided Nordic countries with opportunities to implement this assistance mechanism, especially as Sweden was more impacted by the pandemic than its neighbours, a combination of vague provisions and national susceptibilities have limited its impact.

Vital but not unique: joint repatriation of Nordic citizens

Amidst frantic efforts to repatriate stranded citizens from all over the world, Nordic governments agreed to help each other with consular assistance in areas where some countries did not have representation. They also allowed repatriated Nordic citizens to transit through any Nordic countries on their way home. National officials have praised this cooperation as “particularly close and operational” (Norwegian Government, 2021, April 9). Yet, as pointed out by Creutz et al. (2021, p. 49), this joined effort can hardly be seen as exceptional internationally. Nor can it, despite its undeniable usefulness, be considered a significant collective response to the COVID-19 pandemic. The fact that it has often been cited by Nordic actors as a major achievement is, in itself, revealing⁶.

The competitive undertones of Nordic solidarity: when being right matters more than getting help

Nordic governments were willing to help one another but they were not always ready to be seen in a position of needing help. In April 2020, Swedish authorities first

⁶ See, e.g., the joint declaration by the Norwegian Minister for Nordic Co-operation Jan Tore Sanner and the Norwegian Minister of Foreign Affairs Ine Eriksen Søreide (Søreide & Sanner, 2021) as well as the interview of the Danish Minister for Nordic Cooperation Mogens Jensen (Preisler, 2020, September 3).

announced their plans to open some hospitals to Finnish COVID-19 patients (Blomqvist, 2020, April 7). However, as the domestic situation deteriorated, the National Board of Health and Welfare (NBHW) faced calls to accept assistance from neighbouring countries instead (Kleja, 2020, December 10). In December 2020, the Finnish Ministry of Health declared that, despite also experiencing an increase in cases, Finland was ready to allocate emergency beds to Swedish patients (Björkqvist, 2020, December 12). Denmark's Health Minister told *Dagens Nyheter* that they made a similar offer, as did Iceland previously (*Dagens Nyheter*, 2020, December 15). The Deputy Health Minister of Norway declared that the country was also willing to contribute: "We have not received any formal request for assistance from Sweden yet. If the Swedish authorities contact us, we will have a positive attitude to it" (Aanensen, 2020, December 12). She did not specify which type of support could be provided but it was speculated that Norway could send a medical task-force similar to the one deployed to worse-hit Italy during the Spring of 2020, typically a team consisting of 20–25 nurses, doctors, and logistics experts. Norway also envisaged accepting Swedish burn patients to relieve Swedish ICUs. Swedish officials seemed uneasy with these offers and tried to underplay the acuteness of the situation. Johanna Sandwall, head for preparedness at NBHW, replied that the Nordic agreement could only be triggered once all national resources were exhausted: "The situation of the healthcare sector is very tense in some regions but we still have sufficient national capabilities to meet those needs right now" (*Dagens Nyheter*, 2020, December 15). Swedish authorities did not ask for assistance in the following weeks. Even at the peak of infection, no Nordic country reached a level of ICU saturation comparable to what other European countries experienced. But this is unlikely to be the only reason why this cooperation did not materialise. With Sweden choosing a different strategy and being the most affected country in Northern Europe, the politics of Nordic benchmarking stood in the way of pragmatic collaborations.

A rare case of complementarity: bilateral agreements on protective and medical equipment

Diverging national strategies lead to limited but mutually beneficial bilateral cooperations between Norway and Sweden in two specific cases. In the spring of 2020, the global chain supply of protective and medical equipment, as well as specific pharmaceutical products, was upset by spiking demand, delays, and shortages. As the authors of the Swedish Coronavirus inquiry put it, "The whole world competed for the limited amount of protective equipment available. [...] it was the law of the jungle that prevailed" (SOU 2021:89, 2021, p. 318). Nordic countries were all impacted by the global supply chain crisis, albeit to varying degrees. Denmark was relatively less affected by shortages thanks to a stronger domestic health and pharmaceutical private sector (SOU 2020:80, 2020, p. 158). Finland reaped the benefits of its long-established stockpiling legislation, according to which pharmaceutical companies, healthcare providers, and importers are mandated to keep a several-month worth of reserves. Other Nordic countries had reduced their stockpiles before the crisis (Bhaskar et al., 2020). In Norway, a third of municipalities reported a shortage of protective equipment in 2020 (SOU 2020:80, 2020, pp. 158–159). In Sweden, shortages of personal protective

equipment (PPE) and vital equipment such as ventilators have greatly disrupted hospital care and often led health professionals to work without adequate protection (Swedish National Board of Health and Welfare, 2020a).

Supply chains gradually recovered in the second half of 2020 but shortages of specific equipment or drugs continued well into the following year (Swedish National Audit Office, 2022). In this context, Nordic solidarity in the form of re-selling excess stocks have been a valuable short-term solution. When stocks of various essential medicines such as the anaesthetic drug Propofol were running low in April 2020, Swedish authorities turned to other Nordic countries for help and Norway answered the call (Pramsten, 2020, May 12). Sweden soon returned the favour. On July 9, 2020, the National Board of Health and Welfare was authorised to negotiate re-selling agreements whenever a surplus identified in Sweden could benefit another EU-EEA country, provided that the transaction was carried out with full cost recovery. As a general advice for wearing face protection was in effect in Norway but not in Sweden, Swedish authorities were able to sell 100,000 FFP-3 masks to Norway (SOU 2021:89, 2021, p. 68).

3.1. Access to European procurements: the main added value of Nordic cooperation during the pandemic?

While bilateral re-selling arrangements have created limited cross-border synergies, Nordic countries were looking elsewhere for securing access to critical supplies. Internally, they created centralised procurement units wherever they were missing, such as in Sweden (SOU 2021:89, 2021, p. 325), and sought to solve bureaucratic inefficiencies (Swedish National Board of Health and Welfare, 2020b). Internationally, they first tried to negotiate separate deals with European drug companies and Chinese manufacturers (SOU 2021:89, 2021, p. 336). However, it quickly became apparent that collective international action was needed – and that Nordic cooperation would not be the solution. Besides a few public calls for a Nordic initiative, participation in the EU joint procurement of personal protective equipment launched by the European Commission (EC) stood out as the only viable path. Somewhat ironically, it is in this context that Nordic solidarity made the most decisive impact on the handling of the pandemic.

European cooperation – the preferred track to secure protective equipment and medical products

On February 28, 2020, the Swedish Government decided to sign the EU-wide Joint Procurement Agreement (JPA) on medical products, with an uncharacteristic promptness given its cautious approach towards increased EU competencies and its own Public Health Agency's assessment that the risk of spreading the new coronavirus was low (Swedish Government, 2020e). The European JPA on protective equipment did not lead to any purchase, initially because of quality concerns on the first bid and then because there was no shortage of PPE after the summer of 2020 (Swedish National Audit Office, 2022). Yet Sweden also participated in the JPA on medicines

and decided to authorise the Civil Contingencies Agency to house medical stockpiling within the framework of the EU civil protection mechanism RescEU (Netz & Axelson, 2021). Overall, the Swedish national enquiry found that participating in the JPAs had been instrumental to securing the availability of key medical products and medicines used in the treatment of COVID-19 (SOU 2020:80, 2020, p. 369). The early Swedish commitment to European schemes left little room for any potential Nordic alternative. Denmark and Finland opted out of the first failed JPA attempt but then joined the subsequent EU-wide JPAs.

The growing importance of EU procurements put non-EU members Norway and Iceland in an increasingly precarious position. Their supply chains were highly dependent on Western European exports and transit but as EEA-EFTA countries they were initially excluded from European procurements. More concerning yet, on March 15, 2020, the EU introduced a ban on the export of infection control equipment to prevent actors outside Europe from purchasing infection control equipment from the European market. The ban applied to EEA-EFTA countries such as Norway and Iceland. Soon after this decision, a delivery truck full of infection control equipment was stopped at the Swedish border on its way to Norway. An agreement between Norway and Sweden resolved the matter but Sweden could not open its border without authorisation from the European Commission. Norway called an extraordinary meeting of the EEA Committee and Foreign Minister Ine Eriksen Søreide had phone conversations with EC President Ursula von der Leyen and Commissioner for Trade Phil Hogan (NOU 2021:6, 2021, April 14, p. 106). On March 19, 2020, Norway and the other EFTA countries were exempted from the EU export ban, and trucks loaded with infection control equipment could again roll across the Swedish border to Norway. According to Norwegian and Swedish officials, Sweden played a significant role in advocating in favour of its Nordic neighbours.

While the divide between EU insiders and outsiders could have further eroded trust among Nordic countries, Sweden's active role been regarded as proof that Nordic solidarity did not collapse despite ongoing tensions over national strategies. Creutz et al. even described it as an "example of well-organised Nordic cooperation during the pandemic" (2021, p. 49). Such assessment should however be qualified, given that institutional Nordic cooperation was not directly involved in any stockpiling or purchasing scheme and that Nordic countries joined the EU effort on an individual basis. At best, Nordic cooperation could be described as a successful "stop gap" solution.

Norway's race to joining EU vaccines procurements: how the "allies from within" saved the day

Nordic solidarity was even more crucial in helping secure Norwegian and Icelandic participation in the EU vaccine purchasing deal. This section addresses specifically Norway's efforts to access COVID-19 vaccines, as the high-stakes negotiations that unfolded over almost two years encapsulate the strengths and limits of Nordic cooperation as secondary to EU integration.

When the pandemic broke out, the European Union had a long history of thwarted and limited involvement in health policy, some institutional capacities (the ECDC)

but no specific mandate to manage vaccine purchase and distribution among its Member States. Yet within a year the EU had acquired a common strategy and had become a key player in the global rush to purchasing vaccines. This effort started with the informal intergovernmental initiative called the Inclusive Vaccine Alliance (IVA) initiated by France, Germany, Italy, and the Netherlands. The IVA initiative compelled the European Commission to step up on June 17, 2020. The Commission was able to sign agreements with vaccine developers on behalf of Member States which had an obligation to acquire the agreed number of vaccine doses. Before each agreement was signed, a deadline of five working days was set for the Member States to decide whether they wished to be covered by the agreement. There have been EU-wide agreements for COVID-19 vaccines with eight different manufacturers, for a total of 4,625 million vaccine doses to be delivered up to the end of 2023. In May and June 2021, the Commission secured additional agreements with the companies Pfizer/BioNTech and Moderna to provide additional vaccine doses if required during 2022 and 2023⁷. The Swedish government informed the Commission on June 22, 2020, of its decision to enter the agreement on vaccine procurement. A week before this decision, Richard Bergström was appointed national vaccine coordinator and was tasked to represent Sweden in the procurement negotiations. He was also appointed by the Commission and the Steering Group of Member States to be one of the experts in the EU negotiating team (SOU 2022:3, 2022, p. 101). This appointment granted Sweden a strategic position and played a decisive role in the extension of JPAs to non-EU Nordic countries. Sweden took part in all major individual agreements with AstraZeneca on August 20, 2020, Janssen on October 15, 2020, Pfizer on November 17, 2020, and Moderna on December 1, 2020 (SOU 2022:3, 2022, pp. 105–110). The national inquiry on the vaccine strategy later considered that Sweden's participation in the common EU procurement process was a crucial contribution to the country's successful vaccination roll-out (SOU 2022:3, 2022, p. 30).

The Norwegian authorities considered various alliances and international partnerships to secure access to a vaccine. They showed an early interest in COVAX, a vaccine programme run by Gavi, an international vaccine alliance whose main task has been to secure vaccines for children in low-income countries. Being hardly a low-income country, and amongst Gavi's main financial contributors since its creation in 2000, Norway worked with the UK and other isolated high-income countries on several proposals to change its vaccine allocation system and went as far as to suggest that countries that pay first could take some precedence. The controversial effort failed, and it became clear that within the existing COVAX distribution rules, Norwegian authorities would not meet their goal of vaccinating the entire national population (NOU 2022:5, 2022, April 26, pp. 262–263). The MoH also investigated the possibility to join forces with the UK in its ongoing negotiations with AstraZeneca and explored a variety of “loose coalitions” with other countries (NOU 2022:5, 2022, April 26, p. 265). The Norwegian authorities also investigated the domestic potential for producing vaccines against COVID-19. In May 2020, the Norwegian Drugs Agency

⁷ 3,860 million come from the companies AstraZeneca, Janssen, Pfizer/BioNTech, Moderna, and Novavax (SOU 2022:3, 2022, p. 25).

pointed out that Norway had leading vaccine producers for the fish farming industry that could be redirected to COVID-19 vaccine production but the idea was quickly dismissed⁸. For all the alternatives explored in this frantic search for a vaccine plan – including the most improbable ones – the internal documents show that very little consideration was given to a Nordic solution. The May 19, 2020, Memorandum presenting all the options in preparation to the government only vaguely hinted at the possibility to engage in Nordic cooperation on vaccine production⁹. With no realistic perspective for domestic or Nordic vaccine production in the short term and limited international options, joining the EU initiative soon became the only viable option. Contacts had already been established with the European Commission, as well as Germany and France, to ensure that Norway would be included in future European vaccine plans. On June 9, it was decided that the Norwegian Government would submit a request to take part in the Inclusive Vaccine Alliance led by France, Germany, Italy, and the Netherlands¹⁰. Norway was officially invited by France to join (NOU 2022:5, 2022, April 26, p. 266).

As Norway's participation in the European vaccine programme seemed all but guaranteed, the take-over of the IVA initiative by the European Commission changed everything. The EC decided on June 17 to use the Emergency Support Instrument (ESI) to finance Joint Procurements, a mechanism Norway was not part of (European Commission, 2020). Despite Norwegian complaints, the EC was not interested in creating a specific funding mechanism for EEA/EFTA countries, citing disagreement amongst Member States and fears that extending the scope of the JPA beyond the EU-27 would open a “pandora box” (NOU 2022:5, 2022, April 26, p. 267). Facing a political and legal deadlock, Norwegian officials called Sweden's vaccine coordinator Richard Bergström for help. A meeting was held on August 12, 2020, between DG Santé, Richard Bergström, his Danish colleague Nikolai Brun, and Norwegian officials. The Commission rejected Bergström's suggestion that Member States should share their vaccine doses with EEA/EFTA countries as being too favourable to AstraZeneca (who would then get paid more for the same delivery). It was suggested instead that Member States could resell some of their vaccine doses. Norway would thus become dependent on one or more EU countries taking on the role of re-seller for Norway. Richard Bergström proposed a solution in which Sweden, on behalf of the EU, was given control over a given proportion of all vaccines that would then be sold to third countries (NOU 2021:6, 2021, April 14, p. 117). Bergström's “fait accompli” solution received the approval of Swedish Foreign Minister Ann Linde and Sweden's government announced at a press conference on August 20 that the country would assume the role of intermediary (Swedish Government, 2021, p. 23). The first contract for the delivery of AstraZeneca vaccines was signed on October 15, 2020, and another

⁸ Helseidrettsdirektoratets referat fra møte i HOD mellom HOD, FHI, Statens legemiddelverk, Helseidrettsdirektoratet og Forskningsrådet, 19. mai 2020 (cited by NOU 2021:6, p. 116).

⁹ R-notat til regjeringskonferanse 19. mai 2020, fremmet av utviklingsministeren, utenriksministeren, helse- og omsorgsministeren, forsknings- og høyere utdanningsministeren (cited by NOU 2021:6, p. 116).

¹⁰ Notat til RCU-konferanse 9. juni 2020 (cited by NOU 2021:6, p. 116).

agreement was signed by the end of 2020 (Melchior, 2021).

The final hurdle arose in March 2021, when the EU installed export controls for vaccines similar to the ones on protective equipment one year earlier, following a legal dispute with AstraZeneca. To the dismay of Norwegian officials, Norway was unexpectedly not exempted from the export ban to third countries. A delivery expected from Italy via Sweden was in jeopardy but after a back and forth with Swedish customs, Norwegian officials called no other than Sweden's vaccine coordinator Richard Bergström who found a pragmatic solution with Swedish customs (NOU 2022:5, 2022, April 26, p. 277). Norway had finally achieved its main goal of securing EU deliveries of vaccines, which came at the cost of having no possibility to negotiate the price, quantity, delivery time or any other aspect of the deals. Norway, however, could thank its ally from within: "In our opinion, the Swedish authorities have done more for Norway in this matter than one might expect from a neighbouring country. For Norway, Bergström was the right man in the right place during this crisis. It is not a given that we will be just as lucky next time" (NOU 2022:5, 2022, April 26, p. 288). As the dust settled on the race to securing access to European JPAs, Norwegian and Swedish vaccine experts extended their fruitful EU-driven cooperation. They worked together with the European Commission on redistributing vaccine through loans, resale, and donations. Sweden was given the main responsibility for reallocating AstraZeneca vaccines to COVAX and Norway volunteered to support Sweden to alleviate some of the administrative workload.

Informal Nordic cooperation through interpersonal relations has delivered tangible results in connection to broader EU initiatives. This is by no means a minor point, as missing out on the JPA would have had significant consequences for Norway and Iceland. These developments could explain why Norwegian officials, in particular, have been more positive in their overall assessment of Nordic cooperation during the pandemic (Creutz et al., 2021). However, at no point has any potential Nordic alternative to European vaccine schemes been realistically pursued, even though Nordic governments had been – uncharacteristically since the beginning of the pandemic – in agreement regarding vaccine strategies. What lessons will be drawn by Nordic policymakers from these extraordinary events? The Norwegian Coronavirus investigation provide us with the first indication: while Nordic solidarity was praised in the report, its main recommendation was for Norway to strengthen its direct ties with the European Union to avoid future uncertainty (NOU 2022:5, 2022, April 26, p. 264). Furthermore, it ruled out any future Nordic joint-venture on vaccines and medical production: "It is not realistic to believe that an alliance between Nordic countries will be a solution [...]. It would be too little an alliance" (NOU 2022:5, 2022, April 26, p. 288).

4. Conclusion

This article conceptualises coordination and cooperation as two distinct yet interconnected dynamics of regional integration. The historic model of Nordic regional integration was built on the coordination of national policies, through mutual learning and close contacts, and cooperation, i.e., the limited pooling of problem-

solving capabilities. Since the heyday of Nordic cooperation in the 1950–1970s, the latter has receded markedly. Yet some scholars have argued that the mechanisms of soft politico-administrative coordination are still vibrant and in essence offset the weakening of formal cooperation mechanisms.

Our overview of Nordic responses to COVID-19 crisis shows that neither the informal coordination of domestic policies nor intergovernmental cooperation has made a decisive impact on the handling of the pandemic in Nordic countries. Overall, national governments and administrative bodies responded to this unprecedented crisis by implementing inward-looking national measures, which further put Nordic solidarity to the test, while Nordic institutions solely focused on mitigating some of the effects of these uncoordinated national policies. Ultimately, Nordic cooperation only made a decisive impact on the pandemic response through isolated individual initiatives in the framework of a wider European pandemic cooperation. Observations from the Nordic responses to COVID-19 are thus congruent with more general studies made in another context (Olsen & Sverdrup, 1998) and hint at a specific challenge for Nordic solidarity in times of crises: informal coordination and institutional cooperation continue to endure, and in some instances thrive but they seem increasingly disconnected from the core of domestic decision-making.

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