Chapter 2

The role of administrative tradition in government responses to crises

A comparative overview of five Nordic countries

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Abstract

The purpose of this chapter is to compare how the various responses to the Covid-19 pandemic by the governments of Denmark, Iceland, Norway, Sweden, and Finland relate to the different administrative traditions and models of governance in these countries. For example, the Nordic countries differ in the degree of discretion that individual ministers have to propose actions within their area of responsibility. In this chapter, I examine to what extent these differences are reflected in the policies these five countries undertook in order to mitigate the effects of the Covid-19 pandemic in early 2020, and I provide a framework for understanding these policy choices. The differences in how the Nordic countries responded to the Covid-19 pandemic have puzzled observers, especially the contrast between Sweden's reliance on soft policy measures and Denmark's rapid and centralised crisis management. Although the Covid-19 crisis is unique in many respects, a comparison of Nordic governance models and administrative traditions is important for understanding why the countries acted differently.

Keywords: government response comparison, models of governance, multi-level governance, administrative traditions, Nordic Covid-19 policies

Introduction

Politics and administration intertwine with the everyday lives of Nordic citizens, but usually, political and administrative issues have an appropriate time

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and place. Few citizens are aware of how the chain of command between the national government and health authorities works or, for example, which authority is entitled to close schools. The Covid-19 pandemic has highlighted the complex structures of governance in modern societies and provoked new interest in how institutions of governance work and interconnect (Kuhlmann & Francke, 2022). Since early 2020, the heterogeneity in government responses to the Covid-19 crisis has puzzled social scientists around the world (see, e.g., Askim & Bergström, 2022; Bouckaert et al., 2020).

The Nordics are no exception to this rule; although they share many similarities, there is considerable variation in how the five countries responded when the pandemic reached a critical stage in March 2020 (see, e.g., Saunes et al., 2022). This has caused general observers of politics, as well as social scientists, to raise questions about the institutional framework behind the Nordic policy responses. The reasons for the different choices of strategy are various and complex, but some of them trace back to basic differences in how the Nordic countries are organised and governed. One such basic difference is in how far-reaching the actions proposed by individual cabinet ministers, in their field of responsibility, can be (Ahlbäck & Wockelberg, 2016). Another significant difference relates to variations in the degree of centralisation of the healthcare systems (Saunes et al., 2022).

My aim with this chapter is to present a comparative overview of the politico-administrative systems of Denmark, Finland, Iceland, Norway, and Sweden, and to analyse the implications of the detected similarities and differences among the Nordic government responses to the Covid-19 pandemic in early 2020. In so doing, this chapter contextualises the comparative analyses of political communication presented in the other chapters of this book. This chapter addresses the following research questions:

RQ1. What are the main similarities and differences in the principles for division of labour between the actors within the core executive of the Nordic countries, that is, the government as a whole, government ministers, and the central government agencies?

RQ2. What are the patterns in the Nordic governments' usage of governance tools during the first stage of the Covid-19 pandemic, and how do these patterns relate to the basic differences in models of governance?

RQ3. What are the main similarities and differences in the organisation of the Nordic healthcare systems? How do these differences relate to the different administrative heritages of the Nordic countries?

Similarities and differences between the Nordic models of governance

Similarities of Nordic politico-admistrative systems

In global and European comparisons of political systems, the Nordics usually form a distinct group of their own. The Nordic countries are all parliamentary democracies, and their common administrative tradition is known for a rule-of-law culture, transparency, and accessibility of administration for the citizenry. This includes well-developed administrative systems, merit-based bureaucratic professionalism, and long traditions of semi-autonomous central agencies, as well as greater autonomy of the central bureaucracy than in the rest of Europe (Greve et al., 2016; Lægreid, 2017).

The Nordic countries are decentralised unitary states, where subnational government plays a crucial role in the provision of public services to citizens. Like in other modern states, government activities at national and subnational levels interlink in various ways, through vertical coordination within policy sectors and through horizontal coordination by multifunctional local governments (Kuhlman & Francke, 2022). Compared with most other European countries, Nordic subnational governments enjoy considerable financial and functional autonomy, which means that local and regional governments have a strong mandate to make decisions within the legal responsibilities given to them concerning education, healthcare, and social services (Ladner et al., 2019).

Differences in West Nordic and East Nordic administrative heritages

Although the context of the Covid-19 pandemic is unique, the initial policy responses to the crisis highlighted institutional differences in the division of labour between institutions of government in the Nordics. Observers of the pandemic policies of the Nordic countries have noticed the differences in the positions of individual ministers in the implementation of actions against the pandemic. One extreme example is the decision of the Danish minister of environment and food in late 2020 to have all minks at Danish fur farms slaughtered in order to prevent spread of the virus by minks (Danish Ministry of Environment and Food, 2020).

A traditional way of describing the politico-administrative systems of the Nordic countries is to distinguish between West Nordic and East Nordic administrative traditions. This distinction dates back centuries, to the time when Finland was part of the Swedish Empire and Norway and Iceland belonged to Denmark. The countries have established different rules and norms based on their own traditions for the division of power between government and administration. The West Nordic model, typical for Denmark, Iceland, and Norway, builds on the idea of undivided power. This model grants government ministers

influence over activities within the scope of their department. The dualistic East Nordic model, typical for Finland and Sweden, restricts the influence of the government by granting administrative authorities' considerable autonomy (Ahlbäck & Wockelberg, 2016; Wenander, 2016, 2019).

In modern Nordic governments, the most important difference between the administrative traditions concerns the scope of action of individual cabinet ministers. The scope of action is defined both in relation to the cabinet as a whole and in relation to civil service. The former represents the extent to which an individual minister is able to act independently, and the latter to what extent a minister is allowed to intervene in the actions of public authorities within their domain. A related feature concerns the degree of autonomy of public authorities in relation to the government and the ministers (Ahlbäck & Wockelberg, 2016).

In Denmark, Iceland, and Norway, ministerial governance is the rule (Ahlbäck & Wockelberg, 2016; Bergman et al., 2004; Wenander, 2016), where individual ministers are responsible for all activities within the domain of their own ministry, but they also have the legal right to instruct and intervene in actions of public authorities within their area of government. Furthermore, individual ministers are relatively independent vis-à-vis the cabinet. Although ministers possess the right to intervene in the activities of the administration subordinate to the ministry, it is important to notice that Danish and Norwegian public authorities enjoy considerable autonomy with regard to political leadership (Greve et al., 2016). Normally, the government communicates the political guidelines for the activities of individual authorities through legislation, budgets, and formal instructions. The legal mechanisms for Danish and Norwegian ministers to intervene in activities of subordinate authorities are, however, stronger than in Sweden and Finland. The Icelandic administration is small, and the division of labour between the parliament, the cabinet, and public authorities is more fluid than in the larger Nordic countries. This is seen to further strengthen the position of individual ministers (Kristjánsson, 2004; Greve et al., 2016).

In the East Nordic model, possibilities for ministers – or for the cabinet as a whole – to intervene in the activities of public authorities are limited. The relationship between the political leadership and government authorities can be described as "at arm's length": The government can instruct the activities of independent authorities by legislation, budget allowances, and formal instructions, but not through the intervention of individual ministers or the government as a whole in decisions or actions assigned to the authority by law.

In Finland, the position of individual ministers within their own area of government is, however, relatively strong and is partly equivalent to the position of a minister in Norway. Government authorities are subordinate to individual ministries, not to the government as a whole – the opposite of Sweden.

The Swedish constitution limits the scope of action of individual ministers in two ways: Ministers are not allowed to intervene in the decisions and actions of the administration within their sector of government, and furthermore, the constitution emphasises the position of the cabinet members as a collective, not as leaders of their respective ministries. Deviating from the rest of the Nordic countries, Swedish government authorities are subordinate to the government as a whole, not to individual ministries (Bergman, 2004; Wenander, 2019).

Table 2.1 *Basic features in the Nordic models of governance*

	Denmark	**Finland**	**Iceland**	**Norway**	**Sweden**
Administrative heritage	West Nordic	East Nordic	West Nordic	West Nordic	East Nordic
Position of individual ministers in relation to cabinet as a whole	independent	independent	independent	independent	collective
Scope of action of individual ministers with regard to the public authorities within domain of government	large	limited	large	large	limited
Degree of autonomy of public authorities vis-à-vis government	medium	high	medium	medium	high

Source: Ahlbäck & Wockelberg, 2016; Bergman et al., 2004

Table 2.1 sums up the basic features of the Nordic countries with regard to the scope of action of individual ministers and the relationship between government, department, and public authorities. Even though basic differences between the West and East Nordic models remain with regard to both the scope of action of individual ministers and the autonomy of public authorities vis-à-vis the government, the most striking difference is between Sweden and the rest of the countries (see Ahlbäck & Wockelberg, 2016). The Swedish model – based on the principle of collective governance and autonomous public authorities – deviates from the general Nordic pattern where ministers enjoy a considerable degree of individual discretion in the pursuit of their duties.

Similarities and differences in government responses to the pandemic

The following section gives a brief overview of similarities and differences in the Nordic governments' choices of policy tools during the most intense first stage of the Covid-19 pandemic in early 2020 and examines to what extent the observations relate to the basic differences in governance models described in the previous section.

The increased divergence in the policy responses to the Covid-19 pandemic took place after the pandemic expanded from being a medical crisis to also being a societal and political crisis. Until March 2020, all of the Nordic countries were handling the pandemic according to their respective guidelines for fighting communicable diseases, with health authorities and experts as the main actors. Later, the countries' paths diverged in terms of choosing policy tools and in the division of labour between politicians and experts. In the absence of vaccines and medication suitable to fight the spreading of the new virus, non-medical containment and mitigation actions were the only tools available to governments. Actions to restrict the number of interactions between people required broad involvement from, and affected the activities of, citizens, companies, and all branches of the public sector. March 2020 marked a turn in the salience of the Covid-19 pandemic for the national political agendas of all five Nordic countries. Denmark, Finland, Iceland, and Norway noticed a shift from expert leadership to political leadership. As the governing of the pandemic became the duty of the highest political leadership in these four countries, the role of experts and government authorities became less prominent. All four of these countries implemented containment measures similar to those of many other European countries, including lock-downs and school closures (Saunes et al., 2022). Finland, Iceland, and Norway activated civil protection or emergency powers legislation, which equipped the national governments with competencies they do not normally possess.

The Swedish government acted in a partly, but not totally, different way from its neighbours. The recommendations from the national health authority continued to play a central role for the policy choices of the Swedish government. Furthermore, Sweden relied on the public voluntarily aligning with general recommendations given by the government and the authorities, and consequently implemented fewer binding containment measures than the other Nordic countries. In other respects, including the cancellation of public events, labour market policies, and support packages for businesses negatively affected by the restrictions, Swedish government policies were, to a large extent, similar to those of other equivalent countries (Askim & Bergström, 2022; Christensen & Lægreid, 2020; Government of Norway, 2021; Parliament of Denmark, 2021; Safety Investigation Authority of Finland, 2021; SOU, 2021, 2022; Swedish Agency for Public Management, 2020).

The Covid-19 pandemic differed from previous civil crises both in duration and in scope, and therefore required a unique set of governance tools and institutions (Peters, 2018). The reports of national investigatory committees as well as academic research reports indicate that the crisis management organisations in the Nordics combined features of the politico-administrative systems with ad hoc organisations and mechanisms invented for the occasion (Askim & Bergström, 2021; Christensen & Lægreid, 2020; Government of Norway, 2021; Parliament of Denmark, 2021; Safety Investigation Authority of Finland, 2021; Saunes et al., 2022; SOU, 2021; Swedish Agency for Public Management, 2020).

The Danish expert commission evaluating the government's actions during the first stage of the Covid-19 pandemic notes that the crisis activated three sets of governance institutions within the Danish central administration: the normal organisation of ministries and national authorities with established procedures of support to the government and individual ministers; the dormant national crisis management organisation; and specific institutions for Covid-19 management established in early March 2020 (Parliament of Denmark, 2021). This overall picture is also valid for the other Nordic countries.

Another common point of departure is that, in the initial stage of the pandemic, all the Nordic countries lacked legislation and policy tools specifically designated for governing a global pandemic. Existing legislation on communicable diseases was adapted for minor local outbreaks of infectious diseases, not for a situation affecting a country's whole population. Correspondingly, the dormant national crisis organisations had usually been constructed for other types of crises; this forced governments to use the instruments and organisations readily available, following the logic of appropriateness of the existing institutional setting and the national political culture (March & Olsen, 2011). Finland, Iceland, and Norway invoked national preparedness acts in March in order to empower the government to make countrywide decisions about restrictions. Denmark chose not to activate its preparedness legislation, while Sweden lacks equivalent legislative mechanisms for civil emergencies (Saunes et al., 2022). The policy choices made reflect earlier crisis management experiences and policies. Iceland is a good example of this. Building on experiences from the 2008 global financial crisis, the focus of Icelandic government policies during the pandemic was on mitigating negative effects on households (Government of Iceland, 2020; Saunes et al., 2022).

The description and comparison below mainly cover policies implemented in the first six months of the Covid-19 crisis. It is, however, important to notice that the responses of the Nordic countries underwent changes several times after the World Health Organization declared it a global pandemic. In Denmark, Finland, and Norway, the focus of the Covid-19 policies shifted several times between a national and a local focus, depending both on the situation and the

policy instruments in use at each given time. Sweden relied on a noncoercive and decentralised policy model throughout the pandemic, but the choice of policy instruments varied at different stages, while Icelandic Covid-19 policies stayed relatively consistent due to a lower number of actors and levels in the healthcare system (Saunes et al., 2022). This kind of variation in policies throughout the course of the pandemic is not unique to the Nordics; we can observe similar patterns in other European countries (Kuhlmann & Francke, 2022).

When a society faces a crisis, people seek clear direction – they want to know who is in charge. At the same time, modern societies reflect the principle of shared power, with divided responsibilities between different political institutions, between politics and administration, between national and subnational government, and between public and private actors. This is one of the persistent tensions of crisis management in modern societies (Boin & 't Hardt, 2003). Even if research findings on public leadership during crises indicate that responses should be multiorganisational, transjurisdictional, and polycentric in order to be efficient in a complex society, it is hard to ignore the popular and political pressure to centralise authority (Boin & 't Hart, 2003; Christensen et al., 2016; John, 2011; Peters, 2018).

The actions of the Nordic governments in the first stage of the Covid-19 pandemic included several common traits typical of crisis management, one being the centralisation of decision-making powers to the cabinet. This centralisation included a transfer of powers from the parliament to the cabinet, including faster and simplified processes for passing new legislation. Policies also included – to various degrees in different countries – the centralisation of powers from subnational authorities and independent government agencies to the cabinet. The streamlining of policy choices included national decrees concerning the closure of schools and daycare centres, which is normally the responsibility of local and regional authorities (Government of Norway, 2021; Parliament of Denmark, 2021; Saunes et al., 2022).

Does administrative heritage matter?

To illustrate the observation that governments tended to use readily available instruments for the purpose of managing the Covid-19 pandemic, we can take a closer look at some of the legislative instruments activated in early 2020. These instruments can also be used as a starting point for discussing the importance of the different administrative heritages for the Covid-19 responses of the Nordic governments.

In Denmark, temporary amendments to the Act on Communicable Diseases functioned as the main instrument of strengthening the governance capabilities of the national government. In practice, the new legislation strengthened

the mandate of the minister for health and senior citizens in order to ensure the possibility of rapid decision-making concerning, for example, the closure of schools and other facilities (Government of Denmark, 2020; Parliament of Denmark, 2021). To sum up, the Danish use of governance instruments expanded the initially large discretion of Danish ministers in relation to the government agencies and other societal actors. The evaluation of the Danish Covid-19 policies is that the chosen strategy was extremely centralising (Parliament of Denmark, 2021).

The Norwegian government and parliament activated two legislative instruments, the Emergency Health Preparedness Act from 2000 and a temporary act, "The Corona Law" (Government of Norway, 2020), to authorise extraordinary actions of the cabinet during the first stage of the pandemic (Government of Norway, 2021; Saunes et al., 2022). The temporary act was valid for one month at a time and was activated from March to May 2020. Although most actors recognised the need to strengthen the mandate of the cabinet during this time of crisis, the first draft of the temporary act gained much critique, since it would have bypassed normal parliamentary procedure. The final version of the act reinforced the role of the parliament in the activation of crisis legislation. Furthermore, the parliament stated that the act should not be used unnecessarily if matters could be solved with the regular legislation process (Government of Norway, 2021).

Iceland activated its Civil Protection Act early on in March 2020, but otherwise relied on the policy instruments available in the current health security legislation (Saunes et al., 2022). Iceland relied on experience from the 2008 financial crisis when designing its Covid-19 responses, but on the whole, centralising powers to the national government was less controversial than in the other Nordic countries, since healthcare is a national responsibility, and the total number of actors in the Icelandic politico-administrative system is small.

The Danish, Icelandic, and Norwegian examples illustrate three ways of acting within the same administrative heritage (the West Nordic model; see Ahlbäck & Wockelberg, 2016). While the Danish temporary legislation reinforced the already strong position of the cabinet and its ministers, Norway employed a more cautious strategy with regard to expanding the scope of governmental action at the expense of parliamentary control and normal administrative procedure. Icelandic Covid-19 policies appear less deviant from the ordinary model, but underline the strong position of ministers and the cabinet.

Within the East Nordic model, Finland and Sweden adapted seemingly opposite strategies from March to June 2020. Deviating from governments in many other countries, the Swedish government was reluctant to utilise extraordinary legislative powers to manage the emerging Covid-19 crisis (Askim & Bergström, 2022; SOU, 2022). The Swedish government, however, presented a temporary amendment to the Act on Communicable Diseases with regard to the closure

of public places (Government of Sweden, 2019). With the exception of policies set to mitigate the financial effects of the pandemic, the Swedish government acted mostly within the ordinary frames of the politico-administrative system (SOU, 2022). As noted above, the Swedish model is characterised by collective political leadership and autonomous government authorities (Ahlbäck & Wockelberg, 2016; Swedish Agency for Public Management, 2020). According to the evaluation of the actions of the Swedish government during the pandemic, it would have been possible for the government to bypass the constitutional obstacles if the government would have decided to enforce a more centralised strategy for managing the pandemic (SOU, 2022).

In Finland, the cabinet, together with the president, decided on the temporary activation of certain parts of the Emergency Powers Act (Government of Finland, 2011), which transferred considerable decision-making responsibilities to the cabinet and enabled, for example, stronger restrictions of citizen rights than would have otherwise been in place (Safety Investigation Authority of Finland, 2021; Saunes et al., 2022). The Emergency Powers Act was in use March–June 2020 and then again for a period of less than two months in March–April 2021 (Parliament of Finland, 2022). The Emergency Powers Act equipped the cabinet with authority it does not normally have, for example, to intervene in the activities of healthcare authorities and schools. Without the Emergency Powers Act, the possibilities of the government to steer the activities of autonomous authorities are very limited outside the normal steering through budgets and legislation, which is typical for the East Nordic model of governance (Ahlbäck & Wockelberg, 2016).

It is important to notice that the seemingly large differences between the Finnish and Swedish Covid-19 policies do not apply in a non-emergency setting. Without the Emergency Powers Act in place, the implementation of Covid-19 policies in Finland relies on a decentralised model, with the municipalities and the regional state authorities as the key players. The Finnish model is, to a large degree, equivalent to how Sweden organises its work against infectious diseases (Saunes et al., 2022).

Implementing Covid-19 policies in a multilevel healthcare system

A comparative overview of the Nordic healthcare systems

Even though the Covid-19 pandemic affected all societal branches, healthcare systems played a crucial role in the implementation of government guidelines. The outbreak of the Covid-19 pandemic revealed both strengths and weaknesses of the healthcare systems in most countries. For example, in Sweden, the independent position of municipalities and regions in the implementation

of national health policies provoked extensive debate, since the setting with numerous independent actors was thought to slow down implementation and create confusion (SOU, 2022). Healthcare systems are multilevel and multi-actor settings and provide a good illustration of the complex interconnections between the levels of government in a modern state (Kuhlmann & Francke, 2022; Saunes et al., 2022). It is, therefore, relevant to compare the Nordic healthcare systems and to analyse the division of responsibilities between national and subnational authorities.

In Iceland, the health system as a whole is a national responsibility (Magnussen et al., 2009; Saunes et al., 2022). To provide healthcare services to the population, Iceland has seven healthcare districts, each with one or more healthcare institutions operating to provide general services, such as primary healthcare. The Directorate of Health of Iceland [Embætti landlæknis] assumes the national responsibility for the control and prevention of communicable diseases (Government of Iceland, 1997). The chief physicians of each healthcare district are responsible for health security and measures against communicable diseases in their own area (Saunes et al., 2022).

The Danish and Norwegian systems can be described as semi-national or semi-decentralised (Magnussen et al., 2009; Saunes et al., 2022). Responsibilities for day-to-day activities within the healthcare sector are shared between municipalities and regions (Denmark) or municipalities and state-owned health companies (Norway), still keeping a strong role for the state in the funding and coordination of the healthcare system. The Danish healthcare system involves national, regional, and local levels of government (Government of Denmark, 2019), with the state holding overall regulatory and supervisory functions in the healthcare sector. The five semi-autonomous regions in Denmark are primarily responsible for the hospitals, the general practitioners, and psychiatric care, while the 98 municipalities organise different forms of primary healthcare, especially with respect to prevention and rehabilitation, and are responsible for services for the elderly population. The Danish Communicable Diseases Act assigns responsibilities for prevention and treatment to ministries and government authorities, as well as to regions and municipalities (Government of Denmark, 2021). Responsibilities for coordinating practical actions, such as vaccinations, are assigned to the Danish Patient Security Authority, under the Ministry of Health. According to the Health Services Act (Government of Denmark, 2019), the Patient Security Authority is localised in connection with the decentral units of the healthcare system and is obliged to provide guidelines for municipalities and regions in their work against communicable diseases.

The Norwegian healthcare system is a shared responsibility between the 356 municipalities responsible for primary healthcare and care of elderly and disabled persons, and the four regional state-owned health companies responsible for specialised healthcare, including hospitals (Government of Norway,

2011). Municipalities and health companies have assigned cooperation in order to secure seamless care from the patient's point of view. Municipalities enjoy considerable autonomy in organising health and care services, including the use of private providers. The Norwegian Act of Communicable Diseases lists a total of nine local, regional, and national authorities, including municipalities and regional health companies, responsible for the control and prevention of communicable diseases (Government of Norway, 1994). The law gives the national health directorate the mandate to instruct the activities of municipalities and health companies if necessary to prevent or handle outbreaks of contagious diseases.

The Swedish and Finnish healthcare organisations are decentralised (Magnusson et al., 2009; Saunes et al., 2022). The Swedish regions and the Finnish municipalities in charge of healthcare services enjoy considerable autonomy in the organisation of services. The mandate for national authorities to involve themselves with the activities of local and regional health authorities is weak.

In Sweden, responsibilities for both primary and secondary healthcare rest with 21 regions (Government of Sweden, 2017), and the 290 municipalities have overall responsibility for the care of the elderly and people with disabilities; medical treatment for these groups is, however, the responsibility of the regions. Both regions and municipalities enjoy a large degree of autonomy within the frames defined in the national legislation. This autonomy includes the possibility to provide publicly financed health and care services through private service providers. According to the Swedish Communicable Diseases Act (Government of Sweden, 2004), the administrative responsibility for the management and control of infectious diseases rests with the regions and the national authority of public health. The act strongly emphasises the responsibility of the individual citizen to protect their own health.

At the time of the Covid-19 outbreak in 2020, the Finnish healthcare system was decentralised and fragmented, with responsibilities for both primary and secondary healthcare resting with 293 municipalities and 20 intermunicipal hospital districts (Government of Finland, 2010). Financial responsibilities for the healthcare sector are divided between the municipalities and the state. A major reform is set to take effect in 2023, which will transfer the responsibility for all health and social services from the municipalities to 21 new directly elected and nationally funded regional authorities

The Finnish Communicable Diseases Act (Government of Finland, 2016) assigns the hospital districts responsibility for developing regional diagnostics and treatment of communicable diseases, as well as for controlling and managing exceptional outbreaks. The municipalities are responsible for organising the control of communicable diseases within their area, as laid down in the Primary Health Care Act.

Formal and informal links between health authorities

Because of differences in their basic organisation of healthcare systems, the Nordic countries employ varying mechanisms to link the parts of the healthcare system together. In the decentralised systems in Finland and Sweden, various soft coordination mechanisms are put in place to strengthen the alignment between different actors in the system, in addition to what is prescribed by law. In Denmark, Iceland, and Norway, coordination is more institutionalised and includes hierarchical steering mechanisms and formal coordination commissions (Saunes et al., 2022).

The arm's-length relationship between the Swedish government and the country's regional health authorities resulted in the activation of a number of informal coordination tools. Negotiations and agreements between the national government and the Swedish Association of Local and Regional Authorities (SALAR) are used as a mechanism to secure the implementation of national policies (Askim & Bergström, 2022; SOU, 2021). Furthermore, the national government appointed a specific national coordinator to oversee the implementation of the vaccine programme in the regions (Government of Sweden, 2021).

In Finland, new regional Covid-19 coordination groups were established after the first phase of the Covid-19 pandemic in 2020 in order to strengthen the alignment between the municipal and state authorities responsible for actions against communicable diseases (see, e.g., Turku University Hospital, 2022).

In Denmark, Iceland, and Norway, national authorities possess stronger mechanisms to coordinate and control the activities of individual regional or local authorities (Saunes et al., 2022). One significant example of such a mechanism is the formal role of the national Danish Patient Security Authority as a link between the different levels of the Danish healthcare system (Government of Denmark, 2019).

Table 2.2 sums up the main features of the Nordic healthcare systems with regard to the division of labour between national and subnational levels of government. Although each Nordic country has its own unique healthcare institutions, the architecture and the interconnections of the healthcare systems illustrate some of the same institutional differences between the Nordic countries, as observed earlier in this chapter.

Table 2.2 *Main features of Nordic healthcare systems, 2020*

	Denmark	Finland	Iceland	Norway	Sweden
Responsibility for healthcare services	national and subnational	subnational	national	national and subnational	subnational
Responsible subnational authorities	5 regions; 98 municipalities	293 municipalities; 20 intermunicipal healthcare districts	7 health regions (not independent)	326 municipalities	21 regions; 290 municipalities
Coordination between national and subnational levels	formalised	weak, informal	strong, formal	formalised	weak, informal

Comments: The compilation is based on the healthcare legislation of each country. The description refers to the system in place at the time of the Covid-19 outbreak in 2020.

The interconnections between the national and subnational levels of the healthcare systems are stronger and more formalised in Denmark and Norway than in Sweden and Finland, while in Iceland, the healthcare system as a whole is a national responsibility. The observations reflect the basic differences between the East and the West Nordic systems with regard to the relationships between the governments and the public authorities. The autonomy of responsible regions in Sweden and municipalities in Finland is equivalently stronger than the autonomy of the corresponding authorities in the neighbouring countries, which links to earlier observations concerning the degree of autonomy of public authorities.

However, the division of labour between the local and regional subnational levels varies considerably between individual countries and is unconnected to administrative traditions. The public debate in Sweden about Covid-19 and evaluations of the national policies has especially highlighted the decentralisation of the Swedish healthcare system as well as the lack of access to medical expertise within municipal elderly care as potential sources of policy failure (SOU, 2020, 2021).

From a comparative perspective, responsibilities in the Swedish healthcare system are divided between fewer actors (21 regions) than in Denmark, Finland, and Norway, where both regional and local authorities organise healthcare services. In terms of the number of individual actors with formal responsibility for healthcare, Finland and Norway have the most fragmented systems and Iceland the most concentrated (Larsen et al., 2020; Magnussen et al., 2009). Local authorities play a more prominent role in the treatment and prevention of communicable diseases in Denmark, Finland, and Norway than in Sweden.

As Askim and Bergström (2022) conclude, the role of local government in the implementation and formulation of policy responses to Covid-19 has been less pronounced in Sweden than in Norway. This illustrates the complexity of the institutions and practices between countries and illustrates that differences in institutional design do not suffice to explain the choice of governance tools and their outcome.

Conclusion

Government responses to the Covid-19 pandemic have provoked new interest in how institutions of governance function when facing a crisis. In the Nordics, the remarkable differences in how the five countries responded to the crisis in early 2020 has raised questions as to whether variations in policy choices are connected to the different administrative heritages in the eastern and western parts of the Nordics. The contrast between Sweden's reliance on soft policy measures and Denmark's rapid and centralised crisis management has especially puzzled observers (Parliament of Denmark, 2021). The aim of this chapter has been to present a brief comparative overview of the main similarities and differences of the Nordic politico-administrative systems and to discuss the implications of the comparative observation for the governments' responses during the early stages of the Covid-19 pandemic. It is important to recognise that the picture is complex and that comparisons face the risk of over-simplification. The scope and complexity of the Covid-19 crisis has called for multiple responses from the national and local governments in the Nordics. The pandemic has affected society as a whole and, correspondingly, most policy sectors – from healthcare and education to transport, business, and foreign affairs. National evaluation reports indicate that policy sectors have responded somewhat differently to the crisis (Government of Norway, 2021; SOU, 2022; Parliament of Denmark, 2021; Safety Investigation Authority of Finland, 2021). Furthermore, the use of measures to mitigate the consequences of the pandemic have varied among the Nordics during the course of the crisis (Kuhlmann & Francke, 2022; Saunes et al., 2022).

To what extent did constitutional differences guide the policy decisions taken in the Nordic countries during the early stage of the pandemic? According to earlier research on Nordic administrative traditions, the five Nordic countries share a set of common values and institutions, including parliamentary democracy, a rule-of-law political culture, autonomous government agencies, and strong subnational government (Ladner et al., 2019; Lgreid, 2017). Although the modernisation of government has erased many former differences between the East and West Nordic administrative traditions, fundamental variation remains with regard to both the scope of action of individual ministers and the relationship between the government and the administration (Ahlbäck &

Wockelberg, 2016). The constitutional differences define the extent to which an individual minister is able to instruct the activities of the administration within their domain of action. Denmark stands out as the strongest exponent of the West Nordic model, where ministerial responsibility covers all activities within the departmental sector. The East Nordic model, on the contrary, grants government agencies freedom from direct political involvement: The possibility of the government and its ministers to instruct subordinate agencies outside the formal legal and budgetary steering framework is limited. Sweden stands out as the most prominent example of respecting the autonomy of government authorities (SOU, 2022; Swedish Agency for Public Management, 2020; Wenander, 2019). The comparative overview of the Nordic healthcare systems demonstrates that similar mechanisms can be observed in the relationship between the national and subnational levels of the healthcare systems, with a more centralised model in Denmark, Iceland, and Norway, and strongly decentralised systems in Finland and Sweden.

The analyses of the initial Covid-19 responses of the Nordic governments in the first half of 2020 indicate that constitutional differences matter, but that the use of extraordinary policy instruments can mitigate them. In their analysis of the importance of the divide between West and East Nordic administrative traditions in present-day Nordic politics, Ahlbäck and Wockelberg (2016) conclude that the most important divide is between Sweden and the rest of the Nordic countries. This is also an accurate observation in terms of Covid-19 policies.

Throughout the course of the Covid-19 pandemic, the Swedish strategy stayed closest to the ordinary governance model, with autonomous regions and government authorities (Askim & Bergström, 2022; Saunes et al., 2022; SOU, 2022). The four other Nordic countries implemented several centralising policy measures in March 2020. Some of these policies were implemented within the normal scope of action of political institutions – others were enhanced through extraordinary policy instruments. The West Nordic model of governance grants individual ministers' considerable room for manoeuvring, and the Danish Covid-19 policies provide the most prominent – and criticised – example of how this discretion can be utilised to achieve desired policy outcomes. Within the same constitutional model, Norway embarked on a path that, on one hand, centralised power with the national government, but on the other, included mechanisms to curb the use of that power (Parliament of Denmark, 2021; Government of Norway, 2021). In the initial phase of the Covid-19 crisis, Finland, Iceland, and Norway activated their preparedness legislation in order to strengthen the competencies of the cabinets to make countrywide decisions (Saunes et al., 2022). The effects of the extraordinary policy instruments for the balance of power in society was especially strong in Finland, where the activation of the Emergency Powers Act in March 2020 resulted in extensive deviations from the ordinary decentralised model of government as competencies, for example,

to close down schools, were centralised with the national government. After the deactivation of the preparedness legislation, the organisation of Finnish policies to mitigate the pandemic returned to a model based on autonomous municipalities, health districts, and state authorities – that is, a model with strong commonalities with Sweden's organisation of equivalent policies.

The history of Nordic Covid-19 policies is also a history of learning and ongoing reform. When the pandemic struck the Nordics in early 2020, the governments had to utilise the policy instruments at hand; not all of them were suitable to curb a global pandemic, but the outbreak launched immediate action to refine and reform the policy instruments (Saunes et al., 2022). Overall, this analysis shows that political decision-makers act within given constitutional and institutional frameworks. Institutional structures limit the range of choices available, but politicians always have a choice as to what degree they decide to utilise the available scope of action.

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