

# **Nordic responses to the Corona pandemic**

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18 december 2020

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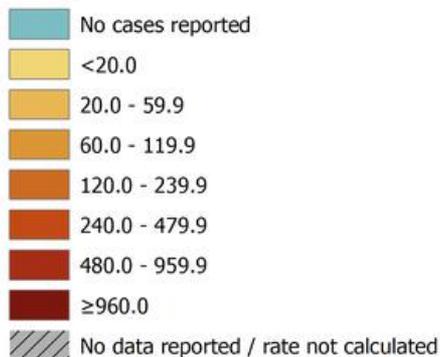
The Quality of Government Institute

Department of Political Science

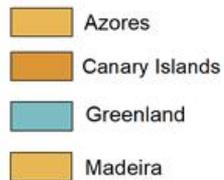
University of Gothenburg

# 14-day cumulative number of COVID-19 deaths per 100 000. (2020-11-17)

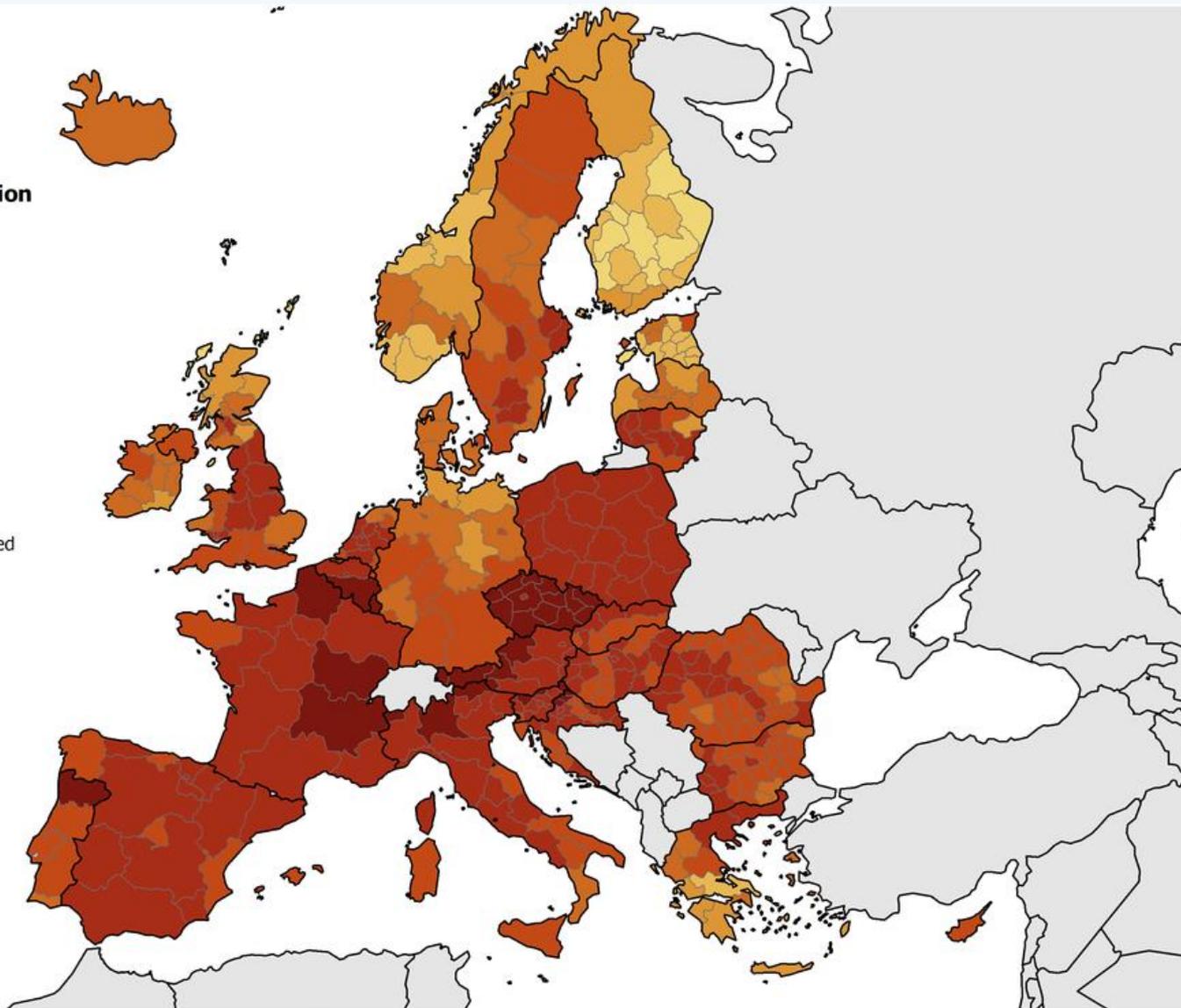
### 13-day COVID-19 case notification rate per 100 000 weeks 44 - 45



#### Regions not visible in the main map extent



#### Countries not visible in the main map extent



# Exceptionalism?

- Of the 31 EU/EEA countries plus Norway, 25 currently have a higher Covid mortality rate than the Nordic countries, including Sweden.
- The differences to Sweden are in many cases very large (UK 4 times, Italy 6 times, France, Spain 7 times, Belgium 13 times).
- Countries that have tried a hard lock-down are currently not doing very good
- The hard travel restrictions in the UK (14 days quarantine) seems not to have helped them prevent a high level of mortality

# What can explain the current difference between the Nordic countries

- Degree of look-down? Probably not
- Levels of social and institutional trust? No
- Tracking capacity/ambitions? Maybe
- Testing capacity? Probably
- Level of recent immigrant population: Maybe
- Difference in power of expertise? Probably not
- Difference in expert advice? Maybe

# Constitutional rules

- 'Regeringsformen 2 kap, 8 §.
- *Var och en är gentemot det allmänna skyddad mot frihetsberövanden. Den som är svensk medborgare är även i övrigt tillförsäkrad frihet att förflytta sig inom riket och lämna det.*

# How important are the national anti-covid policies?

- Almost all the focus in the Swedish debate and the international debate about the Swedish policy has focused on variation in national policies
- This obscures the very huge differences in mortality rates in regions within countries
- Spain – 10 times
- Italy – 20 times
- USA – 16 times
- Sweden – 10 times
- If national policies were that important, we should not have seen this huge regional variation

# The strange Italian case

- The richest and most advanced regions with fairly good public institutions has the highest mortality
- The poorest, least advanced regions with poor quality in public institutions has hardly any excess mortality
- Poor and crowded Naples has very low mortality
- The differences largely remain in this second wave
- Travelling seems to have had very little effect

# What can explain the “bad Spring” in Sweden?

- To early to tell, we are still waiting for the public investigation
- But probably, the dysfunctional organization of elderly care in many of the larger cities
- Split between responsibility for “social care” and medical care.
- Misunderstood decentralization
- The power of the national association for local and regional governments
- New Public Management and Privatization

# Some preliminary conclusions

The Nordic countries have done well

Sweden worst of the Nordic countries

But much better than most European countries

Effect of lock-down policies probably overrated

Effect of travel restrictions much overrated

National policies cannot explain huge regional variation

Epistemic issues (experts vs politicians) needs more research

Specific organization of the role of medical care in elderly care likely to be very important

Effects of NPM and privatization likely to have worsened the situation in elderly care in Sweden

Decentralization without accountability is a very bad idea