

# Chapter 1

## Introduction, with key findings and learning points

This is the second report issued by the Coronavirus Commission. It concludes a nearly two-year-long enquiry into the Norwegian authorities' management of the COVID-19 pandemic. A principal concern of the enquiry was how to learn from the present crisis in order to be better prepared for whatever crises arise in future.

In the course of our work, we saw that many aspects of the authorities' pandemic response have performed well. Our investigation also uncovered matters of concern that indicate change is needed. Many of the findings presented in our first report<sup>1</sup> were strengthened during the production of this second report. We also reached a variety of new findings.

We believe our proposals for change will enhance the authorities' ability to manage future crises. The COVID-19 pandemic has been a long-lasting, global crisis. It has struck all parts of the country, but in different ways and at different times. The lessons we as a nation draw from the experience of this pandemic will be useful to future governments facing new pandemics and national crises.

### The Commission's key findings

With the totality of our two-year enquiry in mind, we wish to highlight the following key findings:

- The country's population and its authorities have handled the pandemic well overall. Norway has had one of Europe's lowest mortality rates, least restrictive infection control regimes and smallest declines in economic activity.
- Many individuals have gone well beyond the call of duty to help control the pandemic. We have observed an impressive degree of adaptability and flexibility within the health and care services, the central government administration, the municipalities and numerous industries.
- The authorities were not sufficiently prepared to confront and manage a pandemic of the severity and scope of the one that struck Norway and the rest of the world.
- Some of the country's intensive care units came under major strain during periods of the pandemic. The readiness of hospitals to receive intensive care patients was insufficient when the pandemic arrived in Norway.
- The role of district medical officer was not sufficiently prepared to address the pandemic, and the officers themselves had to work under difficult working conditions.
- The Government has exercised strong, centralised control of the pandemic management effort. It has decided matters of major importance, but also small and circumscribed ones.

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<sup>1</sup> Official Norwegian Report 2021: 6 *The authorities' handling of the coronavirus pandemic.*

- Through creativity and tenacity, the authorities succeeded admirably in obtaining vaccines for the population. The processes employed, however, showed that vaccine acquisition systems were vulnerable. Norway was dependent on goodwill and assistance from the European Union and individual countries in Europe.
- Vaccination of the population was successful, resulting in a high rate of vaccination. But the Government could have more fully achieved its objectives of protecting public health and reducing societal disruptions if it had prioritised the provision of vaccines to geographical areas with high infection rates at an earlier stage.
- In order to limit coronavirus transmission associated with travel into Norway from abroad, the authorities imposed strict measures on individuals. These measures were hastily conceived and subject to continual adjustment. That complicated matters for those responsible for developing and implementing the measures in question as well as those who were supposed to follow them.
- The authorities have done a good job communicating about the pandemic, the infection control measures and vaccination, and have reached most of the population. Such communication has helped create public trust. However, information disseminated by the authorities reached Norway's immigrant population with varying degrees of effectiveness.
- District medical officers, municipalities, police officers at the border and others responsible for applying infection control measures locally received information about new recommendations and rules at the same time as the rest of the population, either via press conferences or the websites of the Government or health authorities. This added to the difficulties of those whose job was to implement local infection controls.
- The immigrant population in Norway was overrepresented among people who caught the virus and those who became seriously ill, and underrepresented among the vaccinated. The authorities were insufficiently prepared to deal with the economic, practical and social barriers to testing, isolation and vaccination that were present among many people with immigrant backgrounds. It took a long time to introduce measures targeting this portion of the population.
- The pandemic has exacerbated social and economic inequalities.
- Norway's infection control measures have had a major impact on children and young people. The authorities have not managed to protect children and young people to the degree intended.

## Learning points

A number of factors explain why the authorities handled the coronavirus pandemic successfully in some ways and came up short in others. For the purpose of learning it is important to highlight these causative factors. We focus initially on some of the important structural, economic and cultural features of Norwegian society that helped the population and the authorities manage the COVID-19 pandemic effectively.

First, people in Norway generally express a high degree of trust in one another and the authorities. This trust was a major factor in the population's support for infection control measures as well as the high rate of vaccination that was achieved.

Second, Norway's social model proved its strength in the face of the pandemic. Norway has a solid, well-structured economy, a public welfare system and an organised working life. These

characteristics gave the country an advantage when carrying out infection control measures. The authorities had the means, for example, to introduce compensatory measures to offset some of the pandemic's harmful effects.

Third, Norway's well-developed health and care services and the generally high competence level of its public sector gave it a better basis for addressing the pandemic than many other countries had.

Beyond these special features of Norwegian society, our examination shows, there were particular aspects of the authorities' approach to the pandemic that made a significant difference. The Government has been both visible and active. In addition to persuading most people to follow the infection control rules, the authorities retained public trust throughout the pandemic. The most notable successes in managing the pandemic are explainable primarily as follows:

- Results were usually best when the authorities employed established work processes.
- Cooperation, flexibility, adaptability and readiness to act were crucial to achieving positive results.
- When public communication was targeted, direct, open and honest, it tended to achieve the desired behavioural changes and preserve public trust.

While Norwegian society showed itself to be well-equipped and highly adaptable amidst the pandemic, and while the actual methods employed were in many ways effective, our enquiry shows the authorities were not well enough *prepared* when the massive COVID-19 pandemic arrived in Norway. The Commission attributes this lack of preparation, which it has described in both reports, to one basic cause:

- The authorities did not succeed in reducing the vulnerabilities associated with an identified risk.

The public authorities' inadequate preparation became evident in several ways when the pandemic struck Norway. The authorities had not formulated emergency plans for a pandemic of protracted length. Pandemic exercises had not been carried out, and no emergency preparedness system encompassing the full range of potential pandemic effects in society had been established. Stockpiles of infection control equipment and medicines were inadequate, and hospitals were ill prepared for the influx of intensive-care patients.

These instances of poor preparation increased the difficulty of managing the pandemic as it extended in time. We also observed what we consider to have been multiple weaknesses in the actual effort of managing the pandemic. Understanding the fundamental causes of these weaknesses may provide valuable lessons for future crisis management. Some of the weaknesses overlapped, with compounding effect. The Commission believes the shortcomings in pandemic management exhibited by the authorities may be explained as stemming from the following:

- Too many issues were elevated to the Government's table. In addition, too many issues were analysed and processed with unnecessary time pressure. This undermined the Government's foundation for infection control decision-making.