



DEPARTMENT OF POLITICAL SCIENCE

GOVERNANCE AND DEMOCRACY IN SHAPING PANDEMIC POLICY

A comparative case study of the Covid-19 response
in Sweden and Denmark

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Abstract

The Covid-19 pandemic proves to be a major crisis with substantial effect on our society and thus projects an important area for academic research. Governments across the globe have taken extraordinary measures to fight the pandemic, with restrictions that limit social contact in order to stop the transmission of the virus. Democratically elected leaders face difficult decisions in determining what policies to adopt. Through a comparative case study of Sweden and Denmark's Covid-19 response, this study aims to contribute to the theoretical and practical knowledge of which factors may shape differences in crisis response among democracies. In particular, the study focuses on how factors of governance can serve as an explanatory variable, and outline how considerations on democratic principles shape the two differing responses.

Through elite interviews with experts, public officials and politicians involved in pandemic-related policymaking in Sweden and Denmark, I find that differing governance features and administrative traditions play an important role in explaining the differing responses. Furthermore, findings indicate that Denmark's response is characterized as 'political' while the Swedish response is considered to be 'expert-led'. In addition, democratic principles of rule of law and individual liberties shape the responses to different extents in the countries. Through these results, I contribute to important insights for future policymaking in crisis response and highlight implications for the cooperation between the two neighboring countries.

Key words: Covid-19, Denmark, Sweden, Democracy, Governance, Public Administration, Policymaking.

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1. Introduction

On March 11th of 2020, the World Health Organization (WHO) declared Covid-19 a pandemic (WHO, 2020). By then, the virus had spread to 114 countries, almost 5000 people had died and thousands more were hospitalized. Less than two years later, the official global death toll has reached 5 million in addition to over 250 million confirmed cases, which most likely is an underestimate (Johnson, 2021; Washington Post 2021; WHO 2021a). At the start of 2022, the pandemic has not yet come to an end, as new variants of the virus force countries to once again take extraordinary measures in response to the pandemic. In general, responses span across harder measures such as lockdowns and ban on public gatherings, respectively softer measures such as voluntary recommendations to wash one's hands and stay at home in the event of illness.

Sweden and Denmark, two neighboring countries in northern Europe, adopted remarkably different responses to the pandemic. In March 2020, Denmark was one of the first countries in Europe to announce that large parts of the society would be locked down (Bækgaard et al., 2020). Coercive restrictions were only implemented in Italy at the time, and Denmark had yet to see its first deathly case of the virus. Nevertheless, the Danish government quickly prohibited gatherings of more than 10 people, closed all educational and cultural institutions as well as bars, restaurants and shops (ibid). In contrast, the Swedish government almost exclusively announced voluntary social distancing guidelines, such as recommendations to work remotely and avoid public transport. Sweden's strategy largely differed from its regional neighbors and received criticism in the international community for the lack of strict measures (Savage, 2020, Pickett 2021; Rågsjö Thorell, 2021).

In light of the Covid-19 pandemic, governments thus face difficult decisions in policymaking as they must make rapid calls under high pressure, and with little empirical evidence to rely on. Consequently, politicians depend on expert knowledge in decision-making. This sequence has spurred substantial debate during Covid-19, as scholars, journalists and politicians disagree on which weight expert judgement should have in the advisory process of crisis response. These processes take place within the public administration, at the very essence of the governance of democratic states. Importantly, the national governance structure can enable or hinder the adoption of desirable public policy in times of crisis.

Most countries have to some extent violated democratic standards during the Covid-19 pandemic, and while more common in autocracies, violations also appear in democracies (Edgell et al, 2021). In addition, contemporary autocratization is characterized by gradual disintegration of democratic principles behind a legal facade (Lührmann and Lindberg, 2019). With the surge of the Covid-19 pandemic, democratic governments use legal pathways to strengthen executive power and restrict citizens' daily lives. Therefore, it is important to not only study the effect of pandemic response in autocracies or electoral democracies, but also in liberal democracies with long-standing institutional traditions. As Sweden and Denmark both rank in the top of liberal democracies globally, the differing outcomes in pandemic response raise fundamental questions of how democratic principles and governance might operate in pandemic policymaking.

1.2. Research Questions and Contribution

Since the start of the Covid-19 pandemic, scholars across disciplines have sought to understand the variation in crisis response across the world. The purpose of this study is to contribute to theoretical and practical knowledge of what factors may shape differences in crisis response among democracies. In particular, I focus on governance and democratic principles as important mechanisms in describing and explaining the difference in Covid-19 response between Sweden and Denmark. To guide the study, I seek to answer the following research questions:

How can factors of governance and public administration explain the differing Covid-19 responses in Sweden and Denmark? How do considerations of democratic principles shape the differing responses?

These questions will be answered through elite interviews with experts, public officials and politicians in Sweden and Denmark who in different ways have been involved in pandemic-related policy-making. Exploring first-hand experiences of professionals provides valuable insights from the central processes behind the pandemic response. By collecting and analyzing this unique material, I contribute to important knowledge for future policy-making in crisis response. In turn, this can enable more resilient, stable and efficient public administration.

The study is also relevant from a scientific perspective, as I aim to review and contribute to academic research that explores the intersection between governance and democracy in relation to Covid-19 response. The unusual aspect of having a global crisis that unexpectedly affects the entire international community at the same time makes a good case for comparative studies between nation states. Sweden and Denmark share a long history and societal characteristics, which make them suitable for comparative analysis. A crisis of this scale and the countries' differing responses to it may inflict cooperation for many years ahead. In light of this, comparative studies of the two neighboring democracies can provide essential insights for policymakers, practitioners and scholars working with crisis response.

This study will not seek to evaluate which country has performed 'better' during Covid-19, but work to convey interesting similarities and differences between the two countries. Neither do I seek to provide an exhaustive study on all potential explanations for the differing responses, wherefore I delimit my study to focusing on theoretical concepts of governance and democratic principles as central in understanding the Covid-19 responses in Denmark and Sweden.

2. Background

In the following section, I present an overview of Sweden and Denmark in regard to the countries' level of democracy, administrative structure, current political landscape and Covid-19 response. This section aims to highlight important similarities and differences between the two countries, which are essential for the upcoming theoretical framework and analysis. Before proceeding, I review some definitions on democracy, public administration and governance.

2.1. Definitions

Democracy is a contested concept. For conceptual clarity, I apply the Regime of the World (RoW) operationalization of democracy outlined by Lührmann, Tannenberg and Lindberg (2018) from the Varieties of Democracy (V-dem) institute. RoW categories four central regime types: closed and electoral autocracies; electoral and liberal democracies. Both Sweden and Denmark count as liberal democracies according to this typology (Lührmann, Tannenberg and Lindberg, 2018). To be a liberal democracy, a country must hold de-facto free and fair and multiparty elections, and in addition achieve a sufficient level of institutional guarantees of democracy

derived from Robert Dahl's concept of 'polyarchy'. Furthermore, it should have effective legislative and judicial oversight of the executive, protection of individual liberties, minority rights and the rule of law (ibid, 2018).

Informed by the work by Peters and Pierre (2003) on the role of governing in public administration, I understand 'public administration' as the entire public sector of employees under the government, meaning public officials in government departments and ministries, public agencies and local authorities. By 'governance', I refer to the governing or management of the public administration. For the purpose of this study, I will focus on the governing of the central government including its ministries, governmental agencies and to a certain extent, local authorities in the form of regions and municipalities. Furthermore, 'public officials' refer to the non-political employees in the public administration responsible for implementing law and public policy, while 'elected officials' encompass those politically appointed by the government.

2.2. Sweden

According to the V-dem Institute, Sweden classifies as a liberal democracy with a liberal democracy index of 0.87 (Alizada, 2021). As illustrated by the graph below, Sweden has a long history of being a democracy dating back to the 1920s. The 1930-1970s were characterized by the construction of a welfare state, economic development and a large-scale public sector chaired by the Social Democrats (de Vries, 2021). Thereafter, the political landscape shifted and parties in government varied.

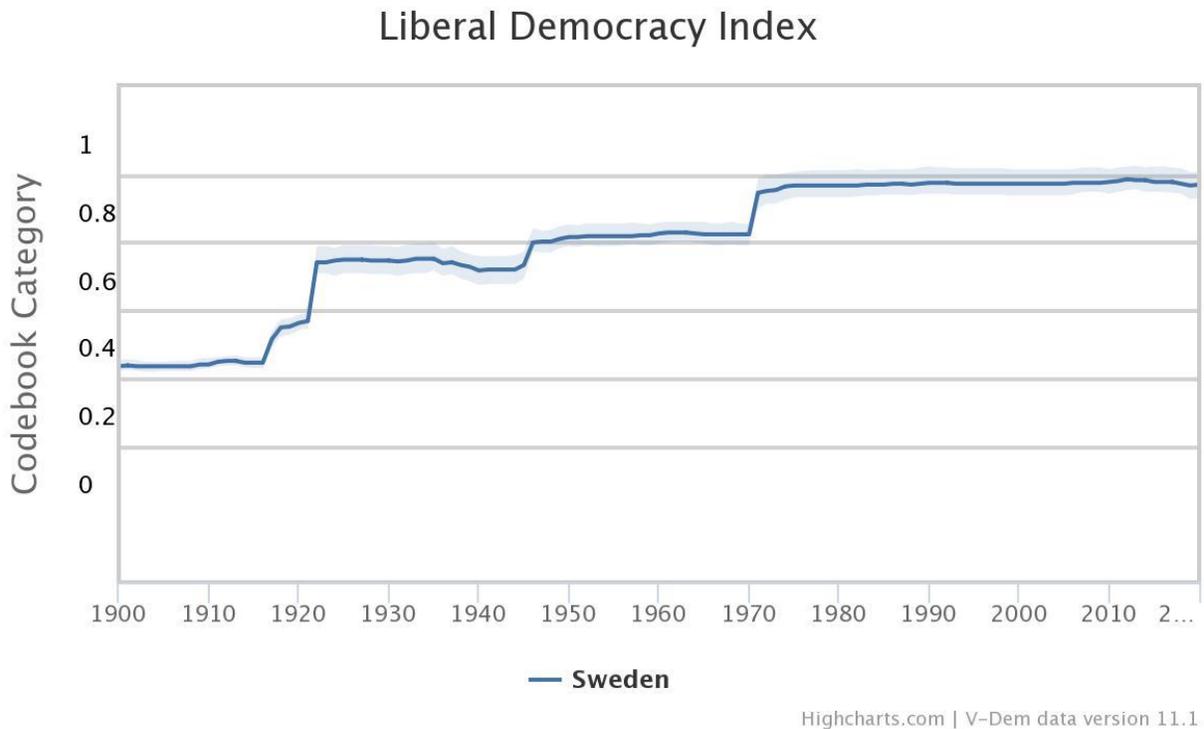


Figure 1. Liberal Democracy Index 2021, Sweden.

In 2020, the Social Democratic party (Socialdemokraterna) led a coalition government together with the Green Party (Miljöpartiet). For the first parts of the Covid-19 pandemic, social democrat Stefan Löfven served as prime minister. In November 2021, Magdalena Andersson was elected successor and head of a one-party social democratic government (Sveriges Riksdag, 2021). Apart from the government, the parties in parliament consists of the Centre Party (Centerpartiet), the Liberal Party (Liberalerna), the Moderate Party (Moderaterna), the Christian Democrats (Kristdemokraterna), the Sweden Democrats (Sverigedemokraterna) and the Left Party (Vänsterpartiet) (Lindahl, 2021).

In response to the Covid-19 pandemic, Sweden has mainly issued general guidelines and recommendations encouraging social distance. On the 13th of March 2020, people were advised to stay home when experiencing symptoms of Covid-19. On the 16th of March 2020, employees were advised to work from home if possible and those above the age of 70 were recommended to avoid close contact with other people. Visits to care home facilities for elderly were prohibited (Ludvigsson, 2020). At first, the Swedish government decided to ban public gatherings of more

than 500 people, but at the end of March 2020, the limit was lowered to 50 people (Ludvigsson, 2020; Justitiedepartementet, 2020).

From the 19th of March 2020, non-Swedish citizens were prohibited to enter Sweden, with the exception of citizens from EES-countries and Switzerland. The ban was first initiated to last for 30 days but has been prolonged repeatedly throughout the pandemic (Justitiedepartementet, 2021). The 14th of March 2020, the Ministry of Foreign Affairs imposed a formal advice to not travel to other countries (Utrikesdepartementet, 2021). Additionally, high schools and universities resorted to remote teaching during most of the pandemic (Folkhälsomyndigheten, 2020; Skolverket, 2020). Face masks haven't been required nor recommended for most parts of the pandemic, except for in healthcare facilities (Seing et al, 2021).

The Swedish emergency or crisis response aims to protect citizens' lives and health, the functionality of society as well as the ability to uphold fundamental rights such as democracy, legal certainty, and democratic human rights (Government Offices of Sweden, n.d.). Swedish crisis response rests upon the principle of responsibility, meaning that the ministry or agency responsible for a certain area during normal circumstances also leads the work in that area in crisis situations. For example, hospitals provide health care and municipalities are responsible for schools and elderly care during crises, just as in 'normal' times (Krisinformation, 2021).

Sweden's decentralized form of government allows for political decisions to be made at three different levels: the municipalities, the county councils/regions and the central government. In total, Sweden is divided into 290 municipalities and 21 regions. The responsibility for schools, preschools and elderly care lies with the municipalities. In turn, healthcare and hospitals, public transport and regional development fall under regional rule (SKR, 2021). The central government answers to parliament and holds the executive power in realizing political decisions. The responsibility for pandemic emergency planning is decentralized to the 21 regions, which stand in contrast to the other Nordic countries where decentralized plans are governed by national plans (Sparre Saunes et al, 2021).

The Government Offices of Sweden consist of a majority of non-political public officials (Regeringskansliet, 2021). Under the government, various public agencies operate and apply directions and laws, such as making decisions in cases against citizens, i.e. concerning taxes, social security and grants and loans (SCB, n.d.). Furthermore, the Swedish constitution does not allow the government to influence how independent government agencies act in specific matters relating to the application of the law or in individual matters concerning citizens. Thus, so-called “ministerial rule” is prohibited in Sweden (Government Offices of Sweden, 2015).

The Public Health Agency¹ quickly became one of the most central actors during the pandemic in Sweden, being the expert authority in the field (Seing, 2021). The agency is an expert state authority under the Ministry of Social Affairs, with national responsibility for public health issues (Seing, 2021). The Swedish Government and the Parliament are central in adopting laws and executive orders in order to mitigate the spread of the virus (Seing, 2021). The ministries under the government play an active role as policy makers in their field of responsibility, for example the Ministry of Social Affairs, the Ministry of Education and the Ministry of Justice.

Three types of policy measures have mainly been used during the pandemic: laws, executive orders and general advice and recommendations (Seing, 2021), with the general guidelines and recommendations most frequently used. These are non-binding and citizens are not subject to penalty for not following them, but compliance is strongly encouraged (Folkhälsomyndigheten, n.d.). The Public Health Agency has formulated the general advice and recommendations in Sweden since the outbreak of the pandemic. The most common examples concern social distancing: citizens should stay at home when experiencing symptoms of sickness, work from home if possible, keep physical distance from other people in public spaces and avoid public transport if possible.

Two main laws regulate the Covid-19 response in Sweden. The Infectious Diseases Act (2004:168)² states that everyone has a personal responsibility to limit the spread of infectious diseases. In addition, the Code of Conduct³ (1993:1617) protects public health (Ludvigsson,

¹ Folkhälsomyndigheten

² Smittskyddslagen (2004:168)

³ Ordningslagen (1993:1617)

2020). The Swedish constitution stipulates that citizens have the right to move freely within Sweden and leave the country, which hinders the government from implementing a state of emergency (Sperre Saunes et al, 2021).

In April 2020, an amendment was added to the Communicable Diseases Act, which gave the government a mandate to temporarily shut down shopping centers, social and cultural spaces (such as bars, restaurants, nightclubs) (Prop. 2019/20:155). In January 2021, a new ‘pandemic law’ was in place (Lag 2021:4). It allows the government to take further actions to stop the spread of the coronavirus. It was bound to be in place until September 2021, and then extended until the end of January 2022 (2021/22:SoU3).

The Swedish response to the Covid-19 pandemic has been subject to an intense debate among academia, journalists and in politics both at a national and international level. The initial absence of strict policy measures against Covid-19 made Sweden an outlier both in terms of strategy and in having a high death toll in comparison to its neighboring countries (Sperre Saunes et al, 2021). An expert committee, the ‘corona commission’, has been appointed by the Swedish government to review the measures taken to stop the spread of the Covid-19 virus and have so far criticized the response for being insufficient and characterized by lateness (SOU 2021:89). As of December 29th 2021, Sweden had seen a total of 15 286 deaths and 1 294 560 confirmed cases of Covid-19 (WHO, 2021b).

2.3. Denmark

According to the V-dem Institute, Denmark classifies as a liberal democracy with a liberal democracy index of 0.88 (Alizada, 2021). In their democracy report of 2021, Denmark ranks as the country with the highest liberal democracy index in the world, followed by Sweden in second place. Much like Sweden, the country has a long history of being a democratic state. In 1849, the Constitutional Act was signed, which marks one of the oldest constitutions in the world. The constitution consists of a set of fundamental principles and rules that other laws must comply with, such as freedom of expression and freedom of assembly (Danish Parliament, no date). Danish politics have historically been characterized by coalition governments and policy agreements among different political parties.

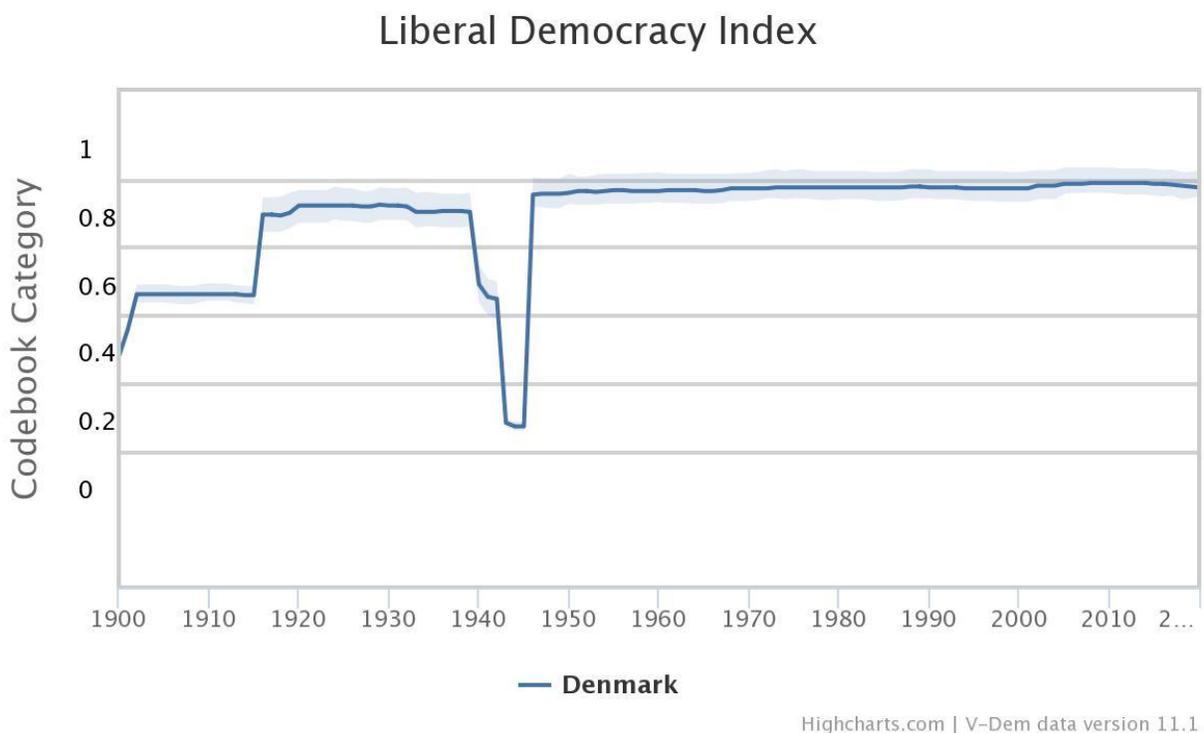


Figure 2. Liberal Democracy Index 2021, Denmark.

In the beginning of 2020, Mette Frederiksen, the leader of the Social Democrats (Socialdemokraterne), served her first term as prime minister. Frederiksen’s government had support of the Social Liberal Party (Radikale Venstre), the Socialist People’s Party (Socialistisk Folkeparti), and the Red-Green Alliance (Enhedslisten). In parliament were furthermore the oppositional parties, consisting of the Danish People’s Party (Dansk Folkeparti), the Liberal Party (Venstre), the Conservative Party (Det Konservative Folkeparti), the Alternative (Alternativet), the New Right (Nye Borgerlige) and the Liberal Alliance (Denmark.dk, n.d.).

When the Covid-19 pandemic reached northern Europe in 2020, Denmark was quick to implement strict measures. On March 11th, the Danish government announced that within a few days they would close all preschools, schools and universities. Public employees were required to work from home and employees in the private sector were encouraged to do the same. Gatherings of more than 100 people were prohibited, limitations on public transport

implemented and visits to hospitals forbidden. A new legal framework was quickly developed to facilitate these measures (Statsministeriet, 2020; Klinker Stephensen and Stærmose Hansen, 2020).

On the 13th of March, citizens were formally advised to avoid all unnecessary travel abroad (Udenrigsministeriet, 2020). From 14th of March 2020, Denmark closed its borders. Only returning citizens and documented residents were allowed into the country, as well as deliveries of food, medicine and other vital goods (Nikel, 2020). For most parts of the pandemic, the use of face masks in public spaces and in public transport have been required (Sperre Saunes et al, 2021).

The crisis management system in Denmark is constructed as a general framework that can be applied to any kind of accident or disaster, as well as to planned large-scale events. The primary tasks include analysis of the situation, ensuring active cooperation across administrative levels and different authorities and informing the public about the situation and providing instructions for citizen's self-protection. Sector-responsibility applies, meaning that the department or agency with the daily responsibility for a given sector maintains the responsibility for that sector during a crisis (Danish Emergency Management Agency, 2021).

Similar to Sweden, Denmark's public administration is organised on a decentralized basis (CoR, n.d.). Denmark consists of five regions and 98 municipalities, which is notably fewer than its neighbor. Regions hold responsibility over hospitals and regional development, but these actors operate through state funding. Municipalities' mandates include the authority over communal schools, roads and social services (Johannesson, 2019). The central government holds executive power and the parliament controls legislative power. The prime minister leads the cabinet. The central administration is divided into ministries, often around 20, each led by a minister in cabinet (Grønnegård Christiansen, 2020). Thus, the administration builds on a principle of ministerial rule where the minister can steer any issue within his or her sector of responsibility. Under the respective ministries, various boards and public agencies operate (Medarbejder- og Kompetencestyrelsen, 2020).

During Covid-19, the main policy adopters were the Danish government and the Parliament in adopting laws and executive orders. The Danish Health Authority⁴ holds national responsibility for health issues and health emergency management across Denmark (Sundhedsstyrelsen, 2020). During the pandemic, the authority has contributed with recommendations and advice on Covid-19 related issues, both to the population and to the Ministry of Health and other governmental, regional and municipal authorities (Seing, 2021). The Danish Health Authority works closely with Statens Serum Institut (SSI), i.e. the public agency responsible for ensuring preparedness against infectious diseases and biological threat, as well as the Danish Patient Safety Authority⁵ and the Danish Medicine Agency⁶ on matters of national health preparedness throughout the pandemic (Folketinget, 2021a).

Three types of policy measures have been implemented during the pandemic: laws, executive orders, recommendations and travel advice (Seing, 2021). The Danish government quickly adopted urgent legislation which made it possible to enforce necessary measures. Several amendments were adopted at various times to the Danish Epidemics Act⁷, which allowed for the Minister for Health to take extraordinary measures to combat the Covid-19 pandemic (Gorrissen Federspiel, 2020; Statsministeriet, 2020; Folketinget, 2021a). The Danish Health Authority was responsible for giving recommendations to the population on how to act during the pandemic. Most common were advice to wash your hands, use hand sanitizer, avoid shaking hands, limit physical contact and keep distance from other people (Sundhedsstyrelsen, 2020).

The legal framework centers around the Danish Health Act⁸ that regulates the health agencies responsibilities and patients' rights and the Epidemics Act, which regulates the mandate of the public agencies in the event of certain serious and contagious diseases. The Health Act regulates the public health area under normal circumstances, while the Epidemics Act regulates the legal framework when one of the aforementioned diseases in the law is at stake (Folketinget, 2021a). When the Covid-19 crisis moved to the top of the agenda for the Danish government in late February 2020, the government made a series of decisions that created a temporary organization

⁴ Sundhedsstyrelsen

⁵ Styrelsen for Patientsikkerhed

⁶ Lægemiddelstyrelsen

⁷ Epidemiloven

⁸ Sundhedsloven

dedicated to handling the immediate crisis (Folketinget, 2021b). Denmark's general strategy was to form crisis management on strong executive action.

The Danish response has received international acclaim for being successful in its initial response in effectively controlling the spread of the Covid-19 virus (Olagnier and Mogensen, 2020). As of December 29th 2021, Denmark had seen a total of 3 188 deaths and 732 051 confirmed cases of Covid-19 (WHO, 2021c).

3. Previous Literature and Theoretical Concepts

In the following section, I present a review of previous literature on policy response towards Covid-19, public administration and democracy, which also serves as an overarching theoretical framework for the analysis. First, I present studies seeking to explain why democratic governments might adopt different crisis response and policy measures to fight Covid-19. Second, I review scholarship on governance and administrative structure, including the role of experts and politicians in decision-making. Third, I outline studies on the effect of Covid-19 response on democratic standards and how democratic governments act in relation to this.

3.1. Policymaking in Response to the Covid-19 Pandemic

The question of how different regimes respond to the Covid-19 pandemic generates vivid scholarly debate. Researchers discuss at length how democracies versus autocracies handle the crisis (see e.g. Cheibub, Hong and Przeworski, 2020; Edgell et al, 2021; Frey et al, 2020). Thereby, a research field that seeks to understand the variation of Covid-19 policies among democracies has quickly emerged (Maor and Howlett 2020; Sebhatu et al. 2020; Engler et al 2021). With this study, I seek to contribute to this emanant area of research.

A crisis can be defined as *“a situation in which there is a perceived threat against the core values or life-sustaining functions of a social system that requires urgent remedial action in uncertain circumstances”* (Rosenthal, Charles, and ‘t Hart 1989, see Christensen, Læg Reid and Rykkja, 2016). This signals that crises happen irregularly and that governments must act quickly and signal strong leadership in complex situations. Given this definition, I understand the Covid-19 pandemic as a crisis and will refer to it as such throughout the rest of this thesis.

Major crises, such as the Covid-19 pandemic, have a great impact on public administration. Christensen, Lægreid and Rykkja (2016) argue that major crises can impose threats on democracy, as they strike at the core of governance institutions and reveal challenges for accountability, legitimacy and representation. Crisis management hence entails the process by which an organization deals with a crisis, before, during and after the event or events' occurrence. The most difficult crises are those that cross different administrative levels, sectors, and ministerial areas while also being unique, complex, and shaped by uncertainty (ibid). In this sense, the Covid-19 pandemic proves difficult as it crosses all different areas of society meanwhile being new in its kind and inherently unpredictable.

The large variation in crisis response and policy measures against Covid-19 raises important questions of what factors influence policy choices. Maor and Howlett (2020) argue that a combination of psychological, institutional, and strategic factors in policy and governance can contribute to explain the different policy choices made by governments in the response towards Covid-19. For instance, 'elite-panic' has been prevalent. This describes when decision-makers act based on fear and impulse, i.e., implementing extensive measures without sufficient scientific evidence. Maor and Howlett (2020) and Patel (2020) argue that Norway's crisis response exemplifies such a panic, since former prime minister Erna Solberg admitted publicly that the decision to close schools was based on fear, which thus can be seen as an overreaction to the situation at hand.

Boin, Lodge and Luesink (2020) outline that high levels of uncertainty called for new models of policy-making. They also stress the role of expert assessment and communication in the corona crisis. Weible et al (2020) suggest that leadership of public organizations, evidence-based policymaking and institutions influences governmental response. Furthermore, factors of scientific and technical expertise as well as speaking to emotions serve to legitimize different policy decisions (Weible et al, 2020).

Bosancianu et al (2020) argue that factors of state capacity determine what a state can do when confronted with a public health crisis such as Covid-19. Other contributing factors include the

administrative and coercive capacities of the executive, the expertise of the bureaucracies and the extent to which governments have legitimacy and can depend on public trust. Among studies on crisis response towards Covid-19, several authors suggest that ‘diffusion effects’ played an important role in determining policy (Engler et al, 2021; Sebhatu et al, 2020). Simply put, this describes how governments tend to look at international public policies and draw from experiences from other countries when confronted with critical decision-making.

In particular, Sebhatu et al (2020) suggest that in the event of a severe crisis, governments follow the lead of others and base their decisions on what other states do. Additionally, the authors argue that governments in countries with stronger democratic structures hesitate to adopt restrictive policies. This is interesting in the case of Sweden and Denmark, as Denmark quickly adopted restrictive policies in spite of its strong democratic structures and its ranking as the country with the highest liberal democracy index globally. Meanwhile, Sweden abstained from adopting similar restrictive policies as its neighboring countries all throughout the pandemic despite their comparable levels of democracy.

On another note, the Covid-19 pandemic exposes weaknesses in multinational collaboration (Jit et al, 2021). Theoretically, multilateral cooperation could improve the production of global public goods and contribute to successful responses to health emergencies (ibid, 2021). In the case of Covid-19 however, gaps in collaboration have become evident and include difficulties in supply and distribution of vaccines, inadequate exchange of expertise, lack of data sharing and differing travel policies. The Nordic region exemplifies this issue, where closed borders during the Covid-19 pandemic appear to have had large social, economic and political impact and exposed fragilities in long standing Nordic cooperation (Giacometti and Wøien Meijer, 2021)

The Covid-19 pandemic challenges the way we think about policy in the public health area. Kavanagh and Singh (2020) argue that public health measures that were deemed counterproductive before the pandemic, such as rigid lockdown, isolation and use of police force, now are considered appropriate given the widespread implementation of such measures globally. The authors argue that this might make coercion a desirable policy response also after the pandemic, as coercion serves as a means to reach public health goals in democracies.

In sum, numerous factors are prevalent in policymaking in relation to Covid-19. States may look to each other for advice, act decisively by themselves or follow their own predetermined institutional structure. The cases of Sweden and Denmark prove interesting as they have adopted differing policy measures towards Covid-19, in spite of their many similarities. In the following section, I unpack the ways in which these countries vary in administrative tradition and institutional arrangements.

3.2. Governance and Administrative Tradition

The opposition between centralization and decentralization is a classic dichotomy in the study of public administration and governance (Peters, Pierre and Randma-Liiv, 2011). Over time, most societies experience a shift between the two. Centralization provides uniformity and control, while decentralization responds to the local needs of citizens. In the event of a major crisis, the central government can on the one hand take control over policy and priorities, which results in a movement of substantial powers to the central government. On the other hand, a crisis response requires collaboration among actors in the public sector, whereby numerous officials, stakeholders and citizens will be involved in difficult decision-making (Ibid, 2011). Consequently, the Covid-19 crisis can be expected to trigger a shift between these opposite ends of the centralized/decentralized dichotomy in countries' national crisis response.

Administrative tradition, also referred to as 'historical legacies', 'administrative culture' or 'cultural-institutional context', entails a force of consistency in administrative reform (Yesilkagit, 2010). Administrative tradition combines both ideas and structure: ideas about how the government should function in a specific national context and institutional setting combined with a structure created in the past (ibid, 2010). In this sense, administrative traditions inform policy makers on policy choices when new events arise, such as large-scale reform or crises. Informed by this concept, the thesis will probe whether administrative traditions play a role in informing the Swedish and Danish governments on what policy choices to make in relation to the pandemic.

Some reasoning already exists on the topic, for example Strang (2020) and Sandberg (2020) argue that differing administrative traditions in Sweden and Denmark mark one of the most fundamental explanations to why the countries respond differently to the pandemic. Both authors contend that Denmark has a tradition of undivided state power, where ministers possess far-reaching abilities to intervene in activities taking place within their political responsibility. In contrast, Sweden has a tradition of dualism and separation of powers between the government and the public agencies (Sandberg, 2020). In Swedish administrative tradition, political decisions must occur collectively by the entire government and ministers are prohibited to intervene in individual matters concerning citizens (Sandberg, 2020).

On a similar note, Dahlström and Lindvall (in Folketinget 2021a, pp. 505-534) suggest that the political and constitutional tradition in Sweden likely played an important role in the decision to use voluntary measures against the coronavirus. Some legal experts argue that Sweden's constitutional and legal framework prevented the government from adopting stricter measures, such as lockdowns (Ibid; Orange, 2020). Others argue that the government could have done more if they wanted to, but that informal administrative traditions and culture blocked such initiatives (Ibid; Orange, 2020). According to Pierre (2020), institutional arrangements enable governments to implement some policy measures, while at the same time preventing them from adopting others. For instance, a strong constitution may protect democratic rights while also hindering the government from implementing a state of emergency.

The role of experts in politics and public policymaking has gained increased attention in the recent decades, both in the public and academic debate (Christensen, 2021). Expert knowledge, albeit a contested term and context specific, encompasses scientific, academic or professional knowledge on a given subject (Christensen, 2021). Furthermore, experts bridge between topical knowledge and policy application. They provide advice to decision-makers based on scientific evidence, as well as with social and political judgement in mind. In some cases, expert knowledge becomes a political and tactical tool to further a specific political agenda, rather than for concrete problem-solving (Boswell, 2008).

Political decision-making processes necessitate compromise, trade-off and conflict (Head, 2015). Consequently, experts can take on different roles depending on the topic and context (Jasanoff, 2005). Christensen (2021) argues that we should understand expert knowledge as a matter of influence, where experts among other actors provide input in the political system - as opposed to granting experts the special status of providing neutral and apolitical evidence.

Most politicians lack extensive in-depth knowledge about the policies they officially implement, which is why the provision of relevant advice and information shapes public bureaucracy tradition. Peters and Pierre (2003) argue that some politicians menace public administration as they become more distrustful of bureaucrats and seek advice from their respective political advisors instead. In light of this, the authors underline the importance of maintaining the separation between these actors' roles. Ideally, public officials should provide continuity, expertise, and loyalty, whereas one should expect elected officials to provide legitimacy, political judgement, and policy guidance (Peters and Pierre, 2003).

To conclude, most democratic societies rely heavily on expert knowledge as an organizational necessity, since elected public officials cannot act as both full-time politicians and experts in multiple research areas. Yet, such a model raises fundamental questions relevant to democracy and legitimacy. Is there such a thing as uncontested expert knowledge? Who verifies the respective experts and how does it interact with democratic principles? Further, it remains unclear what to do when an entirely new problem arises and there is no expert knowledge to lean on. In this thesis, I touch upon these interrelated questions by drawing from the practical experiences of experts, politicians and public officials in Denmark and Sweden.

3.3. Democracy and the Covid-19 Pandemic

Health crises, such as the Covid-19 pandemic, put pressure on the principles of democracy, as decision-makers must weigh public health goals against democratic norms, rights and freedoms (Engler et al, 2021; Zwitter, 2012). Lack of evidence and high problem pressure compel governments to adopt measures that, during normal times, would be considered violations of fundamental democratic principles (Engler et al, 2021). Notably, what the 'violation of democratic standards' include in relation to pandemic restrictions varies. Some studies claim that

the limitation of movement or assembly rights (i.e. lockdowns, school closures, and workplace closures) violate democratic standards (Cheibub et al, 2020; Sebhatu et al, 2020), while others do not consider such measures to be violations of democratic rights unless they are indefinite, disproportionate, discriminatory, or abusively enforced (Edgell et al, 2021).

Engler et al (2021) outline two main types of policy measures against Covid-19, which contradict democratic principles: the restriction of individual freedom and power concentration. *Restriction of individual freedom* refers to measures that limit individual freedom by reducing physical contact between individuals in order to curb the spread of the virus, which stand in conflict with fundamental civil and political rights such as freedom of movement or freedom of assembly. Such measures also encompass restrictions of international or domestic travel, bans on public gatherings or strict ‘stay-at-home’ policies. *Power concentration* refers to the transfer of legislative power from parliament to the government to strengthen the executive's ability to implement measures to face Covid-19. This sort of transfer stands in contrast to the principle of separation of powers that apply in ‘normal’ times.

Although international law allows certain violations of democratic standards if they aim to protect the public, it proves tricky for decision-makers when making decisions on these matters in practice. When governments face enormous pressure such as the hurdles following the pandemic, it is difficult to ascertain to what extent measures are legitimate and proportional. Thus, each national government must decide which measures to implement and how far these can restrict fundamental rights and democratic principles. In light of this, Engler et al (2021) argue that states face a “democratic dilemma” during the Covid-19 pandemic as they must weigh public health goals against democratic standards, which my study further applies and investigates in the cases of Denmark and Sweden.

Both Sweden and Denmark have a strong protection of democratic rights during ‘normal’ times (Engler et al, 2021). However, the two neighbors’ policy measures and response towards the pandemic prove very different from one another. At first glance, one could expect these Scandinavian countries to deal with this democratic ‘dilemma’ in a similar manner, however, as their responses differ drastically, their views on how to deal with democratic considerations may

also diverge. This highlights a central topic of this study: how considerations of democratic rights influence policy decisions in crisis response.

On the one hand, strict measures such as lockdowns can be seen as democratic measures as they serve to protect the lives of elderly, groups with underlying health conditions or a lower socioeconomic standard. They aim to protect the population from sickness, by making sure that everyone takes a collective responsibility for limiting the spread of the disease (Cassata, 2021). On the other hand, such strict measures can likewise violate individual freedom as people are forced to stay at home despite their varied life circumstances. Large families living in poor housing might not have the possibility to stay at home for months, victims of domestic violence may face increased levels of abuse and the mental health issues can increase due to feelings of isolation (UN Women, 2020; Panchal et al 2021).

Rapid response may be vital to curb the spread of the virus, but many of the measures against Covid-19 create negative effects in everyday lives of already marginalized people. For example, workers in low-paid, care-based employment are exposed to higher risks of contracting the virus as well as other unintended effects of the crisis response, and there has been an over-representation of minority ethnic groups in case number and fatalities (Branicki, 2020). The ongoing pandemic exposes health disparities among different groups in society, such as ethnic minorities and migrants, which stem from complex socioeconomic health determinants and structural inequalities (Greenaway et al, 2020).

In the midst of the pandemic, the United Nations' (UN) human rights experts urged its member states to avoid an overreach of security measures against Covid-19 (OHCHR, 2020). The organization stated that international law permits emergency power in response to significant threats, but that the measures should be proportionate, necessary and non-discriminatory. Thus, even though the use stronger measures in times of crisis is lawful, such legislation should not be enforced in an arbitrary or discriminatory manner.

In 2020, the Varieties of Democracy institute developed the Pandemic Backsliding index that tracks states' risk of democratic backsliding due to emergency responses to Covid-19. The index

divides different measures into illiberal and authoritarian practices, regardless of regime type. Illiberal practices concern discriminatory measures, derogations from non-derogable rights and abusive enforcement from the state. Authoritarian practices include no time limit on emergency measures, disproportionate limitations on the role of the legislature, official disinformation campaigns and restrictions on media freedoms (Edgell et al, 2021; Kolvani et al, 2021).

Freedom House (2020) asserts that the condition of democracy and human rights worsened in around 80 countries during the pandemic, especially in countries that already experienced democratic backsliding before the crisis. In their report from October 2020, the organization focuses on five aspects of accountability that have been weakened: checks against abuses of power, protection of vulnerable groups, transparency and anticorruption, free media and expression, and credible elections. Nonetheless, my study does not seek to examine how democracy has been violated in Sweden and Denmark, but rather focus on how democratic criteria played a part in decision-making on pandemic restrictions.

In sum, the Covid-19 pandemic put democracy to test as national governments must make difficult decisions in times of uncertainty. The Swedish and Danish case demonstrate two differing outcomes in pandemic response, but disclose less of how underlying democratic principles influence the responses. Thus, I apply a ‘democracy lens’ and integrate these aforementioned theoretical underpinnings to study the Covid-19 responses in two advanced liberal democracies.

3.4. Research Gap

The theoretical section above outlines important literature that studies the Covid-19 pandemic in relation to policymaking, public administration and democracy. My research lies at the intersection of these themes. As the pandemic proves to be the largest global crisis in decades with substantial effects on our society, there is a pressing need for more country-specific research on Covid-19 policy responses. In particular, there is room for more in-depth studies comparing the responses of two liberal democracies, Sweden and Denmark, and focusing on governance and democratic principles as important variables.

4. Method and Design

In the following section, I outline my thesis' research design and case selection, that is: comparative case study of Sweden and Denmark's Covid-19 response. I then move to describe the method of elite-interviewing and present the selection of interview subjects. Lastly, I discuss the collected material and its credibility.

4.1. Design and Case Selection

In order to study Sweden and Denmark's Covid-19 response, I have drawn from a comparative research design. Case studies are commonplace in qualitative research as they focus on context and dynamic interactions in certain cases over time (Marshall and Rossman, 2016). They provide contextualized and situated understandings of specific phenomena while allowing flexibility and the use of multiple perspectives (Marshall and Rossman, 2016). In addition, comparison is considered to be the 'very essence of the scientific method' in political science (Brans, 2012). Thus, through a comparative study of these two countries, I explore and contribute to contextualized knowledge of Covid-19 policy responses.

In terms of case selection, I draw on a "most similar systems" design where the cases of study should be as similar as possible, except for their differing outcomes (Coppedge, 2012). The strategic selection of cases aims to minimize the amount of potential experimental variables (Esaiasson et al, 2012; Przeworski and Teune, 1970). When studying country specific policy responses, the selection of cases cannot be random. Following this, Scandinavian countries serve as good examples of similar cases as they share many economic, cultural and political characteristics (Przeworski and Teune, 1970). In view of Sweden and Denmark's commonalities, their vastly different responses to the Covid-19 pandemic make a good case for comparative studies. Due to a limit in time, I considered two countries to be a feasible number of cases as it would enable sufficient depth but still be manageable in the scope of a semester.

I study the crisis responses in Denmark and Sweden starting with the outbreak of the pandemic in the beginning of 2020 and continuing until present time, December 2021. This time scope allows a comprehensive look at the two countries' respective strategies. The countries started out with different approaches that somewhat diverged over the course of the pandemic, although

remaining distinct. In this case, this larger time scope is preferable as it allows the interviewees to talk about their experience of the pandemic from an overarching perspective. By choosing such a scope, there is little risk that the informants confuse the sequence of events or misremember as they can consider the pandemic as a whole.

I apply an actor-centered understanding of the policy-making process. An actor-centered approach is suitable for this study, as national cabinets, ministers, ministries and government agencies have been at the center of formulating policy responses during the pandemic (Toshkov et al, 2021). I thus focus on policy measures and restrictions adopted by government agencies and ministries and will not analyze the response of other institutions in society such as hospitals, schools or non-governmental organizations. Furthermore, I focus on policy measures aimed at stopping the spread of the virus, and not support measures aimed at providing financial compensation for citizens facing economic loss as a result of the pandemic.

4.2. Semi-structured Elite Interviews

I collected data through in-depth elite interviews with central public officials, experts and politicians in both Sweden and Denmark. ‘Elites’ are here defined as those with close proximity to power or policymaking, i.e., elected representatives, executive officers of organizations and senior public officials (Lilleker, 2003). Interviews are fruitful as they provide insights to specific events that were previously unknown, such as processes and actions taking place out of the public eye (Lilleker, 2003). In further detail, I conducted semi-structured interviews. Semi-structured interviews include the preparation of a script, but they leave room for the investigator as well as the interviewees to be more free in how they probe or answer a given question (Marshall & Rossman, 2016).

Given the aim of this thesis, to understand how and why governments adopt policies in crisis response, conducting elite interviews is a beneficial method. The method can unwind relationships between influential actors and allow a comprehension of how certain events were seen and responded to within the political machine (Lilleker, 2003). In order to understand the complexity of different policy responses to the Covid-19 pandemic, it is necessary to conduct

interviews with key actors in the field. Interviews with centrally placed sources at this stage in time provide exclusive and crucial material of this historical event.

I have conducted 11 interviews with public officials, politicians and experts that have worked with the pandemic (see figure 3). The interviewees act as informants as their role has been to be to share information and insights from their work and field experience (Given, 2008). As the topic is broad in nature, I chose to interview a mix of professionals to enable a comprehensive and unique perception of the issue. I interviewed six people in Sweden and five people in Denmark and sought to mirror the selection of people in the two countries to the extent possible. Initially, I reached out to contacts in my personal network, which then enabled a snowball sample of interviews (Given, 2008). A few of the people were contacted through email without previous connection. All of the interview sessions, except for one, were conducted digitally over video conference. One was conducted over the telephone due to technical difficulties. With the consent of each informant, I recorded and transcribed the interviews. Seven out of eleven willingly agreed to appear with their name in writing (which can be found in the reference list) whilst the other four were kept anonymous.

INTERVIEW INFORMANTS			
	Country	Title	Workplace and description
Interviewee 1	Sweden	Senior public official	Government Offices of Sweden, works with issues on democracy.
Interviewee 2	Sweden	Public official	The Ministry of Health, Government Offices of Sweden, works with issues relating to Covid-19. Previously employed at the Public Health Agency in Sweden.
Interviewee 3	Sweden	Member of Parliament	Appointed to the Committee on Health and Welfare, member of the Social Democratic Party.
Interviewee 4	Sweden	Public official	Ministry of Employment, Government Offices of Sweden, works with issues on discrimination and human rights.

Interviewee 5	Sweden	Professor in political science	Member of the corona commission appointed by the Swedish government to review the response to the Covid-19 pandemic in Sweden.
Interviewee 6	Sweden	State Secretary	State secretary to the Minister for Health and Social Affairs in Sweden. Member of the Social Democratic Party.
Interviewee 7	Denmark	Professor in political science	Head of the Danish expert committee appointed to review the crisis management in Denmark during the first wave of the pandemic.
Interviewee 8	Denmark	Senior public official	The Ministry of Justice, worked with central coordination of crisis management during the initial stages of the pandemic.
Interviewee 9	Denmark	Director General	Danish Health Authority. Member of the Executive Board of WHO.
Interviewee 10	Denmark	Member of Parliament	Member of the Epidemics Committee. Spokesperson for Covid-19 related issues for the Red-Green Alliance (<i>Enhedslisten</i>). Party supporting the government.
Interviewee 11	Denmark	Member of Parliament	Chair of the Health Committee, member of Left, the Liberal Party (<i>Venstre</i>). Party in opposition.

Figure 3: List of all interview informants in order by country and date of interview (see 7.1)

The professors contributed with an academic perspective on how factors of governance and administrative structure might affect the crisis response in each country. Both of them are part of expert committees in their respective countries, appointed to review their nation's Covid-19 response. Hence, they contributed with in-depth knowledge of the state of affairs during the pandemic and provided a political scientist perspective on both cases.

The public officials affiliated to governmental agencies in each country provided a practical and unique insight to the inner workings of the governmental response. In this category, I have

interviewed three professionals in Sweden and two in Denmark. In Sweden, the three public officials at the Government Offices could inform on practical matters regarding daily processes inflicted by the pandemic and crisis management. They could also provide a more informal perspective on traditions that might shape the administrative culture.

In Denmark, the director of the Danish Health Authority yields a unique insight to the decision-making process in government as well as in the public authority in relation to the Covid-19 response in Denmark. The senior public official at the Ministry of Justice in Denmark played a central role in the crisis management organization in Denmark during the first stages of Covid-19 and could thus provide a comprehensive view on the matter. Together, the two offered insights from both the political machine and the administrative level.

The politicians in each country shedded a political perspective on the crisis response and spoke of the inner workings of political processes. The state secretary at the Ministry of Health in Sweden serves as the key person between the ministers in government and the public officials within the Government Offices, and thus brought experience from both the central political level as well as policymaking. The member of parliament for the Social Democrats informed on the democratic conversations taking place inside the party and in the parliament, as well as in-depth knowledge on legal matters in relation to Covid-19 within the Committee on Health and Welfare.

The two members of parliament in Denmark provided important knowledge on the constitutional matters taking place during the pandemic. Interviewing one member from a supporting party and one member from a party in opposition gave a more nuanced view of the political debates and processes taking place in parliament. Furthermore, both of the members are part of the Health Committee and thus had in-depth knowledge of the bills passed in relation to Covid-19.

A semi-structured interview guide was developed for all interview sessions (in appendix). It consists of six main questions and a few follow-up questions. In this way, I started off with a broader question which left room for the interviewee to freely respond to the matter, whereby I continued with in-depth follow-up questions. Considering the differing roles of the professionals, I adapted the questions to correspond to each individual meanwhile aiming at maintaining

similarity. The questions derived from the central theoretical themes underpinning the thesis: concepts of democracy and governance, as discussed in the previous section of the thesis. Firstly, I asked about their general thoughts on why their government responded the way they did to the pandemic as I wanted a broad perception of what may explain each response. Thereafter, I posed questions about potential violations of democratic standards in relation to pandemic restrictions. I then continued with questions relating to the role of experts and politicians and the effects of administrative and governmental structure as derived from literature. Lastly, I asked about the perception of the other country's Covid-19 response as it adds a comparative layer to the respective answers.

4.3. Material and Credibility

Qualitative interviews come with certain limitations, which is why the collected data should be strengthened by additional empirical data or a broad set of interviews (Lilleker, 2003). As part of this study, I have conducted a relatively broad set of interviews and engaged in text analysis to add to relevant information. This includes press releases and reports that have been reviewed and analyzed to strengthen the events mentioned in the interview sessions.

Theoretical saturation occurs when no new information reveals itself from the material. In the case of interviews, such theoretical saturation is reached when enough people respond similarly to the questions. Yet, no researcher can be sure to know everything about a certain issue but when nothing new seemingly comes up, one can usually stop the data collection (Marshall & Rossman, 2016). When the majority of my interviews had been conducted, the answers started to resemble each other, which signaled that the amount of interviews was sufficient.

I will evaluate the credibility of my material drawing on the criteria of dependency, bias and time. The credibility of the sources increase if the findings are confirmed by other sources independently from each other (Esaiasson et al, 2012). In this case, I asked all the informants the same questions and the possibility for confirmation among sources increased. Additionally, statements of facts or official events were controlled through written material on the subject. For instance, if one informant said that “Denmark closed its borders on the X-date of X-month” then I made sure to verify that statement against official information. Furthermore, primary sources

exceed secondary sources (Esaiasson et al, 2012). In this case, the informants are all primary sources in the sense that they contribute with experiences from their own workplace. However, since I aim to understand why the governments made or did not make certain decisions, the most desirable sources would be relevant ministers in the respective national governments. However, that was evidently not possible for the scope of this project. Nonetheless, all of the sources work closely to the decision-making process related to the event of study: the Covid-19 response.

Potential bias can appear if the sources have an interest in distorting the story (Esaiasson et al, 2012). In this scenario, decision-makers could perhaps diminish the role of their actions to make them look good. For example, the Covid-19 response in Sweden is sensitive in that it has received substantial criticism and to some extent contributed to polarization within the nation. Lastly, the criterion of time must be taken into consideration. As people have a tendency to forget or reconstruct events over time; the closer in time, the better (Esaiasson et al, 2012). Since the pandemic is still ongoing, the informants should be able to remember details without too big of a risk for confusion.

5. Analysis of Results

In the following section, I present and analyze the results derived from the conducted elite interviews. The analysis is divided into four parts: 1) Governance Structure and Administrative Tradition, here I discuss how different organizational structures in Sweden and Denmark can explain the differing Covid-19 responses. 2) Role of ‘Experts’ and ‘Politicians’ in Decision-Making, in which I discuss the influence of expert knowledge in decision-making. 3) Democratic Principles in the Light of Covid-19, in this section I analyze in what way democratic principles have been considered upon in relation to policymaking. 4) Perception of the Other Country’s Response, in which I present how the interviewees perceive the other country’s response and discuss how the crisis may affect the two countries’ relationship during the crisis.

5.1. Governance Structure and Administrative Tradition

In this section, I find support for the argument that differing governance structure and administrative traditions in Sweden and Denmark mark an important explanation to why the countries respond differently to the pandemic. Through these results, I contribute to the

knowledge on how factors of governance and public administration shape public policies during the Covid-19 pandemic.

All informants in Sweden found administrative and institutional factors central when it comes to understanding the Swedish government's Covid-19 response. In particular, the majority of the informants point towards the decentralized administrative structure with independent public agencies, regions and municipalities. In line with the argument of Sperre Saunes et al (2021) decentralized responsibility for emergency planning among Sweden's 21 regions seems to contribute to a fragmented crisis response. Decision-making occurs at the central, regional and local level, and is often delegated from the political level to the administrative level. Thus, a lack of responsibility at the central government emerges, which creates an unequal crisis response in different parts of the country. One of the informants who works as a public official at the Government Offices in Sweden highlighted this aspect when interviewed:

“The very decentralized decision-making has probably affected to a great extent which measures that one has implemented and not, and at what point in time, and why it also has varied in different parts of the country” (Interviewee 4, Sweden).

Furthermore, the Swedish central government experienced trouble in steering the local municipalities at the operational level. For example, early on in the spring of 2020, the government declared that testing of Covid-19 should increase and directed money towards it, but nothing happened because of the difficulties in governing the local actors. The professor at the Swedish corona commission expressed the following during our conversation:

“We can establish that the government very early said that one should increase the testing capacity and the government put money into it, but nothing happened because of this rather strange relationship that had to be negotiated in treaties through a civil law organization” (Interviewee 5, Sweden).

In contrast to Sweden, Denmark has experienced a move towards centralization over the past years. For instance, Denmark implemented a local government reform in 2007 that restructured

the public sector in Denmark (KL, n.d.). The director of the Danish Health authority argues this to be a central part in Denmark's response to Covid-19 (interviewee 9). The reform closed down 14 counties and created 5 regions instead, which resulted in a better balance between the central power and the local government (KL, n.d.). Consequently, it was rather easy for the central government and the health authorities in Denmark to steer the local actors, as outlined by the director:

“It is fairly easy for the central government, including the Danish Health Authority and the Ministry of Health, to issue guidelines and decrees that will be followed by every hospital in every local municipality. Thus, it was rather easy to control hospital capacity, intensive care, even elderly care homes, and to issue the guidelines without any major opposition and with direct channels of control” (Interviewee 9, Denmark).

Denmark's ministerial rule traditionally gives the ministers in government far reaching powers. However, the movement from decentralization to centralized power was further accentuated by the 2019 election. With the inauguration of prime minister Mette Fredriksen, the minority government gained strong political power through the majority backing in parliament. The government announced that they would take control, not accept further decentralization and show strong political leadership. During the pandemic, these promises were realized as decision-making increasingly became centralized in the prime minister's office and among a few ministers (Interviewee 7, 2021). This can be sensed in the quote below from a member in the Danish parliament:

“On a political level there was a great understanding that we had to react strictly, firmly and early. It was a political position and political decision” (interviewee 10, Denmark).

This stands in stark contrast to Sweden's strong prohibition of ministerial rule. The legal framework in turn gives birth to an administrative culture consisting of an underlying fear of making oneself guilty to committing ministerial rule. In part, this culture illustrates the ideas and

structure that together shape the public administration, as outlined by Yesilkagit (2010). The fear of ministerial rule is in fact mentioned by all of the informants working at the Government Offices in Sweden (interviewee 1, 2, 4, 6). The public officials perceive the fear to strongly influence and limit the actions of decision-makers, while the state secretary points to it as an important organizational part on how the governmental body functions (interviewee 1, 2, 4, 6). Additionally, one of the public officials speculated that perhaps, it sometimes can be used as an excuse, as it is easier for the politicians to blame the experts if they are not the ones who have taken the decisions themselves:

“There is a rather well-spread understanding, even among our politicians, that the prohibition against ministerial rule means that the government is not allowed to decide things, but the government is allowed make decisions to a rather great extent, it is only when it comes to individual matters where one is not allowed to do so” (interviewee 4, Sweden).

However, the fear of ministerial rule might be exaggerated as ministers in fact do have far reaching powers, except for when it comes to individual matters. Perhaps it can also be understood as a reversed ‘elite-panic’ where the fear of acting too hastily paralyzes decision-makers. Thus, in the case of the pandemic, the prohibition of ministerial rule might have acted as an excuse to refrain from making ‘faulty’ decisions in policymaking concerning pandemic restrictions. This dimension was also highlighted by the Swedish professor:

“Although we have a Swedish administrative model, it is the government that rules the nation, which many commentators fail to notice - they think that Swedish government agencies are free satellites, but they’re not” (interviewee 5, Sweden).

In terms of administrative tradition, Sweden kept with their administrative tradition instead of changing it due to the crisis. One public official suggested that the government probably could have acted differently if they would have liked, but that the risks would have been too great. The Swedish government simply “followed the instruction”, instead of changing their liability regime (interviewee 1). This is interesting from an international perspective, as most countries believed

that Sweden took a risk in its response towards Covid-19 by choosing a different road than most other democratic countries in Europe. However, from the perspective of the Swedish government, they simply maintained their institutional setup during the crisis:

“It would have been possible in this extraordinary situation, I think, for the government to diverge from this administrative structure and take another stance, cause there were groups of other experts that had other opinions and vouched for other strategies, but that would have been a very big risk to take. It would have been a bigger risk for the government to take that road, even if that of course would have been to follow most other countries’ policies and adopt harder restrictions” (interviewee 1, Sweden).

In sum, governance features and administrative traditions seem to play an important role when attempting to identify the reasons behind the Scandinavian neighbors' differing Covid-19 responses. Interviewees highlighted that Sweden's decentralized system gave rise to fragmented decision-making concerning the pandemic response. Although Denmark's administrative system seemingly organizes efforts in a decentralized manner, the country's move towards a more centralized decision-making proved to facilitate a more unified pandemic response. In addition, Denmark has a system of ministerial rule characterized by far reaching powers, while Sweden's contrasting tradition of prohibition of ministerial rule largely influenced pandemic policymaking. Thus, the similar yet different systems are central in understanding the processes behind the contrasting responses to Covid-19.

5.2. Role of ‘Experts’ and ‘Politicians’ in Decision-Making

In this section, I outline that the Danish response is characterized as ‘political’ while the Swedish response is seen as ‘expert-led’. The Swedish informants point to a long political tradition of listening to expert authorities, partly due to administrative culture and lack of in-depth knowledge. Denmark also demonstrates a tradition of listening to expert knowledge, but the strong position of the newly elected government permitted a firm and unified political response to the pandemic. Informants from both countries found that the lines between politicians and experts had been blurred. Considering the scope of the crisis this may ring true but it also calls

attention to democratic elements of political decision-making. Through these results, I illustrate how expert knowledge influences political decision-making in times of crisis and contribute to important insights for future policymaking in relation to crisis response.

From the results, I derive that ‘high trust in expert knowledge’ as an important explanatory variable in understanding the national Covid-19 response in Sweden. Connecting to the previous section in the thesis, the faith in expert authorities appears to be part of a long-standing administrative practice. This reflects the theoretical underpinning that Sweden's administrative structure is shaped by dualism (see Sandberg, 2020). In consequence, the government is expected to turn to governmental expert authorities before adopting public policies. This order dates back to the construction of the Swedish welfare state, initiated by the Social Democrats in the 1930s, the same party which currently holds office in Sweden. Consider the following quote by the professor in the corona commission:

“One truly needs to understand the dualism between politics and public administration at the central level (...) it is a structure that we have had, but it has also developed a culture, or maintained a culture about the idea of politics based on knowledge, which has been prominent and strong during the development of the welfare state” (interviewee 5, Sweden).

Perhaps, there could also be an aspect of political ideology here. The faith in expert authority knowledge has been prominent since the construction of the Swedish welfare state, which was mainly initiated by the Social Democratic Party in the 1930s (interviewee 5). The same party has been in government throughout the pandemic and have consistently declared that they, first and foremost, will follow the expert advice given by the Public Health Agency in Sweden. The Social Democratic Party poses itself as a “workers’ party” and traditionally consists of politicians with ordinary or non-academic backgrounds. This can be illustrated by the following quote from a Social Democratic member in the Swedish parliament:

“We are no experts, we are in fact ordinary people with different backgrounds and professions, and that is also how it is with the government and then one relies on,

in this case, opinions and investigations and comments from the Public Health Agency” (interviewee 3, Sweden).

In addition, having an advanced theoretical understanding of how transmittable diseases work facilitates policymaking during Covid-19. Considering that most politicians lack extensive in-depth knowledge about the policies they officially implement (see Peters and Pierre, 2003), it is understandable that they turn to relevant expert advice in order to shape public policy. Thus, it might be easier for politicians to handle other kinds of crises, for example concerning economics or finance, where they have their own experts in-house (interviewee 5). This can exemplified by a quote from the professor on the Swedish corona commission:

“It also matters what type of question it concerns; it is harder for politicians to work with issues revolving around public health and the healthcare sector, and in particular, within pandemics and virology. During the financial crisis, the government was at their best since managing budgets and allocating funds is what governments do. Economic policy, there they have their own expertise “in-house”, but when it comes to disease control etc, they are dependent on other people's knowledge” (interviewee 5, Sweden).

In Denmark, there is much like in Sweden a tradition of having political and public trust in expert knowledge. However in contrast to its neighbor, the politicians in the Danish government have been the front-line decision-makers during the pandemic. This relates back to the previous section where I made the case that the Danish political response can potentially trace back to its strong political mandate and quest for centralization of power at the executive (see p. 32). However, expert judgement quickly immersed the political decision-making process also in Denmark. The Director of the Danish Health Authority, a senior public expert himself, confirms a close cooperation with the government:

“Through the handling of this crisis in Denmark there has actually been very close interaction between the professional level and the political level (...) so the

discussion has sometimes been blurred as to what is political and what is medical” (interviewee 9, Denmark).

Going back to the theoretical argument of Peters and Pierre (2003), it is important to remember the separate roles of expert officials and public officials. In Denmark, the separation of expert officials and public officials appears to blur due to close cooperation. An expert-led committee appointed by the Danish parliament, similarly indicated that the Danish government falsely claimed that the decision to implement the initial lockdown was based on recommendations from the health authorities (Folketinget, 2021c). Both members in parliament express that in the initial stages of the pandemic, it was hard to ascertain where the decisions and recommendations originally came from (interviewee 10, 11). These findings thus confirm the argument of Boswell (2008) that expert knowledge can become a political and tactical tool in furthering a political agenda, rather than for actual problem-solving. This logic was also reiterated by a member in the Danish parliament:

“It should have been more clear whether it was recommendations from the health authorities or if it was a political decision from the government (...) the approach in Denmark, it was quite clear that it was a political decision, it was a decision from the government to have this approach to Covid-19 in Denmark, but the government used the health authorities to say that it was what they recommended as well” (interviewee 10, Denmark).

Ergo, the line between experts and politicians seemingly blurred during the pandemic in Denmark, as the government used the experts to further their own agenda. Similarly, the line in Sweden has also been blurred, but in another sense. In the case of Sweden, the experts perhaps were given too much mandate in regards to political decision-making, as highlighted below by a public official in Sweden:

“I think the difference is a matter of degree between listening to what the experts say and let the experts decide, it is two different things, and sometimes I think that one has drifted over - letting the experts decide rather than to take in the

information as material for decision-making, and that is problematic because it is still the government that is supposed to rule the nation” (interviewee 4, Sweden).

Following this, I find it important to consider whether these experts represent a democratic element. Thinking back to Christensen’s (2021) argument that we should understand expert knowledge as a matter of influence, where experts among other actors provide input in the political system, as opposed to granting experts the special status of providing seemingly neutral and apolitical evidence, it stands to question whether this was in fact the case in Sweden and Denmark. For instance, the below quote illustrates how the Danish professor viewed the Swedish response:

“As far as I am concerned, it might look as if it was the administrative authorities, the Public Health Agency in Sweden, that made the decisions, but as I understand it, all of the issues were actually placed on the government’s agenda, so what we saw in Sweden was a government not actually acting, not taking formal responsibility” (interviewee 7, Denmark).

The widespread belief in expert authority knowledge stirs questions of whether the political sphere and the public administration should bluntly trust the public experts. The experts at governmental authorities are not appointed through democratic elections by the people nor do they aim to represent the population. The professional role of experts entails a duty to be impartial and hold scientific judgment first, but since they are not democratically elected there exists no institutionalized channel for accountability. On the contrary, politically biased and uninformed decision-making pose a threat to public administration and democracy and it thus not a desirable development. In the case of Covid-19, expert assessment is vital to informed policymaking considering the medical scope of the crisis. Perhaps, the differing roles of experts and politicians are not as mutually exclusive in practice as framed to be in theory.

In sum, the role of expert knowledge in decision-making plays a central role according to all of the informants and they agree that the question has spurred public debate in both countries. The informants in Sweden point to a long political tradition of listening to expert authorities, partly

due to a decentralized public administration. This tradition may be a result of politicians who are mainly “of the people” and do not have a background in, for example, medicine or science. Thus, the politicians in power listen to the expert authorities integrated in the governmental system. However, Denmark also has a tradition of listening to expert knowledge, but the strong position of the newly elected government enacted a firm political response to the pandemic. Comparably, both countries have experienced that lines between politicians and experts have been blurred in the processes. Considering the scope of the crisis this might be expected, but nonetheless, it calls attention to fundamental democratic elements of political decision-making.

5.3. Democratic Principles in the Light of Covid-19

In this section, I outline the ways in which considerations of democratic principles influence the Covid-19 response in each country. There has been a vivid discussion on how the governmental response affects constitutional matters and civil rights. Drawing on the theoretical concepts by Engler et al (2021) of Covid-19 measures that stand in conflict with democratic principles, I show that concern over measures restricting individual freedom have been more prevalent in Sweden in comparison to Denmark. In contrast, the effects of power concentration at the executive seem to have been more prevalent in Denmark.

The expert committee appointed in Denmark to review the crisis response and lockdown, directed criticism towards the emergency legislation that was passed under the initial stages of the pandemic. The amendments to the Epidemic Act were swiftly adopted in a relatively poor manner (Folketinget, 2021c). This was confirmed by interviewees 10 and 11, both members of parliament, who express discomfort when they discuss the concentration of power at the executive during the pandemic. Both stress that it was necessary to transfer power to the government in order to efficiently face Covid-19, but they also see that it brought with it substantial democratic problems (interviewee 10, 11). The new act of contagious diseases gave the Minister of Health a mandate to govern by decree, which adds to the development of centralization that has taken place in Denmark over the past decades (interviewee 7). Both the Danish professor and the Director of the Danish Health Authority indicate that various decision-makers in Denmark regret the way the emergency legislation was passed (interviewee 7, 9). Quote by a member in parliament:

“We must never experience a day like March the 12th again, because from a democratic point of view it was a terrible day, we had to move a huge amount of power from the parliament to the government, where we had no democratic control” (interviewee 10, Denmark).

In addition, civil society organizations and justice organizations are traditionally included through public hearings before policy adoption or lawmaking occurs in Denmark. A couple of the informants express concern over the fact that this fundamental democratic element was removed from the process (interviewee 7, 10). For instance, the organizations may represent minority groups in society and thus the withdrawal of this process decreases transparency and oversight. This was also emphasized by a the Danish professor:

“These proceedings are not obligatory but there is a tradition in Danish parliamentary practice, that before a government goes to parliament with a bill or any other political initiative it will go through a round of hearings with anyone affected and this was completely suspended during the spring of 2020, so from that time, a rather strong debate about the democratic aspects of crisis management started” (interviewee 7, Denmark).

Consequently, I find that the rapid adoption of emergency legislation during the spring of 2020 gave birth to a substantial debate on rule of law in Denmark, which generated new control functions in parliament. As the revised Epidemics Act entered into force in March 2021, an epidemics committee was established in parliament and appointed to oversee the government use of executive power. Through parliamentary control functions, such as consultation meetings with responsible ministers, experts meetings and committee hearings, the committee can review the government’s work (Library of Congress, 2021). Two of the interviewees, one member in parliament and the professor, underline the new Epidemics Act and the epidemic committee as important democratic elements that give the parliament better abilities to hold the government accountable (interviewee 10, 7). I would argue that this may signal a strong and resilient democracy that does not welcome changes that undermine Denmark’s parliamentary democracy.

In contrast to Denmark, the process of adopting pandemic legislation was a lengthy process in Sweden, as the constitution prevents the centralisation of powers at the executive except for in the case of war. A couple of the informants indicate that reluctance in moving power from the parliament to the executive stood in the way of adopting pandemic legislation (interviewee 4, 3). Furthermore, time pressure may have reduced the quality of decision-making, but the formal process still managed to maintain an orderly procedure (interviewee 6). Although there was reluctance within the parliament to transfer power to the executive, one of the informants points out that the extent of mandate that has been transferred to public agency regulations during the pandemic probably has no comparison in modern time (interviewee 4). Thus, transfer of power took place, but perhaps in another manner. In our interview session, the member of the Swedish parliament expressed the following:

“One of the reasons why the temporary pandemic law is not prolonged more than a few months at a time is because one really wants to see that the government does not take too many liberties” (interviewee 3, Sweden).

The hesitation to concentrate power in Sweden can partly be seen as a result of strong democratic institutions, and I argue that this confirms the theoretical argument that strong protection of democracy in ‘normal times’ calls for hesitation to transfer power in the event of a crisis. However, it can also be viewed as a fundamental problem since strong institutions in Sweden stood in the way of adopting an urgent response to a fatal disease. Apart from the constitutional structure that does not allow a state of emergency, public health policies in Sweden have traditionally been based on voluntarism and non-binding measures (interviewee 2, 5). Rules of conduct are central in how the Communicable Diseases Act in Sweden is composed. Thus, authorities in Sweden Covid-19 rather wish to reach desired effects by encouraging people to keep social distance, as opposed to implementing a law about the same thing (interviewee 2). A public official at the Government Offices states:

“It is voluntarism that forms the basis for how spread of infection is dealt with and codes of conduct is central in the Communicable Diseases Act. A doctor that

discovers that a person is carrying a transmittable disease shall give codes of conduct that are adapted to that individual so that one decreases the risk of further spread of infection. There are of course possibilities to use stricter measures as well, but the bottom line is voluntarism” (interviewee 2, Sweden).

Seemingly, this tradition of voluntary measures partly derives from a national wound in of the AIDS epidemic was handled, where hard isolation measures were imposed on individuals in a discriminatory manner (interviewee 5). Before the Covid-19 pandemic, many democratic leaders had left the idea of using coercive measures to reach public health goals, however, now, the perspective may shift globally as Sweden’s voluntary-based strategy has received widespread criticism due to the high death toll. Nonetheless, the informants in Sweden emphasize that it is important to maintain a conversation around democratic resilience after the pandemic. Both of the politicians interviewed reason that, as pandemics and health crises most likely will become more common in the future, how we act now sets the standard for how we deal with the next crisis. Thus, citizens and decision-makers need to consider whether they want lockdowns, remote teaching and mandatory curfews to be the common practice (interviewee 3, 6). Notably, this aligns with their political party line as they both belong to the governing Social Democratic party who vouch for soft measures in facing the Covid-19 pandemic. The state secretary at the Ministry of Health in Sweden expressed the following:

“The pandemic has showed that crises can violate people’s level of freedom to a great extent and those values needs to be weighed against life and health, and that debate is important in a democratic society, not least since pandemics and health crises probably will be more common in the future according to researchers who study the effects of climate change” (interviewee 6, Sweden).

Thus, Sweden’s legal framework prevented a state of emergency and lockdown measures, which in turn may have allowed considerations of democratic principles to dominate the political agenda at an early stage. Perhaps, appealing to citizen’s emotions of Sweden characterized as a ‘strong liberal democracy with respect for individual rights’ may serve to legitimize the lack of strict restrictions in Sweden. In the interviews, it is emphasized that the leading principle during

the pandemic has been to use as little intervening measures as possible. This contrasts with the Danish principle of caution: to rather do *too much* than *too little* in response to the pandemic (interviewee 8; Statsministeriet, 2020), as noted by the senior public official in Denmark:

“The Danish government early chose a principle of caution, where they were rather too cautious and did not take any unnecessary risks, instead of taking more into consideration, such as the wants and needs of the public and especially the economic situation in Denmark (...) It was a ruling principle from rather early on in the government’s assessment of the case” (interviewee 8, Denmark).

In dealing with the ‘democratic dilemma’ at the initial stages of the pandemic in Denmark, protecting public health served as the main goal. The absence of deeper discussions of potential infringements on different democratic principles may have served as an influential factor in allowing the Danish government to adopt a lockdown to fight Covid-19. Additionally, the aspect of protecting the elderly and vulnerable groups in society defends the democratic principle of the right to life. In a democracy, one could argue that this shall be held as the highest principle. This concern was outlined by the professor in Denmark:

“The prime concern of the government was to make sure that no dane was dying from Covid if it was possible to avoid it. Hence, it was the public health concern that motivated the government, and also what the government used when arguing for a lockdown - and I think that stands to truth” (interviewee 7, Denmark).

In contrast, Sweden’s legal framework prevented lockdown measures, which in turn may have opened up for discussions on democracy and allowed it to be a central debate at an earlier stage. Only one of the informants in Sweden underlines the protection of the population as the main driver behind the government’s response. Notably, it is the politically appointed state secretary who emphasizes that the government’s goal has been the protection of life and health, meanwhile considering other potential negative effects (interviewee 6). This line of thought aligns with how the Swedish government’s Covid-19 strategy is presented officially (Regeringskansliet, 2020). Thus, taking a broader scope of considerations into account, such as potential effects on the

economy, children's right to education, protection of freedom of religion and freedom of assembly and recognizing how the prohibition of visits to elderly care homes impact the lives of elderly (interviewee 4, 5, 6), perhaps interfered with the idea of lockdown measures. Illustrated by quote from the state secretary at the Ministry of Health:

“That is the starting point: limiting the spread of infection, protecting life and health, but with knowledge and awareness of which decisions also have other clear negative effects” (interviewee 6, Sweden).

In both countries, the informants thoughts upon pandemic restrictions align with the international legal framework that permits emergency power in response to significant threats, but hold that measures should be proportionate, necessary and non-discriminatory. The professor declares that the restrictions in Denmark have been quite mild compared to south European countries, and perhaps that explains why the question of individual liberties has not been given much weight in Denmark (interviewee 7). Among the Swedish informants, it is likewise argued that the social distancing restrictions have not been unproportional (interviewee 1, 4).

5.4. Perception of the Other Country's Response

As a final question in each interview session, I asked the informants how they perceived the other country's Covid-19 strategies. None of the people are specialized in the other country's pandemic response, why the results merely reflect a picture of how the countries might perceive each other's responses. I would argue that these findings can give a sense of what a crisis may do to the relationship between two neighboring countries and the people who live there.

All of the informants in Sweden were modest to say that they themselves are no experts and do not want to comment too much on other countries' strategies. One of them abstains from commenting at all (Interviewee 6). However, what most of them did express was a concern for future cooperation in the Nordic region. The results indicate that the informants believe that the relationship between the two countries has been damaged by the differing strategies. For instance, a few interviewees mention the closed borders and strict travel restrictions as something that had a negative impact on both societies (Interview 1, 3). This reinforces the findings in the

Nordregio report by Giacometti and Wøien Meijer (2021), which state that closed borders led to economic and social consequences in the regions. A couple express that they hope to see more integrated and better cooperation between Denmark and Sweden in the event of a future crisis.

On another note, some of the Swedish interviewees show great respect for the Danish response. For instance, the build-up of a large testing capacity in Denmark is mentioned as impressive (interviewee 2). One public official in Sweden reasons that the Danish strategy to completely shut down the society for a short period of time and then open up again, could potentially be seen as more ‘proportional’ than Sweden’s strategy of having mild restrictions over a longer period of time (interviewee 4). Two informants acknowledge that the politicians in government seem to be the driving force in Denmark in comparison to Sweden. They point out that Denmark appears to have had a more political response than Sweden during the crisis, which confirms the findings in the previous section of the analysis. This contrast can be highlighted by the Swedish professor on the corona commission:

“The political level marked quite firmly, and organization wise they took the lead from both the Danish Health Authority and Statens Serum Institut to begin with, although they thereafter worked together, but that Mette Frederiksen early said “we rather do too much than too little” - that is a contrast” (interviewee 5, Sweden).

In Denmark, four out of five informants express that they do not consider the Swedish Covid-19 response to be well-managed (interviewee 7, 8, 10, 11). Throughout the interviews, it is repeatedly pointed to the political versus expert dimension, where the crisis was said to have been handled in a more political manner in Denmark. For instance, one informant suggests that in Sweden, the idea was to base the response on scientific evidence, but in the beginning of Covid-19 there was no certain evidence on for example how transmission of virus worked (interviewee 10). Several informants express a concern about how the pandemic has played out in Sweden, in particular as there have been high death rates among elderly people. In comparison, they point out that Denmark adopted a more cautious approach that served to

protect the elderly and the vulnerable in society as well as the functioning of the healthcare system (Interviewee 7, 8, 10).

Nevertheless, most of the interviewees also indicate that due to the uncertainty of the crisis, it was impossible to know what the best response would be. Several of the Danish informants have read the reports by the corona commission. One interviewee informs that the report inspired the Danish parliament to adopt a similar investigation of the response in Denmark, which was communicated as something positive (interviewee 11). A few of the Danish informants mention that there are some things that have been dealt with better in Sweden as well, such as keeping schools and other parts of the society open (interviewee 9, 11). The Director of the Danish Health authority highlighted this:

“I’ve never felt that we necessarily did it better in Denmark and Sweden did it worse, which some media have characterized, because I always think that there are a couple of good solutions to every problem” (interviewee 9, Denmark).

I find it noteworthy that the Swedish informants generally were more hesitant to comment on Denmark's response. None of the informants wanted to say anything that could be perceived as too negative. However, almost all of them mentioned the failing cooperation in the Nordic region as a big concern. In contrast, none of the Danish informants indicated such a concern. Perhaps, this is symptomatic as Sweden has been the outlier (or outsider) in the crisis by choosing a different strategy than other Scandinavian countries. Nevertheless, it might be easier for the Danish representatives to be more critical as they have received international acknowledgement for their successful covid response (Olagnier and Mogensen, 2020).

In a sense, I believe that the last question of “how do you perceive the other country’s response” perhaps was the most sensitive one, as no one wanted to speak badly of the other country. This signals how deeply this crisis affects the two countries and their relationship. The differing strategies might lead to a decreased political trust between the countries and upcoming difficulties in collaboration. However, Sweden and Denmark share a long and close cooperation and with this in mind, the Covid-19 pandemic might only mark a short time in history.

6. Conclusion

The purpose of this study was to describe and explain the differing Covid-19 responses in Sweden and Denmark, focusing on factors of governance and democracy as explanatory variables. Through elite interviews with senior government officials, politicians in decision-making roles and professors in expert committees, I discussed how aspects of governance and administrative traditions can serve to explain the differing responses Covid-19 responses in Sweden and Denmark. Furthermore, I showed how democratic principles shape the respective responses. Thus, I contributed to country specific comparative research on two neighboring democracies' response to the Covid-19 pandemic.

I have shown that differing administrative traditions in Sweden and Denmark mark an significant explanation to the differing Covid-19 responses. From the interviews, I derive that Sweden's decentralized administrative structure with fairly independent governmental agencies, regions and municipalities seem to have generated a somewhat fragmented decision-making process concerning pandemic response. I outlined that Denmark's administrative system also is organized on a decentralized basis, but the findings indicate that a development towards more centralized decision-making contributed to enabling a firm pandemic response mainly controlled by the central government.

In addition, Denmark's system of ministerial rule contrasts to Sweden's tradition of prohibition of ministerial rule. Following this, strong ministries in Denmark allowed for a rigid Covid-19 response, but also left room for misuse of power. Further findings entail that Sweden's statutory prohibition of ministerial rule has produced a certain fear within the public administration, which seems to have limited the actions of government officials. Perhaps this fear was sometimes exaggerated since, at the end of the day, the government rules the nation. In terms of crisis management, the Swedish government seem to pride themselves of maintaining their institutional setup during the crisis, whilst the Danish government implemented stronger measures to the surprise of many observers in Denmark.

In this thesis' analysis, I illustrated how the Swedish Covid-19 response was seen as 'expert-led' by the informants, in contrast to the Danish response which was labeled as 'political'. I

highlighted how the decentralized structure in Sweden has given rise to a political culture dependent on expert judgement. Following this, the results indicated that whether the government or the expert authorities take the lead in a crisis in Sweden may vary whether specific knowledge is available ‘in-house’ within the government. However, I also demonstrated that Denmark, similar to Sweden, has a long-standing tradition of listening to expert knowledge, and the expert authorities have been in close collaboration with the government during the pandemic. Nonetheless, the strong position of the newly elected Social Democratic government with majority backing in parliament authorized a firm and quick initial response to the pandemic. The firm political response initiated was viewed as necessary and successful by the informants, but also received substantial criticism. All in all, there was a willing coalition of partners in Denmark who wanted to act decisively, which indicates that the perceived opposition between ‘expert’ and ‘political’ may not be as clear-cut as previously thought.

In both countries, the line between politicians and experts seems to have been blurred. Considering the large-scale character of the crisis, a blurring division is anticipated, but nonetheless it brings about questions concerning fundamental democratic elements of political decision-making. In Denmark, the expert authorities were closely involved in governmental decision-making, and several of the informants testified about the difficulties in knowing where recommendations came from during the first stages of the pandemic. In Sweden, it is indicated that the mandate given to the expert authorities may be too great. The informants highlighted that there sometimes appears to be a public diffusion on who actually has the responsibility of responding to the pandemic. Following this, the results stressed the importance of remembering the separate roles of the ‘experts’ versus ‘politicians’ as the actors have differing democratic functions in who they respond to and what they serve to provide.

I find that considerations of democratic principles have influenced the Covid-19 response in both Sweden and Denmark. In particular, a vivid discussion on how crisis response and pandemic restrictions affect the democratic principles of rule of law and individual liberties. Drawing on theoretical concepts on how certain policy measures in response to the pandemic may stand in conflict with democratic principles, I have shown that debates on the potential effects of power concentration at the executive were more prevalent in Denmark in comparison to Sweden. The

urgent adoption of amendments to the Danish Epidemic Act during the first stages of the pandemic were considered necessary but spurred discussion on rule of law and executive action. I propose that, perhaps, Denmark's democracy proves resilient as policymakers do not accept extensive power concentration. In contrast, Sweden's pandemic legislation took a long time to actualize, due to legal obstacles in concentrating power at the executive and a reluctance within the political sphere to hurrying such a process.

Furthermore, I illustrated that concern over measures restricting individual freedom have been more prevalent in Sweden in comparison to Denmark. A passive initial response in Sweden paved the way for a discussion among decision-makers on individual freedom and the potential negative effects of lockdowns and other binding policy measures. In contrast, there has not been a strong debate in Denmark on how pandemic restrictions might violate individual freedom, perhaps because of the general view that Denmark's measures were and remain relatively mild compared to other European countries. Denmark's response was spurred by a quest to protect the population at every extent, and thereby, the government would rather risk implementing too extreme measures than to do nothing. In contrast, Sweden's leading principle was to use 'as little intervening measures as possible' and to 'always consider other potential negative effects' due to a strong tradition of voluntarism as an important democratic value in shaping public health policies. I argued that this exemplifies an important difference that partly serves to explain the two differing outcomes of Covid-19 pandemic response in Sweden and Denmark.

By furthering the real life experiences of experts, politicians and public officials from engaging in pandemic-related work, I have illustrated that that factors of governance and administrative tradition are central in understanding differing responses to the Covid-19 pandemic in Sweden and Denmark, and that considerations on democratic principles arise in the process. Future studies could dig deeper on how the pandemic might influence democratic standards in the long-term, and further study the effects of the pandemic on international cooperation.

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7.2. Text

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8. Appendix

8.1. Interview Guide

- To start off - could you briefly tell me what your main responsibilities have been during the Covid-19 pandemic?⁹

When the Covid-19 pandemic reached Europe in the beginning of 2020, Sweden and Denmark responded very differently to the crisis. Denmark was one of the first countries to implement lockdown measures, while Sweden heavily relied on voluntary recommendations.

1. From your point of view, why did the Swedish/Danish¹⁰ government choose to adopt the restrictions they did to curb the spread of the virus?
2. When Sweden/Denmark adopted Covid-19 restrictions, for example travel restrictions, ban on public gatherings and restrictions for schools and workplaces: were there conversations within your organisation regarding if these restrictions violated democratic standards?
 - a. If yes: Which democratic standards? What did you discuss?
 - b. If no: Why do you think the democratic perspective was absent?
 - c.
3. How would you say that Sweden/Denmark's democracy has been affected by the pandemic?
4. Something that has been thoroughly discussed during the pandemic is the role of experts and politicians in the decision-making process.
5. How has the dynamic been between politicians and experts in Sweden during the crisis?
 - a. Do you think the dynamic has been appropriate? Or should it have been different?
6. How has aspects of Sweden/Denmark's governmental and administrative structure affected the crisis management during Covid-19?
 - a. Do you think that there are more informal traditions that have affected the sequence of events?
7. How do you perceive the Danish/Swedish Covid-19 strategy?
 - a. How do you perceive it in terms of democratic standards?

⁹ Mainly asked to the public officials who do not have public resumés

¹⁰ When interviewing an informant in Sweden, question 1-5 is about Sweden and question 6 is about Denmark. When interviewing an informant in Denmark, question 1-5 is about Denmark and question 6 is about Sweden.