Chapter 1

Introduction, with key findings and learning points

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

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

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

The Commission's key findings

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

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

[1] Official Norwegian Report 2021: 6 *The authorities' handling of the coronavirus pandemic.*

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

Learning points

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

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

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

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

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

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

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

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

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

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

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

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

- The Government paid too little attention to how the pandemic might develop and how that future evolution should be addressed, especially with regard to limiting transmission of the virus into Norway via cross-border travel.
- The Government did not fully exploit the established system of crisis management.
- The Government in many cases lacked foundation for its infection control decisions. The potential ramifications were not sufficiently explored or understood.
- District medical officers, police officers at the border, school administrators and others who were expected to implement and follow through on the enforcement of infection control measures were given imprecise information and too little time to prepare.
- The authorities have demonstrated an ability to learn while doing, but it has often taken too long.
- Public communication by the authorities did not reach the entire population.

The Government exercised strong, centralised control to ensure a comprehensive national approach to fighting the pandemic. In our view the Government's engagement and readiness to act were a strength. Still, that very strength propelled the Government towards micromanagement and day-to-day involvement in the crisis response, even during periods when a less hurried approach was warranted in our view.

In some situations, the forceful control of the Government and the fast tempo were necessary and appropriate. However, this approach also created clear difficulties and had unfortunate consequences. We believe several weaknesses in the pandemic response could have been limited or avoided if the issues elevated to the Government for decision-making had been restricted to those of central importance requiring additional review, and if the authorities had managed to better differentiate between issues of greater and lesser urgency in time.

The shortcomings we point to are largely related to management and organisation of a crisis, as well as lack of preparation. At the same time, the pandemic response demonstrated the power of individuals to make a major difference.

On the basis of its key findings and learning points, the Commission presents a number of primary recommendations in chapter 12 of this report. Chapters 4 through 11 also contain a variety of findings and recommendations. The measures recommended will in our opinion improve the ability of the authorities to deal with future national and cross-sectoral crises.

Some introductory remarks about our work

In April 2020 we were given a wide-ranging mandate. We submitted our first report to Prime Minister Erna Solberg on 14 April 2021, at which time the Government decided that the Commission should continue its work under the same mandate. In a letter dated 12 May 2021 Prime Minister Solberg requested that the Commission also:

- examine the Government's efforts to secure vaccines for the Norwegian population as well as the strategy for vaccine rollout;
- conduct a detailed evaluation of the need for bed capacity and intensive care readiness in the health trusts;

– conduct a detailed evaluation of the situation facing district medical officers and infection control officers.

The issues encompassed by our mandate are broad and complex. Priorities and limitations therefore had to be established. Some limitations were made clear by the mandate, while the Commission itself has had to set others. We decided early on to impose an end date for our enquiry into the public authorities. The date chosen was 31 October 2021. Certain topics and areas of concern were assigned a high priority for review, and we have concentrated on matters that we believe will provide a basis for learning. Our establishment of priorities and limitations does not mean that other aspects of Norway's pandemic response are unimportant. On the contrary, many of those aspects deserve more attention than we have been able to provide.

In accordance with our mandate and the Prime Minister's letter of 12 May 2021, we decided to divide the work of producing this second report into the following six subprojects:

– the situation facing district medical officers and infection control officers during the pandemic;
– bed capacity and intensive care readiness in the health trusts;
– transmission of the virus into Norway from abroad, entry restrictions and entry quarantine;
– the authorities' efforts to acquire vaccines for Norway's population;
– vaccine strategy and vaccination implementation;
– disparities in the pandemic's effects.

Within each subproject we were sensitive to aspects of the response not bound by administrative lines, such as collaboration and communication, adaptability and flexibility, decision-making processes and local and regional conditions.

In the first report we examined the degree to which the authorities were prepared for a pandemic and how they managed the first wave of infection, concluding with the reopening of the borders in summer 2020.[2] In this second report, our focus is on pandemic management after the first wave of infection. However, in the subprojects relating to district medical officers and health trusts we also describe events dating back to the pandemic's initial outbreak.

The Commission's enquiry has taken place in real time as the pandemic evolved around the world and in Norway, including periods when case counts were rising, new virus variants were appearing and restrictive measures were being introduced. Examining the response to an ongoing crisis has both advantages and disadvantages. On the one hand, the relevant documentation, events, experiences and memories are still fresh. On the other it is hard to observe all the nuances and consequence of a pandemic while in the midst of it. We are also aware that the people whose work was under review found our extensive questioning to be an extra strain at a time when they were still attending to the pandemic. We nevertheless sensed widespread desire to assist in our enquiry, including by those under scrutiny.

The Commission has had access to a vast amount of material, some extending back to before the pandemic's appearance in Norway in March 2020. Everything assembled in connection with the Commission's first report has also been a part of the second report's information

[2] See Official Norwegian Report 2021: 6 *The authorities' handling of the coronavirus pandemic,* p. 34.

base. We also sought additional documentation from the authorities while preparing this report. We received all we asked for. We also received a variety of emails and documents from individuals, organisations and groups as input for the second report. We have reviewed everything received, though not all of it is included in our report.

We have also had access to documents protected (classified) in accordance with Norway's Information Protection Instructions as well as the Security Act and associated regulations. Documents have been declassified when we have so requested. Former Prime Minister Erna Solberg and current Prime Minister Jonas Gahr Støre have granted the Commission permission to use cabinet notes in the form conveyed in the report.

We have interviewed and met hundreds of people. Nevertheless, we were unable to speak to everyone with knowledge or information that might have been useful or who have stories to tell. Nor have we been able to read everything written or recorded about the pandemic and its effects.

Many of the stories told to us were deeply moving – about events in the hospitals, in municipalities across the country, at border control posts and in quarantine hotels; about managing the crisis at the administrative and political levels; and about the unpredictability and uncertainty that were present at all times. Individuals working in the public and private sectors alike demonstrated enormous dedication, adaptability and work capacity during the pandemic. Their efforts and their readiness to contribute were invaluable as Norway fought the pandemic. Individual stories occupy relatively little space in our reports, however. In both the first and second reports we have concentrated on overall management of the pandemic by the authorities.

On the whole we believe we obtained a clear picture of how the authorities managed the pandemic and of the issues that proved especially challenging. We also believe we acquired a good understanding of many of the factors that help to explain both Norway's response to the pandemic and some of the consequences.

Crises are by their nature unpredictable. Pre-existing plans and prior experience never fully anticipate how a new crisis will unfold. But the ability to effectively manage any crisis relies importantly on preparation: plans, training, exercises, experience and mindset. The initial response to a crisis amounts to a test of how well one has prepared. Thereafter it becomes important to plan for the next phases of the crisis. As of this writing, the COVID-19 pandemic is not over. Our enquiry can thus be seen as helping the authorities both to address this crisis and to prepare or the next one – although the next crisis will likely pose a new set of challenges for the authorities and society in general.

In all such enquiries there is risk of confusing hindsight with perfect vision. Our goal has been to try to put ourselves in the shoes of people who were directly involved in Norway's pandemic response at the time they were weighing options and making their choices and decisions. We hope to shed light on the knowledge base that underpinned the infection control measures chosen as well as other considerations that were taken into account. We have sought to understand the challenges faced by the national and local authorities responsible for carrying out the prescribed measures. In addition, we consider the effects of those measures on Norway's inhabitants, business community, public sector and society at large. We have examined decision-making processes and explored what attempts were made to assemble knowledge as the pandemic wore on and changed character. An overriding question is whether the authorities should have selected other ways of addressing the pandemic.

Within each subproject we have sought to document crucial events as thoroughly and plainly as possible. A description of what worked well and what could have been done better is

necessary, as we see it, for the authorities and society to learn from the challenges of this pandemic. Drawing attention to Norway's vulnerabilities and flawed aspects of its response may seem unnecessarily critical in a country that, by comparison with most others, has come through the pandemic quite well. But the Commission believes a critical searchlight is necessary if its work is to help society to prepare for, and better manage, future crises.

Structure of the Commission's second and concluding report

Part I begins with an overview of the authorities' handling of the COVID-19 pandemic from the first wave of infection until the reopening in summer 2020. The Commission's mandate and the work performed are then presented.

Part II covers how the Government and other top levels of the central administration exercised their roles between the reopening of summer 2020 and the end date of our review on 31 October 2021. We also examine the responsibilities of municipalities and their cooperation with state bodies. This part of the report concentrates on how the authorities have organised the country's crisis response. The purpose is to provide a foundation for the enquiry as presented in the other parts of the report.

Part III focuses on the pandemic's first line of response. We look into the situation of district medical officers and infection control officers during the pandemic. We then review bed capacity and intensive care readiness in the health trusts before and during the pandemic.

Part IV deals with measures designed to curb coronavirus transmission associated with travel into Norway. Here we examine decisions the authorities took in respect of entry restrictions, entry quarantine and quarantine hotels.

Part V is titled "The way out of the pandemic" and concerns our enquiry into the authorities' efforts to secure vaccines for the population. We also provide a detailed evaluation of vaccine strategy and vaccination implementation in the country.

Part VI provides a look at the pandemic's disparate effects across the population. We examine how the pandemic affected selected groups of children and young people, students and the immigrant population. We also review the effects on people receiving municipal welfare services and assess how Norway's economy and working life have fared.

Part VII concludes the report by highlighting the key findings, learning points and primary recommendations of the Commission's enquiry.