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COVID-19 Viewpoint

Balancing Governance Capacity and Legitimacy: How the Norwegian Government Handled the COVID-19 Crisis as a High Performer

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Abstract: *This essay addresses how the Norwegian government has handled the coronavirus pandemic. Compared with many other countries, Norway has performed well in handling the crisis. This must be understood in the context of competent politicians, a high-trust society with a reliable and professional bureaucracy, a strong state, a good economic situation, a big welfare state, and low population density. The Norwegian government managed to control the pandemic rather quickly by adopting a suppression strategy, followed by a control strategy, based on a collaborative and pragmatic decision-making style, successful communication with the public, a lot of resources, and a high level of citizen trust in government. The alleged success of the Norwegian case is about the relationship between crisis management capacity and legitimacy. Crisis management is most successful when it is able to combine democratic legitimacy with government capacity.*

In these turbulent times, the organization of societal security and crisis management is an important and highly relevant topic for public administration studies. The world is perceived as increasingly insecure and dangerous and characterized by almost insurmountable problems. Societal security and crisis management are politically salient issues and often the subject of public criticism and debate. Crisis management is thus an important policy area for political leaders, administrative executives, and public administration in general (Boin et al. 2017). Major crises strike at the core of democracy and governance and hence constitute challenges not only for capacity but also for legitimacy and trust. Planning and preparing for the unexpected and unknown, dealing with uncertainty and ambiguity, tackling urgent issues, and responding to citizens demands and expectations are crucial and difficult tasks for the public authorities.

Two core questions arise in connection with organizing for societal security and crisis management (Christensen, Lægreid, and Rykkja 2016):

- *The question of governance capacity*. This is about preparedness or analytical capacity, coordination, regulation, and implementation or delivery capacity (Lodge and Wegrich 2014) to provide effective crisis management.
- *The question of governance legitimacy*. This is about citizens' trust in government and concerns such issues as accountability, support, expectations, and reputation. A key challenge is to uphold and restore trust in government arrangements for dealing with crises.

In a well-functioning crisis management system, there is a difficult trade-off between capacity and legitimacy, but the relationship is also a dynamic one. Capacity is important, but it is also crucial that measures taken to handle a crisis are accepted by citizens so that they follow the government's advice and instructions (Boin and Bynander 2015; Lægreid and Rykkja 2019). Thus, crisis management is also a question of perception. This means that crisis outcomes, as in the COVID-19 crisis, are an example of coproduction depending just as much on citizens' behavior based on trust in government as on government capacity (Brandsen and Honingh 2016). The coronavirus crisis poses an acute threat to basic structures and fundamental values all over the world. It is an extremely complex, transboundary megacrisis on a global scale; because so little is known about the coronavirus, major decisions are being taken under conditions of deep uncertainty and public measures have an experimental quality.

This essay describes and analyzes how the Norwegian government has handled the coronavirus pandemic. Compared with many other countries, Norway has performed well in handling the crisis. This essay looks for explanations for that. To assess the crisis response, one must ask how prepared the authorities were; how they made sense of the unfolding situation; how they collaborated across vertical and horizontal boundaries and made crucial decisions on handling the crisis; and

how they made sense of the crisis and communicated with citizens (Boin et al. 2017; Boin, Brown, and Richardson 2019).

First, some Norwegian context is outlined, followed by a description of the main measures taken. Then governance capacity is addressed, followed by legitimacy issues, before concluding with some lessons learned.

Context

Norway has a strong public sector, a well-developed welfare state, and an open and transparent government. It is also a high-trust society. Citizen trust in government is high, and mutual trust relations between government authorities are higher than in many other countries (OECD 2017). It has also a strong economy based on oil and gas revenues and a big pension fund to ensure responsible and long-term management of these resources.

The Ministry of Health and Care Services (MH) is the central crisis management ministry in Norway for handling an epidemic, and the main expert bodies are its subordinate agencies, the Norwegian Directorate of Health (NDH) and the Norwegian Institute of Public Health (NIPH). When the epidemic started, the MH was the lead ministry, but as the crisis expanded to other policy areas, the Ministry of Justice and Public Security was assigned this role. In addition, the prime minister and the cabinet are central actors in collaboration with parliament, since the current government is a minority coalition government.

The quality of Norwegian health care services is high compared with many other European countries. Almost all hospitals in Norway are public and run by regional health enterprises with quite a large degree of autonomy. Nevertheless, the hospitals are owned by MH, which also has overall responsibility for the regional health enterprises. The share of old people in the Norwegian population is lower than in many other European countries, and the population density is also lower than elsewhere, with a total population of only 5.37 million living in a vast territory.

On April 6, 2020, three weeks after the government introduced draconian measures, the minister of health stated that the coronavirus epidemic in Norway was under control, with each infected person passing the virus on to only 0.7 other people on average. This secondary spreading factor, or R, was about 2.5 when the epidemic started six weeks earlier (NIPH 2020). The minister asserted that the government's measures to fight the spread of infection had worked, and on May 6, R was down to 0,49. In spite of this good news, the authorities warned against reducing social distancing measures too fast to avoid a resurgence of the disease.

The initial cases of COVID-19 in Norway were brought back by Norwegian vacationers who had been skiing in northern Italy and Austria. The first case of infection was registered on February 26. The geographic spread of the disease in Norway was very uneven, reflecting social status, vacation habits, and population density. After three weeks, Oslo, the capital, had by far the highest number of cases per capita, 2.49 per 1,000 inhabitants.

As of May 14, a total of 8,196 people were infected and there were 232 deaths, with an average age of 82; more than half the deaths were in nursing homes. A total of 212,655 people were tested for coronavirus, a very high percentage of the population compared with other countries; 3 percent to 4 percent of them tested positive. The numbers of infected and hospitalized patients increased rapidly until the peak on March 27 and then gradually decreased. On May 14, there were very few new hospitalized cases: 55 people were in hospital, down from 368 at the peak, 22 of them in intensive care and 15 on respirators. The estimated number of infected citizens was 14,000, which is 1.51 per 1,000 inhabitants.

As of May 14, the death rate was 4.3 per 100,000 citizens, much lower than in Belgium (76.8), Spain (58.7), Italy (51.9), the United Kingdom (49.2), France (40.3), Sweden (34.9), the Netherlands (32.2), and the United States (25.9), but also lower than Denmark (9.0) and Finland (4.7). In Norway, the number of infected citizens per 100,000 inhabitants was 151 compared with 492 in Spain, 468 in Belgium, 434 in the United States, 342 in the United Kingdom, 369 in Italy, 263 in France, and 283 in Sweden. The number of patients in intensive care who survived was among the highest in the world, illustrating the high quality of Norwegian hospitals. Norway performed much better than most other countries in Western Europe and the United States in number of people who got the disease and the number of deaths.

The Main Measures: A Suppression Strategy Followed by Economic Measures

Until March 12, the government hesitated and took a wait-and-see approach to the epidemic, with the director of the NDH, in particular, seeking to reassure the public. But on that day, draconian regulations were implemented. Initially, these consisted of major restrictions on social contact and movement, which on March 24 were extended to April 13. They were followed by four rounds of economic compensation packages and then by a decision to pass a law granting exceptions, which represented a watering down by parliament of the government's initial proposal.

The most important COVID-19-related central regulations to combat the spread of the coronavirus during the first month of the outbreak included the following (Norwegian Government 2020):

- Advice on washing hands, keeping social distancing, and limiting gatherings to not more than five people, as well as quarantining those infected, securing hospital capacity, and increasing authority to track contagion.
- Avoiding not strictly necessary journeys and public transport. All Norwegians returning from abroad were required to go into quarantine for 14 days. Stricter border controls were implemented. The Norwegian border was closed to foreign nationals.
- Mandatory closure of all kindergartens, schools, colleges, and universities; closure of all training facilities and competitions in sports clubs and cultural events.
- Mandatary closure of all hairdressers, gyms, and hotels; grocery stores, pharmacies, and shopping malls were allowed to stay open.
- People with second homes in another municipality were not allowed to stay overnight in their cottages.
- Some local governments also introduced rules regulating access to certain geographic areas.

- On April 8, the government decided to lift the COVID-19 restrictions gradually and cautiously. Kindergartens reopened on April 20, primary school for grades 1–4 on April 27, and all schools on May 11. The ban on using holiday properties was lifted on April 20. Hairdressers and other businesses involving one-to-one contact were allowed to resume operations.
- On May 7, the government decided that the goal was to reopen most closed-downed activities by June 15. Larger gatherings were allowed but limited to 20 people for private gatherings and 50 for public gatherings. Sports facilities and driving schools could open, and the quarantine period was reduced from 14 to 10 days.
- On June 1, bars and amusement parks were allowed to reopen, and on June 15 public arrangements of up to 200 people were allowed and fitness centers, water parks, swimming pools, and the top league in soccer could reopen. However, the general infection control measures such as rules of social distancing were maintained, international travel was discouraged, people who had been abroad had to go into quarantine, colleges and universities had to practice distant teaching, and home offices were preferred.

These were the strongest restrictions in Norway since World War II, but it was not a complete lockdown. The restrictions gave priority to health over the economy and to standardized national regulations over local flexibility, and they were a combination of mandatory regulations and more soft advisories. The restrictions were gradually lifted according to learning and experiences.

In all, 291,000 people, or 10.4 percent of the labor force, were registered as fully unemployed by March 24. By comparison, two weeks, earlier the unemployment rate was 2.3 percent, and as of May 9, it was around 8 percent. To mitigate the negative economic effects of the strong restrictions, the Norwegian government introduced measures or packages in several steps:

- On March 13, immediate measures were introduced to support jobs and to help viable companies avoid unnecessary layoffs and bankruptcies.
- On March 16, 100 billion Norwegian kroner worth of guarantees and loans in crisis support for businesses was made available followed by a compensation scheme for culture, the voluntary sector, and sports.
- On March 27, the government approved additional financial measures to otherwise sustainable businesses that had been severely affected by measures to contain the pandemic.
- On April 3, additional measures were introduced directed at businesses that had been hard hit during the pandemic, including cash support for enterprises. The fiscal measures so far add up to 241 billion Norwegian kroner taken from the petroleum fund, corresponding to an increase in the expenditures on the state budget of 17 percent compared with the last year.

The two main measures were cash support for businesses and new layoff rules, implying that the government paid most of the unemployment benefits. The last arrangement was in contrast to Denmark, where the government subsidized employers to keep paying employees at a reduced rate, and led to more layoffs in Norway. The administrative burden for employers and employees embedded in the Norwegian approach was rather low. It was quite fast and easy to receive the benefits.

The law of exceptions process, aimed at giving the government extraordinary powers in the crisis situation, was relatively controversial. Initially, it was proposed by the government to last for half a year, but after being discussed in parliament, this was reduced to a month, the powers became more limited, and parliament stipulated that certain parts of the law could be suspended if one-third of the representatives were against it. Even though the opposition made major changes in the government's original proposal, the debate was marked by an atmosphere of collaboration, trust, and standing together in a crisis situation, taking some cautions steps toward an emergency state and giving the government some limited extended authorization and responsibility.

Governance Capacity

Analytical Capacity: How Prepared Were the Authorities? The Norwegian authorities were in some ways not particularly well prepared to handle the crisis, even though the Norwegian health care system is very good and overall resources are abundant. This was a crisis with advance warning that took some time to develop in other countries, but relatively little was done in Norway to build up specific capacity to deal with such an epidemic. National risk assessments had warned that the risk of a major pandemic was high, but reserves of emergency medicine and infection control equipment were insufficient.

Responsibility for this preparation was delegated to the regional health enterprises, which had problems building up robust emergency preparedness. On the local level, 74 out of 356 municipalities did not have an operational plan for infection control, and training was lacking. Overall, the crisis revealed that the necessary resources, a central part of governance capacity, had not been invested in preparedness for an epidemic. The main bottleneck was a lack of infection control equipment, respirators, and testing equipment. Despite all this, when the crisis struck, the Norwegian health care capacity was shown to be robust and strong in most other respects. Regarding the economic measures, there were no major budget or finance issues. This was due to Norway's solid economy based on oil and gas. Budgets were revised and resources ramped up as quickly as needed.

Coordination Capacity: Decision-Making and Collaboration. The decision-making process during the crisis in Norway was characterized by a need to make major decisions under conditions of great uncertainty and urgency. The major decisions of the national government on how to respond to the coronavirus pandemic were taken by the cabinet in close collaboration with the NDH and NIPH, even though the political leadership deviated in some major decisions from the advice it was given and generally opted for more radical measures, such as closing schools and kindergartens and banning the use of vacation homes following a "precautionary principle" and reflecting strong pressure from the media. The political leadership did not sideline professional experts, as in the United States, or delegate responsibility to experts, as in Sweden. In Norway, the political leadership worked closely with career public servants and public health experts. In contrast to the United States'

confrontational policy-making style, this consensus-based and collaborative approach is typical in Norway, based on high mutual trust relations between political and administrative executives and expert bodies exemplified earlier by bipartisan agreement on new pension and tax system and handling of the immigration crises. The government initially pursued a mitigation strategy, which was later changed to a suppression strategy, and then followed by a control strategy that gradually lifted the restrictions.

The early proposals for economic measures from the minority government were prepared in close collaboration with employers' and employees' organizations. These decisions were made via bipartisan collaboration in parliament, which resulted in a crisis settlement with an expanded crisis package. The decision-making process was extremely fast. As a strategy to bolster legitimacy, the decisions on easing the regulations were based on advice from two ad hoc expert committees on economic issues and kindergartens and schools.

The apparently successful models and experiences of governments and professional bodies inspired the Norwegian strategy, such as positive learning from some Asian countries such as South Korea, China, and Singapore, but also negative learning from Italy and later Spain (Tian et al. 2020). Lessons from international public health organizations, such as the World Health Organization and Imperial College London, also influenced the Norwegian strategy for fighting the pandemic. In contrast to the relaxed Swedish approach to its public health responses and soft mitigation strategy, leaving the handling to public health experts, and the United States' slow response, no national lock down, lack of trust in government, and confrontational policy style, the Norwegian response worked pretty well (cf. Hall and Battaglio 2020).

One of the few conflicts emerging regarding the regulations was between the central authorities and some municipalities, mostly in the north, establishing local restrictions on movement into the municipalities or regions to avoid infections in areas with low health care capacity. At first the central authorities did not recommend these local rules, but few municipalities listened to them. Then national guidelines were established that were strongly supported by the employers' and employees' organizations, but the government stopped short of making them mandatory, seeing this as politically costly. As a result, some municipalities decided to keep their own local rules.

Overall, the main decision-making style and handling of the outbreak was consensual and based on a pragmatic collaborative approach combining argumentation and feedback. The expert bodies' advice was often quite cautious, but they accepted the political leadership's decision to take stronger measures, because these balanced a wider range of considerations. The executives tried measures that they thought might work, the experts assessed the consequences and the course was adjusted if necessary. Such an approach makes sense given that there was a lack of evidence-based knowledge and much uncertainty regarding the efficacy of measures to fight the pandemic (Ansell and Boin 2019). This applied both to the introduction of draconian measures and to the strategy employed in relaxing them.

Delivering and Regulatory Capacity: Implementation through Strict Regulations and Soft Guidelines. The government measures were implemented through a joint strategy of advice, guidelines, and mandatory directives, the last followed up with potential penalties for noncompliance. Although the measures were pretty strong, the most draconian measures, such as a full shutdown of businesses, a curfew, full border closure, and isolation of infected citizens in designated buildings, were not imposed. The authorities appealed to citizens' solidarity and collective attitudes, their trust in government, and their willingness to help out in a national emergency, and the response was generally loyal and positive.

Overall the approach was top-down and based on collaboration between political, administrative, and professional central authorities. National frameworks and policies were stronger than local discretion, but the biggest implementation challenges were related to the tension alluded to between central and local government. When the various control measures were relaxed on April 7, the political leadership signaled that the pandemic would need to continue to be controlled for a longer period by using massive testing, data-assisted tracking, quarantine for those infected, and special measures for vulnerable members of the population.

Summing up, the governance capacity was overall good when it came to delivery capacity, regulative capacity and coordination capacity, but the analytical capacity was weaker, especially regarding preparedness for the pandemic, which was an announced crisis.

Governance Legitimacy

Making Sense of the Crisis: Appealing to Solidarity—"United We Stand" The prime minister and the other ministers involved played an important role in communicating with citizens and the media through daily media briefings together with the NHD and NIPH, and there was extensive media coverage of what might be called a horizontal or societal accountability effort (Schillemans 2008). The executives decided on a paternalistic strategy, defining the situation as dramatic and maintaining that drastic measures would lead to a better long-term outcome. They alluded to the virus threatening Norwegians' way of life, completely overwhelming the health system, and to the existence of widespread and untraceable cases, which came quite close to scaremongering. They argued that "life and health" considerations and the "precautionary principle" should be dominant. Even though an expert from the NIPH admitted that this latter principle was rather ambiguous to follow, it seems to have been accepted.

The health arguments from the top executives were the most important ones for justifying the draconian measures taken. Overall, they explained in some detail the reasons for certain specific control and quarantine measures but were rather vague about whether an overall precautionary strategy based on health criteria was the best one. Supported by epidemiologists, they also stressed that many people could be affected, that many were vulnerable, and that the health system might experience capacity problems, which did not in fact happen before new cases started to decrease. Overall the crisis communication were characterized by clear, timely and repeating messages and advises for actions informed by expert knowledge and delivered by credible political and administrative executives and experts.

Many of the press briefings addressed the compensation packages for struggling businesses. The main message was that the

government really cared about these problems, but the reactions were somewhat mixed, depending on how satisfied different sectors and businesses were with the packages. Overall, however, these packages earned the government solid political gains.

The process of making sense of the crisis played out in a context of high mutual trust between political and administrative authorities and between ministries and central agencies. The process also followed the Norwegian governance style of collaboration and involvement with affected stakeholders and the political opposition. The political leadership seems to have succeeded rather well in connecting governance capacity and legitimacy using the argument that Norway had sufficient resources to deal with the crisis.

High and Increasing Trust in Government. Overall citizen trust in government increased significantly from an already high level during this crisis. Trust in government, in the health authorities, in parliament, and in national and local politicians increased, as did trust in the prime minister (Medborgerpanelet 2020). Compared with January 2010, a survey conducted on March 24, 2020, showed that citizen satisfaction with the government had increased from 23 to 49 percent, with Norwegian politicians from 24 to 43 percent, and with parliament from 41 to 63 percent. Citizen satisfaction with the democracy had increased from 57 to 72 percent, a very high rating internationally This general increase in trust reflects the communication strategy in which political, administrative, and professional executives appeared to take a common stance. In contrast to authoritarian regimes in which the focus is on a strong leader, the Norwegian approach was based more on working together across political parties, across the political and administrative divide, across central and local government, and across the public and private sectors. Another indication of the citizens trust in government is that when the government launched an app to provide anonymized data about movement patterns in society in order to develop effective infection control measures 60 percent of the citizens above 18 years old had voluntarily downloaded the app after one week.

On the other hand, interpersonal trust among citizens seems to have decreased somewhat during the crisis, probably due to the focus on infections and isolation and on how to enact the strict social distancing regulations. In January 2020, 76 percent said that fellow citizens were trustworthy. This rating decreased to 66 percent in March. From a general high level of trust, one can see an interesting trend toward a strong increase in citizens' trust in government and decreasing trust in fellow citizens. Confidence in the Norwegian economy decreased, reflecting the large increase in unemployment.

Summing up, governance legitimacy is not only a question of effectiveness but also about meaning making, participation, and trust. The meaning-making process played out in a context of high mutual trust between political leaders and relevant central expert agencies. The political, administrative, and professional authorities managed to communicate a joint and coordinated message to the general public. The meaning-making process also followed the Norwegian collaborative governance style of involvement of affected stakeholders in society and the political opposition in parliament.

The political leaders followed a pragmatic approach adjusting the advises and regulations in line with new knowledge about the development of the pandemic. They also managed to balance the need for temporary withholding information, with the need for openness and transparency, even if there over time was an increasing debate on the lack of openness and transparency. The political leadership seems to have succeeded rather well with connecting governance capacity and legitimacy in a coproduction process with the general public. Governance capacity is important, but so are citizens' support, response, attitudes, and behavior to act in accordance with the government advises and regulations.

Conclusions and Lessons Learned

Norwegian crisis management in response to the corona pandemic so far is an example of rather effective decision-making, handling, and making sense of the situation. After three weeks of draconian measures, Norway became the first European country to claim that the situation was under control, as the number of hospitalized COVID-19 patients decreased and the number of deaths remained low. This high-performing Norwegian handling of the coronavirus pandemic must be understood in the context of competent politicians, a high-trust society with a reliable and professional bureaucracy, a strong state, a good economic situation, a big welfare state, and low population density.

The government was able to make sense of the unfolding situation and to collaborate across administrative levels, policy areas, and sectors. Fundamental political decisions were not delegated to experts and professionals alone but were taken in collaboration, thus enhancing the ability to make sense of the situation as it unfolded. The debate on how to regulate during the coronavirus crisis addressed the blurred borders between democracy and technocracy and how to handle the balance between political control and professional autonomy. Together, political and professional actors were able to formulate and communicate a rather convincing and enabling understanding of what was happening and what needed to be done to minimize the consequences of the crisis. Thus, the authorities' making sense of the situation seems to have enhanced citizens' trust in government and governance legitimacy.

The main lesson learned from the Norwegian case is that, despite a lack of preparedness in some aspects, the government managed to control the pandemic rather quickly and effectively by adopting a suppression strategy, followed by a control strategy, based on a collaborative and pragmatic decision-making style, successful communication with the public, a lot of resources and a high level of citizens' trust in government. The alleged success of the Norwegian case is about the relationship between crisis management capacity and legitimacy. Crisis management is most successful when it is able to combine democratic legitimacy with government capacity. In a situation of high uncertainty and urgency an agile-adaptive approach on government capacity, effective crisis communication and citizens voluntary cooperation are critical factors for an effective crisis management (Moon 2020).

Another lesson is about the trade-off between protecting citizens from the pandemic and protecting the economy. Successful management of a pandemic needs to give priority to protecting citizens from becoming infected, but this also needs to be followed

up by measures to reduce the negative economic side effects of radical measures. The Norwegian approach placed a heavy emphasis on the health aspect but at the same time was able to earmark what it deemed sufficient government resources and stimulus packages to help support those affected and to restart the economy; the effect of this imbalance has yet to be seen.

A third lesson is that transboundary collaboration between countries, policy areas, and administrative levels and between political authorities and professional expert bodies is necessary. Hybrid and complex organizational forms in which different actors work together in networks and teams in the shadow of hierarchy can be an appropriate way of managing this kind of crisis. A main challenge is to match the pace of the crisis development with a requisite level of political attention (Boin, Ekengren, and Rhinard 2020).

The challenge ahead is to follow up on the control strategy in a way that both protects the economy and avoids a new outbreak of the pandemic. To meet such challenges, cultural factors such as trust and loyalty, structural factors such as coordination and regulatory capacity, and stronger evidence-based knowledge about the corona pandemic will be needed. The crisis management of the coronavirus pandemic is an excellent case for comparative studies of what conditions that can explain Norway's apparently success so far compared with other countries.

Notes on Data

Data on the numbers of infected, dead, and tested can be found at https://www.vg.no/spesial/2020/corona/verden/.

Data on survival rates of patients in intensive care in Norway can be found at https://www.bt.no/nyheter/innenriks/i/3Jd0RL/Siste-nytt-om-korona?pinnedEntry=145730. The survival percentage for intensive COVID-19 patients was over 80.

Data on trust were given by Professor Elisabeth Ivarsflaten at a webinar on April 3, 2020: https://www.uib.no/aktuelt/135017/stolar-meir-på-erna-og-mindre-på-naboen.

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