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The Swedish COVID-19 strategy revisited

In December, 2020, we wrote about the Swedish response to the COVID-19 pandemic.¹ Our hope was that our Comment, together with hundreds of other fact-based articles, would gain the attention of the Swedish Public Health Agency (*Folkhälsomyndigheten* [FHM]), that they would revisit and change the national strategy that they had designed so that it would be more aligned with global best practice, and that the political decision makers would act on it. They did not. Since then, the FHM has recorded more than 5600 deaths from COVID-19 in Sweden, and cases and deaths continue to rise as we face the third wave without any widespread sense of gravity or urgency.

The debate among critics of the Swedish national approach to the pandemic has been consistent since March, 2020: be strategic, test and trace more, follow the growing evidence base and recommend the use of face masks, and enforce regulations about physical distancing and ventilation, especially in schools if they are open. Some critics have advocated for more government-led legal interventions such as reinforcing quarantine or lockdown. It has been a call for timely implementation of basic principles of pandemic prevention and control to contain the spread and flatten the curves of hospitalisations, deaths, and chronic illness.

Instead of following evolving evidence, the FHM has doubled down and defended its approach without reconsidering the assumptions on which the failed national approach is based. It has downplayed the roles of asymptomatic spread, aerosol transmission, children as potential source of infection, and the use of face masks. It has maintained an approach that mainly builds on recommendations to take voluntary actions, guided (in our view) more by public opinion than by sound public

health policy. The media has played a crucial role in this pandemic response, mostly lacking in investigative journalism and failing to question or hold the public health agency accountable, with some exceptions.² *Dagens Nyheter*, a major newspaper, recently exposed³ Sweden's large inequities in COVID-19 deaths across income, education, and origin of birth—data that should have informed the national strategy from its inception.

As of April 16, 2021, more than 13 700 people have died from COVID-19 in Sweden. The country has one of the highest infection rates in western Europe according to Our World in Data COVID-19 statistics, with 606 new infections per million per day, while its neighbours Denmark, Finland, and Norway reported 115, 62, and 112 new infections per million per day, respectively (April 15, 2021). New and more infective and deadly variants have taken over, and by April 15, 2021, the UK SARS-CoV-2 variant was suspected to have caused 75–100% of all new cases in all regions. This indicates more rapid spread, more deaths, and that more young people will be affected, with intensive care units already at full capacity in some regions.⁴

While other countries are closing down in response to this new surge in cases, Sweden is opening up—high schools were opened on April 1, 2021. To continue on the same trajectory in the face of current trends, without timely action by agency and government leadership, raises concerns about governance and accountability, and ultimately about fundamental ethics and values.

We declare no competing interests.

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1 Claeson M, Hanson S. COVID-19 and the Swedish enigma. *Lancet* 2020; **397**: 259–61.

- 2 Ridderstedt M, Öhman D. Coronapandemin: den andra vägen, del 1. April 13, 2021. www.sverigesradio.se/avsnitt/1706454 (accessed April 13, 2021).
- 3 Dagens Nyheter. Unik kartläggning: här är de som dött i covid i Sverige. March 22, 2021. www.dn.se/sverige/unik-kartlaggning-har-ar-de-som-dott-i-covid-i-sverige/ (accessed April 13, 2021).
- 4 Region Uppsala. Ökad spridning av covid-19 ger extrem belastning på vården. Uppsala, April 6, 2021. <https://via.tt.se/press-meddelande/okad-spridning-av-covid-19-ger-extrem-belastning-pa-varden?publisherId=3235664&releaseId=3296545> (accessed April 13, 2021).

The COVID-19 pandemic: a time for ethical reflection?

Kayvan Bozorgmehr¹ highlighted the need to bring ethical reflections into the debate about guidelines on managing the COVID-19 pandemic.^{1,2} Indeed, Bozorgmehr poses questions about the medical and moral pertinence of the public health policy implemented in Germany since the start of the COVID-19 pandemic, particularly concerning the management of migrants. According to Bozorgmehr, mass quarantine was imposed in almost 70% of refugee centres with the assistance of police, private security companies, or the army. The refugees are staying in unsanitary conditions that do not meet various guidelines, least of all the primary rule of physical distancing. If these allegations are true, this policy is an immense ethical issue, but not the only issue at stake.

It is important to remember that ethics are not morals and do not apply standards or values; ethics address questions about the feasibility and desirability of actions to benefit society.³ Seemingly in Germany, and probably also in other countries, the interests of migrants were not sufficiently considered during the development of these guidelines. Moving forward, governments and administrative agencies need to think about what



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For FHM's COVID-19 data see <https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/statistik-och-analyser/bekraftade-fall-i-sverige/>

For Our World in Data COVID-19 statistics see <https://ourworldindata.org/coronavirus>

For more on the Swedish debate about COVID-19 see <https://vetcov19.se/media/debattartiklar/>

For the FHM's SARS-CoV-2 variant statistics see <https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/statistik-och-analyser/sars-cov-2-virusvarianter-av-sarskild-betydelse/>

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