

ENGLISH SUMMARY

CORONAVIRUS SPECIAL COMMITTEE REPORT

1. Committee's general assessments and recommendations

This summary is identical to Chapter 16 in the Coronavirus Special Committee's Report.

1.1 Introduction

As the highest political body, the Government is responsible for managing national crises¹. A crisis is characterised as an undesired situation with a high level of uncertainty and potentially unacceptable consequences for those who are affected.² The COVID-19 pandemic was a crisis with several special characteristics, which put the Norwegian emergency management system and society under pressure. What was special about this crisis can be summarised in the following way:

- The crisis affected the whole nation.
- The crisis was long with several acute phases.
- The crisis was sector-wide and it affected many parts of society.
- The crisis extended across borders, where the origin and dynamics of the crisis were global.
- Important instruments in the form of vaccines and infection control equipment had to be procured from other countries.
- Those responsible for managing the crisis were directly affected themselves.³

The Coronavirus Special Committee's overall assessment is that the Norwegian authorities in general managed the COVID-19 pandemic well. In terms of key outcome criteria, Norway did well compared to the rest of Europe and the world, for example, with a relatively low mortality rate. In the following, the Committee explains its main assessment and recommendations. This chapter consists of two parts. In the first part, we provide a general assessment of the Norwegian authorities' management of the pandemic from March 2020 up until October 2022. In the second part, we specifically assess the authorities' management of the Omicron variants in the period from 1 November 2021. The Coronavirus Special Committee's most important assessments and prioritised recommendations for the authorities are summarised below.

1.2 The authorities' overall management of the pandemic

1.2.1 Political leadership and ability to act

Experiences from the coronavirus pandemic show that a national crisis that requires invasive measures against the population requires political leadership and the ability to act. The Committee finds that both the Solberg Government and Støre Government demonstrated such leadership. The

¹Meld. St. 5 (2020-2021) *Samfunnssikkerhet i en usikker verden [Report to the Storting (White Paper) Civil Protection in an Uncertain World]*.

²Guide to the Civil Protection Directive. Version 2019 (Version 1.0), page 9.

³Norwegian Official Report (NOU) 2022: 5 *The Norwegian Government's Management of the Coronavirus Pandemic - Part 2*, p. 41.

Coronavirus Special Committee believes it was crucial for legitimacy and trust that infection control measures were passed by or in consultation with elected officials, both locally and nationally. Due to the coronavirus pandemic, the public administration and decision-makers had to confront demanding dilemmas, which were elevated to a political level. The fact that the most difficult prioritisations were made following a careful political review at national level, clarified the Government's responsibility for emergency management and contributed to general support for the measures.

From early March 2020, the Government rapidly developed a national strategy and emergency preparedness plan for managing the coronavirus pandemic, which provided common direction and goals for the public authorities' pandemic management, and contributed to predictability and understanding of the infection control measures. The first strategy was adopted on 7 May 2020 and was later revised several times. The Government placed emphasis on adapting the strategy and plan along the way as the crisis developed. As such, the strategy was an important management tool for the authorities. At the same time, the Coronavirus Special Committee concurs with the Corona Commission in that the authorities were not well enough prepared when the pandemic arrived in Norway.

The Committee believes it was correct to address the pandemic with an early response and powerful measures in consideration of life and health, and to prevent the health services from becoming overloaded. Even though the health and care sector was periodically under pressure, we avoided a situation where those who needed help did not receive necessary and life-saving medical care. Nonetheless, the pandemic contributed to reduced treatment services for other patient groups who needed elective treatment.

The Coronavirus Special Committee finds that in some cases the Government was too reluctant to lift the infection control measures even though the infection situation and new knowledge demonstrated that it was possible to do so. For example, recreational sports and other outdoor activities. Already in early 2021, there was knowledge to indicate that outdoor sports activities did not increase the risk of infection. Nonetheless, the Norwegian Government periodically introduced relatively strict measures for outdoor recreational sports right up until December 2021, whilst Denmark and other countries allowed such activities from spring 2021. This stresses the importance of learning along the way during a crisis. Similar to the Corona Commission, the Coronavirus Special Committee finds that the knowledge base that was used for the authorities' pandemic management could have been strengthened if the authorities had realised even more learning during the course of the pandemic.

The relationship between the Government and the Storting (the Parliament)

Norway is a well-functioning democracy with a defined relationship between the state powers. The Norwegian political system also has a tradition for standing united during times of crisis. All the parties in the Storting supported the Government's goal to protect life and health in the face of the pandemic, and simultaneously worked to ensure that the consequences for society as a whole and each individual were as minor as possible. The Committee finds that the relationship between the Government and the Storting largely functioned well throughout the pandemic. The first few days after 12 March 2020 were marked by the emergency situation. During this phase, the Storting took on a more active role than usual by adopting extensive compensatory financial measures without discussions within the Ministries. At the same time, the relationship soon structured itself well.

As the executive power, the Government controlled the daily work on protecting the population against COVID-19. As the granting authority, the Storting was heavily involved in the introduction of compensatory measures. As the legislative authority, the Storting has set the legal frameworks for the Government's work. As the judicial authority, the role of the courts during the crisis were also important to maintain stability and legal protection. During the pandemic, it was somewhat more difficult for the courts to control the regulation of infection control measures since the rules were frequently changed. In this situation, the Storting's parliamentary control became more significant. The Storting exercised its function to supervise the Government, for instance, when the Storting's Standing Committee on Scrutiny and Constitutional Affairs in January 2022 asked critical questions regarding the Government's decision to introduce the red level in upper secondary schools in December 2021.

Both the Solberg Government and Støre Government kept the Storting well informed about the Government's pandemic management on a continuous basis. During the initial phase of the pandemic, the Storting conveyed its regret to the Government that the Storting was not given enough access to the professional basis on which the agencies prepared the Government's decisions. This was swiftly changed afterwards and the information became digitally available to everyone. Nonetheless, the Committee would like to point out one example where we find that the Government should have been clearer in its communication with both the public and the Storting. This pertains to the grounds for introducing the red level in upper secondary schools in December 2021 (refer to the description in section 16.3).

The Committee finds it positive that Norway's pandemic management was rarely subjected to political tugs of war between the parties or between the Storting and the Government. The state powers adapted and found solutions for exercising their different roles. On a political basis, few questioned the management of primary objectives. The way in which political bodies manage such a crisis will affect the population's support for the emergency management concerned.

At the local level, cooperation was needed between mayors and other political bodies to manage the pandemic, for instance, the municipal executive committee and the municipal council. Based on the Coronavirus Special Committee's collected information, the Committee perceives that the political cooperation also functioned well at the municipal level and that cross-party agreement on local infection control measures was largely achieved.

Norway's management of the pandemic in an international context

The significance of an early and robust response has been highlighted in international comparative studies as an important explanation as to why some countries were more successful in managing the pandemic. According to The Lancet COVID-19 Commission, a 'precautionary approach' and early initiatives were both important and correct to reduce the negative effects of the pandemic: *"As the outbreak became known globally in early January, 2020, most governments around the world were too slow to acknowledge its importance and act with urgency in response."*⁴

At the beginning of the pandemic, the response of various European governments differed immensely because, inter alia, the countries that were first affected were 'caught off guard', whilst other countries, such as the Nordic countries, had more time to respond after seeing the consequences, for instance, in Italy. At the same time, the Nordic countries also responded very

⁴ The Lancet Commission on lessons for the future from the COVID-19 pandemic, Lancet 2022; 400: 1224-80, p. 1225.

differently. Denmark, Norway, Finland and Iceland chose relatively similar strategies with powerful measures early in the pandemic locking down parts of society to limit the spread of infection. Sweden distinguished itself from the other Nordic countries by initially choosing a strategy to keep society open. Comparisons show that during the first phase of the pandemic, Sweden had far more hospitalised corona patients, including those in intensive care units, and a far higher mortality rate than Norway in relation to the population. The Swedish Corona Commission concluded that Sweden should have chosen more powerful and invasive measures in February/March 2020, and that it did not have a sufficiently good plan to protect the elderly and other risk groups. Further, the Commission pointed out that the Swedish Government should have shown more leadership in managing the crisis and that it was too dependent on the Public Health Agency of Sweden's assessments.⁵

After the initial phase of the pandemic, the national strategies of European countries became more similar. This also happened in the Nordic countries. Among other reasons, this may indicate that countries learned from experience as time progressed and they observed which strategies worked best.

1.2.2 Rules which give room for manoeuvre in crises

As previously mentioned, the Committee believes it is crucial to act rapidly and powerfully during acute phases. At the same time, decision-making during a crisis will challenge legal regulation in a situation marked by intense uncertainty and continual changes. Such decisions will often involve the prevention of undesired situations based on a 'precautionary approach'. This is an important backdrop for assessing which legal frameworks the authorities need during a pandemic.

The Coronavirus Special Committee finds that the existing rules and regulations gave Norwegian authorities a good starting point for managing the pandemic. In order to protect life and health in an emergency situation, the possibility to act rapidly is crucial. The Act relating to control of communicable diseases and the Health Preparedness Act were central when the pandemic hit Norway. These authorised both national and local authorities to adopt necessary infection control measures.

Concurrently, the rules were not sufficiently adapted to a long-term crisis. During the pandemic, it was necessary to adopt a range of temporary regulations in a number of sectoral regulations to enable, for instance, preschools, schools, prisons and the courts to operate during various infection control regimes. The pandemic gave us experience in adapting to long-term crises, and it demonstrated the importance of the authorities having enough legal authority for necessary adaptation early.

Further, the infection control measures had to be adapted to the infection situation, and provisions that regulated the measures frequently changed. Frequent changing of the measures resulted in some communication problems with regard to ensuring that the population always knew which rules applied, yet at the same time it was found that authorities continually tried to adapt the regulations to the current situation. When setting case processing requirements with swift regulatory processes during a crisis, it must be taken into account that the crisis can be managed even when the time

⁵ Swedish Government Official Report (SOU) (2022): 10 *Sverige under pandemin Volym 2 Förutsättningar, vägval och utvärdering [Sweden during the pandemic: Volume 2, prerequisites, path choice and evaluation]*

factor is critical. The nature of the crisis and urgency must determine the requirements that are set for case processing and the grounds.

Administrative decisions and the use of the Corona Act are examples of the potential necessity during a crisis to streamline the legislation process to limit harmful effects. These experiences should be used in relation to emergency preparedness for future crises. The Committee believes that the Corona Act may be used as a starting point for any future emergency powers legislation.

Even though the current regulations allowed the authorities to effectively manage the pandemic overall, experiences from the pandemic show that there is a need to further develop the regulations to manage a long-term crisis. The Corona Commission recommended several concrete changes to some provisions in the Act relating to control of communicable diseases.⁶ The Committee is also aware that the Ministry of Health and Care Services will review and consider amendments to both the Act relating to control of communicable diseases and the Health Preparedness Act, inter alia, based on experiences from the pandemic. The Committee supports such a review.

With the powers of attorney in the Act relating to control of communicable diseases and the Health Preparedness Act, the authorities had the possibility to act rapidly in the acute phases of the pandemic. However, the provisions on the power of attorney were adopted without the preparatory works considering them in relation to Section 28 of the Norwegian Constitution and the requirement of 'others matters of importance' being handled by the Council of State. The Norwegian Constitution's requirement of processing by the Council of State implies that the powers in the Act relating to control of communicable diseases and the Health Preparedness Act must be waived when administrative decisions can be described as 'matters of importance', since the King-in-Council must first pass a decision. The possibility to act rapidly particularly applies at the beginning of a crisis when the extent of the harm it will cause is unknown, thereby it is important that the regulations provide the necessary decision-making authority and instruments. Any exemption from processing by the Council of State in a crisis should only be applied if the level of urgency indicates that life and health may be lost.

THE COMMITTEE'S RECOMMENDATION

- In its review of the regulations, the Government should aim to ensure that the possibility to act rapidly in accordance with the Act relating to control of communicable diseases and the Health Preparedness Act is better enshrined in the Norwegian Constitution.

1.2.3 Plans and basis for decision-making

Joint national plans during cross-sectoral crises

Plans with clear guidelines are an important basis for managing a crisis. General planning conditions⁷ shall describe how the actors shall create preparedness and emergency management plans. For instance, the regulations on health preparedness state that the actors' emergency preparedness

⁶ Norwegian Official Report (NOU) 2021: 6 *The Norwegian Government's Management of the Coronavirus Pandemic* pp. 266 and 274.

⁷ The term planning conditions is used in legislation and means in practice national guidelines/plans.

plans shall build on the planning conditions of the Ministry of Health and Care Services, the superior agency, owners, or agencies that are responsible for coordinating emergency preparedness plans.⁸

Overall, Norway has a good set of plans for managing short-term or acute crises and emergency situations. However, in concordance with the Corona Commission, the Coronavirus Special Committee believes that the plans were not adequately adapted to long-term social crises such as the coronavirus pandemic. The plans did not, inter alia, include scenarios for when a crisis stretched out in time, nor plans for invasive management and long-term contact-reducing measures. The coronavirus pandemic was a long-term health and social crisis affecting the whole of Norway and all parts of society. Experiences from the coronavirus pandemic show, inter alia, the importance of adaptation in order to manage emergency situations, whilst thinking in the long-term and planning the different ways in which the crisis may develop.

Pandemics can be extremely different and we do not know what type of pandemic will hit us next time. Nonetheless, we can say with great certainty that it will not be the same as the one we have just gone through. It is therefore impossible to have a detailed plan for every potential pandemic. The authorities should therefore facilitate further development of preparedness and emergency management plans in such a way so they can be adapted to different situations and courses of direction. In addition, the Committee wishes to emphasise the importance of simulation exercises. These are important for testing the plans against practical execution, for learning and strengthening the emergency preparedness plans.

With regard to future pandemic management, the Committee believes it will particularly be necessary to strengthen the cross-sectoral and social perspective in the plans, whilst at the same time carrying out cross-sectoral crisis simulation exercises across the administrative levels. Pandemics are often social crises affecting many different sectors in society at the same time. The management of a pandemic involves necessary cooperation across sectors and areas.

THE COMMITTEE'S RECOMMENDATIONS

- The authorities should ensure that the plans in all their work on pandemic preparedness are generic and can be applied to different types of pandemics and crises.
- The authorities should ensure that serious and long-term crises with a widespread societal effect are given more room in the preparedness work than they currently have.

Basis for decision-making and the relationship between expert advice and political decisions

Both in Norway and the rest of the world, authorities put into effect infection control measures at an unplanned scope, which had to be decided and implemented with intense uncertainty and time pressure. During a crisis, it is crucial to get the best possible picture of the situation and basis for decision-making at the earliest opportunity. The basis for decision-making will never be flawless, but the quality will still be immensely important in terms of how the pandemic will be managed. The Coronavirus Special Committee finds that the Government managed the pandemic primarily using a knowledge-based approach, and the political decisions were built on expert recommendations, pandemic management information and other relevant knowledge.

⁸ Regulation relating to requirements for emergency preparedness planning and preparedness work, etc., in accordance with the Act relating to Health and Social Preparedness, Section 4.

The Ministry of Health and Care Services (HOD) was central in the management of the pandemic with overall responsibility for preparedness and emergency management in the health and care sector. Many of the initiatives for matters handled at government meetings therefore came from the Ministry of Health and Care Services. The reason for deciding to put forward a matter at a government meeting was most frequently the development of the infection situation and dialogue between ministries and subordinate agencies. During the pandemic, the Norwegian Directorate of Health (Hdir) and the Norwegian Institute of Public Health (FHI) had special responsibilities for investigating questions of a professional nature and advising the Ministry of Health and Care Services and the Government as such about various infection control measures. The Norwegian Directorate for Civil Protection (DSB) provided the Ministry of Justice and Public Security with situation reports about the status of the vital functions in society and situation at the regional and local levels via the coordination channel to the ministries and Government. Overall, the Government received information about the development of the pandemic on a continuous basis. Notwithstanding it was challenging to obtain a complete picture of the social effects of the pandemic and of the infection control measures. The responsibility for making expert assessments on the social effects was shared between several actors. Within the health sector, the Ministry of Health and Care Services and the Norwegian Directorate of Health are responsible for carrying out overall assessments on infection control measures, whilst within the central emergency management system, the Ministry of Justice and Public Security, in its role as the leadership ministry, has partial responsibility supported by the Norwegian Directorate for Civil Protection. In relation to the financial effects, the Ministry of Finance plays a central role.

The Ministry of Justice and Public Security functioned as a leadership ministry more or less throughout the coronavirus pandemic. The Committee finds it was correct to have a leadership ministry that was not an expert ministry for the most affected sector, i.e., the Ministry of Health and Care Services. At the same time, the Committee observes that the role of the leadership ministry was not defined well enough. The Committee therefore believes that the role of the leadership ministry should be clarified. The Committee also finds that the Government should review the Crisis Council's mandate and consider adjustments based on the experiences gained from the coronavirus pandemic.

The creation of expert or coordination groups contributed to giving the Government wider access to knowledge and a more all-encompassing knowledge base for its decisions. Examples of this are the Holden Committees and the coordination group for services for vulnerable children and young people. In the Committee's opinion, these interim structures contributed to strengthening the basis for decision-making during the crisis.

In addition to those who primarily gave expert advice, a large number of other actors also made important contributions. Many directorates and agencies played important roles in the preparation of knowledge and expert advice for the Government, and the implementation of measures. Additionally, social partners, interest organisations, academia and others with specialised expertise gave the Government their input. In this way, the Norwegian social model served us well in the management of the coronavirus pandemic, inter alia, because it contributed to legitimacy and trust. The population's compliance was a key prerequisite for the effectiveness of the infection control measures. The high level of trust between the population and the authorities is probably pertinent in explaining why the Government was successful in its management and the Norwegian society did not suffer more harm.

In order to strengthen the possibility for knowledge-based pandemic management in the future, the Committee believes that the systems for data and knowledge sharing, information flow and

gathering of pandemic management information need to be further developed. In a crisis, it is important that those who need it, have access to necessary and existing knowledge. Despite Norway being a highly digitalised country with well-functioning knowledge-sharing systems in general, there is still room for improvement. Among others, this applies to the gathering of information about the situation in the municipal health services, flow of information between the specialist and municipal health service and rapid access to data in registers and other data sources. In order to fully exploit this, the authorities should also consider setting expectations with regard to the gathering of knowledge and data management being included in the health preparedness plans in all sectors.

THE COMMITTEE'S RECOMMENDATIONS

- In a situation marked by intense uncertainty, the Coronavirus Special Committee finds that the Government managed the pandemic primarily using a knowledge-based approach, and the political decisions were built on expert recommendations, pandemic management information and other relevant knowledge. At the same time, the Committee believes that the role of the leadership ministry should be clarified.
- The authorities should implement measures for more rapid access to real-time data and raw data in the health sector in both normal times and emergencies, and invest in infrastructure for receiving and processing large volumes of data. This should include the development of better solutions for sharing health data between municipalities and central authorities, and adaptation of current systems to provide easier access to data from public registers during crises.
- The Government should consider law proposals that increase the possibility of sharing and using data during a serious crisis, including the strengthening of possibilities to compare data in registers.

1.2.4 Capacity and adaptability of the health and care services in the face of a major crisis

Overall, the health and care services sector adequately managed the waves of infection during the COVID-19 pandemic. In periods, the long-term crisis put the health service under severe strain. This resulted in exhausted personnel and the postponement of planned treatment. Hospitals had to periodically adjust their operational services, and reallocate personnel and resources to increase their capacity. It was particularly important to increase the capacity of intensive care units. Even though the pandemic had negative consequences for some patient groups and for individuals, because treatments were postponed, the data shows that general health did not particularly suffer due to the way the pandemic was managed in Norway.

Nonetheless, health services for the population in both the primary and specialist healthcare services were impacted by the pandemic. Healthcare services for the youngest from child clinics and the school health service were reduced through reallocation of nurses to other tasks related to the pandemic. The reallocation of health personnel to pandemic-related tasks was necessary in order to carry out acute tasks in the emergency management of the pandemic, for instance, vaccination and TTIQ work. The Committee believes that plans must be made in the future for more extensive use of other personnel who can strengthen the capacity of infection control measures in a crisis. For example, internal resources in the form of reallocated personnel or external resources in the form of temporarily hired students and pensioners or volunteers. Students, volunteers and pensioners are important resources and better mobilisation plans should be created for them in the next crisis. These are resources that can be used, inter alia, to maintain services for exposed and vulnerable

groups in a crisis, in addition to TTIQ tasks. In many municipalities, pensioners were crucial for, inter alia, the capacity to give vaccinations. The Committee would also like to point out that private health actors are an important part of the total preparedness during a crisis.

In periods, the pandemic caused severe strain on some of the nation's intensive care units. As the Corona Commission also pointed out, preparedness for intensive care treatment in hospitals was poor when the pandemic hit Norway. Given that Norway does not hold national lists of specialist nurses (with the exception of midwives), there were no reliable figures to indicate how many intensive care nurses there were in Norway when the pandemic broke out either. In relation to this point, the Coronavirus Special Committee finds that the national authorities need to follow this up and acquire an overview of health personnel with special expertise, as they are critical in a crisis. The Committee supports the processes that the Government has already initiated for the capacity of intensive care units.

The health and care services did have the capacity to adequately manage the coronavirus pandemic. Nonetheless, it is still necessary to further strengthen their flexibility and adaptability in the face of a major crisis. The organisation and financing of health and care services in a normal situation pave the way for the possibilities to scale the services as required in emergency situations. The basic capacity is therefore crucial for managing increased strain during a crisis. Good basic capacity enables the health service to be more robust in the face of a crisis.

The agreement documents for the health and care sector impact the flexibility and adaptability of the sector. Experiences from the coronavirus pandemic indicate the existence of a need to prepare agreements that both safeguard the rights of employees and the sector's flexibility and adaptability in the face of a major crisis. Private actors have a role in health preparedness, which can be clarified in emergency preparedness plans, rules and agreement documents.

To keep the disease burden in the population within the parameters of what the health and care sector had the possibility to manage was a central goal for the Government in its management of the COVID-19 pandemic. An important task of the health authorities was therefore to monitor the capacity of the health care services and send a warning if the pandemic caused a significant disease burden or critical strain on the health service. An overloaded health service will in practice mean that priority patients do not receive necessary medical care. There were times during the pandemic that such a situation occurred, inter alia, planned operations were postponed or cancelled. The Committee would like to point out the important correlation between the risk of overloading the health and care services, the need for invasive infection control measures, and the locking down of social activities and associated impacts.

THE COMMITTEE'S RECOMMENDATIONS

- It is necessary to strengthen the flexibility and adaptability of health and care services in the face of a major crisis. This should be done in close cooperation with the actors in the sector. The basic capacity is crucial for managing increased strain during a crisis.
- The parties in the labour market should aim to prepare agreements that ensure the rights of the employees and the necessary flexibility and adaptability in the face of a major crisis, including clarification of when such provisions can be activated. The work should be viewed in connection with legislation that includes the possibility for summoning.
- The authorities should investigate the possibility for creating a national overview of health personnel groups who will provide critical capacity in future pandemic situations.

1.2.5 Cooperation and emergency management across the administrative levels

The main impression of the Coronavirus Special Committee is that cooperation across the central and local administrative levels functioned well and contributed to a collective and targeted effort for fighting the COVID-19 pandemic. The fact that Norway had established mechanisms for cooperation on emergency management before the pandemic contributed to national authorities putting into place a common understanding of the situation during the pandemic and ensuring pandemic management information from the local level to central level. This contributed to the Government's decisions being built on updated knowledge about the current situation and the impact of the crisis.

The municipalities played a vital role in managing the pandemic. The Government laid the foundations for Norway's pandemic management, but the municipalities largely effectuated the strategy and stood in the front line together with the specialist healthcare service. The strain was particularly severe for municipalities with responsibility for border crossings, the largest city municipalities, and municipalities with major outbreaks of infection. Emergency preparedness resources vary immensely in the municipalities. In particular, the chief municipal medical officers and emergency preparedness coordinators were vulnerable functions in municipal emergency management. The Corona Commission's investigation showed that the chief municipal medical officer function was not sufficiently dimensioned to manage a complex health crisis like the COVID-19 pandemic, and has recommended strengthening the function.⁹ The Coronavirus Special Committee supports the Commission's assessment and recommendation.

Further, the Committee believes that the county governors had an important coordinating function and advisory role in the management of the pandemic, and as a link to national authorities. The county governors also contributed to the reduction of vulnerabilities in small municipalities with limited capacity and access to specialised expertise, inter alia, legal expertise. The county governors interpreted the role of coordinator differently. The most extreme interpretations of the role seem to range from offensive leadership to a more reserved facilitation role. It took a while before the county governors found a functioning and appropriate role that gave the municipalities the support they needed.

The Coronavirus Special Committee would like to point out that not all the national infection control measures were equally targeted at the local level, as the infection situation in the municipalities varied at times. In periods with high nationally adopted levels of measures, the negative ripple effects of measures were disproportionately large for the population resident in municipalities with low rates of infection. The Committee believes that more use of geographical differentiation in measures may in many cases be more accurate and contribute to reducing the total negative ripple effects of the measures. Geographical differentiation must at the same time be balanced against the risk of arbitrary and adverse variation, which may contribute to weakening general support for the pandemic management in the total population.

⁹ Norwegian Official Report (NOU) 2022: 5 *The Norwegian Government's Management of the Coronavirus Pandemic* - Part 2, p. 115.

THE COMMITTEE'S RECOMMENDATIONS

- The authorities should strengthen the emergency preparedness functions in the municipalities. This particularly applies to the chief municipal medical officer function and role of the emergency preparedness coordinator.
- National authorities should stimulate increased intermunicipal cooperation within preparedness and emergency management. For instance, by developing common guidelines, guides or checklists for this type of intermunicipal cooperation. Strengthening of the municipalities' access to legal expertise during crises is particularly needed.
- In the work on strengthening national emergency preparedness, the authorities should facilitate increased digitalisation and use of joint digital collaboration solutions.
- The authorities should clarify in the regulations that the county governors should have an important advisory and coordination function in emergency management and the tasks involved.

1.2.6 Information management and emergency communication

Communication to the population was a central task for the Government during the crisis. It involved covering the population's need for information, but also influencing the population's behaviour and getting support for the emergency measures. The Committee finds that Norwegian authorities were on the whole very successful in communicating with the population. In our view, open and transparent communication contributed to understanding and compliance. Surveys throughout the pandemic show that most of the population trusted the information they received from the health authorities during the process. The fact that the population changed its behaviour and almost the whole adult population wanted to take a vaccine clearly indicates that the authorities basically reached everyone with their message.

The Government and authorities took an active decision to openly communicate the uncertainty around the development of the pandemic and how the infection control measures would work. Expert advice and assessments were published and the Government set up commissions and committees, which received extended access to relevant internal management and decision documents. Transparency and willingness to be tested contributed to a more enlightened public debate and helped to maintain a good relationship between the authorities and population. The Committee finds that the authorities' strategy for transparency in communication worked well and contributed to creating trust and compliance.

Comprehensive measures across society challenges communication. In addition, many of the measures were detailed and frequently changed. This made communication more difficult. It was therefore important that the measures, for instance, in the TTIQ strategy, were formulated so they were easy to communicate and understand. The Committee believes that in general the Government succeeded in doing this.

However, the authorities did not reach some parts of the population equally well during the pandemic. An important learning point is that communication must be adapted to the diversity in the population in terms of language, age and culture. The authorities should have a plan for reaching specific groups in a future emergency situation.

THE COMMITTEE'S RECOMMENDATIONS

- Communication plans in future crises should be structured on the principle of transparency as a trust-building factor.
- Both national and local authorities should continue to strengthen the population's access to information. Crisis communication must take into consideration the diversity of the population in Norway in relation to age, culture and language. Among others, this includes strengthening information and communication in the Sami language.

1.2.7 Compensatory financial measures aimed at businesses and households

The pandemic and infection control measures had a skewed effect causing major economic, social and societal consequences. The Government implemented a range of compensatory measures, which reduced the adverse effects of the infection control measures on the population and society.

The compensatory financial measures aimed at households and businesses contributed to reducing the total burden of infection control measures in society and protected many from the adverse financial and social effects thereof. In addition, it is likely that the Government's compensatory measures largely contributed to support in society for the infection control measures and the general high level of trust in the authorities' overall management.

The Coronavirus Special Committee believes that the financial support measures should be evaluated so they can be used as accurately as possible in future pandemics. Financial support measures should form part of the pandemic preparedness for future pandemics. The Committee wishes to point out the important interplay between infection control measures and compensatory measures, where the latter in all probability enables stricter infection control measures because the total financial costs for the population are lower and it is easier to get support for the infection control measures when those who are particularly affected by the measures are compensated.

THE COMMITTEE'S RECOMMENDATION

- The Coronavirus Special Committee believes that the financial support measures should be evaluated so they can be used as accurately as possible in future pandemics.

1.2.8 Psychosocial preparedness

The authorities endeavoured to protect people in vulnerable life situations as much as possible throughout the pandemic. The Committee believes they were partially successful in doing this. Some people and groups, who live in vulnerable life situations, were nonetheless affected by the pandemic and the way it was managed. Among others, this applies to the elderly in need of care and people with disabilities. The Committee finds that the action that was taken at the beginning of the pandemic, i.e., not allowing residents in municipal institutions to receive visits from their closest family was highly invasive even though the objective of preventing infection in the nursing homes was understandable. The Committee believes that the authorities should endeavour to find better solutions for this dilemma in a future pandemic. Further, the authorities should also look more closely at how the public services for those in need of care and people with disabilities can be maintained as much as possible through periods with strict infection control measures in society at large.

Volunteer organisations and the religious and faith communities played important roles during the pandemic through concrete measures and activities, and communication and information. The Committee finds that more systematic use of and cooperation with volunteer organisations and the religious and faith communities in psychosocial preparedness may contribute to better safeguarding of people in vulnerable life situations.

On the whole, the Committee believes that in future pandemics attention should be paid to groups that are particularly exposed to illness and groups that are particularly exposed to the negative ripple effects of infection control measures, and in this way consider more differentiation when it comes to infection control measures. In addition, the Committee believes that measures within psychosocial preparedness should be better entrenched as an integral part of the authorities' strategies and emergency preparedness plans for emergency management, especially during a long-term crisis. As a foundation for the continued work on psychosocial pandemic preparedness, it will be important to build knowledge based on the impacts that can be observed in the period after the coronavirus pandemic.

THE COMMITTEE'S RECOMMENDATIONS

- The private sector, volunteer organisations and religious and faith communities will be able to complement and relieve public efforts during a pandemic, inter alia, within the capacity to provide treatment, communication and measures aimed at various vulnerable groups in society. These actors should be integrated more systematically into health preparedness plans, both nationally and locally.
- National authorities should contribute to strengthening the knowledge base on long-term health and psychosocial impacts of the coronavirus pandemic and management of the pandemic.

1.2.9 The situation of children and young people during the pandemic

Most children and young people managed well during the pandemic. The Government's goal was for children and young people to have as little exposure as possible to the negative ripple effects of the measures and made an effort to mitigate such effects on them. Nonetheless, the Coronavirus Special Committee believes that children and young people had to bear a disproportionately large burden. Children and young people were at low risk of disease and mortality if they were infected with COVID-19, but their life unfoldment was significantly restricted through reduced attendance at school and occasional closing down of recreational activities. For most children and young people, the pandemic did not lead to long-term adverse effects, but many lost their quality of life through two years in a pandemic, and there are indications that a small number are suffering from long-term adverse effects. Childhood and adolescence are important in human social development, and experts have expressed concern for increased social insecurity in adolescents after the pandemic. Since consideration towards children was to be assessed in matters concerning them, the Committee believes that the authorities should to a greater extent have used experiences from earlier phases in the pandemic. In this way, the negative ripple effects for children and young people would have been lower in the last phases of the pandemic. Among others, this could have been achieved through more differentiation of the measures, for instance, within recreational sports and other outdoor recreational activities or through more use of geographical differentiation. The Committee believes that the Government, in line with its own strategy, should have ensured more correlation between the goal of few negative ripple effects for children and young people, and formulation of the infection control measures.

The Committee also makes reference to the fact that the involvement of children and young people's organisations and representatives should have been better at both the national and local levels. Such involvement would make the measures more accurate and potentially boost compliance.

THE COMMITTEE'S RECOMMENDATIONS

- In future crises, there should be a clear connection between the groups that the Government wants to prioritise and the actual focus of crisis management. One example of such a priority group during the coronavirus pandemic was children and young people.
- When the situation allows, the authorities should endeavour to involve and consult representatives of children and young people to a greater extent than they did during the coronavirus pandemic.
- The authorities should ensure that consideration towards children and young people is consistently adopted as part of the basis for making decisions on measures during crises.

1.2.10 International cooperation and the importance of national pandemic management

The situation in Norway was influenced by the international development of the pandemic. Both the formal and informal international cooperation on fighting the COVID-19 pandemic were important to the national management thereof. Norway actively participated in the international cooperation for managing the pandemic, particularly in relation to the WHO, EU and Nordic countries. The infection control measures introduced by other European and Nordic countries were significant to the situation in Norway, particularly in terms of the entry measures. In addition, international cooperation was immensely important for our national management, for instance, through the signing of joint agreements for the procurement of infection control equipment and vaccines, vaccine development and knowledge sharing about the disease pathway and forms of treatment. Cooperation with the EU, and particularly Sweden, was the deciding factor in Norway getting access to COVID-19 vaccines early. International cooperation and agreements should be further developed to also include objectives to reduce the risk of new pandemics arising, and to ensure better systems for early international warning of new potential pandemics.

Norwegian authorities have over time actively participated in international cooperation on health. The Committee finds that long-term engagement was important for managing the coronavirus pandemic, and the continuation and strengthening of this engagement will also be important for managing future cross-border health crises.

International cooperation is crucial for Norway's security of supply. We depend on international trade in goods not being stopped or significantly restricted. This does not only apply to food and necessary commodities, but also medicines and medical equipment. National capacities and emergency stockpiles are important, but in isolation they will not be sufficient in long-term crises. Norwegian authorities should therefore strengthen the work on securing our supply lines for critical goods and services through international cooperation.

THE COMMITTEE'S RECOMMENDATIONS

- The Government should ensure that Norway actively contributes to international cooperation for the management of cross-border health threats. Among others, this includes work on improved agreements and systems that reduce the risk of new pandemics arising,

the further development of early warning systems and knowledge sharing. This also includes long-term strategic international cooperation on knowledge production and research.

- The Government should work to ensure that Norway takes part in international agreements and systems that contribute to securing our supply lines.
- The Government should endeavour to put into place obligations that guarantee Norway access to vaccine procurements via the EU.

1.3 The authorities' management of the Omicron variants

In line with the Committee's overarching assessment, the Committee believes that the Omicron variants were primarily managed well. One factor that challenged the authorities to a larger degree during the Omicron period compared to earlier phases of the pandemic was the population's pandemic fatigue and waning trust in the management of the pandemic. From what the Committee ascertains, the Government met more resistance than earlier and particularly had to adapt its communication to fit the current mood of the population.

1.3.1 Normal everyday life with increased emergency preparedness

In the autumn of 2021, most of the adult population was relatively well protected through vaccination and the majority of the national infection control measures had been removed. From 25 September 2021, the Government had a national strategy and emergency preparedness plan that indicated 'a normal everyday life with increased emergency preparedness'. At the same time, the health care services were increasingly put under pressure through the autumn due to non-COVID-19 related respiratory illnesses, for example, an extensive RSV epidemic among children. In addition, the health service experienced a great deal of absence and shortage of personnel. During late autumn, a considerable amount of people was hospitalised with COVID-19, when the Delta variant caused several serious cases that needed treatment in intensive care units. The situation varied across the country and the reasons for the pressure were complex.

An important component in the strategy for a normal everyday life with increased emergency preparedness was that the municipalities would have primary responsibility for implementing measures if the spread of COVID-19, or with other concurrent problems, would challenge the capacity of the primary or specialist healthcare service. The Committee believes that this strategy was correct at that point in time, as the municipalities had the best overview of the local situation. Municipalities normally hold this responsibility and in autumn 2021 there were no objective grounds for extraordinary national management.

The Committee finds that it was correct of the Government to keep national measures at a low level in the period from October-November 2021, since the vaccines protected most of the population against serious disease. At the same time, the Committee considers it a learning point that in situations when the municipalities hold such responsibility, the Government should clarify even more in its communication that the Government supports local authorities in the introduction of local measures as required.

1.3.2 Introduction of measures to limit the spread of infection

Omicron changed the situation in Norway and the world. There was intense uncertainty around the severity of Omicron when it was first known, and the health care services were already under strain.

A major outbreak of infection in Oslo on 26 November 2021 resulted in Norway being one of the countries in Europe with the highest prevalence of the new and unknown virus variant at an early stage. Based on the knowledge that was available at that point in time, the Committee believes it was correct to introduce national infection control measures in the first half of December 2021 to limit the rapid spread of the new virus variant.

At the same time, the Committee finds that the authorities had not in general sufficiently learned from earlier phases of the pandemic. Society primarily reopened on 25 September 2021, but the reopening process started before summer. At that point in time, we had gone through several waves of infection and periods with powerful societal measures. It was also well known that new virus mutations could occur and the Committee finds that the authorities did not adequately take into account the risk of new mutations in its actual work. At the beginning, there was some hesitancy attached to managing the new virus variant. Vaccination of the population with a booster dose through autumn 2021 went slowly. The expert recommendation of health personnel and adults over the age of 65 having a booster dose was not announced before November. At the same time, there were several examples of instruments that could have reduced the negative ripple effects if they had been taken into account in advance. The health authorities did not ensure sufficient capacity for testing through the procurement of self-tests and rapid tests. One of the results was that when Omicron arrived, regular testing could not be used as a measure to keep upper secondary schools at the green level or to keep infection rates down without substantial absence. Further, the traffic light model for the schools had not been adjusted, and subsequently did not work satisfactorily for all levels. The use of a domestic corona certificate had not been clarified, and key financial support schemes such as the wage subsidy scheme had not been adequately investigated.

Consequently, the Committee believes that the authorities through the summer and autumn of 2021 should have learned to a greater degree from earlier phases of the pandemic and applied what they had learned to practical improvements for a potential new wave of infection. In this context, the Committee believes it is particularly unfortunate that the Government found it necessary to introduce the red level in upper secondary schools in December 2021 and that a shortage of tests led to complex and prolonged quarantine rules. When the Government decided to introduce the red level for upper secondary schools regardless, the Committee finds that the Government should have communicated more clearly to both the population and the Storting, that the shortage of tests was an important part of the reason for introducing the red level.

Entry measures were resource-demanding and invasive, and were particularly highlighted during the Omicron period when the spread of infection with the new variant was more extensive in Norway than in our neighbouring countries. The assessments of the expert agencies regarding the use and efficiency of entry measures to limit imported infection varied. The Coronavirus Special Committee believes it is necessary to assess how entry measures can and should be regulated in order to prevent the spread of infection. If the next pandemic involves a really dangerous virus, it will be crucial that the entry measures can be established rapidly, that the system is manageable and the measures effective.

THE COMMITTEE'S RECOMMENDATIONS

- For long-term crises, the authorities should strengthen the systems for rapidly being able to exploit learning so that accuracy in the pandemic management increases with the duration of the crisis.
- In future pandemics, the authorities should endeavour to keep the education sector open as much as possible. The traffic light model can be an effective instrument for achieving this.

The model should therefore be evaluated and considered for expansion into higher education.

- The authorities should review and evaluate the organisation of the entry measures that were used during the coronavirus pandemic with the objective of streamlining and mapping the societal costs and utility gain for a future pandemic situation. The Committee further recommends the authorities to create emergency preparedness plans showing how they can rapidly introduce measures at the border to limit imported infection as required.