

Press release Coronavirus Commission

26 April 2022

Norwegian Official Report NOU 2022:5 The Norwegian Government's Management of the Coronavirus Pandemic – Part 2

Good handling of the pandemic by the population and the authorities

Norway is among the countries in Europe with the lowest mortality and burden of measures, and the least reduction in economic activity after two years of the COVID-19 pandemic. Structural, economic, and cultural factors in Norway have given the country resilience in dealing with the pandemic, and several aspects of the authorities' handling of the situation have been good.

'A number of people have done far more than was to be expected. Impressive adaptability and flexibility have been seen in the health service, central government, the municipalities, and in a number of economic sectors,' says Commission Chair Egil Matsen.

At the same time, our investigation has revealed areas in which improvement is needed. Many of the conclusions in our first report have been reinforced in the work with this second report. We have also made several new findings, and are making several recommendations.

The authorities were not prepared for a pandemic that was as wide-ranging and long-lasting as the COVID-19 pandemic

In our first report, we wrote that the authorities were not adequately prepared to face and handle the COVID-19 pandemic when it arose, despite the well-known risk of such a pandemic occurring.

'Our second report shows that the country's intensive care preparedness was inadequate at the time of the pandemic. This was a vulnerability that had been foreseen,' says Mr Matsen.

Nor was the district medical officer role adequately equipped to handle a pandemic, and they had to work under difficult conditions. The pandemic also revealed that global supply chains – for e.g. vaccines, medicines, and personal protective equipment – were very vulnerable. The lack of preparation and the vulnerabilities amplified the challenges associated with handling the pandemic when it became protracted.

Pandemic management characterised by strong central government involvement

The Norwegian Government was strongly involved in management of the pandemic. It made decisions on both important issues and minor, specific matters.

'The active role played by the Norwegian Government was a strength. However, it also meant that the Government was involved at the micro level, as well as with ongoing crisis management, also in periods when we believe there was more time at hand,' states Mr Matsen.

The hands-on management of the Norwegian Government and the high rate of activity were necessary and appropriate in some situations. At other times, this clearly created challenges, with unfortunate consequences. Among other things, the Norwegian Government did not look ahead to how the pandemic might develop, and how to handle the evolving situation.

A rushed approach to Government management of imported cases of COVID-19

In our first report, we pointed out that the Norwegian Government did not have a plan to handle imported cases of COVID-19 when a new wave of infections came to Europe in the autumn of 2020. The investigation has shown that this was also a flaw in the further management. The authorities implemented invasive measures to limit infection from abroad from the autumn of 2020 to the autumn of 2021. These measures had large consequences for individuals, the business sector, and society in general. The decisions felt rushed, few parties were involved, and the decisions were constantly being adjusted. Few plans were made for how to balance the measures to prevent imported cases of COVID-19 against other measures, and no assessments were made of how the measures would impact on individuals, the business sector and security of supply.

Norwegian success at procuring vaccines for the population

Creativity and strength were important in the Norwegian Government and the civil service's work to procure vaccines for the population. The processes showed that the systems for vaccine procurement were vulnerable. Norway depended on goodwill and help from the EU and individual countries in Europe.

Successful vaccination of the population, resulting in a high vaccination rate

The population's trust in the authorities and the vaccination programme, as well as the successful rollout of vaccines, led to high vaccination coverage. However, if the Norwegian Government had been swifter in adopting a geographical approach to prioritising vaccines for areas with a high infection rate, it would have had greater success in achieving its objectives of protecting health and reducing disruption to society. In keeping with its objective to protect children and adolescents, the Norwegian Government should have prioritised vaccines for teachers and other people whose jobs involve responsibility for children and adolescents earlier.

The authorities' communication with the population was generally good, but had clear flaws

The authorities' communication about the pandemic, infection control measures, and vaccination was targeted, direct, open, and honest, and reached most of the population. However, information did not always reach the immigrant population.

The authorities' communication with municipalities, district medical officers, border police, and other parties responsible for handling infection control locally was not satisfactory. District medical officers, border police, school owners, and other parties who needed to follow up infection control measures received imprecise information and were not given enough time to prepare. This complicated their work.

The consequences have not been fully charted, but it is clear that the effects of the pandemic have been skewed

Children, adolescents, and students suffered greatly as a result of the pandemic and the infection control measures. The authorities did not manage to protect children and adolescents adequately, despite their objectives.

The immigrant population of Norway was overrepresented among people with COVID-19 and people who were seriously ill, and under-represented among vaccinated people.

'We believe that this is partly due to the authorities being insufficiently prepared to handle the economic, practical, and social barriers to testing, isolation, and vaccination found among many people with an immigrant background. It took a long time before the authorities implemented targeted measures for this part of the population,' says Mr Matsen.

About the report

This second report contains 12 principal findings, 11 general lessons, and 27 main recommendations, which are presented in chapters 1 and 12 of the report. There are also several findings, recommendations, and lessons in chapters 4, 5, 6, 7, 8, 9, 10, and 11. The Commission has obtained 9 external reports, which have been published online. We have conducted 78 formal interviews and met hundreds of people.

About the Commission

The Coronavirus Commission was appointed by Royal Decree on 24 April 2020 in order to review and learn from the COVID-19 outbreak in Norway. Our first report, Norwegian Official Report NOU 2021: 6 The Norwegian Government's Management of the Coronavirus Pandemic, was submitted on 14 April 2021. The Prime Minister asked the Commission to continue its work under the same mandate in a letter dated 12 May 2021. We were also particularly asked to look at intensive care capacity in Norway, the situation for district medical officers, procurement of vaccines, and the vaccine rollout strategy.

Egil Matsen has led the Coronavirus Commission since April 2021. Other members:

Astri Aas-Hansen
Geir Sverre Braut
Knut Eirik Dybdal
Tone Fløtten
Rune Jakobsen
Toril Johansson
Christine Korme
Nina Langeland
Per Arne Olsen
Pål Terje Rørby

Rolv Terje Lie

Ayan Bashir Sheikh-Mohamed

Peder Olsen stepped down after his election to the Board of Directors of the Southeastern Norway Regional Health Authority in January 2021.

The report has been published electronically:

www.koronakommisjonen.no

www.regjeringen.no

Physical copies of the report can also be ordered:

www.publikasjonsbestilling.no

Questions for the Commission may be directed to the Commission's Chair, Egil Matsen, tel. +47 951 86 769.