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Alla Kyrydon
State Scientific Institution "Encyclopedic Publishing House"
01030, 51A B. Khmelnytskyi Str., Kyiv, Ukraine

Serhiy Troyan*
National Aviation University
03058, 1 Liubomyr Huzar Ave., Kyiv, Ukraine

Swedish Policy of Countering the COVID-19 Pandemic

Abstract. Statement and relevance of the problem. In early 2020, the outbreak of coronavirus disease came as a surprise to the whole world. The need for effective counteraction at the global and regional levels required decisive action from international organisations and state governments. The World Health Organization has announced the pandemic and the need for a thorough and urgent fight against it. European countries have introduced strict restrictive measures, in particular, mass self-isolation, restrictions on economic and trade activities, termination of the educational process with its subsequent transfer to distance learning, etc. Sweden was the only EU member state to pursue a much softer and more liberal policy in the context of the coronavirus pandemic. The purpose of the study is primarily to investigate features of the Swedish model of countering the spread of COVID-19. Scientific research is based on the use of comparative historical and statistical methods, and elements of retrospective and prospective factor analysis. Conclusions and prospects of the study. Based on the investigation of the Swedish government's policy on the COVID-19 pandemic, a number of features of the measures applied were highlighted. The Swedish model was based on the principle of public responsibility and reliance on a highly developed national health system. The basic course was to develop collective immunity in society. An important role was played by the principle of voluntariness, which did not provide for the introduction of a nationwide quarantine. Therefore, (especially at the initial stage) restrictive measures in Sweden were mild and mostly advisory in nature. Additionally, the need to maintain social distance and personal hygiene was emphasised. No strict measures or restrictions were introduced for the economy; businesses and institutions were advised to switch to remote work. Sweden has become the only EU country that has not implemented a lockdown in the midst of the coronavirus pandemic. Swedish counteraction policy, as a response to the COVID-19 pandemic, was based on the principle of situational response: the authorities implemented certain measures in accordance with their timeliness and effectiveness. All this suggests a special Swedish model of state policy aimed at effectively overcoming the manifestations and consequences of the coronavirus pandemic. The generalisation of Sweden's experience would allow developing approaches for creating effective measures to prevent and quickly counter such threats

Keywords: Sweden, coronavirus, restrictive measures, lockdown, vaccination, public responsibility, collective immunity

Introduction

Epidemics and pandemics have accompanied humanity throughout its history, influencing the development of civilisation to a greater or lesser extent [1]. However, at the beginning of 2020, the world community, including all its regional cross-sections, faced an unprecedented challenge for modern times. First in China, and then in other countries, the coronavirus disease began to spread, which was commonly called COVID-19. It refers, as the American analyst F. Zakaria rightly pointed out, to asymmetric shocks, that is, events that "start small and then sweep over the world like seismic waves" [2]. The coronavirus threat immediately became so dangerous that since March 2020 it has received the official status of a global pandemic from the World Health Organization (WHO). In the absence of a vaccine, strict logistical, economic, and medical restrictions were recommended. The relevance and originality of the study is conditioned upon the fact that in the 21st century, humanity for the first time faced a global threat of a pandemic nature and researchers, including representatives of the humanities and social sciences, seek to summarise the existing experience of countering such a challenge, in particular, to minimise the risks of the occurrence and spread of such epidemics in the future.

In the context of the spread of coronavirus disease in the spring of 2020, European countries mainly introduced strict mass self-isolation. However, Sweden decided to try a different strategy to counter the pandemic. In general, the measures introduced at the level of state policy indicate the peculiarities of the Swedish way of combating the COVID-19 pandemic.

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*Corresponding author

The purpose of the study is to investigate the content and specifics of the Swedish policy of countering the spread of coronavirus disease. This study is in fact pioneering in the Ukrainian scientific discourse on comprehension of peculiarities of different national policies in terms of counteracting the coronavirus pandemic (using the Swedish example). The research methodology is based on the use of a set of principles (scientific, historicism, objectivity, polyfactoricity, etc.) and methods of scientific search, in particular, comparative and historical, statistical, and partially retrospective and prospective factor analysis, etc.

Given the short-term, insider, and incomplete current nature of the fight against the COVID-19 pandemic, special and generalising studies of a scientific and theoretical, and applied nature are just beginning to appear. The historiographical sources include interviews, essays, and studies by the Italian philosopher and one of the co-creators of the concept of biopolitics Giorgio Agamben [3], the papers by the British historian, writer, and journalist Neil Ferguson [4], the Israeli historian Yuval Noah Harari [5], the researcher of global problems and urbanism Saskia Sassen [6], CNN expert and political analyst Farid Zakaria [2], the American political philosopher and international scholar Francis Fukuyama [7], the British historian Mark Honigsbom [8], and studies by such Ukrainian researchers as N. Nechaeva-Yuriychuk and S. Troyan [9], N. Chernysh [10], S. Shergina [11] et al. Scientific reflections of these and other researchers of historical and social processes of our time are of great importance for understanding both the general context of the pandemic, its manifestations and consequences, and understanding national strategies for countering COVID-19. In particular, F. Fukuyama's position is fully reasonable in the context of the subject matter, that it is important to consider not only general approaches to combating the coronavirus pandemic, but also the features of national and state practices [7]. An example of this practice is the Swedish model of countering COVID-19.

The Beginning of the COVID-19 Pandemic and Basic Principles Swedish Counteraction Policy

December 31, 2019 WHO was informed about the first cases of infection with the dangerous disease pneumonia of unknown origin in the Chinese city of Wuhan (one of the largest international airports). January 10-11, 2020 WHO warned about the threat of spreading the virus outside of China and published a set of recommendations on coronavirus. In January of the same year, the onset of coronavirus disease occurred in Europe. The first country to record a case of coronavirus outside of Asia was France: on January 24 – the first patient, and on February 14 – the first death from COVID-19 [12]. Over the following months, the infection spread to almost all European countries and caused the introduction of a number of restrictive measures. Since March, this has resulted in the introduction of strict restrictions on border crossing, on conducting business activities, on carrying out the educational and work process and transferring it to remote forms of activity, etc.

The first case of infection in Sweden was detected on February 15, 2020. In early March, the number of patients began to increase. The first person in Sweden died on March 11, 2020 (at that time there were 460 cases of infection). The main distribution centres are Stockholm and Len Emtland in the north of the country, where ski resorts that were open until April 2 are located. Infection also occurred in 100 nursing homes (more than 400 cases were recorded in Stockholm alone). About half of the dead were residents of nursing homes. The average age of patients exceeded 50 years, most of them were men from Stockholm. Almost 1,000 people were in intensive care at the end of April 2020. The Swedish Department of Health estimates that the inevitable death rate is about 330 people per 1 million inhabitants [13]. As of April 20, 2020, 12,385 cases of coronavirus infection were registered in Sweden, 1,540 people died, and 550 were cured. The mortality rate was 10.7%. Sweden ranked 21st in the world in terms of the number of cases of infection and 14th in terms of the number of deaths [14]. The situation developed relatively steadily and without sharp spikes.

The Swedish government called on citizens to act responsibly, but all the appeals of the authorities were advisory in nature and did not provide for any penalties. For example, throughout the spring of 2020, at a time when most Europeans could not leave their homes without a valid reason, in Sweden it was possible to gather in groups of up to 50 people. Only closer to winter, the maximum number of participants in the meeting was reduced to eight (although not for long). The Swedes received an official recommendation to wear masks only in January 2021. Before that, the mask was mostly worn with surprised looks, and sometimes disapproving comments. If most countries first closed educational institutions to fight the virus, then Swedish schools continued to operate as usual. Special attention was paid to the elderly: they were encouraged to stay at home, residents over the age of 70 were advised to reduce their contacts [13; 14], and young people were advised to help them buy food or other urgent needs. Any infected person (in accordance with WHO recommendations and national sanitary requirements) was isolated from other citizens, and those who came into contact with them were tested.

The main goals of state policy were recognised by all leading political forces and focused on:

– limiting the spread of infection in the country;

– ensuring the availability of health resources;

– minimising impact on key institutions and services;

– anticipating and mitigating consequences for people and businesses;

– reducing anxiety (in particular by providing information).

The set of measures taken in response to the coronavirus pandemic by Sweden was based on the principle of situational timeliness (different measures for different situations). The principle of voluntariness turned out to be influential. The Swedish authorities also focused on a high public level of understanding of personal and collective security. As noted by J. Agamben, first of all, security reasons will allow citizens to accept restrictions, creating

a new model of "social distancing" [3]. The main difference between the Swedish model was the absence of prohibitive restrictions on the economy. The population was advised to switch to remote work if possible. It was still possible to move or travel within the country (trains were running). The authorities only called on the population to abandon unnecessary travel, but did not impose strict restrictions or bans on movement in general.

This choice of Sweden was motivated by several reasons: low density and isolation of the population, restraint and unsociability of Swedes, their restriction of close contacts and close communication, law-abiding, high level of trust in the authorities, and accurate compliance with their instructions. In the country, it is customary not to hide from colds, but simply to harden up or get over them (to develop immunity). In general, all this is a worthy example of illustrating an effective society with a relatively low indicator of inequality and a large weight of social capital, the main element of which is a high level of trust and understanding of the fundamental (in a moral sense) equality of all people.

Features of Lifting Restrictions During Vaccination

In Sweden, vaccination against COVID-19 began in December 2020. According to statistics, in December 2021, about 7.3 million people were fully vaccinated (with two doses), which is almost 72% of the population [15]. On September 16, 2021, Swedish Prime Minister Stefan Lofven announced the start of vaccination against COVID-19 for teenagers from 12 to 15 years old. "This will reduce the risk of severe illness and the fact that you will miss school," [16] the head of the Swedish government said at a press conference.

Since January 10, 2021, a new law has been in force in Sweden [17], which gave the Swedish government more authority to take measures to limit the spread of the COVID-19 pandemic. This applies, in particular, to the right to limit the number of visitors, and the opening hours of establishments. The law was supposed to be valid until January 31, 2022 [17]. But given the level of vaccination in the country, the burden on the health system, the death rate, and the assessment of the epidemiological situation, the Swedish government decided on September 29, 2021 to lift most of the restrictions associated with the pandemic, in particular:

– of the number of visitors to public events;

– of the number of visitors to private events, such as parties in rented premises;

– for restaurants, including the number of people at one table and the distance between them [18].

According to the Swedish State Health Administration, a high level of vaccination is the most important condition for lifting most restrictions. The State Health Administration continued to inform Swedes about the benefits of vaccination and closely monitored the spread of infection to take new measures if necessary [19]. This was especially relevant for the ambiguous rates of excess mortality (the number of deaths exceeding the annual average) in Sweden. In 2020, it was higher than in most Nordic countries. This is evidenced, in particular, by the materials of researchers Ariel Karlinski from the Department of Statistics at the Hebrew University of Jerusalem and Dmitry Kobak from the University of Tübingen in Germany, who collected the largest database of excess mortality worldwide since the beginning of the pandemic [14]. According to these data, the excess mortality rate in Sweden for March 2020 – May 2021 was 10% and at the same time remained lower than in many other EU countries, with the exception of Denmark (-1%), Norway (0%), Finland (1%), Cyprus and Luxembourg (5% each), Germany, Ireland, and Greece (4% each), Latvia (9%) [14]. Therefore, it can hardly be stated that the strategy of the Swedish authorities – the bet on collective immunity and public responsibility – failed.

The recommendation for employees to work from home was cancelled in September 2021. But in December of that year, the State Health Administration returned a recommendation to work from home and advised employers to give employees such an opportunity. If symptoms appear, employees should stay at home and get tested for coronavirus infection. It was assumed that large public events might require special rules. Since December 1, 2021, Sweden has introduced a vaccination passport [20] for attending events for more than 100 people. At the same time, according to the law of January 10, 2021, the following restrictions continued to apply at the beginning of 2022:

– foreign citizens – with the exception of those who arrived from the Nordic countries, when travelling to Sweden, must have an EU COVID certificate, a negative test for COVID-19 no more than 72 hours ago, or a certificate of recovery;

– ban on entry to Sweden unnecessarily from countries outside the European Union (EU) or the European Economic Area (EEA) [17].

However, on February 10, 2022 Sweden has lifted all coronavirus restrictions due to the announced end of the pandemic [21]. In fact, at the power level, it was stated that in the future, based on the progress made in countering COVID-19, the main task will be to maintain a balance between maintaining positive dynamics of socio-economic and IT development and the overall security of society and each of its members in particular.

State Policy and the Principle of Public Responsibility

Crisis management in Sweden is based on the principle of responsibility and trust of citizens in the state. This means that the government agency responsible for any issue in normal circumstances is also responsible for it in a crisis situation. Decision-making is up to the government. Relevant departments can make some decisions in the field of infection control independently. Society as a whole, and individual citizens and organisations, as a rule, follow the advice of relevant departments.

Sweden did not introduce strict restrictive measures in the context of the search for effective counteraction to coronavirus disease. In an interview with the British Financial Times [22] and the American TV channel CNBC [13], the chief Swedish epidemiologist once again defended Sweden's tactics in the fight against the COVID-19 pandemic, focusing on the correctness of the actions of the country, which did not introduce strict quarantine and forced self-isolation measures as part of the fight against COVID-19 [22]. According to A. Tegnella, it would take one to two years to understand whose strategy to fight the virus was ultimately more successful. He suggests that Sweden's

approach focuses on a "broader view of public health", in which the important point is that "people should be able to continue their normal lives within reasonable limits" [22]. The chief Swedish epidemiologist insists that "so far there is no scientific substantiation for the benefits of strict quarantines", in particular, the closure of schools. In his opinion, many leaders of European countries began to copy Chinese methods of control, fearing that the infection would unnecessarily burden their health systems [22].

"We had additional places in hospitals, and everyone who needed medical care received this care. Even patients who did not have coronavirus received medical care. We can keep our society open within reasonable limits and not suffer much harm", Tegnell said on CNBC. A. Tegnell expressed great regret over the fatal outcome in his country. However, he is not sure that all these cases could have been avoided, especially with the old ones. "We know that in such cases there are much greater risks. But we are not sure that if we had behaved differently, the situation would have developed differently," said the chief Swedish epidemiologist [13].

He also acknowledged that more could have been done when working with the country's older people. According to him, in Sweden, as in other Nordic countries, there are "very old and very sick" people in nursing homes, and most of the elderly live at home. A. Tegnell remarked that many nursing homes are operated in Sweden by private companies, and noted that "quality problems" of service were found in the work of these companies. This has already led to the launch of several investigations. "Now we know that we could have done more, of course. But in general, I think we would follow the same tactics" [13], – summed up the Chief Epidemiologist of Sweden.

In the long run, the Swedish model may be suitable for implementation in other countries with the next wave of the disease, since the endless movement in a circle (first get out of quarantine, and then close again) is exhausting and unproductive. At the same time, it is necessary to consider the character, mentality, organisation of society, and behavioural characteristics of the population of each country. Moreover, the success and organicity of a number of measures within the Swedish COVID-19 counteraction policy can contribute to consolidation processes and deepening integration within the European Community.

Conclusions

In general, the measures introduced in Sweden to overcome the threat of coronavirus disease differ significantly from those introduced in most EU member states. The reaction of European governments was based primarily on the introduction of strict sanitary and restrictive measures related to freedom of movement and border crossing, a sharp decrease in business and economic activity, the transfer of the working and educational process to a remote form of activity, the mandatory wearing of masks in public places.

The Swedish state model of behaviour to counteract the negative manifestations of COVID-19 was based on a number of distinctive principles and norms. First of all, they are not so rigid and proceed from a high level of discipline of citizens, their understanding and awareness of public responsibility. In order to minimise the inevitable economic damage caused by the shutdown of industry and the closure of the service sector, Stockholm relied on the development of collective immunity in society. The restrictive measures were much milder than in neighbouring countries and were mostly advisory in nature. A set of measures taken by Sweden was based on the principle of timeliness: different measures were effective at different points in time.

In Sweden, citizens traditionally trust the authorities, so they demonstrate a high level of self-discipline and adhere to even optional recommendations. In this sense, the internal and organisational readiness of the Swedes to comply with the principle of voluntariness was important. In addition, at the beginning of the pandemic, there was also a favourable political situation in Sweden. The proposed strategy to combat COVID-19 did not raise any fundamental objections from any political party. In fact, the country has developed a political consensus on the nature and specifics of the implementation of the government's anti-COVID policy. It is also necessary to highlight the high quality of medical services and the capacity of the Swedish National Health System.

However, Sweden's policy of countering the COVID-19 pandemic should not be overly idealised. Sweden was unable to avoid a decline in business activity and an increase in the death rate, although the situation in the context of the pandemic remained under the control of the government and the National Health Service. At the same time, a comprehensive nature of the pandemic crisis encourages the search for new effective trajectories not only to overcome it, but also to anticipate it in order to avoid risks that are critical for society. In the future, it is important to continue further in-depth analysis of national policies to counter COVID-19, in particular, in the historical and comparative context of various temporal and territorial (states, sub-regions, and regions) cross-sections.

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Алла Киридон

Державна наукова установа «Енциклопедичне видавництво»
01030, вул. Б. Хмельницького, 51А, м. Київ, Україна

Сергій Троян

Національний авіаційний університет
03058, просп. Любомира Гузара, 1, м. Київ, Україна

Шведська політика протидії пандемії COVID-19

Анотація. Постановка і актуальність проблеми. На початку 2020 року спалах коронавірусної хвороби став несподіванкою для всього світу. Необхідність ефективної протидії на глобальному та регіональних рівнях вимагала рішучих дій від міжнародних організацій і урядів держав. Всесвітня організація охорони здоров'я оголосила про пандемію і необхідність ґрунтовної та невідкладної боротьби з нею. Європейські країни запровадили жорсткі обмежувальні заходи, зокрема масову самоізоляцію, обмеження економічної та торговельної діяльності, припинення навчально-освітнього процесу з подальшим переведенням його на дистанційну форму навчання тощо. Швеція була єдиною державою-членом ЄС, яка проводила значно м'якшу і ліберальнішу політику в умовах пандемії коронавірусу. Мета дослідження полягає насамперед у вивченні особливостей шведської моделі протидії і поширенню COVID-19. Наукова розвідка ґрунтується на використанні порівняльно-історичного і статистичного методів дослідження, а також елементів ретроспективного і перспективного факторного аналізу. Висновки і перспективи дослідження. На підставі вивчення урядової політики Швеції щодо пандемії COVID-19 увиразнено низку особливостей застосованих заходів. В основу шведської моделі був покладений принцип суспільної відповідальності та опори на високорозвинену національну систему охорони здоров'я. Базовим став курс на вироблення колективного імунітету в суспільстві. Важливу роль відігравав принцип добровільності, який не передбачав запровадження загальнонаціонального карантину. Тому (особливо на початковому етапі) обмежувальні заходи в Швеції були м'якими і носили переважно рекомендаційний характер. Додатково наголошувалося на необхідності дотримання соціальної дистанції і особистої гігієни. Не впроваджувалося жорстких заходів і обмежень для економіки; підприємствам і установам було рекомендовано перейти на віддалену роботу. Швеція стала єдиною державою Європейського Союзу, що не запровадила локдаун у розпал коронавірусної пандемії. Шведська політика протидії, як відповідь на пандемію COVID-19, ґрунтувалася на принципі ситуативного реагування: влада впроваджувала ті чи інші заходи відповідно до їхньої своєчасності та ефективності. Все це дозволяє говорити про особливу шведську модель державної політики, спрямованої на ефективне подолання проявів і наслідків пандемії коронавірусу. Узагальнення досвіду Швеції уможливить випрацювання підходів для створення дієвих заходів із попередження і швидкої протидії подібним загрозам

Ключові слова: Швеція, коронавірус, обмежувальні заходи, локдаун, вакцинація, суспільна відповідальність, колективний імунітет