

Learning from the Nordic approach to pandemic management

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By Virpi Timonen,

Professor in Social Policy, School of Social Work and Social Policy, Trinity College Dublin

The fact that it now looks like hotels, restaurants and even pubs might open well before schools in Ireland raises serious questions about the order of priorities here, and this fact alone calls for a broad-based, open debate about recalibrating elements of the Irish 'roadmap' that is leading to unjustifiable social costs.

Hailing from Finland, I have always had a keen interest in our neighbouring country of Sweden which is better-known internationally, whether it comes to pop music (anything from ABBA to Avicii), car and furniture manufacturers (think Volvo and IKEA), or its self-proclaimed status as a 'moral superpower'.

In recent weeks, Sweden has done it again: the country has attracted international attention with its controversial COVID-19 policy while Finland has remained in relative obscurity, despite my native country's success in maintaining a very low death rate from the virus: to date, 240 deaths in a population that is the same size as Ireland's – that is, a staggering 1,100 fewer deaths than in Ireland.

At the time of writing this, the Swedish death toll is approximately 2,800. Relative to population size, this means that fatalities in Ireland and Sweden are almost exactly of the same magnitude (about 270 per million in Ireland, 280 per million in Sweden), but only 44 per million in Finland.

While direct comparisons cannot be made for several reasons, serious questions about choices in pandemic management in Ireland – an approach that relies on extensive long-term restrictions, questionable testing and tracing capacity, and short-term focus on a single public health issue - can certainly be raised.

In brief, while most other countries have implemented extensive restrictions, Sweden has kept its schools and childcare open throughout the pandemic. Restaurants, cafes, gyms and sports clubs have stayed open. Care home visits are proscribed in an effort to protect vulnerable groups. There are no travel restrictions and groups of friends have been allowed to congregate throughout the pandemic. This must seem like heaven to hard-pressed parents and those who yearn for more social interaction in Ireland.

Even as it pains any patriotic Finn to understand the logic of Swedish exceptionalism, on this occasion I have felt compelled to gain an insight into what moved the Swedes in what has until recently seemed to be a unique – and from the Irish perspective, reckless - direction.

Understanding this 'exceptionalism' has become all the more important as on May the 4th, the Finnish government outlined the easing of restrictions in a manner that puts Finland in line with the Swedish policy. Far from being a radical outlier, it may well be that the Swedish policy turns out to be the most sustainable and successful one in the long run.

While the Irish media features some coverage of the 'business as usual' in Sweden, it misses some key points.

- First, the decision-making is framed in the long term – not the next few months, not the rest of the year, but at a minimum, a 5-year period. This allows for projections of indirect, long-term costs such as deaths that would occur as a result of a severe recession and opportunity costs such as not treating other conditions – a massive cost that is now accumulating in Ireland as people delay contacting health care providers with concerns about cancer among other conditions.
- Second, economic hardship does increase death rates and serious illnesses – not immediately, but the Swedes are imputing the longer-term increase in disease and deaths from a variety of causes that are rooted in economic struggles. Moderating the economic contraction helps to combat these longer-term fatalities and morbidities that are most likely to affect young and working-age populations.
- Third, there is the simple fact that a damaged economy cannot finance quality health care for any condition or any population group in the long term. The confident pronouncements about the abolition of all restrictions on the State's ability to keep borrowing in Ireland are misguided from the Nordic perspective, where having separate discussions about the health of the nation and the health of the economy is regarded as detrimental to both.
- Fourth, the decision-making in Sweden has not relied on calculations of loss of life in the short term, from a single condition, but nor is it based on cold economic analysis of health care costs. Closing schools for half a year - and potentially longer, in the event of a renewed wave in Ireland in the autumn - is seen from the Nordic perspective as an excessive measure, an unjustified deprivation of the younger population of its most important entitlement (education), not to mention damaging to the central asset of any knowledge-based society (an educated population).

The fact that education is one of the fundamental rights of a child - as per the United Nations Convention on the Rights of the Child - has been absent in the Irish discussion. The loss of educational opportunity hits those with weakest resources hardest. Regrettably, these considerations have been relegated to the margins in pandemic-era decision-making in Ireland.

Decision-makers in Ireland need to develop a much more acute awareness of the children who have effectively half-a-year's disruption in their education, a disadvantage that many will not overcome relative to their peers who have access to online learning or more structured home environments.

We are very occasionally reminded of victims of domestic violence who have nowhere to go, many of whom are children. The currently very poor diets of young people who would normally get at least one regular school-based meal a day will be reflected in a variety of problems, as the education sector normally serves as a conduit to meals as well as a multitude of other supportive interventions.

The trauma and disadvantage in many young people's lives will reverberate throughout the next seven, eight or nine *decades* of their lives – something that the Swedish calculus makes room for as it takes in society, economy, and public health *broadly understood* over the medium-long term.

Policy failures in relation to children and young people are becoming all the more glaring as the evidence mounts that there is little transmission and virtually no deaths from COVID-19 among young children (and yes, teaching evidently can be organised in a manner that also offers a reasonable degree of protection to the teachers).

The final, grim accounts of the multiple costs of the pandemic can only be calculated several years from now. By taking the long-term socio-economic costs into account, Sweden has arguably shown

moral leadership – the authorities there are as confident as anyone can be at present that their strategy will save lives and sustain quality of life in the long term.

A ‘moral superpower’, even a self-styled one, could not stand over putting a precise cost on each COVID-19 death. However, in reality that is what all governments have to do, whether they are explicit about it or not.

The highly restrictive policies in Ireland - in contrast to what is now emerging as the Swedish-Finnish model that balances the opening of society with a moderate spread of the virus in the general population while protecting high-risk groups - carry social and economic costs of a magnitude that the decision-makers in the Nordic countries have deemed unjustifiable.

Combined with the fact that there are serious question marks around implementing a well-resourced, properly functioning testing regime in Ireland, this spells trouble for the prospect of effectively and consistently resuscitating society and economy in this country.

Paradoxically, Ireland is now developing ambitions to adopt some Nordic-style social policies such as improved cover for childcare costs. But a more expansive welfare state cannot be sustained with a society and economy that are effectively in limbo for the foreseeable future, not to mention subject to the vagaries of further waves of COVID-19.

Central reasons why the Swedes never closed their schools and childcare, and the rest of the Nordics are now re-opening theirs, are that properly functioning health and social care systems, healthy economies, and gender equality can only be achieved where the bulk of the population – including mothers and fathers of young children – can engage in paid employment, whether that is in the peace and quiet of their home office, or out in the workplace.

The fact that it now looks like hotels, restaurants and even pubs might open well before schools in Ireland raises serious questions about the order of priorities here, and this fact alone calls for a more broad-based, open debate about recalibrating elements of the Irish roadmap, lest it lead to unjustifiable and unsustainable social costs.

To finish on the issue of open debate – the lifting of restrictions on the 4th of May was announced by the Finnish Prime minister and four coalition party leaders (all women), along with senior civil servants, who took questions from the media over an interactive briefing session that lasted one hour. All evidence that opening up Finland was based on is now in the open domain for anyone to examine and question.

Compare this to the five-minute one-way announcement by the Prime Minister in Ireland on the 1st of May, and you begin to see other important contrasts in decision-making and communication style that will affect everybody’s lives for decades to come.

Comments to: timonenv@tcd.ie

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