

The Swedish Experience

Foreword

Sweden as a nation and a geopolitical entity along with the rest of the world was hit by the virus now known as *Covid-19* early in February of this year (2020).*) However, the Swedish society met the challenge in a totally different mode to that of other countries, a mode that has been the subject of much debate and has often baffled other countries.

It is the objective of this article to draw together the many different angles of this debate to form a synthesis that can a) explain why Sweden took the course of action it did and b) ascertain whether one can extract from this debate a foundation for how to meet future challenges of this nature.

I have no special connection with, knowledge or other association with Sweden, Swedish society or any individual Swedish nationals. I have been on a few daytrips to the country over the years from Copenhagen and one longer round trip as a student back in the 1960s.

To my knowledge there is no comprehensive piece of written evidence in existence about the nature of viruses or Covid-19 in particular. Similarly I am not aware of any written evidence of the interplay between the virus, the spread of the virus, societies, policymakers – Swedish or otherwise.

For these reasons the article draws heavily on news releases on the internet and elsewhere. The task has been from these sources to draw some kind of synthesis that may explain why Sweden chose to tackle the threat from the virus.

I consider the article completely neutral and objective. However, I will admit to a measured critical view of the way the Swedish authorities have met the challenge. Whether they will admit to it or not (and as described the evidence is that they will not!) statistical monitoring of the development of the pandemic in Sweden and other written evidence suggest to me that in meeting the challenge – by default or design – they have either carried out an experiment or are showing a careless indifference to the situation in which their fellow Swedish nationals or the Swedish society has found itself.

*) According to Wikipedia (https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Sweden) the first recorded case occurred on the 4th of February.

Introduction

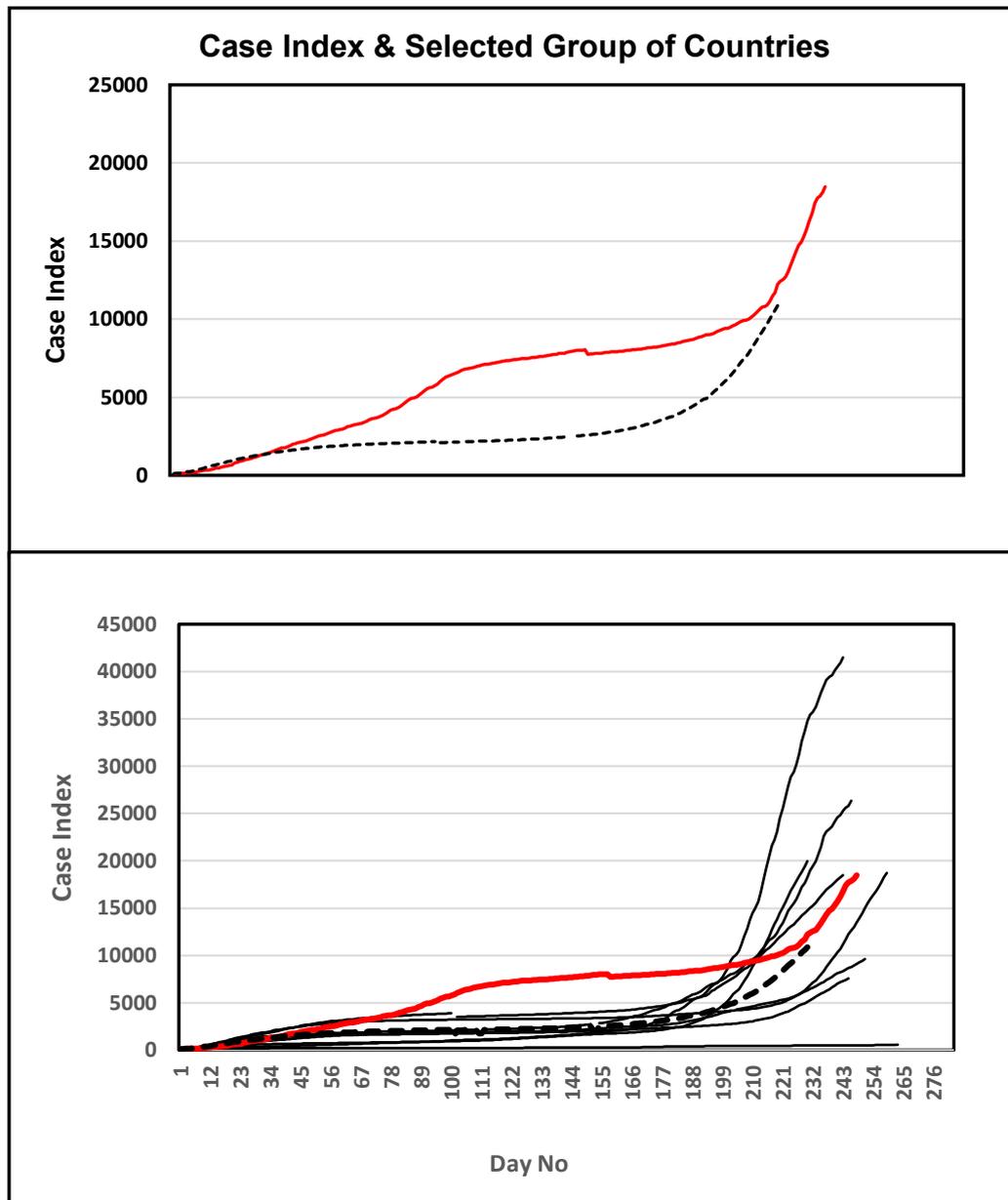
The Covid-9 pandemic has affected every nation in the world and these are of course of many different sizes both in terms of land area and in terms of populations, from small nations such as Iceland with less than ½ million inhabitants to giants such as China and India. Although the pandemic has followed more or less the same timetable around the world from its start in China in December of 2019 till the present

day there are subtle differences of days, weeks of even months, all of which forms a challenge to direct comparisons of the raw monitoring data.

To make cross-national comparisons of population statistics is a fraudulent activity as each country has their own norms and principles and follow their own conventions in the collection of statistics. It could be added that in the case of Covid-19 events are moving so fast that any conclusion drawn in week 1 is inevitably nullified in week 2.*)

*) Baral, Stefan et al, *Leveraging Epidemiological Principles to Evaluate Sweden's COVID-19 Response*, Annals of Epidemiology, 5th November 2020.

Diagram 1: Index Trajectories, Sweden & Selected Group of Countries*)



*) United Kingdom, Denmark, Italy, South Korea, Poland, France, Germany, Czech Republic

However, it seems not unreasonable to suggest that differences in strategies will be reflected in the relevant population statistics.

For these reasons an index has been created which is a measure of the accumulated number of cases irrespective of the size of a country's population or when the outbreak started in that country. It is formulated such that day number 1 is the day the accumulated number of cases first exceeded 100 per 1 (one) million population and the index value for that day is set at 100.

We can now follow the development of the index values for each country after day 1. Diagram 1 above shows the comparison and it is notable how the Covid-19 pandemic in Sweden (emphasized with a thick red line) statistically has followed a very different trajectory to that of other countries. It is noted how the number of cases increased to a relatively high level in Sweden after approximately 3 months or about 100 days after the day the numbers first exceeded 100 per one (1) million, a period when the case number in other countries increased only very slowly and at a much lower level compared to Sweden. Can this difference be explained by the different policies pursued by the authorities of that country?

Early Reluctance & Problem Recognition

Gretchen Vogel in her paper 'It's been so, so surreal'*) provides an interesting almost day to day review of how the Swedish academic and governmental establishment received the news about the advancing virus.

In January news were circulating amongst scientists of a new virus spreading from the city of Wuhan in China together with a model that predicted large outbreaks in cities around the world. Nothing was done to get Sweden ready for the threat.

Among the specialists who was acquainted with this information was Anders Tegnell, Chief Epidemiologist for the Swedish public health authority. His response was: "Well, we shall see. Everyone is trying to apply complex models to very limited data."

In February there were reports of an outbreaks in northern Italy just as thousands of holiday makers went skiing in the Alps. Should they cancel their trips? "No don't cancel your trip", answered the health authorities as case numbers in the Italian Alps went 'boom'.

*) Vogel, Gretchen (2020), 'It's been so, so surreal.' Critics of Sweden's lax pandemic policies face fierce backlash, 'Science', October, 6th, 2020.

In March a newspaper warned in an opinion piece that hospitals in Italy was overflowing and Sweden was not far behind. Anders Tegnell reacted in typical unflappable mood that they would try to "flatten the curve" so that hospitals would not become overwhelmed.

By the 25th of March confirmed cases passed 300 per day and more than 30 Covid-19 patients were being admitted to ICUs (Intensive Care Units) every day. 2000 scientists were prompted to sign an open letter calling for stricter control measures. It

provoked little reaction. But a scathing op-ed, published by 22 researchers in the newspaper *Dagens Nyheter* on 14 April, did get noticed.

They had noted that in early April, more people per million inhabitants had died in Sweden from Covid-19 than in Italy—and 10 times more than in Finland. Officials “have so far not shown any talent for either predicting or limiting” the epidemic.

The action of the 22 was widely criticised while Anders Tegnell for his part said the authors “were not leaders in their field” and claimed they “cherry-picked” days with the highest death tolls.

The objective?

The idea of herd immunity is described by Wikipedia in the following terms*):

“Herd immunity is a form of indirect protection from infectious disease that occurs when a sufficient percentage of a population has become immune to an infection, whether through vaccination or previous infections, thereby reducing the likelihood of infection for individuals who lack immunity. Immune individuals are unlikely to contribute to disease transmission, disrupting chains of infection, which stops or slows the spread of disease. The greater the proportion of immune individuals in a community, the smaller the probability that non-immune individuals will come into contact with an infectious individual.

Individuals can become immune by recovering from an earlier infection or through vaccination. Some individuals cannot become immune because of medical conditions, such as an immunodeficiency or immunosuppression, and for this group herd immunity is a crucial method of protection. Once the herd immunity threshold has been reached, disease gradually disappears from a population.”

*) https://en.wikipedia.org/wiki/Herd_immunity

It appears that in the early stages of the outbreak three countries based their limitation strategies on this concept. The United Kingdom (UK) adopted such a strategy, but fairly quickly abandoned it when faced with the consequences; the Netherlands adopted a similar strategy, but in a modified form; Sweden by contrast has steadfastly held on to the idea until recently, despite denials by officials.

United Kingdom

In the UK the health secretary, Matt Hancock, has insisted that herd immunity – the idea that allowing a virus to spread will eventually build up sufficient resistance in a population – was never a “part of the plan” in the battle against Covid-19. But an investigation by the Guardian newspaper into the government’s handling of the crisis leaves little room for doubt: the concept was fundamental to the government’s decision-making in the crucial months of February and March, 2020.*)

*) https://www.theguardian.com/commentisfree/2020/apr/29/the_guardian_view_on_herd_immunity

However, “when the UK's chief scientific adviser revealed a plan to develop a broad immunity across the population, within days researchers revealed it could claim a quarter of a million lives, and the UK changed course.” *)

*) Holligan, A, Coronavirus: *Why Dutch lockdown may be a high-risk strategy*, BBC News, 5. April 2020.

Netherlands

The Dutch began by openly embracing the contentious idea of group or herd immunity. It's an approach characterised by one Dutch global health expert as cold and calculated.

"We think we're cool-headed," explained Dr Louise van Schaik of the Clingendael Institute of International Relations. "We don't want to overreact, to lock up everybody in their houses.”*)

*) Ibid.

Having shunned the stricter measures of neighbouring states the Dutch government has pursued an "intelligent" or "targeted" lockdown. It wants to cushion the social, economic and psychological costs of social isolation and make the eventual return to normality more manageable.

People have been advised to stay at home and it helps that the Dutch appear to be broadly compliant. One survey suggested 99% of people kept their distance and 93% stayed at home as much as possible. You can go out if you are unable to work from home, or have to grab groceries or fresh air, as long as you maintain 1.5m (5ft) social distance.

Prime Minister Mark Rutte described the country as "grown-up". "What I hear around me, is that people are glad that they are treated as adults, not as children," he said.

But the idea of an intelligent lockdown, driven by evidence and numbers, is very different from the stricter approach in other EU countries. It is a cold and calculated approach that can perhaps only work in an individualistic society used to a non-interventionist medical culture, from cradle to grave.

While herd immunity, even modified as it is, may eventually dampen the effects of the epidemic, it has to be accepted by a substantial part of the population.

The worry is that the Dutch approach may be based more on aspiration than actual intelligence, and that the Netherlands' "intelligent lockdown" does not make the country immune.

Sweden

The Swedish government considered its overall objective in the Swedish response to the pandemic was to limit the spread of infection in the country to not exceed the capacity of the Swedish health system. They also tried to focus efforts on encouraging the right behaviour and creating social norms rather than mandatory

restrictions. Government officials including Swedish prime minister Stefan Löfven has encouraged each individual to take responsibility for their own health and the health of others, and to follow the recommendations from the Public Health Agency of Sweden.*)

*) https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Sweden - "The Swedish Government response"

Swedish authorities considered lockdowns to be unnecessary, as they believed that voluntary measures could be just as effective as bans and potentially more enduring.

The approach was predicated on trying to keep its healthcare system working but also looking at public health in the broadest sense, rather than narrowly trying to minimise Covid-19 deaths.

*) Milne, Richard, *Anders Tegnell and the Swedish Covid experiment*, Financial Times, 11. September, 2020.

Deputy Prime Minister Isabella Lövin referred to the pandemic as being "not a sprint, but a marathon".*)

*) Anderson, Jenny, *Sweden's very different approach to Covid-19*, 'How to be Human', 27. April 2020.

Tegnell has said repeatedly that the Swedish strategy takes a holistic view of public health, aiming to balance the risk of the virus with the damage from countermeasures like closed schools. The goal was to protect the elderly and other high-risk groups while slowing viral spread enough to avoid hospitals being overwhelmed. "Protecting the economy was not the aim", he says.

He further argues that Sweden's light approach is more sustainable than the harsher methods used in other countries and regrets the death toll in nursing homes. Sweden should have made it easier financially for caregivers to stay at home.*)

*) Vogel, Gretchen (2020), *'It's been so, so surreal.'* *Critics of Sweden's lax pandemic policies face fierce backlash*, 'Science', October, 6th, 2020.

Representatives of the Swedish government, as well as its agencies, have repeatedly denied that pursuing herd immunity is part of the Swedish strategy, as claimed by foreign press and scientists in and outside Sweden. According to state epidemiologist Anders Tegnell, herd immunity had not been calculated in the strategy, and if it had been the goal, "we would have done nothing and let coronavirus run rampant". But he believed, in April 2020, that Sweden would benefit from herd immunity in the long run, and reasoned that all countries would eventually have to achieve it to beat the virus. In May 2020 he said that he believed it was unlikely that Sweden, or any other country, would ever reach full herd immunity.*)

*) https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Sweden

However, emails released in late July 2020 after journalists requested them under open records laws show he discussed the idea. In an exchange on 14 and 15 March with the head of Finland's public health agency, Tegnell speculated that "one point would be to keep schools open to reach herd immunity faster." When the Finnish colleague said models suggested closing schools would decrease infection rates

among the elderly by 10%, Tegnell replied: “Ten percent might be worth it?” (Tegnell says he was only speculating, and the prospect of reaching herd immunity was irrelevant to the decision to keep schools open.)

Tegnell’s thinking appears to have been shaped by his predecessor, Johan Giesecke, an epidemiologist and professor emeritus at KI (Karolinska Institute) with whom he exchanged many emails. Giesecke has been a vocal defender of FoHM’s strategy, which he praised in a 5 May 2020 article in *The Lancet*. He said the virus was “an invisible pandemic” in which 98% to 99% of infected people don’t realize they have been infected. “Our most important task is not to stop spread, which is all but futile, but to concentrate on giving the unfortunate victims optimal care,” he wrote. (Giesecke stated he did not have any conflicts of interest, but his correspondence with Tegnell revealed he had been a paid consultant for FoHM (Folkhälsomyndigheten, Sweden’s Public Health Agency) since March 2020. Giesecke told *Science* he sees no conflict.**)**)

*) Sayers, Freddie, *Why lockdowns are the wrong kind of policy*, UnHerd, 17. April 2020.

**) Vogel, Gretchen (2020), ‘It’s been so, so surreal.’ *Critics of Sweden’s lax pandemic policies face fierce backlash*, ‘Science’, October, 6th, 2020.

The Swedish Paradox

“Since its lockdown-free response to Covid-19, Sweden has found itself the pin-up nation for libertarians world-wide, who see in its laissez-faire response a defence of individual freedom and self-governance above all else. But Sweden is not a libertarian society – far from it; in reality they are sticklers for the rules.”

“So how should we understand this paradox?”

“It is because the Swedes want to preserve the common good and are proud of their shared way of life that they have been reluctant to infringe it.”*)

*) Sayers, Freddie, *What we can learn from the Swedish Paradox*, UnHerd, 10. August 2020.

“Without habits and values that are commonly deemed morally good and too precious to give up, what happens when a new threat such as Covid-19 arrives? If the only unassailable common good is saving lives, the “precautionary principle” becomes almost impossible to argue against. Well-meaning people find they have surrendered their whole way of life to its dubious authority.”*)

*) Ibid.

“It also helps to explain the Swedish policy response to Covid-19 – banning gatherings over 50, encouraging homeworking and social distancing, shielding of vulnerable groups, while keeping society as open as possible.”

“In the supermarkets Swedes are careful to observe social distancing, particular with older people; at the restaurants and bars there is a queue outside until seats become

available (there's a table-service only rule in place). People are behaving responsibly but choosing their own path.”

*) Ibid.

At this point it may be true to state that there is some strong kinship between the Swedish position and that of the Netherlands. Sweden relies in the main on advice, encouragement and guidance and it may be correct to describe their policies as “intelligent” and that it treat its citizens as “grown-up”, as enlightened adults and not as children. It is an approach by a level headed government and administration, who feel able to trust its people and a people, who actually do have faith in its governance. The observations above suggests both to be the case.

“Sweden’s strategy is notable for what it says about trust in the country: among citizens, and between citizens and their institutions. The government’s confidence in the citizenry underpins the policies established thus far, and it is trust in their institutions that, for now, leaves most Swedes supporting the current approach.”*)

*) Anderson, Jenny, *Sweden’s very different approach to Covid-19*, ‘How to be Human’, 27. April, 2020

However, it may be worth pointing to some aspects of the Swedish experience which sets Sweden apart from other countries.

Early ban on “super-transmitters”

On March the 11th an important match between Liverpool FC and Atletico Madrid took place at the Anfield Stadium in Liverpool. The match ended 2-3 to the visitors, but it was blamed for a spike in Covid-19 cases in Liverpool about a month later with more than 60 deaths due to the illness.

At the same time the National Hunt horse racing’s meeting took place from March 10.-13. finishing three days before the Prime Minister announced a ban on mass gatherings, with the nation a week later being sent a lock down that lasted till the beginning of July.

Images of tens of thousands of fans packed in close proximity in betting rings and grandstands saw the meeting receive widespread criticism as the UK death toll soared. The meeting’s official attendance across the four days topped a quarter-of-a-million, though that figure includes fans visiting on multiple days.

Together the two meetings have achieved a somewhat iconic status symbolising the hesitance of the British government.

Meanwhile in Sweden, on the same day as the first Swedish death to COVID-19, 11. March, the Swedish government passed a new law at the request of the Public Health Agency, limiting freedom of assembly by banning all gatherings larger than 500 people, with threat of fine and prison. A ban that has subsequently been lowered to include all gatherings of more than 50 people, to further decrease the spread of the infection, again at the request of the Public Health Agency.*)

*) https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Sweden

Considering the impact the two big gatherings – so-called super-transmitters - had in the UK it is conceivable that similar events were avoided in Sweden by the relative quick action by the authorities. The fact that the Covid-19 outbreak in that country for several months was relatively light may also be due to the authorities' clamp down on such meetings early in the outbreak rather than any later attempts to establish herd immunity.

No travel ban

Swedish authorities as well as others might have considered limitations on people's freedom to travel, but here they would be up against the so-called "allemansrätten" (every man's right to roam freely), considered a fundamental freedom ingrained in the Swedish constitution. Limitations to freedom to travel could therefore be considered a breach of the constitution.

As for international travel the Swedish authorities headed by Andres Tegnell had come to the conclusion that almost all European and Asian countries at this stage had been affected by the virus and it would serve no purpose to ban travelling between them. It might also be contrary to the EU founding principle of freedom of movement.

Governance, Public Health Agency (*Folkhälsomyndigheten*)

Sweden's approach to the pandemic is unusual in large part because its governance is unusual. Its Public Health Agency (*Folkhälsomyndigheten*) control almost completely the country's COVID-19 response without the involvement of politicians, which set Sweden apart from most, perhaps all other countries. However, this agency along with other national institutions such as the national bank do not have the power to pass laws or impose sanctions on someone for going against their recommendations. Instead, they give out recommendations on how someone can or should act.

The Swedish public is expected to follow the non-voluntary recommendations from the relevant government agency, in this case the Public Health Agency. The Swedish Constitution prohibits ministerial rule and mandates that the relevant government body - the Public Health Agency – must initiate all actions to prevent the virus in accordance with Swedish law, rendering state epidemiologist Anders Tegnell a central figure.

Dealing with the Problem – early Success

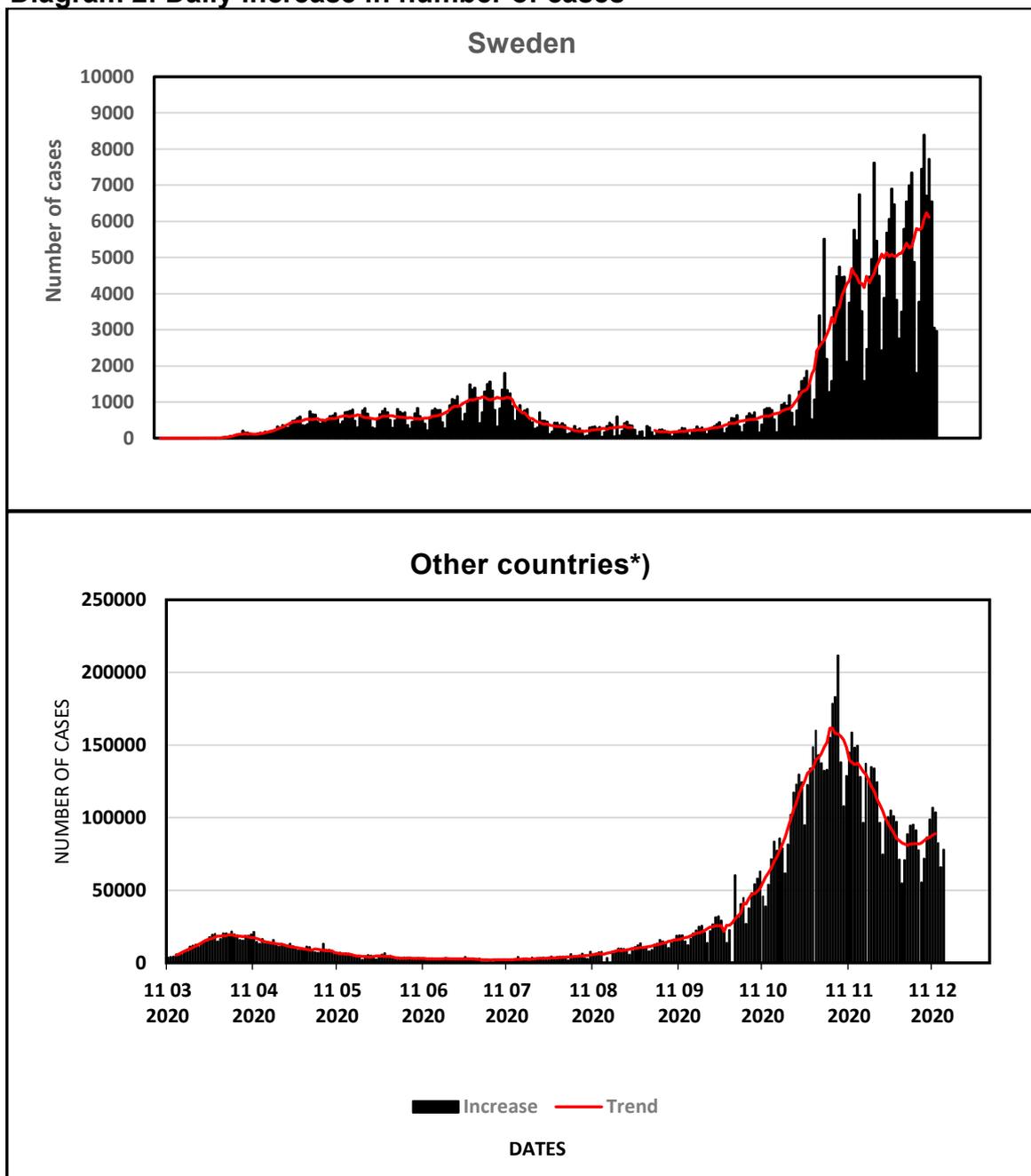
As described above Sweden's lockdown-free response to Covid-19 made the country the pin-up nation for libertarians world-wide. They have seen in its laissez-faire response a defence of individual freedom and self-governance above all else. And many academics, government officials and others have been ready to defend the country's records.

Anders Tegnell, who enjoys a sort of celebrity status in the country for his unflappable calm, said the strategy seemed to be working: "We might have reached a peak and we are on the plateau," he said at a briefing on April 15.

Måns Rosén, a retired professor in epidemiology and general health with a research background in chronic illness and former advisor to the Swedish government has backed the strategy: "Locking down of society may in the end cost at least as many human lives as the virus itself." And he points out that mortality ratios are subject to statistical errors of some magnitude which means that we do not really know the scale of the threat before us.

"Every country has a strategy of its own. I believe we in Sweden have found a good and correct balance. The future will show, who had the right strategy."

Diagram 2: Daily increase in number of cases



*) See diagram 1 above..

Both diagram 1 and diagram 2 above depicts a period from approximately mid-April to end of May when Sweden, as Anders Tegnell suggests, appears to have reached “a plateau”. It was followed by a ‘spike’ in late June followed by a decline in additional new cases lasting until mid-September.

This decline inspired some to suggest that Sweden could claim “a major victory in the battle against Covid-19 after recording its lowest rate of positive coronavirus tests yet despite ramping up the country’s testing regime to record levels”.*)

*) Drapkin, Aaron, *Sweden claims ‘vindication’ over anti-lockdown policy as Covid cases hit new low*, *The Week*, 10th September 2020.

Towards the end of September Sweden still enjoyed relative stability while Denmark and other countries were getting to grips with a second wave of increases in the the number of cases.

A reporter at the Danish national radio noted that in Denmark restrictions were tightened while in Sweden they were loosened. She pointed to the often criticised Swedish strategy as the reason. It appeared to be working and the easing of restrictions which the Swedish enjoyed was a consequence of this.

She quoted another expert in pandemics as saying that Sweden seems to have found a strategy with a carrying capacity to make improvement week by week. They have simply driven a quiet and persistent strategy in which the number of transmissions have slowly declined.*)

*) Dvjak, Sofie, *Sverige lösner coronagreb efter succesfulde uger: ‘Svenskerne har lidt heldigt knækket koden’*, *Danmarks Radio*, 18th September, 2020.

Gretchen Vogel notes that the Swedish approach has its fans. Protesters against coronavirus-related restrictions in Berlin were waving Swedish flags. In the United States, a member of President Trump’s coronavirus task force, neuroradiologist Scott Atlas, has cited Sweden as a model to follow. The policies also have widespread public support in Sweden, where consensus is prized and criticism of the government is rare. But within Sweden’s scientific and medical community, a debate about the strategy has simmered since at least April 2020.*)

**) Vogel, Gretchen (2020), *‘It’s been so, so surreal.’ Critics of Sweden’s lax pandemic policies face fierce backlash*, *‘Science’*, October, 6th, 2020.

Early critique

A group of 22 scientists calling themselves ‘*Vetenskapsforum COVID-19*’ (Science Forum Covid 19) had said that the price for Sweden’s *laissez-faire* approach has been too high.*)

*) Ibid.

A piece published in *Dagens Nyheter* carried the headline “The public health agency (Folkhälsomyndigheten) has failed. Politicians must intervene.” It noted that from 7 to

9 April, more people per million inhabitants had died in Sweden from COVID-19 than in Italy—and 10 times more than in Finland. FoHM officials “have so far not shown any talent for either predicting or limiting” the epidemic”, they wrote. The FoHM and the government was urged to reconsider and institute rapid and radical measures.*)

*) Ibid.

More reporting in the media sheds more light on the dispute: “Some of the country's top epidemiologists hit out at the Public Health Agency of Sweden, claiming it and the Government was 'not at all prepared' for a pandemic. “(They) did not believe that the epidemic would reach Sweden at all,” it was alleged.

Prof Lundback, a professor of epidemiology at the University of Gothenburg, added: “Sweden was poorly or even not at all prepared.”*)

*) Wright, Jack, *Sweden could have 'herd immunity' by next month*, Mailonline, 19th of April 2020

Although infections waned over the summer, the scientists were worried that a new wave would hit in the autumn. Cases were rising rapidly in the greater Stockholm area, where almost one-quarter of the Swedish population lives.

In late March, Cecilia Söderberg-Nauclér, a viral immunology researcher at the Karolinska Institute, told the *Guardian* that the Swedish approach was “leading us to catastrophe.” A month later, she had not changed her mind. “I see no indication that we are not heading for there in Stockholm,” she was quoted as saying.

She said death rates appeared to be higher than those cited by the FoHM of 0.1%. Between March 27 and April 3, the government randomly tested 773 people, finding an infection rate of 2.5% in Stockholm. Extrapolating from there, roughly 58,000 people would have been infected, which should have resulted in roughly 58 deaths three weeks later, but Stockholm just passed 1,022 deaths, suggesting a fatality rate closer to 1.7%, she said. She does not see the “plateau” that the authorities are citing and suggests ICUs could still be overwhelmed.

Not enough is known to pursue a policy of allowing people to slowly get infected. “We should be humble that we know too little but we are going for a strategy that is untested, and there are too many unknowns,” she said. “I want to hold back, keep it under control, have faith in the medical community and understand the pathology,” she said.*)

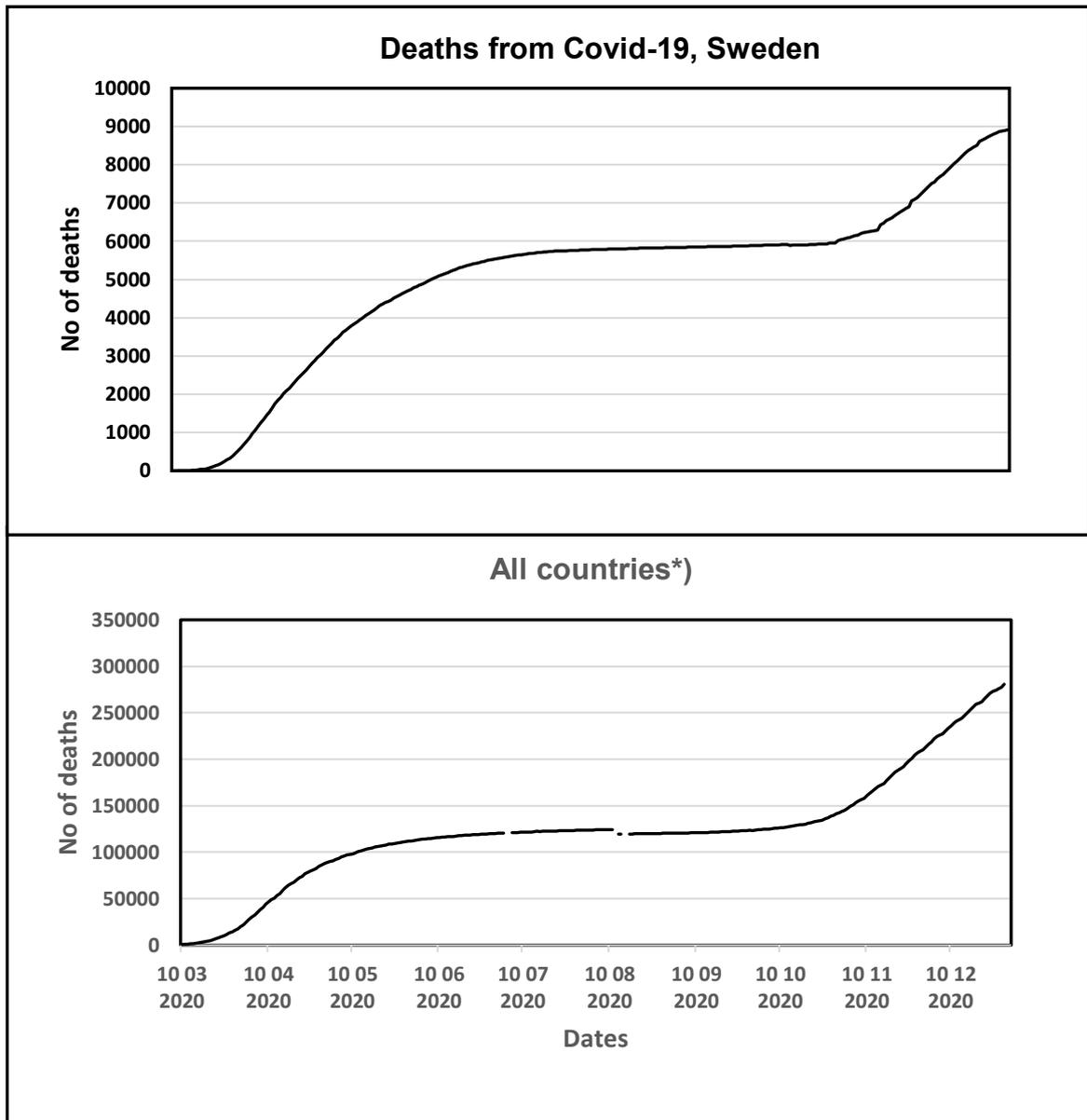
*) Anderson, Jenny, *Sweden's very different approach to Covid-19, 'How to be Human'*, 27th of April 2020.

By the autumn the voices critical of the prevailing strategy has become louder and is no longer confined to academics. They focussed in particular on the mortality which they considered excessive compared to other countries. Any statistical justification for this opinion may be found in the following diagrams.

Diagrams 3 and 4 shows how the development of the pandemic in Sweden and the other countries followed almost identical trajectories for most of the year 2020 when progress is measured in absolute numbers. The difference seems to be that

developments in Sweden were delayed by approximately 1 month relative to other countries.

Diagram 3: Daily increase in aggregated total number of deaths



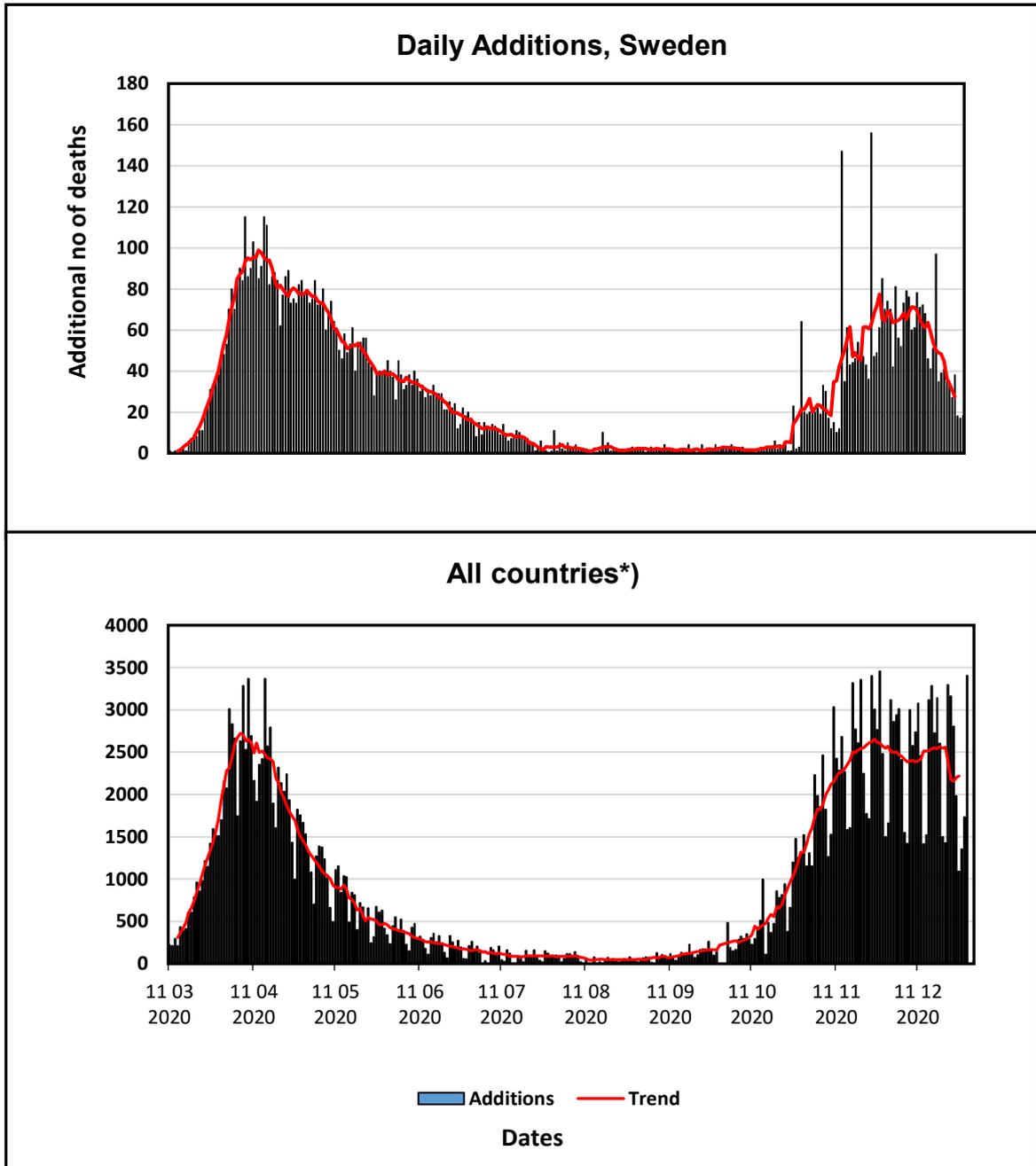
*) See diagram 1 above.

In all countries and localities that have been affected by the Covid-19 virus there appear to have been a kind of 'lull' in transmissions during the warmer months of the year. However, in Sweden the 'lull' started around the beginning or middle of July whereas in other countries (which would include Mediterranean countries such as France and Italy) it seems to begin in the beginning or middle of June.

It seems that worldwide all countries have experienced a second wave of transmissions which in Sweden begun around the end of October whereas in the

sample of other countries included in the diagrams it would seem to have started towards the end of September/beginning of October.

Diagram 4: Daily additional number of deaths.



*) See diagram 1 above.

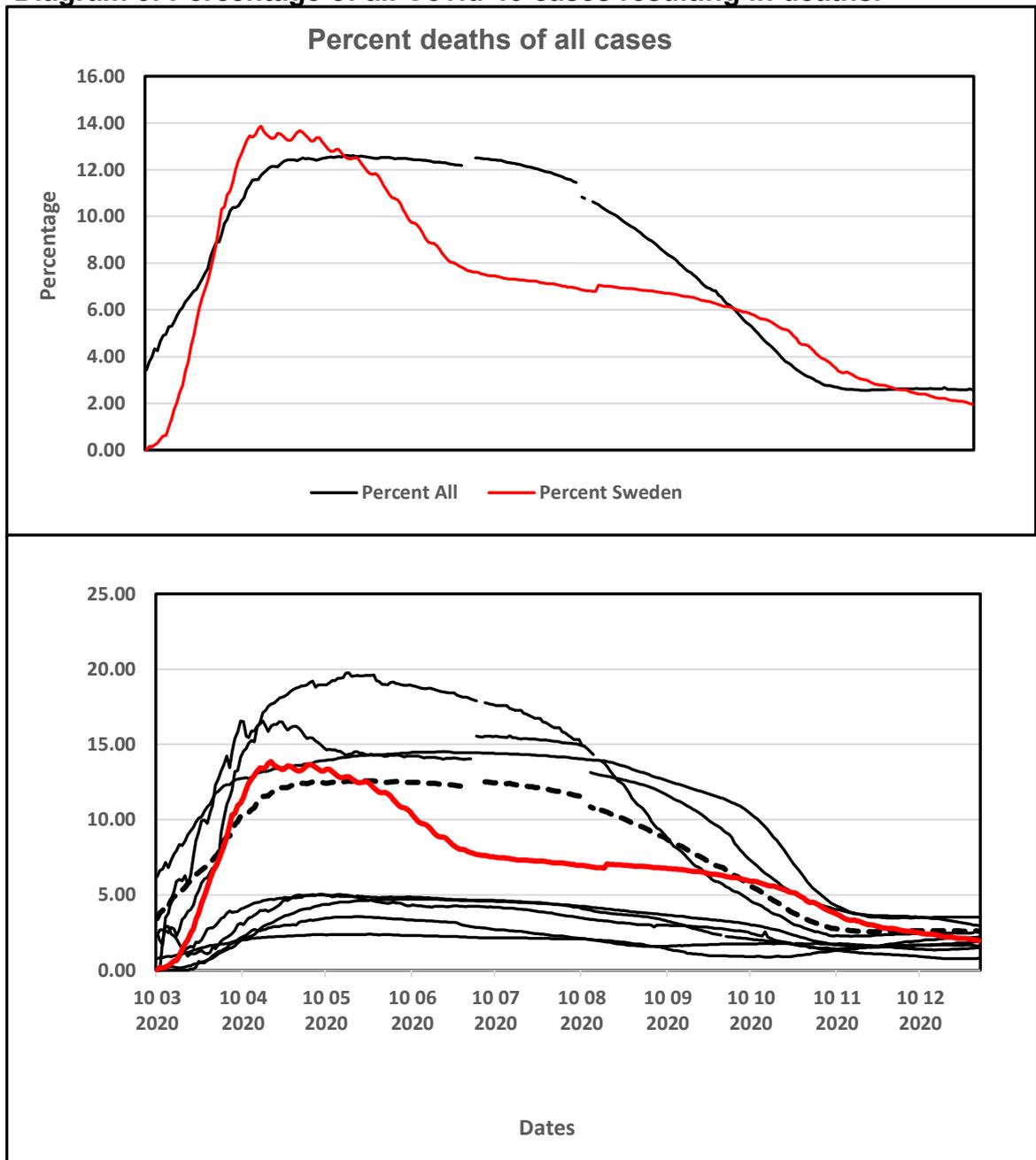
In diagram 4 we have used the daily additions to the total number of deaths as the basis for our diagrammatic analysis and come to a conclusion similar to the analysis of diagram 4. The phase before the 'lull' during the middle of 2020 lasted until the end of July in both Sweden and the other countries, while the second wave in

Sweden did not make itself felt until the end of October whereas in the other countries it already made an impact towards the end of September/beginning of October.

A more clear difference between Sweden and the other countries in the sample come to light when we consider the number of deaths as a proportion of the total number of cases. As shown in diagram 5 Sweden has followed a very different trajectory to that of most other countries.

In Sweden the percentage of cases ending in death from the disease rose rapidly from zero at the beginning of March reaching nearly 14% by the end of April, an

Diagram 5: Percentage of all Covid-19 cases resulting in deaths.



increase of 14% in the space of 6 weeks. In countries outside Sweden the percentage increased from approximately 3% to just under 13%, an increase of 10% in the same period. United Kingdom, France and Italy were found to have a higher rate of death among Covid-19 cases than Sweden. The rate of such deaths in Denmark, Poland, Germany, Check Republic and South Korea were found to be higher than in Sweden.

After the initial increase in the rate of death it started to fall, but fell rather more quickly in Sweden than elsewhere until the beginning of July. Thereafter the rate remained almost constant at about 7-8% in Sweden, but began to fall more sharply in other countries. For a short period during October-November the percentage of deaths among Covid-19 cases was higher in Sweden than elsewhere, and it is during this period that the criticism of the policy that had been followed became rather more loud and difficult to ignore.

Conclusion

According to reports in the *Daily Telegraph* regional governments in Sweden are now pleading with the national government "to introduce tougher coronavirus restrictions amid a new surge in cases."*)

*) Orange, Richard, *Swedish regions demand tougher local restrictions in row with central government*, Daily Telegraph, 31st of October 2020.

The head of the region surrounding Sweden's third city, Malmö, has called for tough restrictions similar to those in neighbouring European countries, in an attempt to move the country away from its famed light-touch approach.

Carl-Johan Sonesson, the chairman of the regional government in Skåne, told the Telegraph: "I think it's better to do more earlier rather than later. I have more sympathy for the thinking of Germany, France and the UK, than with this liberal idea that we should not to do anything."

"It was quite hard to fight against the Swedish Public Health Agency's conservative way of looking at things. It was a little bit frustrating," Mr Sonesson said.*)"

*) Ibid.

On the 22nd of November the prime minister, Stefan Löfven, gave a broadcast to his nation in which he stressed the seriousness of the situation by reference to the over 6,000 people who had died so far with Covid-19, all of whom would have been somebody's parent, child or friend.*)"

*) Unidentified review of the PM's speech. *Löfven: Nu gör vi det här tillsammans, för Sverige*, 22nd of November 2020.

On the 16th of December it was reported in the New York Times that “Sweden’s tougher restrictions still pale in comparison to the rest of Europe and there are mounting concerns that not enough is being done.”*)

*) Erdbrink, Thomas, and Anderson, Christina, *As cases surge and criticism swells, Sweden rethinks its response*, *New York Times*, 16th of December 2020.

Since October, the number of people infected and the number of deaths have risen steadily. The total number of cases have reached 320,098 since the beginning of the pandemic and its death toll has reached 7,667 equal to 74 deaths per 100,000 cases, less than the UK, but far more than its neighbour Norway.

“I was hoping this grave situation would change things,” said Fredrik Elgh, a professor of clinical virology at Umea University.

Face masks are not recommended because the Public Health Authority (FoHM) says there isn’t enough scientific evidence that they work.

“We are the only democracy in the world that does not recommend the use of face masks. There are more than 170 countries in the world that recommend using masks. But here they are saying there is not enough science behind that. That is nonsense,” said Mr. Elgh. *)

*) Ibid.

Other reports about this time suggest that Mr Tegnell is being ‘sidelined’ “by the government after his prediction that greater immunity would mean a lighter second wave proved badly wrong.” *)

*) Orange, Richard, *Swedish government sidelines epidemiologist who steered country's no lockdown experiment as deaths rise*, *Daily Telegraph*, 28th of November 2020.

By choosing the words “Sweden rethinks its response” the NY Times may be referring to the fact that the Swedish government and parliament (Riksdag), as we now know, for some time have been working on legislation that would give the government temporary powers of a kind not seen before in this country. The legislation was approved by the parliament on the 8th of January and will have effect as these lines are written from 10th of January 2021 and until September.

The legislation will have a bearing on activities such as: General get-together, public meetings, places for leisure and cultural activities, shops, shopping centres, public transport etc. etc. The government will have authority to limit opening times and the number of people. It will be possible in very serious cases to resolve on closure of shops, public transport or shopping centres. Fines can be imposed on those who break the rules. *)

*) Published in ‘Aftonbladet’, on the 20th of December 2020.

Some or all of these measures have been in use by governments outside Sweden, but the hesitation of introducing them in Sweden shows how controversial they were considered.

Professor in bacteriology at Göteborg University, Agnes Wold, is critical of the powers which the government is giving itself. That in the end can lead to more restrictions in the freedom of speech and be a barrier to the introduction of more new legislation. “It is very dangerous to give politicians a tool to do something without precise limitations.”*)

*) Lännerholm, Hans, *Agnes Wold: Nya lagen kommer inte ha effect*, 'Expressen', 10ende December 2020

“If you look at the different parts of the legislation it contains big possibilities for taking steps, that are comparable to the lockdowns in other countries”, says Titti Mattsson, professor in public law at Lund University.

It presumes the government will utilise the legislation to its most restrictive limits. And even if the government should utilise the most extreme measures it cannot stop people travelling and other movements however much they restrict the use of public transport. There are very limited possibilities for restricting the free movement which is restricted by the constitution.

Until now there have been few possibilities for the government to prohibit or limit mass gatherings and transmit infections. The Swedish strategy instead consist of advice, recommendations and persuasion without the possibility of punishing those who breaks the rules.

But this will change with the new pandemic legislation. It includes the possibility of fines and the police will have authority to intervene if somebody refuses to leave an over crammed bus.

And the legislation could be a template for the permanent, future pandemic legislation, which the government wants to present.

“– In this extended process it is difficult to know what consequences this legislation can have”, says Titti Mattsson.*)

*) Unknown, *Ny pandemilag gör Sverige likt andra*, Aftonbladet, 20th of December 2020.

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