

Elusive Accountability: Evaluation in the Time of Pandemic

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Background: When the COVID-19 pandemic started spreading in early 2020, governments responded in various ways. The merits and drawbacks of national responses is not an academic concern, it was—and remains a question of survival.

Purpose: The purpose of this paper is to analyze the evaluation of the Swedish national response to the pandemic and to assess whether the evaluation provided for accountability regarding the policy measures that were put in place.

Setting: The Swedish government announced early on that its response was to be evaluated. A Parliamentary committee was established and was given a comprehensive mandate to evaluate the process and the results of the response. The committee was to start immediately in mid-2020, to deliver interim reports and a final synthesis report in February 2022.

Intervention: Not applicable.

Research Design: We use a case study design based on a desk study of written documentation concerning the COVID-19 evaluation. Our study starts with publications from early 2020 up to the final synthesis report of the evaluation and

continues with events/debates through the general elections in September 2022 (when the government responsible for the COVID-19 response lost) and the months immediately afterwards.

Data Collection and Analysis: The key sources are the public mandate for the evaluation, its three evaluation reports, records of the debate in daily papers and professional journals, and the autobiographies of leading actors.

Findings: The political/administrative system initiated an evaluation that gave a timely, credible, and comprehensive assessment of the virtues and mistakes of the government's response to the pandemic. Still, the question of accountability remains elusive. Structures that constrained the response were shaped long ago and the actors responsible cannot be held accountable today. Those that can be held to account made mistakes but also took brave, and in retrospect correct measures to reduce the impact of the pandemic. In addition, new information keeps changing the final judgement, for example the impact of business subsidies is better known today. In sum, the information needed to create accountability was—and is—largely available, but to establish accountability remains an elusive task.

Keywords: *accountability; COVID19; government policy; policy evaluation; Sweden*

During the recent COVID pandemic the question of accountability for measures taken—and not taken—was raised many times. The pandemic was declared over in 2022, after having been a significant part of daily experiences for most people in the world. Governments responded in different ways; some closed borders and enforced strict and wide-ranging lockdowns of societies. Whether people could leave home, go to work, travel, attend school, etc. varied greatly depending on which country they lived in. So did the care for the sick and dying, the protection of vulnerable groups, subsidies for the economy and victims of the ensuing recession—and other elements of the national responses.

The Public Health Agency of Sweden recommended that people keep social distances, wash their hands regularly, and stay home if they feel ill. But there was no curfew; most shops, restaurants, gyms, etc. kept open. People could travel wherever they wanted, although “unnecessary” journeys were discouraged. Sweden chose a strategy different from most other countries, not least the neighboring countries in Scandinavia. Citizens were well aware of that fact and the national response was discussed widely—not least since initial mortality rates were high. The response was criticized by those who wished to see more regulations and restrictions, and it was criticized by those who thought the measures introduced were too harsh.

The Prime Minister had given a televised speech to the nation in early March 2020 where he explained the gravity of the situation and solemnly declared that he took responsibility for the government’s response to the pandemic. Very soon after the speech the government announced that the national response was to be evaluated. An independent commission with leading experts in economics, political science, and epidemiology was appointed. The commission started working in June 2020 and published its final report in February 2022 (SOU, 2022). In retrospect we see that this follows the entire cycle of the pandemic; by 2022 vaccines had been rolled out and the numbers of infections and deaths were significantly reduced. When the COVID commission presented its final report, the pandemic was almost over.

The focus in this chapter lies on the COVID commission and whether it met modern standards for accountability. The more we discuss the accountability question and seek to understand it, the more elusive it turns out to be. We do not think there is an easy answer; whether accountability has been established or not requires a response embedded in complex processes and contexts and implies multiple vantage points.

The COVID-19 Pandemic in Sweden

COVID-19 was declared a public health emergency of international concern by WHO on 30 January. The first case in Sweden was registered one day later. On 11 March, WHO declared that COVID-19 was a pandemic. The pandemic then developed in waves, with a first wave during the spring of 2020 and a second wave during the winter of 2020–21. This was followed by subsequent waves until the Swedish parliament declared the pandemic officially over on 1 April, 2022, after a recommendation from the Public Health Agency.

By 31 March of 2022, over 16,000 people were dead with COVID in Sweden, while nearly 100,000 had been hospitalized (National Board of Health and Welfare, 2024). The disease became endemic and continued to affect society—in 2023, around 3,000 people died with COVID. These sound like high numbers, but where Sweden stands out it is mainly through the high mortality in the first wave. During the period from February through August 2020, mortality in Sweden was at the same levels as highly impacted countries, such as Spain and Italy.

During the second wave Sweden had become a “normal” European country on par with Germany and The Netherlands, as mortality in all countries increased in the second wave (SOU, 2021). However, as the total impact of the pandemic began to be assessed, using excess mortality measures, Sweden was found to have among the *lowest* excess mortality in Europe for the period 2020–2022, by some measures even lower than Norway and Denmark (Statistics Sweden, 2023). Some population groups were harder hit than others. In Sweden, elderly living in elderly care were particularly hard hit in the first wave. Foreign-born individuals, those with lower education or lower income, and single households were also at higher risk.

The impact on the Swedish economy of the pandemic was initially very high, with a 35% fall in the stock exchange, risks for large job losses, and worries about financial and economic crises. The 2020 second quarter GDP decline was the largest ever at minus 8%. But in the end no significant unbalances appeared, and economic recovery was faster than in many other countries (SOU, 2022). By the third quarter of 2021, Sweden, just like Norway and Denmark, had recovered to a GDP level around 2% higher than before the pandemic (Statistics Norway, 2022).

The Swedish Strategy in a Comparative Perspective

A widely held view is that Sweden was an outlier in terms of the government strategy to contain contamination. At the beginning of the pandemic Sweden was considered an exception, relying much more on voluntary measures than other countries. An approach that was seen from abroad with anger, admiration, and jealousy, depending on the observer (Irwin, 2020).

While the Swedish initial response was based on voluntary recommendations to avoid movement and social contact, primary schools and restaurants and shops remained open. At the same time senior high schools, universities, and higher education moved to distance learning; crowding in restaurants was not allowed (but they remained open); public events with more than 50 people were banned; and a binding recommendation of physical distancing for individuals and for the public and commercial sectors was released.

The stringency index of the Oxford COVID-19 Government Response Tracker shows Sweden had low levels of restriction in the first quarter, but not later on (Hale et al., 2021). What stands out with the Swedish response is the slowness of response during the first quarter of 2020 and the relaxation during the fourth quarter of 2021. In sum, the Swedish strategy was relatively successful in the end in preserving freedoms by relying on voluntary measures. This has triggered favorable commentary from liberal-minded observers (Norberg, 2023).

Establishing the Commission and Its Conclusions

As mentioned above, a commission was established to evaluate the national response to the pandemic. Establishing such a commission is quite a different process compared to what is usually done when an evaluation is commissioned. The task is managed within the government offices and involves all ministries concerned. The mandate for the evaluation is developed in consultation with the main stakeholders in government, in the administration and research agencies. Members of a commission are usually appointed by the government, and they are approached individually rather than as a team. The process of finding the right competence for such a commission could be compared to headhunting for top positions in the corporate world. Finally, all government ministers

take a joint decision on the mandate, including its purpose, evaluation questions, delimitations, directives on approach and methods, and time plan for the process.

The mandate for the COVID commission was decided by the government on June 30, 2020. The mandate covers 25 pages of detailed text. In short, the commission was asked to evaluate the actions taken by the government and its agencies, regions, and municipalities to limit viral transmission and the effects of COVID-19. The evaluation process was planned for 18 months (at this stage, it was impossible to foresee what would happen during this period, not least how quickly vaccines were to be developed). It was also decided that the commission should publish interim reports, with a focus on different phases of the pandemic and the responses.

The commission published three reports. The first of these (published in December 2020) focused on the care of the elderly during the pandemic. The second (October 2021) covered disease and infection transmission and control, health care, and public health. The third and final report (published in February 2022) updated the first two reports and focused on special aspects of the economy, crisis management, communication with the public, and the need for more and better quality data to improve decision-making.

Members of the commission represented different parts of society, including health, justice, defense, economic and social sciences. The final report consists of two volumes with a total of 730 pages, including annexes. It cannot be easily summarized. However, quoting from the separately published English summary:

In comparison with the rest of Europe, Sweden has come through the pandemic relatively well and is among the countries with the lowest excess mortality over the period 2020–2021. This is to be welcomed, of course, but in order to learn lessons we must not forget what the situation was like in the spring of 2020. (SOU, 2022, Summary in English)

Furthermore, the commission concluded that:

- The early choice of path in the areas of economic crisis management, with a focus on rapid and vigorous monetary and fiscal policy interventions—where speed took priority over precision—was a correct strategy.
- The choice of path in terms of disease prevention and control, focusing on advice and recommendations which people were expected

to follow voluntarily, was fundamentally correct. It meant that citizens retained more of their personal freedom than in many other countries.

- The measures taken were too few and should have come sooner. In February/March 2020, Sweden should have opted for more rigorous and intrusive disease prevention and control measures. In the absence of a plan to protect older people and other at-risk groups, earlier and additional steps should have been taken to try to slow community transmission of the virus. Such initial measures would also have bought more time for overview and analysis.
- The government should have assumed leadership of all aspects of crisis management from the outset. It should have been able to overcome the obstacles to clear national leadership that currently exist: government agencies with a degree of autonomy, self-governing regional and municipal councils, and the government offices' normal procedures for preparing government business. The government should also have assumed clearer leadership of overall communication with the public.
- The government had too one-sided a dependence on assessments made by the Public Health Agency of Sweden. Responsibility for those assessments ultimately rests on a single person, the agency's director-general. This is not a satisfactory arrangement for decision-making during a crisis in society.
- The Public Health Agency should have communicated its advice and recommendations as clear rules of conduct.

While the commission identified weaknesses and failures in the country's response to the pandemic, it also showed several areas where Sweden may have differed from other countries and yielded potentially long-term benefits. The largest benefit was avoiding strict lockdowns and allowing Swedish residents to protect their natural freedoms.

Much of the commission's work focused on 2020 and particularly on the first wave, when many of the shortcomings and limitations of Sweden's pandemic preparedness became apparent. Many elderly people died in Sweden during the first wave, probably because of high viral transmission in the community. However, the commission raised three other potential and contributory factors. The first was institutional factors, such as care fragmentation. The second was decisions taken by the government and other actors, including

prioritizing health care rather than elderly care when responding to the pandemic. The third was random factors, such as a high proportion of vulnerable people in Sweden due to milder influenza in the preceding years. The commission suggested that the proportion of deaths in elderly care may not have been higher in Sweden than in most other countries if the impact of previous milder influenza on vulnerability had been factored in.

An Elusive Concept

Accountability is an elusive concept, which raises several questions with no easy answers (Perrin et al., 2007; Furubo, this volume). *Who* is accountable for *what* and to *whom*? There is a general sentiment that while accountability efforts in terms of audit agencies and evaluations have increased in recent times, actual accountability in terms of decision makers taking responsibility has actually declined. One reason may be that it is increasingly difficult to hold anyone to account in an increasingly complex and dynamic world. Another reason may be that accountability has been seen too much as finger-pointing, rather than promoting genuine learning aimed at improving decision-making or service delivery.

In order to rectify this, there are calls for a new "vision" of accountability, where accountability and learning are seen as complementary. This involves:

- A focus on results (outcomes) rather than process (outputs)
- Continuous and responsive learning
- A dynamic rather than static approach to handle complexity and uncertainty
- Credibility.

If this is taken as a simple framework for modern accountability practices, it also provides a benchmark for assessing the degree to which the COVID commission can be expected to contribute to accountability. At first sight it ticks all the boxes:

- *Results.* The commission clearly focused on key results, such as death rates among different groups, economic growth, and personal freedoms; in fact, results in terms of impact rather than outputs and outcomes.
- *Learning.* The commission acknowledges both what went well and what did not, discussing at length the measures taken, their timing and scope, organizational structures, obstacles, and enabling factors, in addition to providing recommendations

- *Dynamic*. The commission was set up already at an early stage of the pandemic and could therefore follow its evolution and issue interim reports and a report at the end of it.
- *Credible*. The commissioners were a mix of credible experts in their fields, and they consulted key stakeholders.

As such the commission fulfilled the role expected by the public and by the government, which had promised an evaluation of the national response. Despite the urgency of the pandemic, it followed established practices and delivered timely and credible findings based on available evidence.

Arguably then, in the case of the commission and its evaluation of the national response to the pandemic, the Swedish democratic institutions proved resilient and were able to perform in the midst of the pandemic. The commission does not seem to have been subject to the institutional, conceptual, and methodological barriers described by Eliadis, Naidoo, and Rist (2024) in their review of how policy evaluation was affected during the pandemic.

The commission launched its report at a press conference on the February 24, 2022, a date that had been planned long in advance. Most people remember what they were doing that Thursday morning when Russia launched its full-scale attack on Ukraine. Suddenly all attention was on the war, and the commission's press release received much less attention than it was due. It should have been the front-page news, and it should have generated extensive discussions among experts in the media. Instead, it was reported but not carefully analyzed nor much debated at the time. In terms of creating accountability, chance intervened, and public attention was directed elsewhere.

Who Is Accountable in Complex Systems?

At the same time, the complexities involved (as discussed by Mayne [2007]), make it difficult to hold any one individual or organization to account. Let us look at three examples. First, the commission strongly criticized the crisis preparedness of Swedish society and how this has evolved over 20 years. The responsibility for crisis management at local and regional administrative levels is split between 21 provincial administrations (länsstyrelser), 21 regional administrations (regioner), and 290 municipalities (kommuner). In some regions and municipalities there are also private actors. To this should be added several

national authorities who have a national crisis preparedness mandate.

The commission notes that the principle of responsibility is fine in theory, but when responsibility is split among so many actors, it is difficult to get the whole system to act effectively. In terms of accountability, it is not clear who can be held accountable for this "system design." It is the effect of political/administrative decisions and legislation over many years and by governments to the left, right, and middle—at municipal, regional, and national levels. Everybody—and hence nobody—is accountable for the shortcomings in crisis preparedness.

Second, the commission states that the regional authorities bear the responsibility for not having maintained the emergency stocks and stores of medical supplies and equipment that they have a legally expressed mandate to keep (SOU, 2022). This is clear in theory, but what does it mean? The level of preparedness varied among the regions, although everywhere it was less than required. The decisions to reduce stocks were taken—variedly—at administrative and political levels. The political majorities varied among regions and over time. In practice, it is not possible to demand and to expect any practical consequences of accountability; time has passed, many actors were involved, and it is not clear who took decisions, who opposed decisions, and what the cumulative effects were.

Lastly, the Swedish strategy emphasized that the elderly and specific vulnerable groups should be protected, and this was to be a priority. However, the evaluation states that the Public Health Agency, which formulated this strategic objective, had not ascertained whether this was possible. Even though care for the elderly falls under the responsibility of the 290 municipalities, the Public Health Agency should have based other decisions on accurate information on the strengths and weaknesses of municipally managed systems for health care and care of the elderly—which the Public Health Agency did not do. Again, this may seem quite clear, but it refers accountability to an idealized counterfactual situation—"they should have known better"—which probably resonates with common-sense reasoning but does not locate accountability specifically.

These three examples illustrate some of the complexities concerning a policy response. The response itself is embedded in an administrative system which has been designed and evolved over many years; the decisions that shape the response are taken by many actors, and when all are responsible, nobody is responsible.

Accountability as Deliberation

More than 2 years later, in 2024, we can look back and conclude that the COVID commission's report has had a significant repercussion in Swedish society. Although the immediate reception of the report was overshadowed by the war in Ukraine, the COVID pandemic had such an impact that it has continued to be discussed and analyzed in professional circles and more broadly in society since then. Many of the leading actors have published autobiographical accounts of this period (see for example Tegnell, 2023), and researchers in different disciplines have elaborated on different aspects of the response and on the impact of the pandemic. In many cases, it is still too early to say what the impact was. This continuous evaluation and ensuing debates suggest that it is the process of deliberation rather than any specific report and its findings that constitutes accountability.

In this way the commission has contributed to accountability. It performed its duties well, and effects and findings continue to be discussed. However, what is more difficult to assess, and beyond the scope of this short article, is to what extent it has contributed to improving the institutional response to the next crisis. To answer this question, an evaluation of the evaluation would be necessary in a few years, showing the extent to which accountability is, and will remain, an elusive and emergent concept. Our effort to locate accountability in this case has been affected by three main factors:

First, we are looking for accountability of a "national response," but most evaluations assess projects, programs, policies, and organizations. This is an important difference. Evaluating a national response necessitates an assessment of the government's ability to formulate and coordinate policies (note the plural form).

Second, it was never clear which goals to evaluate the national response against. This was not a problem; the commission looked at many "dependent variables" (conflicting and/or pointing in different directions). Different types of results were analyzed, and benchmarking (with other countries) in several results dimensions was important in the judgments of the evaluation. The approach to results resembles what Michael Scriven (1991) defined as "goal-free evaluation"—an approach that is not much in use in traditional policy evaluation, but that could prove useful when a holistic concept such as a "national response" is evaluated.

Third, as time passes, new information affects our understanding of the national response. The

commission's conclusions on various relief packages for industry and commerce have recently been questioned due to side effects that are now becoming visible. Hence, accountability is not established once and for all but can be debated considering new evidence and reformulated questions.

In that sense, accountability remains elusive. That does not mean it cannot be defined, or that evaluation has a limited role to play—on the contrary. But it is important to observe the long-term nature of causes and effects, the complex dynamics of interacting policy areas, and the multidimensional organizational and administrative structures, and to apply a systems perspective. Establishing accountability is an open-ended process and an integral part of the ongoing deliberations in a democratic system of governance.

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