

## Committee terms of reference

### Evaluation of the measures to tackle the outbreak of the virus that causes the disease COVID-19

Decision made at the Cabinet meeting on 30 June 2020

#### **Summary**

A Committee of Inquiry in the form of a Commission will be tasked with evaluating the measures taken by the Government, the administrative agencies concerned, the regions and the municipalities to limit the spread of the virus that causes the disease COVID-19 and the effects of its spread. The Commission is also to conduct an international comparison with relevant countries of the different measures taken and their effects.

The Commission's tasks include:

- evaluating the measures taken by the Government, the administrative agencies concerned, the regions and the municipalities to tackle the outbreak of the virus and the effects of the outbreak,
- evaluating how the crisis management organisation at the Government Offices of Sweden, administrative agencies concerned, regions and municipalities have worked during the pandemic,
- evaluating how the principle of responsibility and geographical responsibility for specific areas have worked during the crisis, and
- proposing measures as a result of the Commission's observations.

The inquiry is to submit its final report by 28 February 2022 at the latest. A first interim report is to be submitted by 30 November 2020 and a second interim report by 31 October 2021.

## **Background**

### **The virus that causes the disease COVID-19**

In late December 2019, several cases of illness with pneumonia and symptoms affecting the respiratory tract were observed in the city of Wuhan, China. These were linked to a market selling live animals, and it is thought that the infection was originally passed on from animals to people. The local health authority stated that the virus was a new type of coronavirus. In January the World Health Organization (WHO) reported the existence of the disease that later came to be named COVID-19 (coronavirus disease 2019).

COVID-19 is an acute infection of the respiratory tract. The majority of those infected only display mild symptoms. However, in some cases the disease leads to serious lung disease requiring intensive care. There is still a great deal of uncertainty regarding several aspects of the disease because it involves a completely new type of coronavirus.

On 30 January 2020, WHO declared the disease COVID-19 an international threat to human health. On 1 February 2020, the Swedish Government decided that the provisions of the Communicable Diseases Act (2004:168) on diseases that pose a danger to the public and to society were to be applied to COVID-19. On 11 March 2020, WHO declared that the outbreak of the virus that causes COVID-19 was a pandemic, i.e. that the virus was spreading worldwide. Sweden has suffered a large number of cases of the disease with many fatalities. The spread of the virus has placed a huge amount of strain on society and affected every part of it. The situation has also contributed to a deep economic crisis that risks affecting society for a long time to come.

### **Strategy and objectives for handling the outbreak of the virus**

The overarching objective for Sweden's handling of the virus that causes the illness COVID-19 and the effects of the spread of the infection is to limit its transmission to protect people's lives and health and ensure sufficient capacity in the healthcare system. Aims also include safeguarding healthcare resources, limiting the impact on other functions vital to society, mitigating the consequences for citizens and businesses, and allaying the fears of the population.

The Swedish strategy for handling the virus is for the measures taken to be based on science and tried and tested experience, and the right measures being taken at the right time. Upholding this strategy involves re-examining the measures on an ongoing basis based on the science available and the situation in terms of the spread of infection.

The starting point has been that the measures taken to reduce the spread of infection are to be characterised by persistence and participation, taking into account the effects on society and public health in general. Cooperation within the EU and other international cooperation is to be fostered.

## **Remit**

### **Need for evaluation**

The outbreak of the virus that causes the disease COVID-19 has severely tested Swedish society. If Swedish society is to learn lessons from what has occurred, the handling of the outbreak and the outbreak's effects need to be evaluated. The Government is therefore appointing a Committee of Inquiry in the form of a Commission to conduct such an evaluation.

### **Handling of the crisis**

#### **The function of the Swedish administrative model in a crisis**

The Government governs the nation and is accountable to the Riksdag (Swedish parliament). Government administrative agencies are subordinate to the Government. The job of the administration is to realise Government policy. The agencies subordinate to the Government are in a relationship of obedience to the Government but not to the Riksdag or citizens, nor to an individual Minister. It is also the Government that determines the tasks and duties of the government agencies, with the exception of those that are subordinate to the Riksdag. In other words, the Government delegates part of its responsibility to such agencies. However, responsibility for governing the agencies remains with the Government. This means that the Government is ultimately responsible to the Riksdag for everything that the agencies do, apart from in areas where the administration's duty of obedience to the Government does not apply, i.e. regarding decisions in specific cases concerning exercising of public authority or application of the law. The independent position of the agencies and their far-reaching powers to decide how the duties incumbent upon them are to be performed are an

important component of Swedish administration. This principle underlies the agencies being independently able to run their day to day operations effectively and in line with the rule of law. This is particularly important in situations of societal crisis in which the agencies are often able to take far-reaching action within the remit of the law without awaiting a decision from the Government.

Sweden has far-reaching municipal self-governance (local government), which means that decisions are made close to the citizens based on local circumstances and needs. Governance of the municipal sector is subject to law and restrictions are to be proportional. Municipalities and regions are responsible for many wide-ranging duties in the public welfare system – such as health and medical care and care of the elderly – and are therefore responsible to a large extent for exercising public authority. All municipalities and regions are members of the member and employer organisation the Swedish Association of Local Authorities and Regions (SALAR). SALAR's role is to support and contribute to developing the work of municipalities and regions on behalf of its members. SALAR does not represent individual municipalities and regions in a formal sense and has no authority over them. SALAR is the organisation that jointly represents them and engages in dialogues with the Government, for example.

Swedish contingency planning is founded on the ordinary administrative structures and on the principle of responsibility, which means that the party responsible for a certain activity in normal situations has corresponding operational responsibility in an emergency. This includes taking the action required to create both robustness and crisis management capacity. This responsibility also includes working jointly with others, often across sectors. Through their operations, government agencies are to reduce vulnerabilities in society and develop more than sufficient capacity to handle their tasks in times of crisis in peacetime and when faced with and at times of heightened alert. The agencies listed in the appendix to Ordinance (2015:1052) on emergency preparedness and the measures to be taken by designated authorities in the event of heightened alert have a particular responsibility for planning and making preparations for creating capacity to handle a crisis, preventing vulnerabilities and resisting threats and risks.

The structure of Swedish contingency planning is also founded on geographical responsibility for a specific area. Within a geographical area, a

specific body is responsible for the focus, prioritisation and coordination of cross-sectoral measures before, during and following a crisis in that area. The Government and the administrative agencies are responsible for these measures at national level, the county administrative boards and regions are responsible at regional level and the municipalities at local level.

The Swedish Civil Contingencies Agency is responsible for contingency planning issues where that responsibility is not covered by any other agency. This responsibility refers to measures before, during and after a crisis. The agency is also tasked with ensuring that, in a crisis, the actors concerned have an opportunity to coordinate crisis management measures and effectively use the combined resources of society and additional international resources.

### **The Government Offices of Sweden's crisis management**

The Government Offices of Sweden support the Government in its crisis management. The Prime Minister is the head of the Government Offices of Sweden and has overarching responsibility for the organisation of the Government Offices and the crisis management work carried out. Questions concerning society's contingency planning fall under the Minister for Home Affairs at the Ministry of Justice. The State Secretary to the Minister for Home Affairs heads the Government Offices' crisis management, assesses the need for coordination at the Government Offices and is able to convene a meeting of the Strategic Coordination Group, which comprises the State Secretaries in the ministries whose areas of activity are included.

There is a special Director-General and a secretariat for crisis management at the Government Offices. They support the State Secretary to the Minister for Home Affairs and develop, coordinate and follow up crisis management at the Government Offices. The Director-General's responsibilities include ensuring that the Government Offices make necessary preparations for crisis management.

The Commission's tasks include:

- making an overall assessment of the Swedish strategy and objectives to limit the spread of infection and its effects.
- evaluating the measures taken by the Government, the administrative agencies concerned, the municipalities and regions to tackle the outbreak of the virus and the effects of the outbreak,

- shedding light on how the Government interacted with the Riksdag while managing the crisis,
- evaluating how the crisis management organisation at the Government Offices of Sweden, administrative agencies concerned, regions and municipalities have worked during the pandemic,
- evaluating how the principle of responsibility and geographical responsibility for specific areas have worked during the crisis,
- conducting a comparison with other relevant countries, and
- proposing measures as a result of the Commission’s observations.

The Commission of Inquiry is to ensure that its work does not negatively affect the ongoing management of the crisis.

### **The spread of the virus to and within Sweden**

Sweden received its first confirmed case of the disease COVID-19 on 31 January 2020 when a person who had been in Wuhan showed symptoms after arriving in Sweden and sought medical treatment themselves. The patient had only mild symptoms, and no spread of infection from this case has been observed. In early March 2020, Sweden had increasing numbers of confirmed cases of COVID-19. The majority of the cases confirmed at that point had been infected while in northern Italy. Shortly thereafter, the Public Health Agency of Sweden found that there were several signs of community spread of the virus in the counties of Stockholm and Västra Götaland.

To ensure that measures taken are able to be based on science, it is important to understand the form that transmission of the infection has taken in Sweden. The Public Health Agency of Sweden is therefore analysing data from Swedish cases of COVID-19. The first report from this analysis states that it is likely that the spread of the disease in Europe was such during late February – early March 2020 that the infection at that time originated in a number of different countries, although a majority of the tests in the investigation originated in Italy and Austria. There is also data showing that the infection was spreading in Sweden before the first confirmed case.

The Commission’s tasks include:

- describing the initial spread of infection to and within Sweden,

- analysing the significance of travel flows for the spread of infection in Sweden and in other Nordic countries, and
- describing in particular the spread of infection in areas with socioeconomic challenges and the consequences of the spread of infection for vulnerable groups.

## Measures to limit the spread of infection

### **Starting points for efforts to tackle the spread of infection in Sweden**

Under the Communicable Diseases Act, communicable disease control measures must be founded on science and tried and tested experience. The measures may not be more far-reaching than is warranted in terms of the risk to human health. The measures must be taken with respect for the equal value of all people and the privacy of individuals. The fundamental humane approach that underlies communicable disease control in society is emphasised in the preparatory work to the Act. The preparatory work also emphasised the responsibility of each and every person in Sweden, infected and uninfected, to prevent the spread of infection. In other words, the emphasis of communicable disease control efforts in Sweden is on voluntary preventive efforts. One example of this is that the Communicable Diseases Act does not grant the Government or any other actor the authority to make decisions to close private businesses where groups of people gather together. This has been motivated by the fact that it could be presumed that in a crisis situation the general public would follow recommendations from the agencies with responsibility for communicable disease control.

However, the Communicable Diseases Act does provide for the right to impose certain extraordinary communicable disease control measures for diseases that can be classified as dangerous to society. On 1 February 2020, the Swedish Government decided that the provisions in the Communicable Diseases Act on diseases that pose a danger to the public and to society were to be applied to COVID-19. Regarding such diseases, the County Medical Officer responsible for communicable disease control may make decisions to impose quarantine on a particular building or area. If a disease that poses a danger to society has or is suspected to have spread in a limited area without the source of infection or the spread of infection having been completely identified, the Public Health Agency of Sweden may also decide that a certain area is to be locked down .

The Public Health Agency of Sweden is responsible for coordinating communicable disease control at national level and must take the initiatives required to attain effective control. However the Government may issue special regulations on communicable disease control, if, during a crisis in peacetime that has a significant impact on opportunities to maintain effective control, there is a need for coordinated national measures or, from a national perspective, for other special communicable disease control initiatives. The legislative preparatory work states that the Government thereby may decide on the participation of the healthcare provider, including the County Medical Officer responsible for communicable disease control, in coordinated national measures to protect the population, whereby the healthcare provider may also be ordered to make human resources, equipment and drugs available to combat an epidemic outside their own region.

#### **The spread of infection in society in general**

The spread of a new virus for which there is neither a vaccine nor effective drugs to treat it has increased the need for non-medical measures such as social distancing. However, the Government is working to ensure that Sweden gains access to a vaccine when one is available and that a vaccine is distributed in solidarity between the countries of the world.

The Public Health Agency of Sweden has made a number of recommendations and issued general advice to limit the spread of infection. The public advice includes instructions on how every individual should act to curb the transmission of the disease. It also urges people over the age of 70 and people in other risk groups to limit their social contacts and stay at home as much as possible. This means that they should avoid using public transport, visiting shops or spending time in other places where people gather. In spring 2020, the Public Health Agency of Sweden also recommended that upper secondary education, municipal adult education, higher vocational education and university education be provided via remote or distance learning. A special act involving increased inspection of cafés, bars and restaurants has been passed. The Public Health Agency of Sweden has advised against visiting care homes for the elderly. The Government subsequently introduced a corresponding ban by means of an ordinance. However, no ban has been introduced on visiting residential accommodation for people with disabilities.

The measures that have been taken in general include a ban on public gatherings and public events of more than 50 people. In addition, temporary compensation has been introduced for the deduction from sick pay (on the first day of sickness) so that people are able to stay at home when they are ill. The Public Health Agency of Sweden has also recommended working from home where this is possible.

The wide-ranging social distancing in society has led to an increase in poor mental health. It has also had a major impact on the situation of elderly people and people with disabilities, with loneliness and less physical activity as a result. Social distancing also means increasing time spent in the home, which can increase the vulnerability of women, children and LGBTQ people, among others, who risk suffering or are suffering violence, including honour-based violence and oppression. At the same time, it has become more difficult for agencies and other actors to identify those at risk.

The Commission's tasks include:

- evaluating the measures taken by the Government, the administrative agencies concerned, the municipalities and the regions to limit the spread of infection,
- evaluating how appropriate the Public Health Agency of Sweden's recommendations have been in different phases of the pandemic,
- evaluating the extent to which the population has followed the Public Health Agency of Sweden's recommendations and whether this has been affected by socioeconomic circumstances, age or sex,
- analysing whether the communicable diseases legislation and other legislation has given society appropriate tools to limit the spread of infection,
- evaluating the effects of social distancing on the population as a whole, especially for elderly people as a group and for people with disabilities,
- reporting on excess deaths in Sweden over time and setting this in relation to excess deaths in other countries,
- shedding light on whether there are differences in terms of excess deaths between areas with different socioeconomic conditions and between different social conditions in general and, if so, what these differences are due to,

- evaluating efforts to limit the spread of infection in areas facing socioeconomic challenges, and
- surveying and evaluating how the government agencies, municipalities, regions and other actors concerned worked during the pandemic to identify those at risk of violence in close relationships and honour-based violence and oppression and to provide adequate protection and support, and
- proposing measures as a result of the Commission’s observations.

The Commission should also address those measures to limit the spread of infection that were considered but were not taken.

### **Spread of infection in the elderly in healthcare and care settings**

Under the Swedish Social Services Act (2001:453) the municipalities are responsible for care of the elderly. However, there are various care providers within the municipalities – these may be private or provide care in another form. The municipalities also have a responsibility for healthcare under the Health and Medical Services Act (2017:30). The municipalities have taken over responsibility for home-based care in almost all counties. The region in the respective county is to set aside the resources needed in terms of doctors to ensure that individuals can be offered good health and medical care within the provision for which the municipalities are responsible.

Several studies have shown that advanced age is a particular risk factor for a serious COVID-19 outcome. One starting point was therefore to protect the elderly as far as possible. The Public Health Agency of Sweden has recommended avoiding visits to care homes for the elderly and asserted the importance of maintaining basic hygiene procedures. The Government has since decided on an ordinance issuing a temporary ban on visits to special accommodation for the elderly. It also tasked the National Board of Health and Welfare with conducting an information initiative geared towards social services and municipal healthcare staff with the aim of reducing the spread of infection.

Despite these initiatives, a large proportion of the deaths from COVID-19 have been people who were in elderly care and municipal healthcare settings. This raises a number of questions, and structural causes cannot be ruled out in this regard.

The Commission's tasks include:

- analysing the causes of the spread of infection in care homes for the elderly and in assisted living services,
- evaluating the measures of the Government, administrative agencies concerned, regions and municipalities to limit the spread of infection in care of the elderly and setting these measures in relation to the measures taken to limit the spread of infection in society,
- shedding light on whether structural causes may have contributed to the situation that arose,
- shedding light on whether there were shortcomings in the medical assessments of older people,
- evaluating access to relevant medical treatment in special accommodation for the elderly,
- shedding light on whether there were shortcomings in terms of access to adequate personal protective equipment (PPE),
- evaluating whether there were shortcomings in education and skills; the organisation of work; health and safety; and employment conditions or similar which may have impaired the capacity of care of the elderly facilities to handle the spread of infection,
- conducting an international comparison of how elderly people and especially elderly people in care of the elderly facilities have been affected, and
- proposing measures as a result of the Commission's observations.

#### **Capacity of the healthcare system to handle the outbreak of the virus**

Regions and municipalities are the providers of healthcare in Sweden and are thus responsible for the healthcare system's handling of the COVID-19 outbreak. The healthcare system's capacity to cope with the outbreak depends on access to the resources available to run healthcare provision.

In the first weeks of the outbreak, when the number of infections was rising rapidly, it was clear that there was a problem with availability of PPE. The healthcare system rapidly built up a large number of intensive care beds in metropolitan regions. The work was reorganised to be able to cope with a major increase in severely ill patients. The National Board of Health and Welfare was tasked with ensuring access to PPE and other healthcare equipment and materials, and with establishing a coordination function for

intensive care beds. The National Board of Health and Welfare also allocated PPE to municipal care and healthcare settings.

The pandemic has also brought challenges in terms of safeguarding access to drugs. This has mainly involved the drugs used in intensive care, e.g. anaesthetics, but other types of drugs were also affected due to disrupted production and distribution processes. In the light of this, the Government tasked the Medical Products Agency with working preventively to tackle a potential drugs shortage due to the outbreak of the new coronavirus.

Healthcare staff are vital to the functioning of healthcare. They need to have what is required to perform the tasks brought about by a pandemic. This includes, not least, knowledge of how working methods and activities can be adapted to avoid the transmission of infection and maintain a high standard of care. Responsibility for adapting health care to prevailing conditions lies with healthcare providers and care providers, but the State has assisted this work in different ways, partly by injecting resources and by constantly passing on information, support and guidance on COVID-19 to the healthcare system.

The Commission's tasks include:

- describing the capacity of the healthcare system to tackle the outbreak of the virus that causes the disease COVID-19,
- reporting on access to healthcare, drugs, health advice, medical devices, PPE and other healthcare equipment and materials during the pandemic,
- evaluating the measures taken to safeguard resources for the healthcare system,
- shedding light on whether access to healthcare during the pandemic has been affected by socioeconomic circumstances, language skills, age, gender or disability,
- shedding light on the working conditions of healthcare staff during the crisis,
- shedding light on the consequences of healthcare and other interventions needing to be postponed, and
- proposing measures as a result of the Commission's observations.

## Testing and contact tracing

During spring 2020, a number of measures were taken to increase the capacity of testing for current COVID-19 infection. This has been necessary to continue to ensure the testing of prioritised groups in healthcare and in the care sector, both patients and staff, and because expanded testing and tracing can mitigate the effects on society and the economy.

There is currently insufficient knowledge on immunity to the virus that causes the disease COVID-19. For example, we do not know how well antibodies protect against recurring infections and how long such protection lasts. However, there are scientific studies that indicate that the presence of antibodies protects against reinfection for a period of time. It is already known that individuals infected with other circulating coronaviruses that cause the common cold develop an antibody response and are protected against reinfection for a year or more. Where reinfection does occur, it is often mild or asymptomatic. Making antibody tests available for a large proportion of the Swedish population has therefore been judged to have potential benefits to the economy.

The Public Health Agency of Sweden is to contribute towards effective national communicable disease control, including through diagnostics. Besides assisting agencies, regions, municipalities and organisations by providing expert support in the event of identified or suspected outbreaks of communicable diseases, the agency is to maintain the laboratory preparedness that is necessary and is not met by other actors.

On 30 March 2020, the Public Health Agency of Sweden was tasked with drawing up a national strategy to expand national testing due to COVID-19. In the national strategy the Public Health Agency of Sweden has drawn up a priority system for testing and laboratory analysis.

The regions are responsible for such testing and analysis conducted under the Health and Medical Services Act and the Communicable Diseases Act. Under the Work Environment Act (1977:1160) the regions also have responsibility for the health and safety of their own staff.

The Commission's tasks include:

- evaluating the measures taken for testing the Swedish population, both for an existing infection and for antibodies,
- evaluating the collaboration that has arisen between central government and the regions, with a view to expanding the number of tests and in this context taking into account the national strategy for expanded national testing.
- evaluating variations in the regions’ testing and tracing efforts,
- comparing the work of testing and tracing in Sweden with that of other relevant countries, and
- proposing measures as a result of the Commission’s observations.

### **Limiting the impact on functions vital to society**

One fundamental aim in tackling the virus and its effects is to limit its impact on functions vital to society. Functions vital to society refers to the operations, facilities, nodes, infrastructure and services that maintain the activity in which they are included and are of vital importance to maintaining key functions in society. Functions vital to society are both privately and publicly run. They refer to a function that meets at least one of the following conditions:

- The loss of, or a serious disruption to, the function that alone or in combination with equivalent events in other functions can lead to a serious crisis taking place in society within a short period of time.
- The function is necessary or very important in ensuring that a crisis in society that is already occurring is able to be handled such its harmful effects are as minor as possible.

However, it is rarely the case that all functions and all tasks within an organisation or a company are vital to society. It is up to each organisation or company to analyse and judge which parts of their activities are vital to society on any given occasion. What may be considered to be a function vital to society may additionally differ depending on the context and how long a crisis lasts.

The Commission’s tasks include:

- shedding light on the effects of the pandemic on functions vital to society,

- evaluating the measures taken to limit the effects of the pandemic on functions vital to society, and
- proposing measures as a result of the Commission’s observations.

### **Measures to mitigate the consequences for the economy**

The pandemic has had major consequences on the Swedish economy. Both measures from agencies and more generally changed behaviour to limit the spread of infection have seriously reduced economic activity in Sweden, not least in the Swedish business community. This trend has been reinforced by the reduction in economic activity in other countries.

One aim has been to mitigate the economic consequences of the virus outbreak. In a number of Government bills, the Government has proposed amendments to the State budget that seek to mitigate the negative consequences on production and employment. The Riksdag has rapidly addressed the proposals and in certain cases brought forward or made amendments to the measures. In some cases, the Riksdag also notified the Government that it should return to the Riksdag with proposals on certain amendments or additions to the measures (see reports 2019/20:FiU51, 2019/20:FiU59, 2019/20:FiU61). All in all, this involves measures to the tune of almost SEK 270 billion with a direct budget impact and an additional approximately SEK 600 billion in liquidity support and guarantees.

The measures taken include government grants for working reduced hours, which means that employees can cut their working hours while retaining the majority of their salary. The grant has been temporarily increased in 2020 by the State covering the majority of the cost and by the reduction in working hours being increased to 80 percent in May – July. Employer contributions have, with certain restrictions, been reduced temporarily to only cover old age pension contributions. Self-employed contributions have also been reduced. Companies whose turnover was lower in March and April 2020 due to the coronavirus are able to obtain grants to cover fixed costs. To further support companies, the State compensated employers for sick pay costs between April and September. Furthermore, a temporary rent rebate was offered to designated vulnerable sectors. To alleviate the liquidity problem faced by companies, a number of measures have been put in place, such as tax deferrals, expanded allocation reserves for sole traders, and the issuing of credit guarantees to credit institutions for loans to small and medium-sized companies in the first instance. The proposals have also covered

investments in more training places in municipal adult education, non-formal adult education, higher vocational education and at universities to meet higher unemployment and facilitate career changes. The Swedish Central Bank (the Riksbank), the Swedish National Debt Office and the financial supervisory authority Finansinspektion have also introduced measures to mitigate the economic consequences.

The Commission's tasks include:

- evaluating the effects of the measures carried out to mitigate the economic consequences, including from the perspective of stabilisation and income distribution.
- evaluating the short and long-term effects on public finances, on Swedish business and combined production, employment and unemployment.
- shedding light on the effects of the measures for different types of company and for employees with different forms of employment,
- comparing these measures with measures taken by other countries, taking into account the countries' different economic structures and different levels of lockdown, and
- proposing measures as a result of the Commission's observations.

### **Measures to mitigate the consequences for individuals**

Another fundamental goal in tackling the virus outbreak and its effects is to mitigate the economic consequences for individuals and limit the spread of the virus. Several measures have therefore been taken to protect people's lives and health and reduce the burden on the healthcare system. Examples of measures include temporary compensation for the deduction from sick pay (on the first day of sickness), temporarily extending the period before a doctor's certificate is required, and changes to improve the efficiency of sharing information between the agencies concerned. A number of temporary measures have also been decided upon, with the aim of ensuring that more people are able to obtain unemployment benefits, including changed membership terms and relaxation of the work criterion. Furthermore, the levels of unemployment insurance payments have been increased. Several measures have been decided upon in terms of student support, including students being able to keep their payments in certain

situations when teaching has been cancelled. Furthermore, the income limit has temporarily been waived in 2020.

In addition, the Government has decided on compensation in the form of temporary parental benefit to parents who stay home from work to take care of children whose preschool or school has been closed in certain situations linked to COVID-19. Additionally, an opportunity has been created for people who contracted COVID-19 when working in or being trained in healthcare facilities or in other handling of an infectious person to receive payments from work-related injury insurance. Financial compensation has also been introduced in the form of a temporary additional housing benefit payment to families and compensation to people in certain risk groups who have entirely or partly ceased undertaking paid work to avoid being infected with COVID-19, as well as to certain relatives and parents of children who have recently had or undergone treatment for a serious illness.

The Commission's tasks include:

- evaluating the measures taken to mitigate the consequences for individuals, and
- proposing measures as a result of the Commission's observations.

#### **The EU and international collaboration**

Since the first cases in Europe were reported in January 2020, a number of meetings have taken place in the EU at health minister level, with a focus on tackling COVID-19. At the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) on 13 February 2020, Council conclusions on the new coronavirus were adopted. Furthermore Sweden has participated in work conducted by the EU Health Security Committee that seeks to facilitate the sharing of information and coordination between Member States on questions concerning cross-border health threats. The EU's integrated political crisis response (IPCR) was activated on 28 January 2020. Through IPCR the Member States have consistently discussed questions to survey cross-sectoral gaps and devise specific counter-measures. On 28 February 2020, Sweden signed an agreement to enable joint EU-wide procurement of different types of medical counter-measures, e.g. PPE. The Government is also working in the EU and internationally to ensure that Sweden gains access to a vaccine.

The pandemic is a global crisis and emphasises the importance of well-functioning international collaboration, strong international institutions and international solidarity. WHO's role is central in this context, and both Sweden and the EU have increased their already high level of support to the organisation during the crisis. Sweden has been in continuous dialogue with WHO's leadership.

The pandemic has had a major impact on world trade. International trade is based on free flows of goods and services. To combat the spread of infection, countries have introduced measures that affect both production and international trade. Curfews, border measures and export restrictions have halted production, disrupted logistics chains and stopped trade, including in the EU's internal market. This includes products with a direct impact on Sweden's capacity to tackle the pandemic, such as PPE and drugs. The situation has led to Sweden taking action, both bilaterally and in international organisations and the EU, to establish free trade and combat trade barriers.

Cooperation in the EU and the Nordic countries is vital to Sweden's handling of the pandemic. The already extensive Nordic collaboration has further intensified during the crisis, with close contacts both at political level and between agencies.

The Commission's tasks include:

- evaluating the cooperation Sweden has had within the EU and with international bodies such as WHO,
- evaluating the cooperation Sweden has had with other Nordic countries, both at agency level and at political level, and
- proposing measures as a result of the Commission's observations.

### **Consular work**

The Ministry for Foreign Affairs (MFA) and the foreign missions have a mandate to provide consular services, i.e. advice and support to Swedes abroad in various emergency situations. The starting point of consular work is that the individual bears their own responsibility for their person when abroad and that the State, under current consular regulations, can intervene in emergencies to provide advice or financial assistance in the form of a loan. When the security situation in a country or a region is judged to be

dangerous, incalculable or changing rapidly, the MFA can also advise Swedes against travelling to a country or parts of a country. This is also a signal that the opportunities of MFA and the foreign missions to provide consular services in a location are limited. The scope of the individual's personal responsibility is also made clear by the State only being able to act through consular disaster initiatives in certain extraordinary situations. Several decisions advising Swedes not to travel were made during the pandemic.

During the pandemic many Swedes found themselves stranded around the world, and extensive consular efforts were made by MFA and the foreign missions. This work primarily comprised different types of repatriation initiatives and providing updated travel information.

The Commission's tasks include:

- evaluating Swedish consular work, including repatriation initiatives, decisions to advise against travel and consular communication, and
- proposing measures as a result of the Commission's observations.

#### **Collaboration between the public sector and the business community and civil society to handle the consequences of the virus outbreak.**

The business community has supported the healthcare system in various ways, including by donating PPE and offering to lend personnel. Swedish companies that produce PPE and medical devices have expanded their production where possible. As early as the start of the pandemic, opportunities were identified for companies whose operations are not normally focused on healthcare to switch production. Civil society too, in the form of non-profit associations, foundations and faith communities, has also carried out important initiatives for various vulnerable groups affected by the pandemic.

The Commission's tasks include:

- based on a broad perspective, shedding light on the cooperation of relevant administrative agencies with the business community to meet the healthcare system's needs for equipment and other relevant support,
- evaluating the capacity of the Government, agencies concerned, regions and municipalities to make the most of the support that the business community and civil society has offered during the crisis,

- shedding light on the importance of regulations, international collaboration and what has hampered and simplified the contribution of the business community in conjunction with the pandemic,
- shedding light on civil society contributions to society's handling of the pandemic,
- evaluating whether government support to civil society was appropriate, and
- proposing measures as a result of the Commission's observations.

### **Digital transition, education and research**

One consequence of the pandemic is that several sectors have switched to new digital working methods and solutions, which were important in being able to maintain different operations and important functions of society.

The Government has decided to task the Swedish Post and Telecom Authority with carrying out initiatives to contribute to accessibility and use of IT and electronic communication services for the elderly in care of the elderly facilities and for those who find themselves in isolation due to the COVID-19 outbreak.

The pandemic has brought a need for different measures to safeguard the right of children, pupils and students to care and education and ensure their access to these. In Sweden, preschools, primary schools or equivalent forms of education have not been closed. However, the Government has given providers opportunities to make certain exceptions to the Education Act (2010:800), with the aim of ensuring students' rights to education. Providers have further been given an opportunity to temporarily close e.g. a preschool unit or an after-school club if, for a certain period of time, it is not possible to run it due to COVID-19.

On 16 March 2020, the Public Health Agency of Sweden recommended that education in upper secondary schools, municipal adult education, vocational higher education and university education should be provided via remote or distance teaching, a recommendation that was also followed by folk high schools. Later in the spring, the recommendation was changed such that a small number of students and pupils could be taught on the premises, e.g. to provide special support or teach practical elements of a course. The recommendation on remote or distance teaching ended on 15 June 2020.

The Government has tasked the Swedish National Agency for Education with carrying out initiatives with the aim of supporting providers, education arrangers, headteachers, teachers, preschool teachers and other staff in the education system and other teaching activity during the virus outbreak.

Several agencies have also produced support to make the transition to remote or distance teaching easier, and the Government has allocated funding to strengthen vocational higher education's and university and higher education institutions' work on distance teaching.

Under the Communicable Diseases Act, infection prevention measures must be founded on science and tried and tested experience. During the pandemic, the Government has taken action to enable research and innovation initiatives that have sought to provide knowledge that can help to rapidly limit the pandemic and its effects while retaining ambitious requirements in terms of quality and ethical review.

The Commission's tasks include:

- evaluating the measures taken to safeguard the right of children, pupils and students to care and education and ensure their access to these,
- evaluating the effects of the transition to remote or distance learning, both from an individual and societal perspective and based on the different needs and circumstances of pupils and students,
- shedding light on the measures taken in the field of research and innovation to handle the pandemic, and
- proposing measures as a result of the Commission's observations.

#### **Communication due to the outbreak of the virus**

In conjunction with societal disruption, as in accidents and crises, it is important that there is correct, clear and coordinated information and communication to ensure that everyone is able to take their responsibility and to combat misunderstandings and the spreading of rumours. The Swedish Civil Contingencies Agency runs the website [Krisinformation.se](http://Krisinformation.se) (Crisis information), which passes on information from agencies and other responsible bodies to the general public before, during and after a serious event or crisis. The agency is also tasked with ensuring that the relevant actors in a crisis are given the opportunity to coordinate information to the general public and the media and to coordinate support to central, regional

and local bodies in terms of information and status updates. On 19 March 2020, the Government specifically tasked the Swedish Civil Contingencies Agency with ensuring that the agencies' information due to the outbreak of the coronavirus is coordinated and clear and that there are effective channels for getting this information out to the public. This mandate also includes rapidly developing national information material that is able to be communicated effectively to as many people as possible.

The Government, the Government Offices, administrative agencies concerned, regions and municipalities have communicated extensively on how the outbreak of the virus that causes the disease COVID-19 is being handled, and the effects of the outbreak. For example, the Public Health Agency of Sweden has held regular press conferences in which the National Board of Health and Welfare and other agencies and actors have participated. The agency has also informed the public in other channels. The Government has communicated with the public on an ongoing basis due to the virus outbreak, including through a large number of press conferences. Communication initiatives have been carried out by agencies affected, targeting other groups such as healthcare and care personnel and children and young people. This communication has sought to publicise the measures and to reduce the spread of infection through information on advice and recommendations. The purpose has also been to tackle and stem concern in society.

The Commission's tasks include:

- evaluating the communication from the Government, the Government Offices, administrative agencies concerned, regions and municipalities, and especially shedding light on whether the communication was clear, accessible to all groups in society, consistent and whether it attained its purpose, and
- proposing measures as a result of the Commission's observations.

### **Impact assessments**

Throughout, the Commission is to report on the consequences the measures taken have had on human rights and freedoms, including children's rights. The Commission is also to report on the consequences for gender equality and for people with disabilities. The effects of the measures for individuals

must be evaluated based on socioeconomic circumstances, age, sex and other relevant factors.

### **The implementation of the work, contacts and reporting on the Commission's mandate**

The Commission is to obtain an overall picture of the measures that the Government, the Government Offices of Sweden and the administrative agencies concerned, regions and municipalities have taken due to the outbreak of the virus. The Commission is also to consult with other inquiries whose mandate concerns the Commission's task, including the Civil Defence Inquiry (Ju 2018:05) and the Inquiry on healthcare preparedness (S 2018:09). The Commission is also to consult with other relevant agencies.

Based on evaluations previously carried out, the Commission is to obtain experiences of how society has handled other severe strains on society in peacetime.

When evaluating the work organisation, health and safety, and employment conditions or similar, consultation is to take place with the labour market partners.

If the proposals affect municipal self-governance, the special considerations made in line with Chapter 14 section 3 of the Instrument of Government are to be presented.

The inquiry will submit its final report by 28 February 2022 at the latest.

A first interim report, referring to the sub-remit on the spread of infection in healthcare and care of the elderly is to be submitted by 30 November 2020.

A second interim report is to be submitted on 31 October 2021 and contain a report on the following sub-remits:

- The spread of the virus to and within Sweden
- Measures to limit the spread of infection
- Capacity of the healthcare system to handle the outbreak of the virus
- Testing and tracing
- Limiting the impact on functions vital to society
- Measures to mitigate the consequences for individuals

- The EU and international collaboration
- Consular work
- Collaboration between the public sector and the business community and civil society to handle the consequences of the virus outbreak.
- Digital transition, education and research
- Communication due to the outbreak of the virus

(Socialdepartementet)