

Staying at home or going out? Leadership response to the COVID-19 crisis in Greece and Sweden

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Abstract

In this article, we investigate the leadership response to the COVID-19 pandemic crisis in Greece and Sweden based on the strategic leadership framework put forth by Boin, 't Hart, Stern and Sundelius. We seek to understand the contextual (institutional, administrative and political) factors explaining the differences in stringency of measures and centralization of response in Greece and Sweden, respectively. What trade-offs did public leaders implement between effectiveness and efficiency to successfully manage the crisis? We find that reliance on expertise plays out differently in centralized and decentralized structure, while a salient lesson drawn for practitioners is that there is more than one path to successful crisis leadership response contingent on institutional capacity, bureaucratic autonomy and political system. The article concludes with implications for leadership response during crises and practical lessons for crisis managers.

KEYWORDS

coronavirus, Greece, leadership response, Sweden, transboundary crisis

1 | INTRODUCTION

In a memorable phrase from the 1995 movie *Outbreak*, actor J.T. Walsh as White House Chief of Staff reacts to the proposed response to the deadly virus epidemic: "You want to firebomb the town of Cedar Creek, California, population 2,600, with something called a fuel air bomb, the most powerful non-nuclear weapon in our arsenal. The way it works: it explodes, sucks in all available oxygen to the core, vaporizes everything within a mile of ground zero, men, women, children, and one airborne virus. Destruction complete, case closed, crisis over."¹ Thankfully, in the film they were able to come up with a different response that had a similar effect without the terrible consequences. Real-life outbreaks raise similar dilemmas albeit, we hope, far less extreme. Even after public officials make sense of what is happening and why, they still need to address the

crisis in ways that balance effectiveness, efficiency and success. And as the film vividly illustrates, different leaders make different trade-offs at different times, using different definitions but all employing the same concepts.

The catholic nature of COVID-19 constitutes one such contemporary case study. It is a transboundary crisis (Boin, 2019) with unprecedented public health, economic and social implications. In an affirmation of the Westphalian system, each state has turned inwards to protect its own citizens by closing borders and imposing travel bans, curfews and lockdowns to varying degrees. Greece represents one such typical administrative, top-down response model that has proven very effective, whereas Sweden is practically alone in responding with guidelines rather than directives. It follows a voluntary method of enforcement where compliance is a matter of individual responsibility and civic conscience rather than steep fines.

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The purpose of this article is to answer the following questions: What contextual (institutional, administrative and political) factors explain the differences in stringency of measures and centralization of response? What trade-offs did public leaders implement between effectiveness, efficiency and accountability to successfully manage the crisis? We investigate the responses of leaders in Greece and Sweden to assess leadership performance during the COVID-19 pandemic crisis.

Governmental actions (and conversely inactions) come into sharp relief during times of crisis, which are perceived as “episodes of threat and uncertainty” necessitating leadership initiative and action (Boin and ‘t Hart 2003, 544; McConnell & ‘t Hart, 2019). With the COVID-19 pandemic episode still unfolding, understanding what makes for a successful response—which we view as a phase of the cycle prior to recovery and define it as starting in late January for our cases and ending in early May—has clear implications that go beyond the empirics of successful performance. There are many types of crises but the pandemic of COVID-19 represents what Gundel (2005) calls a fundamental crisis. It is hard to influence and difficult to predict. It defines leaders as much as the latter help define entire states. Democratic leaders are called upon to design new processes, coordinate agencies and task forces and respond in ways that guide and reassure citizens that mission has been accomplished; “case closed, crisis over.” And all that, while still maintaining democratic decorum and the likelihood of more votes. Citizen expectations are at the highest due to the emotional and protracted nature of the COVID-19 crisis. They demand more transparency and responsibility from their governments, which have to act immediately or risk political backlash.

We first define success of crisis response during the early phase of the pandemic crisis and outline a framework for its analysis followed by a section on data and method. We then map the Greek and Swedish responses and establish a timeline, followed by analysis in the two national contexts. The article concludes with implications for leadership response during crises and practical lessons for crisis managers.

2 | ASSESSING SUCCESS OF LEADERSHIP RESPONSE IN TIMES OF CRISIS

What constitutes a successful response to a crisis? There is paucity of reflection in the literature (though see Boin & Bynander, 2015 on assessing coordination during crises), but McConnell (2011) provides a framework to help us answer the question. He argues it is both a matter of fact and a matter of perception although he does not model how they are so. He consequently identifies three dimensions—politics, processes and decisions—and analyses the conflict among them, meaning there can be success in one dimension and failure in the other(s). We find it useful and adopt his framework as a platform to chart a slightly different course. We utilize his concepts and operationalization but embed them in a framework of crisis response management where we delineate how perception and fact interact.

Successful response is a function of two parameters: *problem definition* and the *trade-off between effectiveness, efficiency and accountability*. Problems, as Kingdon (1995) notes, are not only measured by indicators, they also involve a perceptual element. Success of an outcome is partly contingent on the political framing of the problem (Peters, 2005, see also ‘t Hart, 1993 for the power of frames and symbols). In other words, is the pandemic a public health, economic or social cohesion problem? Due to the ambiguous nature of public problems, leaders use their perceptions, ideology and political machinery to define problems as they see politically fit (Rochefort & Cobb, 1994). Often they do so when they already have a solution in mind because acknowledging public problems without having somewhat ready-made solutions available makes policymakers appear weak or uninformed (Wildavsky, 1979; Zahariadis, 2003). Crises, especially transboundary crises, are exceptional in the sense that they involve numerous jurisdictions, are novel, complex and difficult to make sense or manage and escalate rapidly with relatively little warning (Boin, 2019). COVID-19 is such a crisis, prompting different definitions in different countries. How the problem is defined affects the dimensions of effectiveness and accountability, for example, including any trade-offs between them. It is a politically expedient process that influences the notion of success. If the goal is defined as saving lives, then the number of cases (and more importantly deaths) is of paramount importance. If it is defined as losing as little money as possible because of the crisis, then efficiency rather than effectiveness of response is critical. Voters hold politicians accountable on performance but also the “rightness” of definition. We examine governmental statements relating the pandemic response to the public in press conferences, governmental web sites and, to a lesser extent, in print media, including but not limited to guidelines, restrictions and enforcement instruments.

All government actions need to take three important dimensions into account: effectiveness, efficiency and accountability (Balla & Gormley, 2017). These terms roughly correspond to McConnell's decisions, processes and politics. *Effectiveness* refers to addressing the issue at hand. As McConnell (2011, 69) asks: did leaders make decisions that help contain or eradicate threats? Did “those charged with crisis management responsibilities do everything they could to facilitate an effective response to the crisis at hand” (Boin et al., 2013, 81)? Leaders need to “make things happen” as crisis management entails organizing, coordinating, directing and implementing actions that are thought to minimize the impact of the crisis at hand and produce results. Two indicators are important here. First, the number of cases relative to the population and second, the number of deaths attributed to the virus. Both numbers need to be low to indicate effectiveness. We acknowledge that the number of cases may have been under-reported partly because they refer to confirmed cases, and in some instances, deaths have occurred without an autopsy performed. The numbers also partly depend on the availability of tests. The more people are tested, the more cases will likely be uncovered as many people are asymptomatic and will therefore not volunteer any diagnosis. However, for our purposes we have no evidence

to believe there is systematic difference in reporting between Greece and Sweden, and consequently, such biases do not affect the comparison.

Efficiency refers to the notion that response must maximize benefits and minimize costs. Did leaders improvise solutions relevant to the crisis to save lives by following constitutionally or politically mandated processes (McConnell, 2011, 69)? A response is successful if the healthcare system is able to respond to individuals who become sick, while the country's economy does not collapse. We examine initial estimates of economic growth (or cost to the economy); lower numbers indicate higher efficiency. We acknowledge that economic activity may decrease for reasons unrelated to the pandemic. However, if public or business leaders and consumers claim (and thus perceive) it is due to the pandemic or the response, we accept their statements as causal regardless of whether they actually are or not.

Finally, *accountability* refers to the idea that leadership must answer to citizens for its actions. Boin et al. (2013, 81) call this task "fulfilling a symbolic need for direction and guidance" because people look to leaders for guidance, especially in times of uncertainty. We go beyond their observation to consider more than a symbolic need but a democratic imperative. We view accountability as part and parcel of McConnell's (2011, 69) political dimension. He argues it may be operationalized as attracting near-universal support with little opposition. A good way to measure political accountability is through elections, but we use a proxy indicator here to overcome the obvious obstacles of timing: public opinion polls. Do voters think the government is doing a good job addressing the coronavirus epidemic? Higher numbers in these polls demonstrate higher accountability. We set a higher bar than McConnell to assess success. We acknowledge trade-offs among dimensions, but argue success requires high marks in all three areas. A successful response to a crisis as defined by the country's leadership is one that is highly effective, efficient and is supported by the voters.

We embed success (or failure) within a crisis response framework to more clearly ascertain the trade-offs and limitations. Boin et al. (2017) outline four tasks² which we adopt as a framework to assess leadership performance in times of crisis: sensemaking; decision-making and coordinating; meaning-making; and accounting. They are performed by leadership which implements them under centralized institutional arrangements in a hierarchical, coercive fashion or coordinates them across several agencies and jurisdictions using a mix of voluntary and coercive tools. *Sensemaking* concerns the act of understanding what is going on and being able to recognize a crisis for what it is without the benefit of retrospective knowledge (Weick, 1995). Experience with past crises develops a reservoir of mental slides that is, a set of recipes for contingencies that allow leaders to make decisions based on past successes and failures. It is important at the organizational level as well, where extensive in-house training programs can prepare organizations to recognize the signs of the onset of a crisis. In practical terms, the question to ask when assessing sensemaking is whether leaders created conditions that facilitated early recognition (Boin et al., 2013).

Decision-making during crises entails making consequential decisions under pressure and uncertainty, which often involve tragic choices, in the context of conflicting values and high political risks ('t Hart, 2014). Some leaders are comfortable making decisions under pressure, while others use "strategic evasion" to distance themselves from decisions (or non-decisions) that may prove politically harmful in the future (Boin et al., 2017, 53). Notably, decisions during crisis, much like during non-crisis times, are made in network structures and involve a large number of actors for their implementation and thus require high levels of *coordination*, which is a political activity (Boin et al., 2017; 't Hart, 2014). In practical terms, the questions to ask when assessing decision-making and coordination are whether the leaders deliberate which decisions they should make; whether they made them after due process; and whether leaders monitored, assessed and facilitated effective vertical and horizontal cooperation (Boin et al., 2013).

Meaning-making is defined as "the attempt to reduce public and political uncertainty and inspire confidence in crisis leaders by formulating and imposing a convincing narrative" (Boin et al., 2017, 79). Leaders also strive to control the "political spectacle," which in this context consists of the continuous reporting and (re)construction of the crisis alternatively creating threats and assurances (Edelman, 1988). An effective narrative must pay attention to the context—it must relate the components of the narrative to the core values of the society so that crisis management efforts will affirm these values. In practical terms, the question to ask is whether the crisis leaders constructed a clear narrative of the crisis and offered a clear strategy for leading the community out of it (Boin et al., 2013).

Accounting is part of the politicization process of a crisis and involves leaders relating their actions before, during and following a crisis. It implies looking back and judging how leaders performed; given the political volatility a crisis may engender, these leaders are more concerned with avoiding blame than taking credit (Boin et al., 2013). Did leaders and the agencies involved act swiftly, adequately and correctly? The practical question to ask is whether leaders were transparent and constructive in presenting an account of what they did prior to and during the crisis (Boin et al., 2013).

In this paper, we use the four tasks as organizing principles to structure the mapping of responses in the two countries.

3 | METHOD AND DATA

This is a comparative study using a variation of the diverse case selection (Gerring, 2008). Our goal is to make knowledge claims regarding successful crisis management by placing national responses to the COVID-19 pandemic in sharply contrasting contexts. We offer nuance to crisis leadership through the understanding of what successful crisis management may involve in the context of Greece vis-à-vis that of Sweden. Even though both are European countries with similar populations (10.72 million and 10.23 million people respectively) and somewhat similar urbanization rates (79.7% and 88%,

respectively), they have very different political and administrative systems as well as divergent cultural contexts.

In other words, while the outcome is similar (preliminary successful national response to the first wave of the COVID-19 pandemic) and the crisis as a variable is held constant, the variation in explanatory variables namely the set of strategies the countries used informed by their political context.

The data used for this comparison consist of governmental documents relevant to the response to the pandemic and to a much lesser extent mass media articles. The governmental documents include press releases, legislative documents, decrees and other crisis communication documents that detail the measures that were adopted in these two countries. We cite a small number of press articles if they report on interviews with politicians or government officials.

The nature of the crisis has—to some degree at least—determined the data source for this study, though this has been also the case for a number of COVID-19-related recently published studies (see, e.g. Capano, 2020; Capano et al., 2020; Christensen and Lægheid, 2020; Pierre, 2020). Qualitative data derived from interviews with public officials normally help nuance comparative studies; however, the documentary data used here are adequate for our evidentiary purposes.

4 | WE ARE STAYING HOME: THE GREEK RESPONSE

The Greek response was highly centralized in two ministries dealing with civil protection and health, which took very stringent measures to slow down the spread of the virus. Once the first case was announced on 26 February, Greece quickly came up with a plan albeit from a position of weakness. Following ten years of economic austerity and five years of a concurrent migration crisis, the country's National Health System found its budget cut by three-quarters and the number of ICU beds standing at a mere 560. The government realized it could not afford an epidemic of neighbouring Italy's magnitude at the time. It just could not handle the volume of patients so it needed to be proactive and focus on prevention, not treatment. Culturally, the odds were against the government being able to convince unruly Greeks to a lockdown. As a healthcare professional told us: "Convincing Germans not to go out (accept the lockdown) is easy; they will obey. Greeks are a different story. Convincing them not to go out, especially during Easter, is very difficult." But people came to understand the risks. "The public knew the healthcare system was not going to work, so they accepted [the lockdown]," said Stella Ladi, a professor at Panteion University in Athens (quoted in Psaropoulos, 2020).

4.1 | Sense making

Tracking very closely the epidemic in neighbouring Italy, the Greek government realized it needed to come up with a plan even while

there was no case reported yet in Greece. On Sunday, February 23, the Health Ministry created a new national committee of Public Health Protection and charged it with designing prevention and protection measures above and beyond those already recommended by the Ministry, which was following World Health Organization (WHO) and European Union (EU) health guidelines. By 27 February and as a result of three confirmed cases, the government cancelled carnival events throughout the country, leading to significant political push-back (In.gr, 2020). It also began tracing since the first confirmed case every direct and indirect contact between people to identify potential spread networks with the aim of alerting people and requiring a 14-day quarantine (Proto Thema, 2020). Having the horrific contemporary example of Italy and preliminary data issued by China and the WHO enabled the Greek Ministry of Health to make sense of the impending crisis, establish expert committees to whose advice it was prepared to adhere and preliminarily map a preventive response.

4.2 | Decision-making

The government soon found out it had to make very unpopular decisions. Education institutions (primary, secondary and universities) nationwide were closed on 10 March, when there were just 89 confirmed cases in the country. On 13 March, cafes, restaurants and tourist spots were ordered to close. This admittedly had a devastating effect on the economy for two reasons. First, it was very nearly the beginning of tourism season. After years of economic austerity and revenue decline, shops were looking forward to a good year. Initial estimates of travel arrivals were positive. Naturally, shopkeepers, hoteliers and others were very unhappy with the lockdown. But remarkably, they accepted the measures with relatively few exceptions and without heavy fines for those who disregarded them. Second, Easter was around the corner, putting the government on a collision course with the Greek Orthodox Church. The Holy Synod announced on 9 March that the virus could not be transmitted by communion wine, forcing the government's hand. It banned all public church activities, much to the chagrin of the faithful, some of whom openly defied government-issued orders. The Church subsequently adhered to the Patriarch's recommendation to cease activities in the face of the pandemic and announced services would be performed behind closed doors and televised. By 23 March, the government banned all non-essential travel following other EU member state directives.

4.3 | Meaning-making

Early on, the government constructed a narrative to explain the measures and why they were initiated. Prime Minister Kyriakos Mitsotakis told a session of the Greek parliament that "state sensitivity, co-ordination, resolve, swiftness, seem not to be matters of economic magnitude." And he continued to stress the point: "Our schools closed before we had the first fatality. Most countries

followed a week or two later, after they had mourned the loss of dozens." (Psaropoulos, 2020).

When the government banned all non-essential travel on 23 March, it was also looking at the situation in Italy. The Italian system was far superior yet hospital ICUs were overwhelmed with infected people lying and dying untreated in hallways. Officials knew it would take a far smaller outbreak for the same scenes to replay in Greece. As Prime Minister Mitsotakis made clear: "In Italy unfortunately, one person is lost every two minutes...we have to protect the common good, our health" (quoted in Perrigo & Hincks, 2020). By way of comparison, both Greece and the UK announced national lockdowns on the same day. Even taking into account differences in population, the contrast could not be starker. Greece had 624 laboratory-confirmed cases and 15 deaths, and the UK had 6,650 confirmed cases and 335 deaths.

4.4 | Accounting

As part of its strategy, the government also began in March daily television broadcasts about the situation. Briefings were left to Dr. Sotirios Tsiodras, spokesperson for the Ministry of Health and a professor of infectious diseases at the University of Athens. As one of our interviewees said and as is widely reported in the media: "Every day at 6 p.m., people stop doing whatever they're doing to watch the briefings and get informed on recent developments." This is a coup for Greek civil service because it combines transparency and expertise. The briefings supplement the warnings issued by the Ministry about the need to adopt harsh measures early in order to save lives, even if that has adverse economic repercussions. As Tsiodras said in his daily briefing, which foreign media report (Labropoulou, 2020) that he conducts with humility and compassion: "I want to believe the pandemic is a victory, a victory so that we can move forward... The opportunity should not be turned into an opportunity for political tension...This experience is an opportunity to strengthen the sense of security. Everything should be done with transparency, ethical motives, and using strict regulatory rules" (NPHO, 2020). Indeed, it was deference to the experts, centralization of decisions and the depoliticization of the response that convinced the public to accept admittedly very stringent measures.

5 | WE ARE GOING OUT (WITH CAVEATS): THE SWEDISH CASE

The public faces of the Swedish COVID-19 response were chief epidemiologist Anders Tegnell and deputy chief epidemiologist Anders Wallensten from the Public Health Agency of Sweden [Folkhälsomyndigheten], while politicians took a decidedly secondary role in the process. This in line with the Swedish political system, which is characterized by the absence of formal ministerial rule when it comes to public agencies. Even though they are subordinate to a specific ministry, public agencies and civil servants have

considerable freedom when it comes to interpreting laws or exercising public authority (Larsson & Bäck, 2008).

Generally, Swedish policymaking is premised on accommodating conflicting interests by seeking compromise so everyone agrees on the output; this is part of the Swedish exceptionality thesis (Pierre, 2016). The policymaking process is deliberative in the sense that problem-solving is done by technocrats. Furthermore, it is rationalistic in that great efforts are being made to amass as much information as possible about the political issue at hand (Petersson, 2016).

5.1 | Sensemaking

The first case in the country was confirmed on 31 January 2020 (Folkhälsomyndigheten, 2020i). On that date, the Public Health Agency of Sweden proposed that COVID-19 be classified as a danger to the public and the society (Folkhälsomyndigheten, 2020a). The first press conference by the Health Agency of Sweden together with the National Board of Health and Welfare was held on 26 February 2020 (Folkhälsomyndigheten, 2020b), and between March 2 and May 3, press conferences were held daily and often in conjunction with other agencies, such as the Swedish Civil Contingencies Agency (MSB), the National Board of Health and Welfare or county governments, if their participation were relevant. On March 2, the contagion risk for Sweden was upgraded to "very high" (Folkhälsomyndigheten, 2020c). Public agencies amassed information, detected the impending crisis and made sense of it early.

5.2 | Decision-making

On 11 March, the Health Agency proposed to the government a ban for gatherings over 500 people (later reduced to a maximum of 50 people Folkhälsomyndigheten, 2020d; Folkhälsomyndigheten, 2020f). Moreover, on 16 March the agency recommended that people over 70 limit their social contacts while the next day high schools, colleges and universities switched to online teaching (Folkhälsomyndigheten, 2020e). On 1 April, new general guidelines encouraged all citizens to take responsibility in containing the virus; recommended that stores take measures to prevent overcrowding in their premises and that sports organizations arrange training outdoors; encouraged civil society organizations to postpone annual and other meetings and recommended employers take measures so that employees and visitors are able to physically distance (Folkhälsomyndigheten, 2020g).

5.3 | Meaning-making

The absence of formal ministerial rule notwithstanding, Stefan Löfven, the Swedish Prime Minister and leader of the Social Democrats, held a televised speech to the nation on 22 March 2020. Such direct addresses are very unusual in Swedish politics

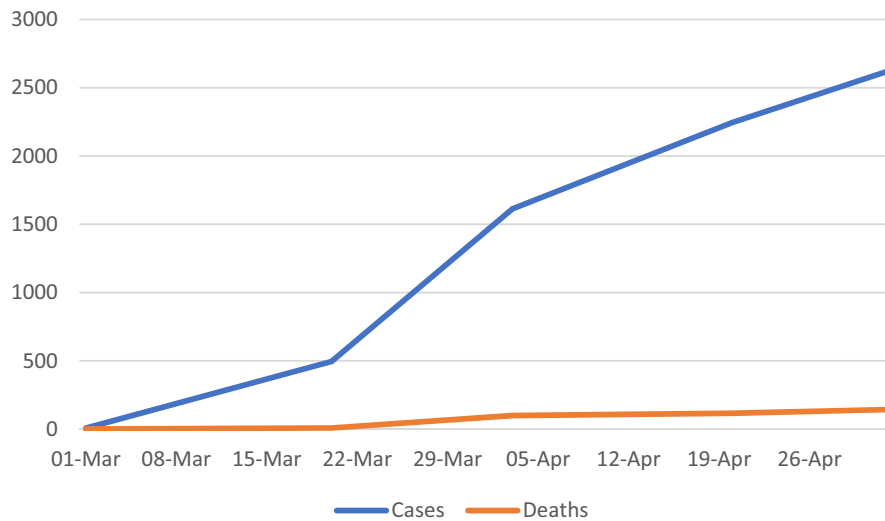


FIGURE 1 Laboratory-confirmed cases and deaths, Greece. Source: National Public Health Organization, Daily Briefings; Johns Hopkins University Corona Virus Resource Center

(Möller quoted in Bolling et al., 2020). Löfven set the stage by portraying the contagion caused by COVID-19 as a threat to the health and the economy of Sweden and Swedish citizens (Regerigen, 2020). Health, the economy and the inherent tensions in protecting both were running themes of the speech: “[t]he goal of the work of the government is to limit contagion so that not many people at once become seriously ill and to secure resources for health care as well as in these difficult times alleviate the consequences to you, the worker, and to our businesses” (Regerigen, 2020, n.p.). Löfven strikes a message of solidarity (a key concept in Swedish society) through individual responsibility. He notes that the virus is a threat to the whole of society and only through individual responsibility, with all citizens obeying the guidelines issued by the responsible agencies and helping each other, can it be combatted: “[n]ow we all have a large personal responsibility” (Regerigen, 2020, n.p.).

The message of the responsible individual contributing to managing the crisis of the collective is consistent with the general attitude when it comes to risk and crisis management in Sweden as evidenced, *inter alia* in the brochure titled “If Crisis or War Comes” sent by MSB to all Swedish households in 2018 (Petridou et al., 2019).

5.4 | Accounting

Daily press conferences and extensive press coverage notwithstanding, the Public Health Agency of Sweden has had to defend its decision to issue guidelines rather than a hard lockdown. In an editorial published by one of the two biggest dailies, *Dagen Nyheter*, on 14 April, 22 researchers posited that the civil servants are not able to deal with the crisis. They pointed out that people in elder care have (and still are) dying in high numbers due to lack of PPE (protective personal equipment) and concluded that it was high time for politicians to step in (Carlsson et al., 2020). This exemplifies the decentralized nature and open debate of the Swedish response to the virus epidemic, which still consists of only broad guidelines supported by ongoing research.

6 | REVISITING SUCCESS IN DIFFERENT NATIONAL CONTEXTS

We argued above that success of leadership response during a crisis is a function of problem definition and a trade-off between effectiveness, efficiency and accountability. In our cases, success implies consistency of narrative that is, a relatively consistent and clear relationship of response to the problem, and highly effective, efficient and accountable leadership. We present numerical indicators of deaths, cases and public opinion polls to demonstrate that both cases are successful but in different ways.

At first glance, Greece is a success. A country with a population of less than 11 million has had only 143 deaths as of 2 May 2020. That is an incredible feat considering the number of deaths in countries with comparable population, such as Sweden, during the same period stand at 2,669 deaths. The number of cases on that date stood at 2,620, while Sweden had experienced 22,082 cases. Figure 1 tracks the number of cases and deaths every bimonthly days since 1 March. The data suggest that the Greek response has been highly effective.

Assessing the economic impact of the response is not straightforward. Numbers are preliminary and volatile because the assessment is made prior to the crisis being over. Efficiency is important because of long-term economic consequences and attendant public and mental health consequences. Greece's response has had a devastating effect on the economy. Ameliorating health risks was judged to be essential to cushion the economic blow. Panos Tsakoglou, an economist and former advisor to the Finance Ministry, made the link between health measures and economic impact very clear: “The consensus was that the worse the health problem becomes, the worse the economic fallout will be” (Psaropoulos, 2020). On 14 April, the OECD (2020) forecast that Greece would be hit the most from a widespread shutdown because it is heavily dependent on tourism. By one account, tourism directly contributed 11.7% of GDP and almost 31% when counting indirect income (Perrigo & Hincks, 2020). The initial impact could be as high as almost 35% (the most affected OECD country) as opposed to Ireland whose estimate was 15% (the

least affected OECD country). The cost now appears to be much higher. Economic inactivity and additional government spending to cushion the blow have prompted the Ministry of Finance to revise its early forecast of 2.4% growth. The rosy scenario now estimates a contraction of 4.9% while the unfavourable forecasts a recession of 7.9%. Response measures and enacted subsidies (until June) are estimated to stand at €10.35 billion or 5.8% of GDP (Kathimerini, 2020). Nevertheless, it should be noted that the effects are not solely dependent on the Greek response. Even if the country kept everything open, if others shut their borders for their own reasons, the Greek economy would have still been devastated for lack of tourists. The Greek response has been inefficient but little could be done to stave off the enormous cost.

In terms of accountability, the Greek government's response to the crisis has been a success to voters' eyes. In an opinion poll by Metron Analysis on 22–28 April, a full 87 per cent of those asked had a favourable opinion of the government's handling of the crisis. As Figure 2 shows, favourable views soared since March and have stayed very high despite a dip in how the government has handled the economy. The numbers are similar in other polls. For example, in a poll conducted by Pulse (2020) on 30 March–1 April, 82 per cent viewed the government's response (very or somewhat) favourably. Marc (2020) reports findings from a poll on 11–13 April that 90.9 per cent view the government's drastic measures as necessary or inadequate (meaning stricter measures are needed). All this serves as evidence that despite the significant economic repercussions, Greeks have appreciated the effectiveness, efficiency and accountability of the government's response.

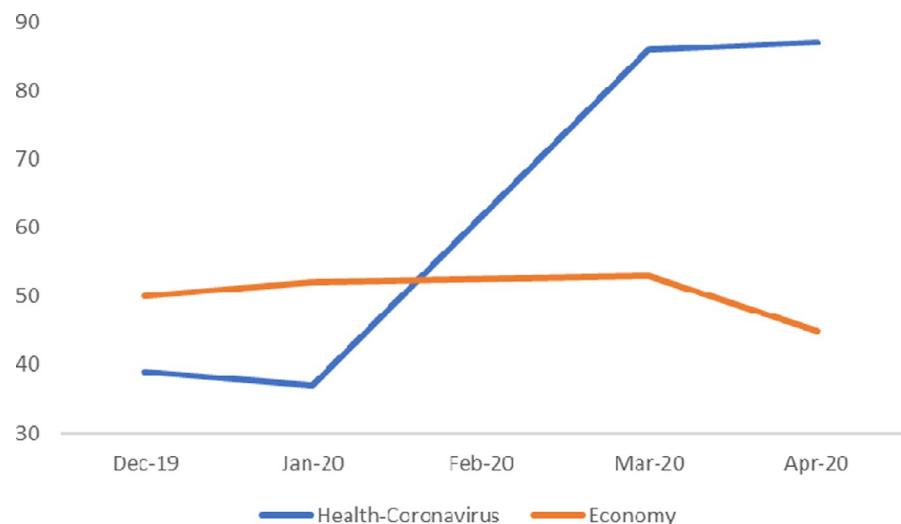
The Swedish narrative of personal responsibility and solidarity has been consistent as well, despite some domestic and widespread international criticism. The Swedish response is based on measures that are sustainable in the long-run with a goal of “flattening the curve” that is, controlling the number of the sick so they do not overwhelm the healthcare system. As Tegnell stated in an interview with *Nature* (Paterlini, 2020), the country's response is a corollary of culture, legal framework and the above-mentioned long-term goals. In addition to the autonomy of public agencies, the Swedish

constitution does not allow for the declaration of a state of emergency during peace time (Petridou, 2020). Swedish society and politics are based on high levels of trust to the public sector and an attitude of consensus (e.g. Pierre, 2016), which makes for citizens obeying rules even if these rules are mere guidelines—as opposed to Greek citizens, who are characterized by a marked mistrust towards authority. Despite the sensationalist media coverage of people not physically distancing in Stockholm bars, the reality is that generally people (two-thirds of those polled) do not go to bars and restaurants, and they avoid meeting others, do not travel and do not use public transportation (Källebring, 2020). Additionally, the decentralization of power in the Swedish system makes it legally impossible and politically sensitive for the central government to shut down operations in the country's 290 municipalities.

The healthcare system in Sweden was able to handle the COVID-19 cases. Figure 3 tracks cases and deaths. In trying to strike a balance between effectiveness and efficiency, Sweden failed the elderly population as the majority of the deaths are in the category 80–89 years of age—1,084 out of 2,579 as of 4 May 2020 (Folkhälsomyndigheten, 2020h; 2003 see also SOU, 2020). Contributing to the high number of deaths are policies of the past: welfare cut-backs, privatization and a high turn-over of personnel, often from low-income immigrant population, who also suffered disproportionately during this crisis (Canoilas, 2020).

A recent report by the National Institute for Economic Research (2020) forecasts a drop by slightly more than 6 percentage points in the second quarter of 2020, while for the year the prognosis is between 2 and 7 per cent economic contraction (compared to global GDP from −0.8 to −3). Concomitantly, the Swedish government adopted several economic measures with the purpose of containing the transmission rates of the virus in the workplace, in the form of changes in the annual budget proposed to the parliament in the spring of 2020. These included compensation for the standard deduction for sick days, a waiver of a doctor's note until the 21st sick day and limited provisions for sickness pay for people belonging in risk groups. Further measures included loan guarantees to small- and medium-sized businesses and support to the municipalities to offset

FIGURE 2 Favourability of Government Action (%). Source: Metron Analysis (2020). Random sample of 1,204 individuals; error term $\pm 2.8\%$



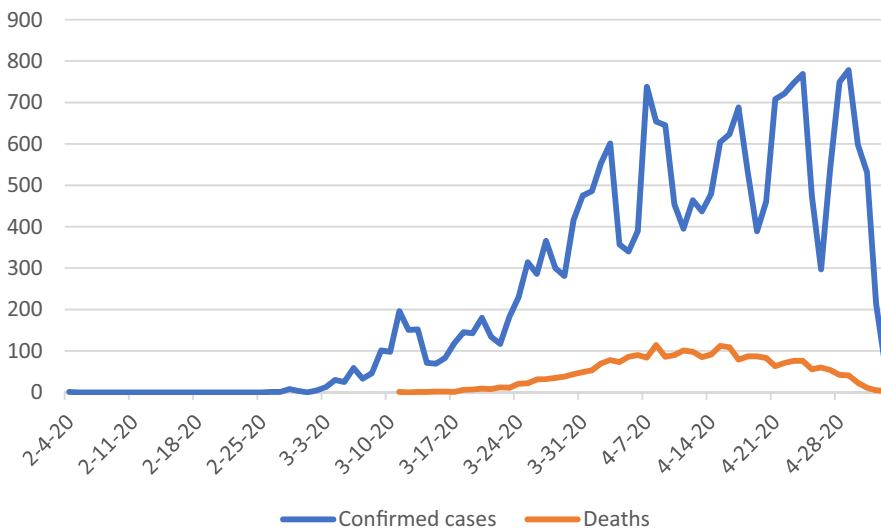


FIGURE 3 New confirmed cases and deaths in Sweden, 2 February–28 April 2020. Source: National Health Agency of Sweden

costs (Government Offices of Sweden, 2020). Trust in Stefan Löfven was up by 16 points from the 28th of January, at 44 per cent (Rosén, 2020). In terms of accountability, the Swedish citizens generally support the government's response.

7 | PUBLIC LEADERSHIP WHEN MANAGING CRISES

We conclude with implications for assessing leadership under crisis and draw practical lessons from our COVID-19 case studies. The literature on crafting a crisis response is split between prescriptions of centralization and decentralization. The tendency towards centralization is well documented 't Hart et al. (1993), while emergent transboundary crises pose significant challenges to centralized institutional arrangements (Boin, 2019). Unlike Moorkamp et al. (2020) who propose an organizational synthesis between the two structures, we find both positions to be tenable but under different contextual circumstances. Centralization at the national (or international) level benefits from speed and efficiency in sensemaking, decision-making and to an extent meaning-making. However, it raises significant issues of democratic deliberation and accountability in political contexts where the rules of collaborative engagement among bureaucratic organizations are unclear and their autonomy is politically disputed. The way the Greek government tried to overcome these obstacles was by stressing the importance of expert advice both in presentational and substantive policy terms. Coordinating a decentralized structure, as the Swedes have done, facilitates accountability and provides democratic legitimacy but may also invite bureaucratic conflict and political tension in decision- and meaning-making. Although the level of inter-agency collaboration in Sweden is high, there was, for example, one piece of news reporting regarding lack of agreement among the three agencies at the forefront of the response to the crisis—the Public Health Agency of Sweden, the Swedish Civil Contingencies Agency and the National Board of Health and Welfare—over a smart phone application (Delin, 2020).

While both responses involve opposite trade-offs between dimensions of response, the common ground is the use of experts. In both cases, experts were used to legitimate responses but in one case (Greece) they help shape policy while in the other (Sweden) they make policy. The problem of structure, therefore, is not so much a question of effectiveness but an issue of trust. Both cases are effective in their own way but coordination in a decentralized environment requires trust horizontally across agencies and vertically between agencies and ordinary citizens. Agencies need to rely on each other's professionalism and expertise and to make the system work, and they all demand high individual and social responsibility from citizens. In the presence of low trust, centralization of response is probably the best way to avoid chaos. Trust (or lack thereof) helps build structure and both may generate success.

The COVID-19 experience also generates two theoretical and practical lessons for crisis managers. First, *there is more than one path to success*. It is not enough to only specify trade-offs as McConnell (2011) rightly prescribes, the dimensions of success need to adapt to local institutional, political and cultural contexts. By almost any measure, the Greek case spells success. Sweden took a very different path. It, too, appears to be successful but in different ways. The tension between effectiveness and efficiency leads to a calculus that is not the same in all circumstances. The heavy top-down Greek approach could not be replicated in Sweden; it would have been culturally and politically rejected. At the same time, Sweden's response based on personal and social responsibility would not work in Greece. Neither could the Swedish response be replicated because Greece does not have the resources or institutional capacity. Yet, in both cases voters think the response of the respective health agencies has been an unqualified success.

Second, *turn weakness into strength*. All too often leaders are pressured into appearing decisive in a show of strength as a way of overcoming obstacles during crises (Boin et al., 2017). While this often makes sense, the drawback is sometimes complacency. Success in crisis response does not necessarily imply speed of decision-making. It served the Greeks well, but as the Swedish case

makes clear, deliberation should not be misconstrued for weakness or indecisiveness. The Swedish approach may appear weak and wanting in decisiveness and strength of action, but its strength lies in its alignment with the country's political and cultural values.

Strength can undermine sensemaking, leading to the familiar problem of underestimating the crisis and overestimating the ability to respond. We find an equally rewarding response may be one motivated by weakness. Under normal circumstances, Greece should not have succeeded. The health system was too weak and underfunded. And yet, that's exactly what happened because everyone knew the health system's weaknesses. The professionalism and expertise of public officials cannot be overestimated, but the key was to turn weakness into strength. "Other countries, with much better hospital infrastructure and more ICU units per population, maintained an illusion that their systems would be able to cope, so they delayed [countermeasures]," informs Yannis Tountas, head of Greece's Institute for Social and Preventive Medicine (quoted in Labropoulou, 2020). To return to the film *Outbreak*, that is the main lesson of the brilliance of leadership during crises; success in the face of failure.

DATA AVAILABILITY STATEMENT

The data supporting the findings of this study consist of publicly available documents and may be gleaned from the reference list.

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ENDNOTES

¹Taken from <https://www.moviequotedb.com/movies/outbreak.html>. Last accessed April 29, 2020.

²Boin et al. (2017) outline a fifth task/challenge, learning, but since the crisis is unfolding it is beyond the scope of this article.

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