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Small elite network and less formal governance structure: Efficient knowledge sharing and rapid policy responses?

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Abstract: This paper analyzes whether the seven Nordic countries, by virtue of their limited administrative size and less formalized governance arrangements, were particularly well-suited to fostering rapid knowledge sharing and adaptive policy responses during the early stage of the COVID-19 pandemic. The cases reveal a spectrum of governance arrangements, with informality and social intimacy most pronounced and impactful in the smallest jurisdictions (Greenland, the Faroe Islands and Iceland), hybrid models dominating in mid-sized states (Finland, Norway, and Denmark), and formal structures prevailing in larger systems (especially Sweden). Our findings suggest that, while informal governance and elite proximity proved invaluable in certain contexts, their effectiveness depended heavily on structural factors unique to each state. Administrative size matters as a key variable that interacts with governance design, expert integration, and political leadership to shape crisis response outcomes. Smallness, when understood not merely as constraint but as a distinct administrative condition, can be a potent asset in navigating complex crises; if, however, it is accompanied by the right balance of informality, coordination, and institutional coherence.

Keywords: COVID-19, crisis management, governance, Nordic states, pandemic, public administration, size, small states

Introduction

The COVID-19 pandemic placed unprecedented stress on states' governance systems, testing their ability to make timely decisions, coordinate across agencies, and integrate expert knowledge into crisis responses (Bernhardsdóttir & Thorhallsson, 2025). While much of the crisis management literature has focused on failures and dysfunctions, especially in large and complex systems (Boin et al., 2021; Wolbers et al., 2021), there is a growing need to explore how state size and administrative structures shape the capacity to respond flexibly and effectively. This article contributes to that effort by examining whether the size of public administrations in the Nordic jurisdictions (Sweden, Norway, Denmark, Finland, Iceland, the Faroe Islands and Greenland) facilitated informal governance arrangements and enabled rapid knowledge sharing between decision-makers and experts during the pandemic.

Public administration research has long underscored the relevance of structural capacity, bureaucratic organization, and coordination mechanisms in enabling or constraining effective policy-making (Christensen & Lægreid, 2006; Pierre & Peters, 2000). However, traditional assumptions often privilege the analysis of large and complex administrative systems, paying comparatively less attention to small states. The small state literature addresses this gap by arguing that unique features such as reduced population, compressed policy spaces, and elite intimacy generate distinctive patterns of governance (Thorhallsson, 2000; Baldacchino & Wivel, 2020; Veenendaal & Corbett, 2020). Small states have traditionally been conceptualized as units with constrained resources and vulnerability to external pressures (Katzenstein, 1985); but contemporary analyses highlight their compensatory strengths, particularly in the realm of governance. Small state size can enhance coordination, reduce bureaucratic silos, and promote agility in policy response (Sarapuu, 2010; Sarapuu and Randma-Liiv, 2020). Moreover, Corbett and Veenendaal (2018) emphasize the role of personality-driven politics, elite proximity, and social intimacy in shaping state action. These characteristics, while sometimes criticized for fostering informality or patronage, can also be advantageous in contexts requiring fast, decisive action.

In parallel, public administration literature has increasingly turned its attention to the role of informal structures, network governance, and co-production in contemporary statecraft. Scholars such as Christensen and Lægreid (2020) and Ansell, Sørensen and Torfing (2022) have documented how crisis situations push states to rely not solely on hierarchical command structures but also on horizontal networks that cut across formal lines of authority. These networks – often informal, ad hoc, and driven by interpersonal trust – allow for rapid integration of expert knowledge, shared situational awareness, and more responsive decision-making. When combined with the characteristics of small states, such as elite proximity and compressed administrative spaces, these networked forms of governance may be even more pronounced and impactful.

While the crisis management and public administration literature offer theoretical grounds for expecting informal governance to flourish in small states, there is limited empirical work that systematically examines this in the context of a major transboundary crisis. This article synthesizes insights from both sets of literature to better understand how institutional scale interacts with administrative formality, elite networks, and expert engagement during high-stakes crises.

Our core hypothesis suggests that small states, due to their size and institutional configurations, are more likely to exhibit less formal governance arrangements that permit frequent informal interactions between decision-makers and experts (Corbett & Veenendaal, 2018). This mode of interaction can significantly enhance knowledge sharing and facilitate rapid, adaptive policy responses in times of crisis (Sarapuu, 2010; Sarapuu & Randma-Liiv, 2020; Thorhallsson & Ellertsdóttir, 2004; Bernhardsdóttir & Svedin, 2004). We examine this

hypothesis using comparative empirical evidence from the seven Nordic countries' responses to the COVID-19 pandemic: this was a critical moment that exposed the strengths and weaknesses of governance systems worldwide.

Dynamics of formal and informal governance

Accordingly, this paper focuses on the key concepts of formal and informal governance. To ensure conceptual clarity and analytical precision, we outline our understanding of these terms as follows:

Formal governance refers to institutionalized decision-making systems that are built on predefined procedures, organizational roles and structured chains of command. Within the Nordic pandemic context, this form of governance was embodied through cabinet structures, public agencies and structured crisis management protocols. *Informal governance* refers to trust-based, ad-hoc practices of coordination that operate outside or alongside established bureaucratic procedures. These arrangements might be horizontal in nature and rely on direct, informal interactions between relevant actors to facilitate rapid information exchange and decision-making: for example within the cabinet, between agencies or between ministries. They might also be vertical between ministries and agencies, or between central and local government. Such networks, partnership and forums might also include stakeholders and actors in the private and voluntary sector.

The COVID-19 pandemic offers an ideal case to examine these dynamics. Unlike many prior crises, which were often sector-specific or temporally bounded, the pandemic challenged all levels of governance across virtually every policy domain, making it a "meta-crisis" (Boin et al., 2021). As such, it demanded both the mobilization of existing institutional resources as well as innovation in governance modes, including the reconfiguration of relationships between political leaders, bureaucrats, and experts. In such scenarios, formal procedures often give way – by necessity or design – to informal networks, cross-sector coordination, and the mobilization of latent administrative capacities (Ansell et al., 2021). Our analysis situates small states within this framework, arguing that their institutional peculiarities may amplify these tendencies and yield a distinct crisis governance model.

The seven Nordic states and territories

The Nordic states and territories offer fertile ground for studying this argument. Despite a shared commitment to democratic governance, universal welfare, and public sector professionalism, they display marked differences in administrative scale and design. Sweden, with its large population and deeply formalized public agency model, stands in contrast to Iceland, Greenland, and the Faroe Islands, where size constraints necessitate flexibility, informality, and even improvisation. Mid-sized Nordic countries like Norway, Denmark, and Finland offer intermediate cases where both formal and informal governance modes coexist.

The Swedish model is characterized by a high degree of formalism in its division of labour between political leadership and independent public agencies. This model is rooted in a constitutional tradition that deliberately distances political decision-making from the daily operations of administration, preserving agency autonomy and expert-based guidance (Pierre, 1995; Premfors, 1991). During the pandemic, this led to the Swedish Public Health Agency (FoHM) assuming a central role in communication and policy formulation, with political actors maintaining a largely supervisory role. The implications of this model are complex: while expert knowledge was readily available, the rigid separation of responsibilities may have inhibited broader coordination and adaptive learning during the crisis (SOU, 2022:10).

In contrast, the smaller Nordic jurisdictions of Iceland, Greenland, and the Faroe Islands showcased more informal, adaptive forms of crisis management. In these countries, the personal proximity between decision-makers and experts facilitated rapid information exchange and policy adjustment. For example, in the Faroe Islands, the repurposing of veterinary testing infrastructure for mass COVID-19 testing was not the result of formal planning, but of ad hoc collaboration across administrative boundaries (Olavson, 2024): a form of "bounded autonomy" (Ansell et al., 2022). Similarly, in Iceland, informal networks and direct communication between ministers and experts were central to building trust and enabling coordinated responses (Bernhardsdóttir et al., 2022).

This form of governance aligns with what Baldacchino and Veenendaal (2018) call "social intimacy": a phenomenon whereby small populations foster dense networks of interaction, trust, and mutual recognition. In public administration, this can translate into a capacity for responsive government; even in the absence of extensive formal procedures or institutional specialization. Such intimacy, however, is double-edged: while it can enhance coordination, it may also raise questions about transparency, accountability, nepotism and patronage, and robustness of decision-making processes.

Intermediate cases like Norway and Denmark illustrate how small state features can be institutionalized into hybrid governance models. In these countries, formal crisis management structures such as the NOST (a network structure of all relevant crisis response authorities in Denmark) or the COVID-19 Committee (RCU) (which consisted of ministers from the most impacted ministries in Norway) were complemented by informal consultations, expert colloquia, and multi-level coordination mechanisms. These arrangements enabled relatively fast and coordinated policy responses, though not without critiques regarding top-down micromanagement or marginalization of existing crisis management frameworks (NOU, 2021; Folketinget, 2021). Finland, with its flexible formal structure and the strong role of the "viisikko" leadership group (a group of five political party leaders), also exemplifies the blending of formal procedures with personalistic and informal coordination.

From a theoretical perspective, our study builds on the idea that public administration systems are shaped not only by legal and organizational parameters but also by their socio-political environments, including state size, elite networks, and traditions of political culture (Peters, 2001; Painter & Pierre, 2005). By focusing on small states within the Nordic region, we aim to demonstrate that these structural characteristics can yield both constraints and advantages in managing crises. Crucially, size is not treated here as a categorical variable, but rather as a continuum where the degree of smallness influences the salience of different administrative features (Bray & Packer, 2006; Sarapuu & Randma-Liiv, 2020).

This article

This article contributes to the scholarship on public administration, small states, and crisis management by highlighting how informality and administrative flexibility can enhance the crisis response capacity of small public administrations. Rather than interpreting informality or elite proximity as deviations from bureaucratic norms or indicators of institutional weakness, we argue that these characteristics may serve functional purposes in increasing state responsiveness under conditions of uncertainty.

The sections that follow examine empirical evidence from each Nordic case in turn, comparing the presence and effects of informal networks, expert access, and governance flexibility. In doing so, we seek to assess the extent to which small state characteristics – particularly informality and social intimacy – have contributed to, or hindered, effective crisis management. Ultimately, our goal is to refine our understanding of how administrative scale

influences state capacity, and to explore the conditions under which smallness becomes a strength rather than a liability in the face of public health emergencies.

Norway: Informal forums and networks in the shadow of hierarchy

In Norway's response to the crisis, several informal forums and network arrangements were created, including the COVID-19 Committee (RCU) within the cabinet. The RCU, which consisted of ministers from the most impacted ministries, was intended to address the need for more frequent meetings and more efficient management of COVID-19-related matters (NOU, 2021, pp. 214, 250). However, this arrangement led to a narrower cross-sectoral deliberation and coordination compared to regular cabinet meetings (NOU, 2021:6, p. 216). Consequently, the Corona Commission criticized the government for not utilizing the established systems for crisis management (NOU, 2022: 5, p. 451; Christensen et al., 2023, p. 669; Fosse et al., 2022, p. 1).

In addition, more frequent and informal meetings were held between the Ministry of Health and Care Services (HOD), the Directorate of Health (DH), and the Norwegian Institute of Public Health (FHI). An expert colloquium involving DH, FHI, and health enterprises also became an essential forum for consultation and exchange of information (Christensen et al., 2023). The ongoing dialogues with FHI enabled the rapid integration of expert knowledge into the DH's decision-making.

Strong collaboration within the central government's health sector was supplemented by consultations with other ministries, stakeholders, and external experts. These informal forums fostered improved dialogue in the development of infection control measures, bridging gaps between sectors and contributing to more effective policies (Christensen & Lægreid, 2020, 2023; Christensen et al., 2023).

In line with the Norwegian collaborative policy making style, different ad hoc expert groups were established. The inquiry commissions on the government's crisis management of the pandemic submitted their first report in 2021, their second in 2022 and their third in 2023. Also, the expert group on socioeconomic assessments of infection control measures submitted several reports which had significant impacts on actual crisis management practice. There were also expert committees on more specific areas such as quality of life, mental health and drug use; measures in schools and kindergartens; priority groups for vaccination; and the use of various vaccines.

These informal and ad hoc consultative network arrangements operated within the shadow of the formal hierarchy. As such, they remained constrained by centralized authority and did not really challenge the prevailing top-down decision-making structure. This structural rigidity was later criticized by The Corona Commission. The Commission pointed to the government's overly detailed and hierarchical approach to decision-making, raising concerns about the level of top-down micromanagement exercised by the cabinet, HOD and Ministry of Health (NOU, 2022:5). Nevertheless, the integration of informal forums and networks alongside formal hierarchical structures improved the flow of information between decision-makers and experts. The improved information flow enhanced decision-making and enabled more timely policy adjustments, allowing for a more flexible crisis response throughout the crisis the (Fosse et al., 2022).

Sweden: A heavily formalised system

The formalised distance between decision-makers and the operative end of the crisis management in Sweden challenges our hypothesis that small states have less formal governance structures and that this affects the availability of expert knowledge to decision-

makers. The Swedish public agency system is specifically designed to contradict every part of that hypothesis. The guiding principle of this system is that the public agencies are the experts, and they should advise both up and down: to the political level, and to the operational level. In this case, the Public Health Agency (FoHM) was even explicitly given the task to serve as the channel out to the public, and the conduit by which the counties could provide status feedback to the government. Availability is not just formalised but done so with the express intent of making expert knowledge readily available to decision-makers on all levels.

In addition, a special coordination office of the county administrative councils was set up to provide ground intelligence on the state of the country outside of just healthcare concerns (SOU, 2022:10, pp 340f; 360, 396f). For the most part, rapid knowledge sharing and access to expertise was good, despite the size of the formal structure, thus to an extent falsifying the hypothesis; but part of this can be explained by how the decision-making and the responsibility was distributed away from the central government and more towards the agency level.

For example, curiously, one of the main criticisms against the Swedish government's management of the crisis is that it delegated its responsibility to the agencies, most notably the Public Health Agency (FoHM), following the logic that they were the experts so they should also be the decision-makers (SOU, 2022:10, pp. 629f; 639ff). Only when the existing toolset in terms of available public funding or legal justification for necessary measures proved insufficient did it become a matter for the central government and/or parliament to resolve. The legal patch of a temporary law to bridge gaps in the "smittskyddslagen" and "ordningslagen" is perhaps the most obvious example of this; but the funding of large-scale testing and of the emergency acquisition of health care materiel and protective equipment sits in the same category. The question then becomes one of, what level (and meaning) of "policy" is needed and what expertise is needed for those levels?

On the one hand, the Swedish system is heavily formalised, but with the express intent of making expert knowledge available. On the other hand, this formalisation also expresses an intended division of labour that could itself be criticised exactly because it means certain policy levels are deliberately distanced away from experts in supposedly unrelated areas. But what happens when that supposition does not match what is needed – from a perception perspective, or in actual practice — to successfully manage a crisis?

Finland: Flexible formal structure

Less formal governance structures enabled frequent interaction between decision elites and experts in Finland. For example, Prime Minister Sanna Marin convened informal government meetings and established a COVID-19 coordination group, facilitating information and expertise sharing. This approach allowed the Finnish government to demonstrate rapid policy responses, such as establishing new preparedness groups and adapting strategies based on expert recommendations. Experts from the Finnish Institute for Health and Welfare (THL) were also prominently present in government information sessions for the media and the public (Deloitte, 2021, pp. 14-16).

The THL acts as a national expert institution, providing guidelines that informed government decisions during the pandemic. It operates under the Ministry of Social Affairs and Health (STM), meaning it is directly influenced by political leadership. Initially, the role of experts was emphasized due to weak political management, which persisted until March 2020 when leaders recognized the pandemic's seriousness. Throughout the crisis, THL and STM often had differing views; but, ultimately, political entities like STM made final decisions, sometimes even silencing health authorities. The dominant role of the STM emphasized the pandemic as a health crisis which led to overreaction in lockdowns, such as

school restrictions and other educational institutions and in other activities which weakened the condition of vulnerable citizens (Safety Investigation Authority, 2021, p. 90; EK, 2022).

Since mid-March 2020, the crisis was primarily managed by "viisikko" ("the five"), consisting of the political party leaders of the government coalition. This group consistently emphasized the importance of listening to experts but ultimately made decisions based on their judgment. An example of this was the delay in recommending face masks due to a shortage, despite early recommendations from the Finnish Institution of Occupational Health (TTL) (EK, 2022, pp. 13-14). Given the close connection between experts and the top decision-makers and the government's capacity to take the most important decisions independently, the Finnish crisis management model is characterized as "limited rational" (Stenvall et al., 2023).

Personality driven politics could be seen in the strong connection between individual leaders and constituents. It was evident in the public's adherence to restrictions, with pandemic leadership revolving around "viisikko" and especially Prime Minister Sanna Marin in the media (Mörttinen, 2021, pp. 36-38). Interestingly, strong political polarization was not a significant issue in Finland, as the opposition generally aligned with the government and even called for stronger restrictions (Mörttinen, 2021, p. 34). If stronger restrictions would have been implemented, it would have translated into the capacity of leaders to dominate all aspects of public life.

Denmark: Activation of multiple formal and informal networks

Denmark's response to the crisis relied on several formal and informal forums and networks. Most importantly, the government relied on the crisis management structure with cross-sector coordination by NOST, a network structure of all relevant crisis response authorities (defence, police, foreign affairs, security, health care, civil defence, critical supplies etc) and cross-ministerial coordination by the AC Group (a group of high-level bureaucrats representing each of the ministries). The coordination was further augmented by the establishment of NOST+, a network which became an important coordination forum between the regular NOST, AC Group, the Ministry of Justice (as government coordinator) and the Prime Minister's office.

The government held frequent meetings with regions and municipalities to coordinate capacity and implementation of the many and frequently adjusted policy measures. An example is the establishment of a task force on 5th March 2020 by the Danish Health Authority, municipalities, regions and general practice doctors to coordinate capacity and crisis responses (Folketinget, 2021).

The state-region-municipal networks were mirrored by coordination networks across regions and hospitals to share information and coordinate resources (Sundhedsstyrelsen, 2020). The municipalities were also characterized by informal networks and trust between politicians and bureaucrats in developing strategic responses and agile operational adjustments (Klausen, 2024).

The government also created various expert groups to support the health authorities in developing epidemiological and economic forecasts and models for assessment of various policy options (Andersen et al., 2020).

The activation of multiple formal and informal networks among policy and expert elites allowed for fast and coordinated responses to the pandemic. This was facilitated by the strong role of the Prime Minister and her office at the apex of the political and administrative set-ups. Just like Norway, this strong role of the prime minister and her office has been criticized as an unnecessary deviance from normal coordination procedures which rely on a principle of sector ministry coordination (Folketinget, 2021). It has also been argued that the speed and complexity of new measures weakened the possibility for the normal parliamentary controls and interventions (Folketinget, 2021). Finally, it has been argued that the multiple coordination

structures (NOST, NOST+, AC Group) created extreme pressure on administrative resources in key agencies, including the Danish Health Authority (Folketinget, 2021). However, it is also recognized that strong central coordination and activation of multiple crisis management networks enabled fast responses that secured relatively good outcomes in the Danish case (Folketinget, 2021).

The Danish example also exemplifies how public-private networks can prove very effective in a small state. This is demonstrated by the agreements with Novo Nordisk to provide laboratory capacity for COVID-19 tests (RegionH, 2020) and the donation of 250 million DKK (approximately 33.5 euros) by the Novo Foundation to establish Test Center Denmark. This enabled rapid and extensive test capacity in a network collaboration between the state, the regions and Novo Nordisk (Folketinget, 2020; Novo Nordisk Fonden, 2025).

Iceland: Informality within formal and ad-hoc procedures

Iceland used the official formal policy procedures already established within the actual crisis policy-making mechanism. However, decision-makers' interactions were characterized by informal interactions. Non-formal communications between politicians and experts were notable.

A 2008 Civil Protection Act led to an increased emphasis on contingency planning within the Icelandic ministries. This work supported the formally coordinated response to the COVID-19 pandemic across ministers and ministries. Issues related to the pandemic were discussed in four ministerial committees; but, given the broad scope of the crisis management, dozens of steering-, action-, and preparation groups had to be established to support the authorities on COVID-19 related issues.

Based on law (115/2011) the Prime Minister can, with the approval of the government, appoint ministerial committees to discuss special issues. Two ministerial committees are statutory: Public Finances and the Economic Affairs. Besides these, two other, previously established committees impacted on the response to the COVID-19 pandemic: the committees on the coordination of issues concerning more than one ministry, and on equality issues. The Coordination Committee discussed multifaceted COVID-19 related cases that were, for instance, related to the labour market and the implementation of travel restrictions, including quarantine of travellers, sampling, and border controls. However, when the second phase of the pandemic hit and thus the realization that the pandemic was not subsiding, the Prime Minister, Katrín Jakobsdóttir, implemented new procedures in October 2020, that included the establishment of a special COVID-19 Response Team and an extended role of the Coordination Ministerial Committee. The Team included six ministry employees, personnel from other ministries and others connected to specific operations. The COVID-19 Response Team was given four main assignments: advising the government on strategic planning across the management system; monitoring government actions; connecting and promoting cooperation and consultation between the relevant ministries; and coordinating information sharing across the management system (Bernhardsdóttir et al., 2022).

Before the establishment of the COVID-19 Team, various groups had been established that had a role to play across ministries in response to the pandemic, such as an economic group led by the Ministry of Finance and Economic Affairs, a response team led by the Ministry of Social Affairs, and a steering group of the Secretary of State for border arrangement. These groups were active throughout the responses and new ones were established. In addition, individual ministries were responsible for various projects related to the pandemic. Hence, the Cabinet followed formal procedures in the first responses but needed to establish various ad hoc groups to manage the crisis throughout the extreme situation. Overall, the policy responses were flexible, and obstacles were addressed in the decision-making process.

In the beginning of the pandemic, the Icelandic government activated the National Pandemic Response Plan, initiated by the Civil Protection Agency of the National Commissioner of Police and the Chief Epidemiologist, and established a steering group consisting of the National Commissioner of Police and the Chief Epidemiologist. The collaboration between those actors, and thus the development of the response plan for a potential pandemic, had already began in 2005 with the first plan enacted in 2016. Thus, people were used to working together, trust had been established between key decision-makers, and the division of responsibilities was clear. Early in the pandemic, this steering group became a key player in coordinating actions. It was expanded and given a significant role in coordination, information sharing, and organization within the administration. The Secretary of the Ministry of Justice and the Secretary of the Prime Minister's Office were added to the group and relevant experts attended the steering group meetings, among other things to ensure that information was quickly and efficiently fed into the administrative system. How this group evolved and expanded also bears witness to the flexibility that compensates for the smallness of the administration. Indeed, this degree of flexibility may only have been possible within a smaller polity.

Another ad hoc platform initiated by The Minister of Health was weekly meetings with directors of health institutions around the country to maintain an overview and provide guidance. This platform proved to valuable especially to the many small communities around the country.

The informal interactions between politicians and experts in the COVID-19 response, such as between the Minister of Health and the Chief Epidemiologist that were in constant communication, built trust that was essential in the decision-making process. Another good example of informal interactions and knowledge sharing was seen in how the Prime Minister, Katrín Jakobsdóttir, was receptive to informal information from various actors in society by phoning them directly to discuss and seek information. In 2021, she launched a series of meetings which functioned like seminars where conversation between scholars took place (Bernhardsdóttir et al., 2022). It should be stressed that former research on crisis management in Iceland also displayed such informality (Bernhardsdóttir & Svedin, 2004).

Informal communication and trust were the foundations of good collaboration between actors responding to the pandemic. In the light of how many were called to participate in rapid responses, the need for flexibility and informal communication became salient.

The Faroe Islands: quick adjustments enhanced by the small size

The small size of the Faroese public administration enabled quick adjustments and a high degree of adaptability. During the first few weeks of March 2020, the system needed to establish how the pandemic should be dealt with, that is, who oversaw what? Practical pandemic governance would turn out to differ significantly from formal crisis arrangements, highlighting the informal governance culture within the Faroese system. A couple of examples aptly illustrate this informality and adaptability.

First, while epidemics (and pandemics) were under Danish jurisdiction, mandated in the Danish Epidemic Law, formal Danish legislation was practically ignored during the entire crisis and replaced by locally sourced soft law (Justinussen & Olavson, 2024). For example, the Epidemic Law gave a significant mandate to the Danish Health Minister and an Epidemic Commission to implement emergency epidemic measures in the Faroe Islands in consultation with the Faroese government. Yet, the Danish Health Ministry was never involved in Faroese pandemic governance, leaving the Faroese government responsible for dealing with all aspects of pandemic management and coordination. The Epidemic Commission also had several

mandates to implement strict formal crisis measures but acted only in an advisory capacity to the Faroese government, except for setting up compulsory border testing.

Second, prior to the pandemic, Faroese emergency preparedness legislation mandated the establishment of a formally established Crisis Commission. This commission met a few times at the outset of the pandemic; but, after the centralisation of pandemic management in the Prime Minister's Office and with the Epidemic Commission as the main advisory body to the government, it was deemed surplus to requirements. The formally-established Crisis Commission was replaced by informal arrangements. The Faroese Health Ministry suffered a similar fate: its influence on COVID-19 policy faded and was replaced by pandemic-related administrative tasks.

These examples show that, when existing formal arrangements were deemed ineffective in terms of speed and competence, they were replaced by other informal governance arrangements. In addition, the informality of Faroese COVID-19 management was expressed by the horizontal networks that transcended formal boundaries, as often occurs in crises (Christensen & Lægreid, 2020; Sørensen & Torfing, 2005).

A decisive example of ad hoc collaboration was the temporary administrative marriage between the hospital system and the veterinary authority, which normally do not collaborate formally. This 'odd couple' provided the foundation for the Faroese COVID-19 strategy. Due to Faroese experience and industrial trauma related to salmon virus outbreaks in the aquaculture industry in the early 2000s, the Faroe Islands had a highly advanced preparedness plan to deal with outbreaks of salmon disease. The head of the Faroese Food and Veterinary Authority, who is responsible for salmon disease preparedness, had previous experience managing virus outbreaks in aquaculture and adapting salmon testing to human testing during the 2009 swine flu epidemic. He monitored the COVID-19 outbreak from January 2020 on his own accord and proposed a local COVID-19 testing scheme to avoid delays associated with sending samples to Denmark for analysis. He also knew that the testing and laboratory capacity within the hospital system was limited. Therefore, he contacted the hospital system's management, which immediately supported the proposed scheme. In essence, the scheme involved the reconfiguration of industrial-scale testing resources for salmon testing for human testing.

As it turned out, being one of the smallest jurisdictions in the world in terms of human population while being among the top ten salmon exporters in the world resulted in an unrivalled testing capacity, which had decisive implications for the overall strategies employed by the government and for the practical management of the pandemic. According to the veterinary authority and hospital system executives his type of collaboration would not have been possible in a larger political administration, such as the Danish one. Owing to its administrative flexibility - largely a function of the small size of its public administration - the Faroe Islands achieved the highest per capita testing capacity worldwide in 2020, according to available statistics. (Hasell et al., 2020).

The Faroe Islands tested their entire population 3.7 times from March to December 2020. In comparison, Luxembourg had the second highest testing number – 2.6 times its population – and the United Arab Emirates had the third highest testing number: 2.2 times its population (Hasell et al., 2020). This capacity, which was a direct result of informal government arrangements, allowed the Faroe Islands to pursue a comprehensive testing, tracing, and isolating strategy during the first crucial months of the pandemic, when most of its neighbouring countries abandoned such a strategy. It allowed for a highly inclusive (and quite expensive!) testing of asymptomatic individuals, preventing wider outbreaks, and avoiding pressure on a resource-limited hospital system. Testing asymptomatic individuals lowered the "dark figures" (unknown positives), allowing effective contact tracing and enhancing reliable information on the spread of infection.

This example suggests that capacity is not necessarily determined by absolute resources and specialisation but can be severely enhanced by increased "bounded autonomy", which involves unusual collaborations within public administration (Ansell et al., 2022; Scognamiglio et al., 2023). The proximity between company CEOs, public administration directors, academic experts and other key figures increased the potential for "unusual" collaborations, since Faroese society is characterized by a high degree of "kendleiki" or "social intimacy" (Baldacchino and Veenendaal, 2018). This includes interpersonal trust, not only in the general population but also between organisations, allowing for quick knowledge sharing, common understanding, and policy responsiveness.

The key takeaway from the Faroe Islands is that a small informal governance structure enhanced the conditions for successful pandemic management.

Greenland: flexible policy responses

The governance system in Greenland is based on a mix of Danish and Greenlandic institutional frameworks rooted in the Danish constitution and the Scandinavian welfare model. The Greenlandic context of small, isolated communities with tight social networks entails both interactions and a high level of trust between various institutions and agencies (Demant-Poort, 2024, pp. 168-169). Greenland illustrated an example where there were short social distances between decision-makers and the public. Everyone knew who was in charge and who should be contacted in the event of an emergency.

Greenland has several tactics to minimize the risk of being unprepared when a crisis occurs. Exercises are occasionally undertaken between the police, Arctic Command, and the government. Greenland lacks a Coast Guard and therefore the Arctic Command also manages Coast Guard activities. Due to climate change, Greenland has been actively improving its crisis management due to the risk of tsunamis, grass fires, landslides, and permafrost thawing. The COVID-19 pandemic was not initially seen as a problem because the authorities thought that Greenland was unlikely to be affected and that isolating the country would be enough; but when the first person tested positive, the tone changed. The authorities realized that the pandemic was impossible to keep at bay and therefore adopted another strategy using PCR testing, quarantining, handwashing, and a travel ban, as well as a general lockdown (Ackrén, 2024).

At the beginning of the pandemic, there was a low testing rate which may have resulted in various cases remaining undetected. This would explain the official low numbers of infected people and deaths. In the second wave of the pandemic, September 2020 to January 2021, Greenland was still in a fairly good position because of continued restrictions and public health measures, coupled with Indigenous coping strategies such as prolonged stays on the land. People could not travel between towns and settlements, so they stayed in their local communities (Petrov, et al., 2021a; 2021b).

These practices minimized the proliferation of the pandemic. New airlinks to Copenhagen through Reykjavik were created for health personnel and other essential workers and for the transportation of test samples to share resources and expertise. Later, test equipment was shipped from the United States as well, which was made possible through diplomatic contacts with the US State Department. Five testing machines were purchased from the US and placed along the coast of Greenland outside Nuuk. In Nuuk, testing was managed by Amplexa Genetics, a private Danish firm, in close collaboration with the office of the Chief Medical Officer (Interview with Chief Medical Officer, 10th arch 2023).

All initiatives that were taken were discussed in the Epidemic Commission, but the final decision on major issues was always made by Naalakkersuisut (the government of Greenland).

The adoption of a nationwide strategy and the public's trust in expert advice, the restrictions, and other policy measures were a successful way of keeping the spread of COVID-19 in check.

Naalakkersuisut can implement bans regarding social gatherings or participation in public events and can also introduce rules regarding access to public institutions and authorities. The Epidemics Commission can give orders to isolate a territory where a contagious disease is present (Selvstyrets bekendtgørelse nr. 13 af 12. november 2021 af Intatsisartut om civile foranstaltninger mod smitsomme sygdomme, §§5–8). However, it was not necessary to implement all these procedures during the pandemic.

Greenlands handling of the COVID-19 pandemic can be understood as a pragmatic approach, characterized by a shift toward problem-solving procedures and the pursuit of multi-actor collaboration with other authorities and agencies.We also see traits of adaptive leadership throughout the process. All this combined with trust and flexibility gave Greenland a form of a robust governance in relation to the pandemic (Randma-Liiv & Sarapuu, 2025).

Discussion

This paper set out to explore whether the Nordic countries, by virtue of their limited administrative size and less formalized governance arrangements, are particularly well-suited to fostering rapid knowledge sharing and adaptive policy responses in times of crisis. Drawing on a comparative analysis of the seven Nordic jurisdictions' responses to the COVID-19 pandemic, our findings suggest that, while informality and elite proximity were common across cases, their specific manifestation and effectiveness varied significantly based on the interplay of administrative size and tradition.

The most compelling evidence in support of our hypothesis emerged from the smallest jurisdictions: the Faroe Islands, Greenland and Iceland. In these cases, social intimacy and small networks enabled direct lines of communication between decision-makers and experts. For example, the Faroe Islands' repurposing of veterinary testing infrastructure for mass COVID-19 testing exemplifies how informal, cross-sector collaborations – rooted in personal familiarity and administrative flexibility – can yield highly effective outcomes under time pressure.

Similarly, Iceland's informal interactions between political leaders and medical experts, including direct phone calls from the Prime Minister to individual scientists, created an atmosphere of trust and responsiveness that shaped timely and evidence-informed decisions. Close networks and trust within the small Icelandic society facilitated flexible and non-formal responses within formal and ad hoc procedures. Flexibility and informal communications became key elements to Iceland's response to the crisis.

Greenland presents a particularly interesting case of informality embedded within a constrained administrative context. The country lacked formal infrastructure for wide-scale testing and crisis management, but its political leadership activated both domestic social resources (e.g., trust and community-based isolation practices) and international diplomatic channels to secure essential equipment and expertise. The rapid rejigging of strategy – from assuming isolation would suffice to implementing quarantine, lockdown, and mass testing - manifests a flexible and adaptive governance model grounded in close-knit communication structures and elite proximity. Importantly, in all three cases, informality was not a substitute for formal authority, but rather a vital complement that made up for structural constraints and helped to amplify administrative responsiveness.

In the mid-sized Nordic states – Finland, Norway, and Denmark – hybrid governance structures emerged as particularly salient. These countries blended formal crisis management frameworks with more ad hoc, informal coordination networks that bridged bureaucratic silos and allowed for expert integration across administrative levels. In Finland, the informal 'viisikko' leadership group, composed of cabinet party leaders, became a central clearinghouse for crisis decision-making. Their approach allowed for close interaction with expert institutions like the Institute for Health and Welfare (THL) while maintaining political accountability. At times, however, the tension between expert advice and political judgment surfaced – most notably, in the face mask policy – highlighted the inherent friction in hybrid models where informal consultation must be balanced with public visibility and political legitimacy.

Norway's use of informal consultation forums, such as the COVID-19 Committee (within the Cabinet) and expert colloquia, supplemented the formal health sector apparatus, improving the flow of expertise into the decision-making process. While the Corona Commission later criticized the government for its hierarchical and sometimes exclusionary approach, these informal mechanisms ultimately enabled adaptive learning and policy modification as the pandemic evolved. The Norwegian case illustrates how informal networks, when nested within formal hierarchies, can enhance policy agility, though not without tensions regarding cross-sectoral inclusivity and institutional robustness.

Denmark stands out for its broad activation of multiple crisis management networks, including NOST, NOST+, and the AC Group. These formal structures were overlaid with informal consultations between ministries, experts, and stakeholders, resulting in a dense web of coordination that supported rapid and coordinated responses. However, this density came at a cost: administrative overload, reduced parliamentary oversight, and concerns about a centralization of power in the PM's office. Nonetheless, the Danish experience affirms that small - to mid-sized states with institutionalized coordination mechanisms can integrate informal governance successfully. The Danish case also exemplifies how network structures can extend beyond the public sector, as shown by the agreements with Novo Nordisk to provide laboratory capacity for COVID-19 tests and the large scale donation by the Novo Foundation to establish test centres. This enabled rapid and extensive virus testing capacity in Denmark.

Sweden, the largest and most formalized of the Nordic countries, provides an important counterpoint to our hypothesis. The Swedish public agency model, grounded in a deliberate separation of political leadership and administrative expertise, limited informal interaction between decision-makers and experts. While expert knowledge was structurally embedded within agencies like the Public Health Agency (FoHM), the rigid institutional boundaries may have hindered broader coordination and adaptive decision-making. Indeed, critiques centered not on a lack of expertise but on the delegation of political responsibility to technocratic actors, which left gaps in strategic oversight and flexibility. This challenges the assumption that informality is inherently necessary for effective crisis management, suggesting instead that the quality and design of formal structures play a decisive role.

Conclusion

Taken together, these cases reveal a spectrum of governance arrangements, with informality and social intimacy most pronounced and impactful in the smallest jurisdictions, hybrid models dominating in mid-sized states, and formal structures prevailing in larger systems. This variation supports our central argument that small states can leverage their size to create governance models that are both responsive and resilient. However, the findings also underscore that informality is not a panacea; it must be evaluated in relation to context-specific factors, including institutional maturity, public trust, and administrative professionalism.

Several broader insights emerge from this comparative analysis. First, administrative scale shapes both the formality of governance structures as well as the feasibility of adaptive collaboration. In smaller states, elite proximity and compressed policy spaces create paths for direct interaction and improvisation; but they also risk entrenching personalization, limiting transparency, and overburdening individual actors.

Second, hybrid governance models, where formal procedures are reinforced by informal communication, appear to offer the most resilient approach in mid-sized settings. These models enable swift mobilization without entirely bypassing institutional safeguards, though they must be carefully managed to avoid ad hocism or democratic erosion.

Third, and perhaps most critically, the pandemic revealed that effective crisis governance depends on both the availability of expertise, and on the capacity to translate that expertise into legitimate, coordinated, and timely action. Whether through informal networks, formal agencies, or hybrid arrangements, the challenge lies in creating institutional environments where expert knowledge can be rapidly integrated into policy decisions without compromising democratic accountability or procedural integrity.

From a theoretical perspective, these findings contribute to a growing body of scholarship that problematizes traditional binaries between formality and informality, centralization and decentralization, expertise and politics. They also reinforce the value of small state studies in understanding how administrative size interacts with governance capacity. Rather than viewing smallness as a deficit, we argue that it can function as a source of agility; particularly when paired with social intimacy, small networks, institutional trust, and cross-sectoral cooperation.

Our examination of Iceland, Greenland, and the Faroe Islands reveals that the features of their small public administrations manifested in distinct ways when contrasted with those of their larger Nordic counterparts.. The limited size of these systems did not prevent effective crisis responses; instead, it enabled novel forms of collaboration and improvisation that were arguably less feasible in larger, more segmented bureaucracies. These cases challenge prevailing assumptions about administrative capacity and demonstrate that small states, through flexible and informal governance, can deliver high-impact responses in times of uncertainty. Flexible ad hoc procedures were easy to establish to response to the pandemic within the small societies, facilitated by close networks and trust.

The COVID-19 pandemic served as both a stress test and a revelation of institutional strengths and weaknesses across the Nordic region. While informal governance and elite proximity proved invaluable in certain contexts, their effectiveness depended heavily on structural factors unique to each state. Our findings suggest that administrative size matters - not in a deterministic way, but as a key variable that interacts with governance design, expert integration, and political leadership to shape crisis response outcomes. Smallness, when understood not merely as a constraint but as a distinct administrative condition, can be a potent asset in navigating complex crises - if accompanied by the right balance of informality, coordination, and institutional coherence.

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