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Cooperation problems and bureaucratic infighting in small states: Lack of planning and unclear rules?

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Abstract: This comparative study of the seven Nordic countries supports the assumption that cooperation problems and bureaucratic infighting in small states during the early stages of the COVID-19 pandemic were primarily the result of insufficient planning and unclear institutional rules, rather than conflicts over scarce resources. In Norway, Sweden, and Finland, ambiguity in legal mandates, overlapping agency responsibilities, and fragmented lines of authority significantly impaired coordination. These three cases reflect well-known vulnerabilities in small-state public administrations, where limited bureaucratic capacity and multi-role institutional structures can make decision-making processes both slower and more prone to miscommunication. The cases of Denmark and Iceland underscore how administrative cohesion and leadership clarity can compensate for size-related vulnerabilities. In both cases, informal coordination and trust-based decision-making – hallmarks of small-state governance – were mobilized effectively to maintain coherence under pressure. The Faroe Islands and Greenland present a different facet of small-state crisis management. Here, the main constraint was not coordination failure but capacity fatigue. While their compact administrative structures may have helped streamline decision-making, the chronic shortage of personnel and limited logistical resources meant that sustained response efforts taxed their systems heavily. These cases suggest that very small states may face a different kind of risk during protracted crises: not fragmentation, but exhaustion.

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

Introduction

This article examines the second hypothesis of the special section: that in small states, cooperation problems and bureaucratic infighting during crises are more often caused by insufficient planning and unclear institutional responsibilities than by competition over scarce resources. All the Nordic countries are relatively well endowed with economic resources and have strong state finances. We therefore do not expect zero-sum games over economic resources to be a dominant feature in crisis management. Accordingly, if we observe poor collaboration, confusion and disagreements about how to respond, it is more likely a result of lack of preparation or guidelines (Bernhardsdóttir & Svedin, 2004). The COVID-19 pandemic offers a rare opportunity to explore this proposition across multiple, structurally similar yet administratively diverse states. By focusing on the Nordic region – comprising Sweden, Norway, Denmark, Finland, Iceland, Greenland, and the Faroe Islands – we test whether the size and structure of the public administration contributed to governance frictions in the early stages of the pandemic (from January to summer 2020), as discussed in the Introduction to the special section (Bernhardsdóttir & Thorhallsson, 2025).

Small state literature has long emphasized structural vulnerabilities, particularly limited administrative capacity and narrow institutional bandwidth (Vital, 1967; Keohane, 1969). Small states often face resource constraints and capacity overload in crisis situations (Katzenstein, 1985; Thorhallsson & Wivel, 2006). However, the small state literature has also identified compensatory features: small states tend to have more flexible and informal administrative cultures, flatter hierarchies, and closer networks among decision-makers, which can sometimes enable rapid and coherent crisis responses (Thorhallsson, 2000; Corbett & Veenendaal, 2018). Whether these characteristics promote or hinder coordination during acute stress events remains an open question, particularly in relation to crisis management.

From the perspective of public administration theory, effective crisis governance hinges on clearly delineated responsibilities, robust inter-agency communication, and pre-established coordination frameworks (Boin, ‘t Hart & McConnell, 2009; Christensen, Lægreid & Rykkja, 2016). In decentralized or fragmented administrative systems, ambiguity in mandates and authority lines can hinder the agility and coherence of response efforts (Christensen & Lægreid, 2020). This problem may be exacerbated in small states where public institutions are lean and officials often assume multiple roles, leading to blurred responsibilities and delayed decision-making (Randma-Liiv & Sarapuu, 2019; Jugl, 2022).

By drawing on case studies of the small Nordic countries – each of which shares a cultural and institutional foundation in the Nordic administrative model (Lægreid, 2017), but differs in size, legal tradition, and administrative centralization – this article contributes to bridging crisis management and small state literatures. The analysis assesses whether lack of planning and rule clarity, rather than zero-sum resource disputes, accounts for observed coordination problems and administrative frictions. It also investigates whether these issues manifest differently along a continuum of size: from the larger small state (Sweden), through the mid-sized (Norway, Finland, Denmark), to the smallest Nordic polities (Iceland, Faroe Islands, and Greenland).

Ultimately, the article aims to offer a nuanced understanding of how administrative smallness shapes crisis coordination, advancing our theoretical and empirical knowledge of both public administration under pressure and the inner workings of small state governance during large-scale emergencies. The article examines each country individually in the sections below to assess the validity of the hypothesis, followed by a comparative analysis.

Norway: insufficient crisis preparedness and crisis planning created cooperative problems and bureaucratic infighting

Norway experienced some issues related to cooperative problems and bureaucratic infighting. These issues appear to have stemmed from insufficient crisis preparedness, crisis planning and vague protocols and legislation (Christensen & Lægreid, 2023; NOU, 2021:6, pp. 229, 276).

The dispute between The Norwegian Institute of Public Health (FHI) and The Directorate of Health (HD) during the pandemic stands out as a notable example of bureaucratic infighting (NOU, 2021:6, p. 231). The issue at hand was rooted in vague guidelines about role distribution, particularly regarding which agency held the primary and coordinating responsibility in the event of a health crisis. This confusion can be traced back to ambiguous guidelines in the National Preparedness for Outbreaks of Serious Infectious Diseases. According to the plan, FHI was to take the lead in coordinating outbreak responses in collaboration with affected municipalities (NOU, 2021:6, p. 229). Nevertheless, in this crisis, FHI was sidelined when the government decided on the lockdown which was formally delegated to the Directorate and not decided by the cabinet as requested in the Constitution. In the first phases of the pandemic FHI's role was limited to acting as an expert advisory unit on infection control, while the HD held the formal authority (NOU, 2021:6, p. 231). This bureaucratic infighting lasted throughout the first phase of Norway's crisis management but did gradually improve over time (Christensen & Lægreid, 2022a; NOU, 2021:6, p. 208).

Other government agencies and departments experienced similar difficulties due to unclear rules and role distributions (NOU, 2021:6, p. 229). For example, the role of the regular collegial bodies for crisis management and the Ministry of Justice and Public Security – the lead ministry – was partly sidelined by the Ministry of Health and its subordinate bodies. As a result, Norway's Corona Commission criticized the government for not utilizing the established system for crisis management (NOU, 2022: 5, p. 451).

There were also some intergovernmental tensions between the central and local government. The exchange of information from central to local government was often inadequate, leading to confusion over new and evolving regulations and recommendations. Additionally, the Infection Control Act lacked clarity regarding coordination responsibilities and role distribution between the central and local governments. As a result, local authorities were often excluded; they received vague information and had too little time to adequately prepare for new regulations (Christensen & Lægreid, 2023).

These conflicts were further fuelled by differences in local infection rates, which were significantly higher in the capital area and other major cities. One point of tension was the challenge of allocating vaccines during periods of scarcity (Christensen & Lægreid, 2022b). Another notable issue was the debate regarding the degree of autonomy which municipalities should have to enact local regulations that deviated from national standards to control the spread of infection.

However, these coordination problems and bureaucratic infighting played out in general context of collaboration in which the government was able to establish a national consensus about the crisis management together with a collaborative political elite and collaborative stakeholders and citizens.

Sweden: unclear legislation and lack of planning to blame for rife infighting

The separation of responsibilities for crisis management in Sweden (as discussed above) ties directly into the hypothesis: that bureaucratic infighting is the result of lack of planning since that is exactly what this system is meant to avoid. The government is meant to be clearly separate from the day-to-day operations, and even the policy level that guides those operations.

Nevertheless, this is consistently described as a matter of principle rather than strict planning or policy (SOU, 2022:10, pp. 291ff). There is no general crisis legislation or room for declaring a state of emergency.

The only applicable law relates to the prevention of spread of communicable diseases, which from a very early stage, proved insufficient to offer guidance for this scale of a crisis (SOU, 2022:10, pp. 268ff; Asp et al 2024). What ostensibly should have been a clear separation between The Public Health Agency (FoHM), the National Board of Health and Welfare (SoS), and the Swedish Civil Contingencies Agency (MSB) instead became a point of confusion as to who should listen to which agency, and this conflict even spread to the internal life of the government offices and the different ministries, where the functionality of the health care sector was pitted against the functionality of society as a whole (cf. SOU, 2022:10, pp. 340ff, 364ff, 414ff, 651ff).

The public inquiry returns on multiple occasions to the conclusion that infighting was rife, and that unclear legislation and lack of planning was to blame. Notably, as already hinted at, it was discovered that the law for prevention of transmittable diseases ("smittskyddslagen") was not fully written with a nation-wide pandemic in mind; it largely referred to different legal frameworks for implementing preventive measures; and that these other frameworks were equally not written with full-scale pandemics in mind (SOU, 2022:10, p. 665f).

With no legal avenue to enact special emergency measures, it took almost a year for a completely new law (Law (2021:4) regarding special limitations for the purpose of preventing the spread of the disease COVID-19) to be written as a temporary patch to both "smittskyddslagen" and some of the laws and ordinances that it was meant to rely on, for example the Law (1993:1617) of public order ("ordningslagen").

Another key example is how the three aforementioned crisis management agencies – FoHM, SoS, and MSB – took very different views on the nature of the crisis. What was more critical: to prevent the spread of the disease, to make sure that healthy individuals could still go to work and keep the country running, or to make sure that the health care system did not collapse? The prioritisation of these three goals differed between these agencies, as did the reporting structure to the central government (SOU, 2022:10, pp. 364ff; 628ff). Each agency also represented different aspects of crisis management practice on the operational end, where at times there were drastically differing views on the efficacy and usefulness of the path chosen by the government (Asp et al., 2024). All in all, the hypothesis is borne out.

Finland: unclear organizational structures and division of responsibilities led to inconsistencies

The Finnish government, particularly the 'viisikko' or the group of five party leaders, became important decision-makers during the crisis. Although their influence was more communicative than operational, their frequent negotiations helped bridge the typically siloed responsibilities of ministerial administration (Mörttinen, 2021, pp. 37-38). Key were the Prime Minister's office, the Ministry of Social Affairs and Health (STM) and the Finnish Institute for Health and Welfare (THL), forming a hierarchical top-down leadership, which was softened by the negotiation practices of viisikko (Stenvall et al., 2022, p. 107; Christensen et al., 2022). However, there were still unclear burdens of responsibility between the ministries. The Ministry of Social Affairs and Health (STM) led the pandemic response but faced difficulties; for example, in cooperating with the Ministry of Education and Culture (OKM), regarding school restrictions. These areas fell under OKM's jurisdiction, not STM's (Stenvall et al., 2022).

In addition, while the national government and STM were responsible for steering information and resources, the actual powers to implement and act on public health measures resided with local municipalities and Regional State Administrative Agencies (AVIs). This

division of responsibilities led to inconsistencies in public health actions and created a lack of clarity. The local level decision makers were criticizing the national level for lack of trust in decisions; while the national level was criticizing the local level for lack of initiative and willingness to make decisions (Godenhjelm, 2024).

The confusion at Helsinki-Vantaa airport regarding quarantine guidelines further illustrates the impact of unclear rules. The airport authority (Finavia) sought guidance from the Finnish Institute for Health and Welfare (THL), which redirected the request to STM. This delayed issuing clear guidelines, highlighting the lack of coordinated crisis communication and planning (Safety Investigation Authority, 2020).

Significant delays and confusion within the Ministry of Social Affairs and Health (STM) regarding Finland's participation in the EU's Joint Procurement Agreement (JPA) exemplify the impact of unclear responsibilities within ministries. Internal organizational issues led to a four-week delay, as different departments assumed the other was handling preparations (Ministry of Social Affairs and Health, 2020a).

Establishing several new preparedness groups within the political decision-making system, especially under STM, deviated from Finland's established crisis management model. This caused confusion and criticism among authorities. In fact, the STM reorganized its organization during the first wave of the pandemic, when the Department of Wellbeing and Services was divided into three, with the Department for Safety, Security and Health overseeing crisis management issues. According to STM, the reorganization had been planned and prepared since September 2019 (Ministry of Social Affairs and Health, 2020b). On the top political level, the Prime Minister's rejection of the President's proposal to create a centralized pandemic response team, "Koronanyrkki" (the Corona Fist), further underscores the challenges posed by unclear organizational structures (Mörttinen, 2021, pp. 56-60).

Finland had relatively good and operational preparedness plans, which enabled local authorities to act in preventing the spread of pandemic. However, the extent and new characteristics of COVID-19 exposed dysfunctionalities in administrative and political leadership. This coincides with the hypothesis according to which, in small states, where public institutions are lean, and officials assume multiple roles, responsibilities can be blurred and decision making delayed. To summarize, the ambiguity in mandates and authority lines and division of responsibilities within the inside and between ministries and government members, and sometimes between central government and local authorities, led to inconsistencies and lack of clarity in the handling of the pandemic.

Denmark: An active role of the PM and early designation of responsibilities for coordination reduced frictions

Denmark experienced some disagreement about course of action. In the early phase from January to 26th February 2020, the country followed the normal principle of crisis coordination from the Ministry of Health as the main sector ministry. However, the Prime Minister and her office quickly assumed an active role and questioned the relatively optimistic approach favoured by the health agencies (Folketinget, 2021a; Christensen, 2022).

As it became clear that the pandemic was more dangerous than expected by the Danish Health Agency, the government decided to activate the crisis management structure with cross sector coordination by the NOST/NOST+network (which were headed by the chief of police and included key crisis management agencies) and cross-ministerial coordination by the AC-Group of leading bureaucrats in the ministries. This also meant that the prime minister’s office took a stronger and more direct role as the overall coordinator of the response.

At the same time, the government apex (the PM and her office and key ministers) decided that the Ministry of Justice should relieve the Ministry of Health from some of the

coordination tasks, as the relatively small Ministry of Health was strained for resources (Folketinget, 2021b). Similarly, it was the decided that the Ministry of Industry and Business should oversee coordinating the design and implementation of the early and extensive aid packages for industry and civic society organisations (Christensen, 2022). There appears to have been some disagreements about the course of action between two health agencies, Statens Serum Institute (a public health and research institution under the Danish Ministry of Health, specializing in infectious diseases, vaccines, and biological preparedness) and the Danish Health Authority in the early phase (Christensen, 2022). However, the hierarchical principle and the interventions of the prime minister and the minister of health secured a uniform approach in the external communication.

Our hypothesis states that, in small states, cooperation problems and bureaucratic infighting during crises are more often caused by insufficient planning and unclear institutional responsibilities than by competition over scarce resources. Accordingly, the lack of preparation and clear guidelines often leads to confusion and disagreements about how to respond, making effective collaboration more difficult (Bernhardsdóttir & Svedin, 2004). The expectation of confusion and disagreement is not confirmed in the Danish case. The active and strong role of the government apex (the PM and her office and key ministers) and the early invocation and specification of coordination structures dampened the opportunities for infighting and created broader bandwidth for a parallel processing of policies.

Furthermore, the fast pace of decision making and the rapid expansion of tasks appears to have created a situation where ministries and agencies were scrambling to manage the tasks at hand, rather than using limited resources on infighting. Rather than infighting, there was a tendency to "rally around the tasks" and leave the turf wars for later. This is facilitated by such compensatory features as flexible and informal administrative cultures, flatter hierarchies, and closer networks among decision-makers, which can enable rapid and coherent crisis responses (Thorhallsson, 2000; Corbett & Veenendaal, 2018). The Danish case shows that the combination of a strong government apex and the establishment of clear responsibilities and mechanisms for coordination and resolution of disagreements can be supported by flexible and informal administrative cultures, flatter hierarchies, and close networks among decision-makers, and that this can enable rapid and coherent crisis responses.

The paper's assumptions of the absence of zero-sum games is confirmed. The Nordic countries are relatively well endowed and with strong state finances. This means that new funds could be allocated, and the situation did not appear as a zero-sum game in regard to resources. Indeed, staffing increased in all relevant ministries and agencies during the crisis.

The case of Denmark does not confirm that "small states have structural vulnerabilities, particularly limited administrative capacity and institutional bandwidth" (Vital, 1967; Keohane, 1969). All states have limitations, but the designation of the Ministry of Justice as a key coordinating actor for COVID-19 and legislative changes, and the Ministry of Industry and Business as coordinator of economic aid packages, provided extra resources to assist the PMs office and the Ministry of Health and provided greater bandwidth for parallel processing of the many legislative and policy implementation initiatives in the period (Christensen, 2022). The AC-group of top civil servants from across the ministries served as a vital administrative coordination forum, and the NOST+ established clear communication lines to the broader crisis management structures including policy, defence, logistics and supply.

From the perspective of public administration theory, effective crisis governance hinges on clearly delineated responsibilities, robust inter-agency communication, and pre-established coordination frameworks (Boin, 't Hart & McConnell, 2009; Christensen, Lægreid & Rykkja, 2016). The Danish case confirms the need for clearly defined responsibilities and robust interagency communication. However, it also shows that frameworks do not have to be fully pre-established. Every crisis has its own characteristics and requires specific organization. The

important point is to have a strong apex, with capacity to adjust and reaffirm coordination and crisis management structures, as the crisis evolves. The intervention of the apex resolved the initial disagreements between different health agencies (Danish Health Agency and Statens Serum Institut) about the interpretation of the health risks and the appropriate responses.

Christensen and Lægreid (2020) claim that, in decentralized or fragmented administrative systems, ambiguity in mandates and authority lines can hinder the agility and coherence of response efforts: this is not confirmed in the case of Denmark. The observation should probably be adjusted with the statement that this depends on the composition of government (majority/minority, coalition/unitary, style and capacity of the PM and government apex) and traditions for interactions between government and parliament.

Moreover, it should be emphasized that decentralization does not automatically lead to fragmentation and poor coordination. It depends on the institutional structures and traditions for vertical coordination and steering from state to regions/municipalities. Denmark is an example of relatively tightly coordinated policy-making across central and decentral levels based on legislation, economic steering and negotiated agreements.

Iceland: Value conflicts solved at the highest level

One challenging conflict that affected the Icelandic government and risked its COVID-19 responses was between the Personal Protection Agency (PPA) and the director of Decode Genetics (DG): a PPA investigation concluded that the company had taken blood samples of patients before approval by the Scientific Ethics Committee. The DG Director issued a statement, addressing the Prime Minister (PM), saying he was unsure about any further contribution by DG to the government's struggle with the virus, as long as the ruling of the PPA stated that the company had committed a crime.

The PM faced the dilemma of whether to intervene in a conflict between a private company that offered help that Icelanders considered necessary in the fight against COVID-19 and an independent organization whose operations are based on law and plays the important role of protecting people's personal information. In support of DG, the PM expressed her displeasure with the conclusion of PPA and that she agreed with the interpretation of DG and by so doing, DG continuous assistance was ensured. The lack of anticipation, planning and regulation of how private companies could be involved in the civil defence plan created confusion and disagreement that jeopardized collaboration between important actors.

Notably, value conflicts were more of a challenge in the responses than conflict between agencies or institutions. The conflict above revolved from the government's perspective around the values of public health on the one hand and privacy of citizens on the other.

In the government, value conflict surfaced between a Minister of the Left Green Movement (LGM) and ministers of the centre right Independent Party (IP); this conflict escalated as the COVID-19 responses dragged on. The Minister of Health (from the LGM) was responsible for decision-making related to quarantine as well as other health protective measures, but the Minister of Justice (from the IP) expressed doubt about the quarantine measures while the ministry's subsidiary bodies; the National Police Commissioner/the Department of Civil Protection and Emergency Management, had to implement and supervise the policies.

These conflicting stances set the stage for tension but, the government made the effort needed to reach an agreement (Bernhardsdóttir et al., 2022, p. 473). The values emphasized by the ministers of the Independent Party were economic and individual freedom. The main opposition to the preventive measures came from the parliament members of the Independent

Party. One of them, a lawyer, took on several cases where the Epidemiologist was brought to court, accused of violating individuals' freedom (Pétursson, 2021).

There were limited conflicts between agencies or institutions in Iceland regarding the handling of the pandemic. However, dramatic value conflicts rose between the Personal Protection Agency (PPA) and Decode Genetics (DG) on the one hand and between the Left Green Movement and Independence Party within the governing coalition on the other. They were solved in a similar hierarchal manner as in Denmark, that is, by the PM's active intervention and within the government itself. The value conflicts did not stem from insufficient planning and unclear rules; nor were they a result of disputes over the future allocation of limited resources. They turned around the values of public health on the one hand and privacy of citizens on the other. The centre-right Independence Party emphasized its core value of individual freedom, whereas the Left-Green Movement stressed the importance of the greater good.

The Faroe Islands: Early-stage hurdles and late-stage fatigue

The Faroese governance system had never experienced a crisis of the type and scope of the COVID-19 pandemic. While it can be argued that the right institutions were in place and that the cultural makeup of Faroese society was well suited to deal with the crisis, the government and the wider system of governance did not have drawn up plans to cope with a global pandemic (Olavson, 2023a). Consequently, the Faroese pandemic response was characterized by a lack of concrete planning and relatively successful "muddling through," partly due to organisational cooperation, but also leadership, culture and societal makeup. The response was not necessarily marked by unclear rules, but rather constantly changing soft rules, which did not have any legal binding, precisely so that they could be changed at a moment's notice (Justinussen & Olavson, 2024; Olavson, 2024).

The COVID-19 government evaluation, based on consultations with 33 key organisations, concluded that the governance system demonstrated a high degree of positive cooperation almost across the board. Formal and informal communication and meeting activity increased significantly for most organisations, both in volume and frequency. In several cases, cooperation was established between organisations, departments, units and individuals that did not exist before the crisis (Olavson, 2023a).

However, given the novelty and uncertainty characterising early March 2020, it was not surprising that the arrival of COVID-19 was followed by some internal friction within the public administration. The appendix to the evaluation shows early tensions between the Epidemic Commission – which included the Chief Medical Officer and the Chief of Police – and the Ministry of Health, including its Minister and Permanent Secretary. In a statement written for the government's COVID-19 evaluation, the Epidemic Commission highlights a lack of experience in national crisis management, pointing to "considerable problems with both vertical and horizontal cooperation" and an early absence of clarity regarding jurisdiction and authority (Olavson, 2023b).

The Ministry of Health, which according to interviews made by this author, is the target of these complaints, noted in the same evaluation, the initial confusion over which ministry held control in the health domain. Overlapping mandates and the involvement of advisors from other ministries made the initial response to the pandemic difficult. Although it seems clear that these beginning difficulties in early March 2020 never threatened the overall strategic unity, they did culminate in a centralization of power by mid-March when the Prime Minister assumed direct control of the COVID-19 response, a role he would maintain throughout the pandemic, despite this arrangement never being formally declared (Olavson, 2023b).

Greenland: Top-down steering without conflicts

Small island jurisdictions have passed the test of resilience during the pandemic. The evidence shows that places with limited numbers of reported cases of COVID-19 were island countries or territories (Kelman, 2020). It was easy to implement lockdowns or to have effective border controls on the islands. The immediate concern was to handle the lack of personnel and equipment within the health sector and therefore control over traffic to and from Greenland became necessary.

The Premier's Office in the Government of Greenland was taking a leading role during the COVID-19 pandemic, to reassure the population and to oversee an efficient crisis management response. Press briefings became a daily measure, where the Premier of Greenland, Chief of Police, Chief Medical Officer, and the Minister of Health participated to answer questions from journalists and disseminate information to the public. Vital information was also circulated via authorities' social media platforms and websites, as well as via radio, television and various online news sources (Ackrén, 2024).

Crisis management in Greenland is divided between several authorities. A crisis management commission exists to take care of events that occur suddenly, and which cannot be predicted beforehand. Representatives from the Government of Greenland are appointed to lead this work together with representatives from the National Board of Health (*Landslægeembedet*), municipalities, the Chief of Police, the Greenlandic Rigsombudsmand, and the Arctic Command (Danish Armed Forces). The chair for the crisis management commission is the Head of Department for Agriculture, Self-Sufficiency, Energy, and Environment in the Greenlandic Government. This commission is permanent and meets regularly.

During the COVID-19 pandemic, an Epidemics Commission in Nuuk was established, with the Chief Medical Officer (*Landslæge*) and Chief of Police as its leading figures. This is now a permanent commission for crisis management of epidemics. Its role is to make proposals for restrictions and other measures to the Government of Greenland. Furthermore, a Strategic Corona Commission was established to handle the information out to the public. This consisted of the Chief Medical Officer, the Chief of Police and the municipal director of *Kommuneqarfik Sermersooq* (representing all five municipalities) (Ackrén, 2024).

Due to the small number of staff in the Epidemics and the Corona commissions, the operational level within the administration was rather effective and the cooperation between the key individuals proceeded smoothly. The key individuals also knew each other through their work and were known to the public, which also made things easier. They knew who to call and there was a short distance between decision and action. High trust was secured amongst the population whenever a decision was made. The rules and regulations outlined by the Government of Greenland, who had the main responsibility, were followed. The Government of Greenland was highly reliant on the social responsibility of the population (Kristensen & Nathansen, 2020).

Decisions were based on already established legislation. This was also the case of laws regarding lockdowns of towns and settlements. Greenland has had a general national preparedness strategy for pandemic flu since 2006. The Greenlandic action plan was developed based on the Danish action plan of preparedness for a flu pandemic, similar action plans from Alaska (USA) and the Northwest Territories (Canada), and the World Health Organization's (WTO) May 2005 phase division plan (*Beredskab for pandemisk influenza,* November 2006).

A law was also passed on 1st April 2020, giving the Government (*Naalakkersuisut*) power to enforce restrictions to prevent the spread of the disease within the country (Nguyên Duy & Stokstad, 2024). There was a plan for crisis management initiated in the early phase of the pandemic, which was adjusted to the new circumstances, and this seemed to have worked

well. At first, it was a little bit unclear who oversaw the management and control; but this was solved with the establishment of the Corona-secretariat. The Chief Medical Officer was given a key role in the management of the situation.

The Chief Medical Officer had sporadic contact with Danish authorities, especially Statens Serum Institut, which is part of the Danish Ministry of Health. However, it also became clear that Greenland and the Faroe Islands had to manage on their own. Testing was done through a private firm and started during Easter 2020. Danish authorities gave Greenland the first vaccines on 27th December 2020. According to a portion of the population, this was the only contribution of the Danish authorities to fighting the pandemic in Greenland (Interview with the Chief Medical Officer, 10 March 2023).

The top-down steering from the Greenlandic government side and the effectiveness of the Epidemics and Corona commissions on the operative and management level seem to have worked well for the whole country. The small staff in the two commissions, which were tightly interconnected, could easily outline their recommendations and give advice directly to the Governmental level, who made the final decisions about what to do. Hence, small population size and island status proved to be an asset during the pandemic.

Discussion

The findings from this comparative study support the hypothesis that cooperation problems and bureaucratic infighting in small states during the early stages of the COVID-19 pandemic were primarily the result of insufficient planning and unclear institutional rules, rather than conflicts over scarce resources. In Norway, Sweden, and Finland, ambiguity in legal mandates, overlapping agency responsibilities, and fragmented lines of authority significantly impaired coordination. Norway's cooperative problems and bureaucratic infighting appear to have stemmed from insufficient crisis preparedness, crisis planning and vague protocols and legislation. Public inquiries in Sweden returns on multiple occasions to the conclusion that infighting was rife, and that unclear legislation and lack of planning was to blame. From the beginning, limited legislation related to the prevention of the spread of diseases proved insufficient to offer any guidance to a crisis of such magnitude. Lack of clear separation of responsibilities between different institutions led to confusion and mishandling of the crisis. In the case of Finland, unclear organizational structures created a lack of clarity and led to inconsistencies in decision-making.

These three cases reflect well-known vulnerabilities in small-state public administrations, where limited bureaucratic capacity and multi-role institutional structures can make decision-making processes both slower and more prone to miscommunication. Such coordination issues are not surprising in small states, where administrative systems tend to operate under constraints of scale. With fewer specialized staff, less functional differentiation, and flatter hierarchies, small public administrations may lack the structural redundancy and institutional buffers needed to absorb shocks. When clear rules and crisis protocols are absent or underdeveloped, even modest surges in demand can lead to system overload or internal friction.

Our cases demonstrate how institutional minimalism – often an efficiency advantage in normal times – can become a liability under crisis conditions. However, the evidence also illustrates that smallness is not deterministic. Denmark and Iceland avoided significant infighting through the presence of strong, centralized political leadership and the rapid assertion of executive authority. Conflicts between agencies or institutions regarding the handling of the pandemic in both countries were solved in a hierarchal manner; often by an active role of the PM and within the government itself. Conflicts did not stem from disputes over the future allocation of limited resources. The cases of Denmark and Iceland underscore

that administrative cohesion and leadership clarity can compensate for size-related vulnerabilities, enabling more unified responses even in the absence of perfect legal frameworks. In both cases, informal coordination and trust-based decision-making – hallmarks of small-state governance – were mobilized effectively to maintain coherence under pressure.

The Faroe Islands and Greenland present a different facet of small-state crisis management. Here, the main constraint was not coordination failure but capacity fatigue. While their compact administrative structures may have helped streamline decision-making, the chronic shortage of personnel and limited logistical resources meant that sustained response efforts taxed their systems heavily. These cases suggest that very small states may face a different kind of risk during protracted crises: not fragmentation, but exhaustion. Our findings indicate that the fact that the Faroe Islands and Greenland faced the COVID-19 pandemic with fewer resources and less specialization than their larger Nordic neighbours, for instance among civil servants and in the logistics and health sectors, severely affected their responses to the crisis. In other words, the characteristics of smaller public administrations in the Faroe Islands and Greenland compared with the other, played out differently. The small state and crisis management literature needs to distinguish between small states with different capacities. Not all small states are the same.

Conclusion

Overall, the analysis reveals a central paradox in small-state crisis governance. On the one hand, smallness fosters informality, agility, and close-knit administrative networks that can be assets during fast-moving emergencies. On the other hand, those same features – when coupled with weak legal infrastructure or ambiguous authority – can lead to coordination breakdowns. The challenge for small states, therefore, is to preserve their strengths in responsiveness and cohesion while addressing structural weaknesses through clearer planning, legal delineation, and crisis preparedness. Our findings also suggests that leadership clarity can compensate for size-related vulnerabilities. In this way, administrative size becomes a critical variable in designing resilient governance for uncertain futures; and not only a constraint.

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