

ICRCC Proceedings Template: Communicative Leadership in Public Health Crises: Lessons from Norway and Sweden during COVID-19

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Abstract: This presentation showcases insights from experts in public health and crisis communication in Norway and Sweden during the COVID-19 pandemic, highlighting the importance of multisectoral and community-centered communication strategies. By examining both successes and shortcomings in pandemic communication, this presentation provides actionable lessons to strengthen future crisis response and leadership.

The key takeaways suggest that effective communication during the pandemic hinged on interagency collaboration, political legitimacy, openness, stakeholder worldview consideration, and tailored distribution. Hence, building on expert insights from COVID-19, communicative leadership relies on forming strong pre-crisis relationships with diverse stakeholders and tailoring communication to each sector's unique context, including access to information, cultural backgrounds, and specific informational needs.

Keywords — Pandemic Communication, Multisectoral Cooperation, Community-Centered, Public Health, Expert Insight

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INTRODUCTION

During public health emergencies like COVID-19, Public Health Authorities (PHAs) lead national crisis management by sharing information, assessing risks, coordinating across sectors, and unifying public health actions.

Despite the pandemic's high global death toll, Norway and Sweden recorded lower-than-average excess mortality rates (Forthun et al., 2024). Both Norway and Sweden are marked by strong welfare systems and merit-based bureaucracies, yet their governance structures shaped distinct pandemic responses. Sweden's constitution prevents ministers from interfering in administrative decisions, resulting in non-binding public health advice during COVID-19 (Wenander, 2021). Despite this, public satisfaction with health messaging remained high in Sweden (Abdelzadeh & Sedelius, 2024). In contrast, Norwegian ministers have greater authority, allowing them to enforce stricter public health measures during the pandemic (Sandberg, 2023). Although the Norwegian PHAs had less governance authority, they still sustained high levels of public trust (Skirbekk et al., 2023). Drawing on these outcomes, this study aims to evaluate communicative leadership by Norwegian and Swedish PHAs, focusing on key factors identified through lessons learned from the Scandinavian PHAs COVID-19 communication strategies.

The findings reveal that key lessons from COVID-19 include the need for crisis communication to adopt inter-agency collaboration, build political legitimacy, communicate openly, address diverse stakeholder perspectives, and tailor messages to specific audiences. These practices highlight how communicative leadership builds public trust and promotes positive public health behaviors during crises, a particularly in high trust societies like Norway and Sweden.

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METHODS

This study draws on expert interviews conducted in Norway and Sweden. Participants were selected using purposive expert sampling based on their extensive knowledge of public health policy and crisis communication. The sample consisted of five participants, including three senior public health officials and two academic researchers, each chosen for their direct involvement in policy formulation and communication during the COVID-19 pandemic.

Semi-structured interviews, each lasting approximately 45 minutes, were conducted both in person and online. The interview guide covered key topics such as communication strategies, stakeholder engagement, and reflections on communication practices following the pandemic.

The data were analyzed using thematic analysis as outlined by Naeem et al. (2023). Interview transcripts were systematically coded to identify recurring patterns, salient themes, and points of divergence. Initial codes were iteratively refined into broader thematic categories, including instructional communication and leadership legitimacy. The final stage of analysis involved synthesizing these themes into a conceptual framework capturing expert perspectives on communicative leadership during the COVID-19 pandemic.

FINDINGS

Drawing on insights from both practitioners and researchers, two key themes emerged: multisectoral crisis leadership and relationship-building with diverse audiences.

MULTISECTORAL CRISIS LEADERSHIP

In terms of multisectoral crisis leadership, a key consideration that emerged was interagency collaboration through joint communication and coordination across agencies and sectors. In Sweden, coordination among key agencies often took place through joint press conferences. While this approach signaled cohesion, it also revealed practical shortcomings. Local actors were largely excluded from the process, forcing them to interpret and implement policies without adequate preparation time. The challenges were further exacerbated by outdated preparedness plans and a lack of crisis rehearsals, resulting in misalignment between health and communication actors, thus contributing to institutional rivalry and uncertainty. In contrast, Norway drew on previous crisis experiences to develop more adaptive and inclusive coordination structures. The combination of clear hierarchies and flexible communication channels allowed for real-time feedback and better alignment between public health authorities and political actors, demonstrating the value of learning from past crises.

To build multisectoral leadership, PHAs additionally had to consider political legitimacy, and across both countries, communication functioned as a form of governance performance. Public health measures such as lockdowns or vaccination campaigns served not only practical purposes but also symbolized authority and justified policy decisions. The experts, therefore, emphasized that trust and authenticity, cultivated before and during the crisis, were essential for maintaining leadership legitimacy and ensuring public compliance.

RELATIONSHIP-BUILDING WITH DIVERSE AUDIENCES

To effectively connect and build relationships with diverse audiences, openness functioned as a fundamental leadership principle. While Sweden emphasized transparency in principle, it was often constrained by technical messaging and uncertainty management. Norway, by contrast, institutionalized openness by openly communicating uncertainty and including dissenting expert views in public discourse. This approach strengthened trust and positioned communication as an ongoing, shared learning process.

Moreover, one-size-fits-all communication proved ineffective, as it failed to account for stakeholders' worldviews adequately. Indeed, both countries struggled to reach minority and younger populations effectively. Although information was translated and widely distributed, communication strategies often failed to account for cultural backgrounds, prior experiences, and varying risk perceptions. As a result, some groups did not internalize the perceived threat. The experts emphasized the importance of proactive, pre-crisis engagement with groups that have previously received less attention to foster lasting relationships and deepen stakeholder understanding.

In addition to considering worldviews, a tailored distribution approach based on a multi-channel strategy became essential. Both countries expanded their use of digital and traditional channels, including social media, press briefings, and collaborations with media actors. In Norway, close engagement with journalists enhanced message clarity and reach, while interactive platforms enabled feedback-driven adjustments. However, these approaches also placed significant strain on communication teams and did not fully reach vulnerable groups. Experts emphasized the importance of leveraging trusted intermediaries, e.g., community leaders or influencers, to improve outreach and credibility among hard-to-reach populations.

DISCUSSION

According to Norwegian and Swedish experts in public health and crisis communication, effective pandemic communication and leadership are grounded in multisectoral considerations, informed by interagency collaboration and political legitimacy, as well as stakeholder considerations that prioritize transparent communication and tailored strategies that respect diverse worldviews and

preferred information channels. Through regular, open briefings and inclusive two-way communication, PHAs maintained public trust and adherence, as this participatory approach enhanced understanding and strengthened the credibility of their leadership (Schmidt & Wood, 2019). Poor stakeholder relationships—across sectors or within communities—led to worse pandemic outcomes.

Hence, the expert opinion is that crisis leadership is forged not only during emergencies but also through ongoing relationships, as well as through the political and ethical considerations in public health communication. Establishing legitimacy enables greater control over how crisis messages are received, thereby influencing stakeholders' emotional, cognitive, and behavioral responses (Liu et al., 2022; Sellnow et al., 2023). Moreover, maintaining open, two-way communication and proactively addressing ethical concerns increases the likelihood of fostering public compliance and trust. Thus, effective instructional communication and credible leadership reinforce each other and help build trust, compliance, and societal resilience during prolonged crises.

Experts observed persistent gaps in communication between Norway and Sweden and with minority and vulnerable populations. Both countries had strong systems for their majority populations, but these did not serve vulnerable or minority groups as effectively. Information was translated for migrant communities, but little attention was paid to their risk perceptions, worldviews, and access to information. Translations were available on PHA websites, but this assumed that the target audiences would visit these sites for updates. Recognizing these limitations, experts emphasized that communication plans should be developed with community organizations rather than relying solely on top-down dissemination. Thus, future preparedness in Norway and Sweden should focus on inclusive, proactive engagement that considers cultural context, experience, and trust (Bredström & Mulinari, 2023). This can mean building relationships with these communities or intermediaries before a crisis hits. Such steps will help ensure communication is accessible, credible, and actionable.

This comparison also shows the value of institutional learning. In Norway, lessons from the H1N1 pandemic led to more transparent, dialogic, and coordinated communication during COVID-19. In Sweden, limited preparedness and unclear roles caused coordination and transparency issues. These resulted in delayed information flow and public confusion early in the pandemic. To improve crisis readiness, regular scenario-based training is needed. This training should bring together health, communication, and administrative actors. It will clarify responsibilities, align strategies, and improve response capacity. With routine evaluation and feedback mechanisms, lessons learned will be put into practice.

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