MASTER THESIS

The legitimization of the World Health Organization as a global policy-setter: A case study of Denmark amidst the COVID-19 pandemic.

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June 3, 2022

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Abstract

By departing from Denmark's handling of the COVID-19 pandemic during its initial months, this research examines the motives behind the implemented measures by the Danish government, and whether its compliance with the recommendations by the World Health Organization (WHO) can be regarded as conferring legitimacy on the international organization. By drawing on the three theoretical mechanisms of Hurd (1999), who is aiming at explaining the motives behind compliance with rules set by international organizations, this research seeks to gain comprehensive explanations behind the implemented COVID-19 measures by Denmark. This has been accomplished by applying the congruence analysis with its complementary approach to the case study, in which the theoretical mechanisms of legitimacy, self-interest and coercion have been complementary to offer insight behind the motives of the Danish government. These theoretical mechanisms have been applied to analysis of the three chosen policy-areas covering Denmark's strategy of testing, isolation and border closure. The analyzed data suggests that Denmark has been complying with legitimacy and self-interest as motives.

Keywords: WHO · Denmark · Global Governance · Legitimacy · Compliance · International Organizations · Nation-states · Policymaking · COVID-19 · Pandemic Management

1. Introduction

Since the second half of the 19th century, several international organizations (IOs) have emerged in different fields to assist nation-states on issues that are to be tackled globally in order to resolve those issues, whether they are political, environmental or economic of nature. For such a global collaboration to take place, nation-states are required to commit and adhere to the rules and policies published by the IOs. Legitimacy is a focal instrument defining an IOs power, influence and scope of action. Therefore, without legitimacy, an entity is only restricted to acting for itself rather than for others.

In the field of global health governance (GHG), The World Health Organization (WHO) is an example of a social contract conception of legitimacy whereby consenting states create a contract in which the parties to it agree to follow institutional rules (Ruger, 2014, p. 697). The global health community continues to correspond with WHO to solve current GHG problems, as it is perceived as the only leading global health governor in the absence of real institutional alternatives. The organization has however been criticized for its lack of power politics, diminishing its reputation and effectiveness (ibid.).

During the ongoing COVID-19 pandemic, which is thought to be in its ending stages (UN News, 2022), countries showcased different approaches to pandemic response with different outcomes in the number of confirmed cases and fatality rates. In the EU, fatality rates are ranging from 910 deaths per million (total) in Denmark to 5,329 deaths per million (total) in Bulgaria (Statista, 2022).

WHO issued a set of non-binding recommendations after it declared the COVID-19 as a global pandemic on the 30th of January 2020. Many countries lacked information on how to handle a global pandemic and made use of WHO's recommendations and expertise as a global specialized agency responsible for international public health. Some countries followed these recommendations more promptly than others, and whether their number of fatality cases depended on them legitimizing/delegitimizing WHO by following or not following their recommendations is up for discussion.

1.2 Research Question

While global governance under the guidelines of the World Health Organization (WHO) has laid the groundwork for dealing with the crisis, at the national level, each country responded to the COVID-19 crisis according to its own self-regulatory patterns. Despite structural gaps in resource distribution and health care facilities, the COVID-19 scenario showcases national governments' role in shaping domestic health security policies. Thus, the importance of this study lies in the fact that the COVID-19 pandemic highlights the significance of national decision-making, and whether such decision-making is inspired by the WHO's issued obligations and recommendations. The question that becomes relevant hereof is to what extent Denmark has been following the recommendations issued by the WHO regardless of them being non-binding, and despite of there being no consequences in the form of sanctions through hard power. Denmark has been chosen as a case in this study due to its low COVID-19 fatality rate, ranking among its Nordic neighbours being Iceland, Norway and Finland. It is thus interesting to investigate the motives behind Denmark's implemented COVID-19 measures. Should Denmark's compliance be regarded as a form of legitimacy toward an international organization shaping its domestic policies regarding the handling of the COVID-19 pandemic, or are there other factors at stake? In order to reach an understanding of the matter, the research question is formulated as such:

Why has Denmark been complying with the recommendations by the WHO as a response to the COVID-19 pandemic?

To help answer the research question, these sub-questions will be investigated:

- To what extent has Denmark been following the recommendations issued by the WHO on the issue of COVID-19?
- What has been the attitude of the Danish authorities towards WHO in relation to its publications of COVID-19 guidelines and policies?
- How can Denmark's choice of policies in managing the pandemic be understood under the theoretical framework of legitimization?

2. Theoretical framework

In this chapter, the theoretical framework on legitimization is elaborated on with previous research on legitimation practices and mechanisms. Three mechanisms are essential: complying with global governance institutions (GGIs) with the motive being based on either coercion; self-interest; and/or legitimacy. All three elements can be present individually when complying with the rules of GGIs, but often they are crossing one another and are interchangeable.

The concept of legitimization is a broad term and will be explained as it appears across academia in the context of global governance, however, it will also be presented as a mechanism in Hurd's (1999) threefold theory. To distinguish the two from one another, the general concept is described as legitimization whereas Hurd's mechanism is described as legitimacy.

2.1 Legitimization

The literature on legitimacy beyond the state has often focused on what IOs do in order to secure confidence among different target audiences, ranging from member states, the IO's own staff, non-state actors etc. However, in this case study, only the member-state is being investigated as a target audience, as important actors engaging in legitimation efforts are not the supranational bureaucracies, but member states. Therefore, the interest lies in how a state (Denmark) legitimizes an IO (WHO) by compliance, and not in how the legitimacy of an IO may shape national compliance with the guidelines of this organization.

Scholars agree that international organizations (IOs) require legitimacy to govern effectively, and a growing body of research examines various aspects of the legitimacy and legitimacy of IOs (Binder & Heupel, 2020, p. 2). Although the literature on IO legitimation has advanced our understanding in important ways, we still do not fully understand how and why states legitimize and delegitimize the IOs that they are members of. It is important, then, to understand the legitimacy of IOs, the states that confer legitimacy on them, and the states that deny legitimacy. Answering this question is important from a theoretical perspective, as well as a practical perspective, as it enables us to better understand the grievances of states and identify ways to address them (ibid.).

Legitimacy refers to a recognized right to rule. It is not an inherent quality of actors or institutions, but rather is a reflection of beliefs or perceptions held by relevant audiences (Weber 1968; Clark 2005; Tyler 2006, cited in Binder & Heupel, 2020, p. 5). A belief

in the legitimacy of someone or something must, however, be rooted in normative standards. Accordingly, legitimacy is "the general perception or assumption that an entity's actions are desirable, proper, or appropriate within a socially constructed system of norms, values, beliefs, and definitions." (ibid.). Legitimacy is not a static property of actors or institutions but is produced and maintained through legitimation. During this process, actors try to establish the legitimacy of an actor or organization through specific actions, symbolism, or by making claims about its desirability or normative appropriateness that they expect to resonate with a target audience (Binder & Heupel, 2020, p. 5 & Hurd, 1999, p. 38). This strategy aims to make an entity appear legitimate so that, as a result, it can be approved and supported (ibid., p. 6).

2.2 Compliance

Compliance is a term that has been used to describe the quality of being compliant with a given standard, law, or regulation. Generally, compliance has been used to refer to the act of following or doing as desired by an authority figure.

One of humanity's biggest behavioural challenges of the 21st century was the COVID-19 pandemic. Human behaviour had to be changed fundamentally to stop the virus from spreading. This had to be done rapidly for a considerable period. Behaviour change was driven by rules related to hygiene, consumer behaviour, and social isolation and distancing. In private organizations, some of these behavioural changes were directed at employees, members, or customers. Others were governmental in nature, targeted at businesses, public organizations, and the general public. The effectiveness of these rules (and, in some cases, formal government mandates) was dependent upon individuals and institutions following them. To combat COVID-19, a global effort was needed to boost compliance. Consequently, this crisis demonstrates the importance compliance has gained in markets, societies, and forms of governance today.

Contemporary theories of compliance in a global setting are for the most dedicated to the study of states complying, or non-complying, with international law. This form of compliance differs from the one this thesis is examining, as compliance with international law demands obligation. A state is under an obligation to comply with an agreement, once the state commits to it (Burgstaller, 2005, p. 4). However, in the case of WHO, even though states have obligations in certain aspects, they are not obligated to comply with recommendations issued by the WHO, and therefore compliance depends on the states' motivation rather than an obligation (as further

clarified in chapter 4.1.1). As only a few IOs command the coercive power to compel state and non-state actors to comply since it lacks the feature of obligation, legitimacy is important in global governance (Tallberg & Zürn, 2017, p. 3). But legitimacy does not stand alone and is not the only motivation of states behind compliance. In order to understand the motivation behind states complying with international recommendations, one firstly needs to understand the mechanism of social control which will be further elaborated on in the next subchapter.

2.3 The three mechanisms of compliance

As elaborated on, in order to make a real impact on world politics, international organizations (IOs) must have legitimacy. Although states have given IOs more political authority in recent decades, in the hopes they can help solve pressing problems and shape practices, IOs' long-term ability to deliver is dependent on their legitimacy among governments and citizens. The question then becomes when or why states follow international norms, rules and commitments. In this research, the focus is on the motivation of states to comply with a set of recommendations issued by an IO, and despite the acknowledged importance of the legitimacy applied by states to global governance institutions (Hurd 1999; Tallberg & Zürn, 2017; Binder & Heupel 2020), there is an extraordinary gap in existing research of how to conceptualize the mechanisms behind compliance: what is the motivation of states complying? Tallberg & Zürn (2017) talks about legitimacy, where coercion and self-interest are other two mechanisms that can explain why states obey, however, they are not categorized or elaborated enough on to be used as a theoretical tool for analysis. This approach to explaining the other mechanisms other than legitimacy is observed in various works (giv refferencer), in which Hurd (1999) differentiates his take on mechanisms of compliance by putting an equal amount of emphasis on coercion and self-interest as on legitimacy.

In his much-cited article, Hurd (1999) highlights the importance of understanding the motives behind actual rule compliance by states in order to claim whether a state legitimizes international rules or not. In fact, legitimacy is just one mechanism out of three that can explain the compliance of states to international rules, whereas the other two are coercion and self-interest (Hurd, 1999, p. 379). The three mechanisms will hereunder be outlined:

2.3.1 Coercion

Coercion refers to the asymmetrical physical power among actors, where this asymmetry is used by the bigger power to control and change the behaviour of the weaker actor (ibid, p. 383). It is a fear-driven mechanism or simple "compelling factor" that creates compliance. If a rule is obeyed out of coercion, the actor is motivated by the fear of punishment. The rule itself has no significance other than as a signal for what types of behaviour will and will not be penalized. At first glance, this is highly unlikely to be an explanation of states' motivation to comply with WHO recommendations, as WHO principally exercises its normative authority through 'soft' power, and rarely applies its constitutional authority to exercise 'hard power' by negotiating binding international law (Gostin et al., 2015, p. 2). Moreover, it is commonly agreed that relying on coercion as the forcing mechanism of compliance by IOs is costly and inefficient in the longer run, and therefore few complex social orders are primarily based on coercion (Tallberg & Zürn, 2017, p. 3; Hurd, 1999, p. 385). This is partly due to social orders that are based on coercion tend to collapse over time because of their own instability, or they after a period of exercising coercion rely more on legitimizing certain practices and creating stable expectations among actors (ibid). To set coercion as an example one could use the case of the former states of the Soviet Union and their stance on the Russian invasion of Ukraine, in which governments like Kazakhstan show a rather neutral stance on the conflict balancing between the need for Russian support as a regional powerhouse and popular opposition to the war (Dave, 2022). The act of interference could potentially come with a cost of sanctioning from Russia, and therefore it could be argued that non-interference is a result of complying as a result of coherence.

2.3.2 Self-interest

An institution's exercise of authority is regarded as legitimate only if the target audience perceives its ruling as appropriate, even though the ruling is against the self-interest of the audience. Just as in democratic societies, citizens do (or rather ideally should) not question the ruling of the courts, and the opposition should accept the victory of the ruling party after an election. These are examples of when moral beliefs weigh higher than one's self-interest and are a sign of pure legitimacy applied to institutions. This notion is also applicable to the legitimacy of IOs as well (Tallberg & Zürn, 2017, p. 13), however, it is questionable whether such an approach of pure legitimacy is realistic in global governance, and it is argued that

legitimacy as a belief system links both moral convictions and self-interest. (Dellmuth & Schlipphak, 2019, p. 932).

Therefore, a second possible motivation (other than coercion and legitimacy) for compliance with rules is the belief that compliance promotes one's self-interest, hence any compliance with a ruling is a result of a well-calculated assessment of the net benefits of compliance versus non-compliance (Hurd, 1999, p. 385). The governing institution in this case structure to implement incentives so that it will be perceived as the most attractive option by the target audience, and thus, it is argued that this perspective is comparable to the principal-agent model (ibid), where both the governing institution and the state conform each other's interests and preserve their relationship as a consent to a contract. If this research was to analyze why WHO does not bind its member-states to its recommendations, this part of the theoretical framework could offer an explanation, as WHO is also interested to maintain its position as a global governance institution, and that it can solely do so with the legitimacy of its target audience. However, the framework of self-interest could also offer insight into whether Denmark complies with the recommendations of the WHO based on its own national interests, and whether such compliance is masked with a normative outlook, as self-interest is "necessarily amoral with respect to one's obligations towards others; others are mere objects to be used instrumentally" (ibid, p. 386).

To give an example, one could also draw a parallel to a real-life political situation from the invasion of Iraq in 2003 by the U.S and its allies, where Denmark supported the U.S with active military participation, even though there was no evidence of Iraq being in possession of weapons of mass destruction at the time. However, the claim and belief were that such weapons existed in Iraq, and it was used by Denmark as a normative reason to participate with the U.S, and one can ask whether it was in Denmark's self-interest to participate as it is a small country who is dependent on western protection in case of an armed conflict in the future. Thus, from the drawn example, the 'institution' does not have to be an IO but can also be a powerful state, and no official 'contract of obligation' is necessary to be obligated to comply.

2.3.3 Legitimacy

At the beginning of this chapter, it was clarified what legitimacy is, and not how and why it is being practised by its target audience. The motivational factor behind complying with a rule by conferring legitimacy lies in a belief in the normative legitimacy of the rule or the body that

created the rule (Hurd, 1999, p. 385). This is different from complying with a rule out of fear of retribution, or by a calculation in self-interest. Instead, the driving force of obedience sources from a sense of moral obligation, which must be seen as a belief-system of those subject to government, which Max Weber described as a social action that 'may be oriented by the actors to a *belief* in the existence of a "legitimate order"' (Clark, 2003, p. 79). Thus, the action of compliance is not necessarily rooted in anything than a belief that the act is the right thing to do, even if there is an evidence-based logical reason not to. Such belief systems can be seen in i.e. regional governance as in the EU, in which it is not in the best interest of the MS to apply sanctions on Hungary and Poland for not following the rule of law, but this is done due to the legitimacy conferred to the EU and its core beliefs of a community-based approach. Such community-based belief systems are also apparent in global governance, and it requires several individuals to share a common definition of what is legitimate to refer to it as constituting a community (Hurd, 1999, p. 388). Practicing democracy is for instance rooted in the notion of western liberalism and offering asylum for refugees from war-torn conflict zones is also rooted in the belief in human rights, whatever the disadvantage of housing refugees might be. Neither democracy nor human rights are institutions, but they are normative beliefs just as in the legitimacy of the recognition of global governance authority. The con of using legitimacy as a device for social control over coercion is that the latter is more costly in terms of enforcement and the increasing "freedom" of subordinates, even though this approach is often more expensive in the short-run (ibid). Thus, this could be an explanation of the WHO not binding its member-states to its recommendations as obligations, as legitimacy is a more efficient mode of ensuring compliance rather than implying coercion, at least in the longer run. (eller er det medlemsstaterne som ikke vil have dem binding?).

2.4 Criticism and limitations of the selected theory

Social research on legitimacy has in the past offered conceptions merely in the field of sociology, including Max Weber's three-fold distinction of legitimacy: rationality, tradition and charisma (1922/1978, p. 215). Jürgen Habermas also offered his conceptualization of legitimacy linking it to effectiveness, and David Easton used ideology as an explanation of conferring legitimacy through moral convictions, belief in institutions or based on the personal qualities of rulers (Habermas 1983/1976; Easton 1975, cited in Tallberg et al., 2018, p. 58). Regardless of the variation of past contributions to the field of conceptualizing legitimacy, it is

argued that existing social science has not been able to "provide a clear and consistent account of the features of governance organizations which elicit legitimacy perceptions among the governed", as their offered distinctions have neither been able to provide concrete indicators and measures for empirical research (Tallberg et al., 2018, p. 58-59). In the 1990s, academia began focusing on and researching legitimacy in global governance, as most past contributions to the field were dedicated to the study of the nation-state, albeit these newly developed theories have been lacking the mechanisms of proper operationalization and in-depth schemas.

Therefore, Hurd's (1999) schema on legitimacy, which he is calling the 'Models of Social Control' has been used as the main theoretical framework in this research, with complementary inputs from other works (Tallberg & Zürn, 2017; Dellmuth & Schlipphak, 2019; Clark, 2003). The reason for this is that Hurd (1999) is the only among his counterparts to offer an in-depth operationalization as to why and how states legitimate GGI's, while other acknowledged works explain the principles of legitimacy, but not how it is applicable in research. More on operationalization will be explained in chapter 3.4.

In terms of the limitations of Hurd's (1999) theory on international social control, he states that examining the motivations of actors is rather difficult, as it is impossible to enter an actor's head and know the driving force of its motivation for compliance, and differentiate between coercion, self-interest or legitimacy (Hurd, 1999, p. 382). Because of such methodological obstacles, one can only *infer* coercion, self-interest or legitimacy through careful analysis and observation (ibid., 392).

3. Methodology

3.1 The Case Study

When examining Denmark's granting of legitimacy to the WHO, the research is based on a case with a specific context. The question then becomes what a case is, which is described by Victor Jupp (2016, p. 20) as: "an approach that uses the in-depth investigation of one or more examples of a current social phenomenon, utilizing a variety of sources of data." A case is most often associated with research based on a location, such as a community or organization (Bryman, 2008, p. 53), or in the case of the research in this thesis: a country. Case studies are both flexible and provide descriptive accounts of one or more cases (Hakim, 2000, p. 59).

There is a range of case studies to choose from including the critical case, extreme case, or the type of the case which this research investigates: the representative or typical case. Bryman (2008, p. 56) also calls the representative case an exemplifying case, as 'notions of representativeness and typicality can sometimes lead to confusion.' This is further touched upon at the end of this subchapter, where it is argued that representative generalizations cannot be made using a single case study. The objective of the representative case is 'to capture the circumstances and conditions of an everyday or commonplace situation' (Yin 2003, cited in Bryman, 2008, p. 56). Therefore, this type of case is not chosen because it is extreme or unusual, but rather because it can exemplify a broader category of cases (ibid). This case is representative of Denmark complying with its international obligations. One might ask why Denmark falls into such a case? Denmark has ratified the majority of international conventions and protocols whether it is regarding human rights (ONHCHR, 2022); labour rights (ILO, 2020); protection of cultural heritage (UNESCO, 2021) etc. Additionally, the Danish government showcases a rather supportive approach during EU-related referendums, standing behind their pro-EU policies despite cases of conflicting popular opinion (Zürn, 2004, p. 283). There is no doubt that Denmark is among countries abiding by its international obligations and complying hereof, and therefore it is regarded as a representative case when asking 'why' Denmark complies with the recommendations of the WHO instead of 'if'.

One criticism of the case study method is that it in most circumstances is not representative to grant generalizations to other situations (Jupp, 2016, p. 20). For instance, if the research in this thesis would conclude whether Denmark is conferring legitimacy to the WHO via the mechanisms A, B or C, this should not be interpreted as a representative generalization that Denmark also confers the same type of legitimacy to other GGI it is a member of, hereunder i.e. the EU. In order to generalize by using the case study method, one should increase the number of cases to improve their representativeness and thereafter provide for comparative analysis within the case study (Bryman, 1988, cited in Jupp, 2016, p. 20).

3.2 The Selection of The Case

As elaborated on, the type of case this research aims to investigate is a representative case. When choosing a case to investigate, the case selection is an essential part of the case study research design, as the relevance of the case is the most important criterion for selection (Mills et al., 2010, p. 61). The number of research units in a case study is generally quite limited due

to intensive data collection, and because of the limited number of cases (in which there is just one unit in this research being Denmark), there is an emphasis on the researcher's justification of the selection of case(s) (ibid.). Thus, the researcher decides what kind of contribution she wants to make to the scholarly discourse (Blatter and Haverland, 2012, p. 168).

Several factors played into the decision when choosing the case of Denmark complying with the recommendations of the WHO. In the very early stages of this research, interest in the subject of Denmark and the COVID-19 pandemic was caught as the perception in major media outlets was that Denmark is among the top-ranking countries handling the COVID-19 pandemic most effectively, often placed in charts as being in the top 10 among countries such as Norway, Ireland and the UAE in i.e. Bloomberg (2022) and The Washington Post (2021) to mention some. Denmark received attention internationally for its low fatality cases and high vaccination rates and is still often credited as a country to be inspired in handling the pandemic. After such abstract observation, Denmark was researched in terms of to what extent it followed the international health guidelines on the matter of the pandemic, hereunder the guidelines by the WHO. This was due to reaching an understanding of why Denmark handled the pandemic with such accredited success, and whether the answer to this question was to be found in its compliance and trust in GGIs. After researching the WHO, it was found out that the organization does not obligate its member-states to follow its guidelines, however, it issues them as recommendations instead, meaning that any member-state is to comply with the recommendations out of free will (which is further elaborated on under the analysis in sub-chapter 4.1.1.).

The question that thereafter arose was whether Denmark even followed the recommendations by the WHO, in which it was after extensive research found by comparing national COVID-19 policies adopted by the Danish government with the recommendations issued by the WHO that a match was apparent. A possible hypothesis developed: *"Denmark is complying with the COVID-19 recommendations issued by the WHO."* However, this hypothesis was already confirmed by just observing the national policies with the international recommendations, and it had no value being a research subject. The question that became interesting for investigation afterwards was why Denmark complies with the recommendations of WHO? The answer had to lay in a compliance/legitimacy/global governance-based explanation, after which extensive research on how/why states confer GGIs legitimacy led to the work of Hurd (1999), and his well-operationalized theory on compliance. The choice of

using Hurd's work (1999) as the main explanatory theory has previously been further elaborated on in the theory chapter.

In order to structure the analysis with a temporal approach, a timeline for each of the analyzed policy-areas has been made, which will ensure an overview of events taking place including press conferences, policies and the recommendations from the WHO. This will help the analysis have a chronological order. The policy-areas that will be covered in the analysis are the following: testing strategies, isolation and border closure. For every subchapter in the analysis, a timeline will be showcased prior to the analysis of the empirical data.

3.3 Congruence analysis

When using more than one mechanism within a theoretical framework, the analysis can bear the mark of traces from several approaches in use. This can be problematic for the researcher, as to how to justify the isolation of one mechanism as the sole explanation of a phenomenon, when the analysis in fact can lead to more than more explanation. As in the case of this research, it can for instance be rather difficult to distinguish the mechanisms of self-interest and coherence from one another, because does there not lay a form of self-interest of not getting sanctioned through coherence, and thus choosing to comply out of fear because the calculation of adopting a policy shows that this is in the best interest of the state: to obey? This is where the congruence analysis comes in, in which *"... the researcher uses case studies to provide empirical evidence for the explanatory relevance or relative strength of one theoretical comparison to other theoretical approaches."* (Blatter and Haverland, 2012, p. 144). This is achieved by deducing abstract elements from theories and then comparing these expectations with empirical findings, after which the researcher attempts to argue which theory has a stronger explanatory power (ibid, p. 145). There are two main approaches to the congruence analysis: a) a competing theories approach, and b) a complementary theories approach. This research will apply the complementary approach, as it does not primarily intend to find the best explanation by competing the three mechanisms against each other, but rather making them complement each other. This approach is acknowledged by Ian Hurd (1999, p. 383) as he states that: *"although each (mechanism) can be analytically separated from the others, in practice they are rarely found in pure isolation."* By using this methodological approach, this research will be enabled to examine the research question: *Why has Denmark been complying with the*

recommendations by the WHO as a response to the COVID-19 pandemic?, hereunder via the three mechanisms on legitimacy.

A congruence analysis with the complementary approach offers two methodological elements of control: The first is the *vertical* element of control. Here the researcher deduces specific propositions and concrete predictions from abstract theories; and compares these deduced expectations with empirical observations (ibid, p. 146). The second methodological element is the *horizontal* element of control, in which a theory must show not only that its implications correspond to empirical observations (the reality) but also that it has a higher level of empirical congruence than other theories, or that it leads to additional causal implications that are empirically corroborated and useful for theory development (ibid). Therefore, when applying the first methodological element of control to this research, namely the vertical approach, it will provide explanations for how the three mechanisms will correspond to the empirical reality, hereunder Denmark's compliance, and the second methodological element of control, namely the horizontal approach, will provide explanations for how the different mechanisms can be complementary in this research. This shall however not happen on the premise that the theoretical framework fully determines knowledge about the social reality, but that *"empirical research is carried out with the aim to provide evidence that indicates that an explanatory theory focuses on those aspects of reality that are most consequential for other aspects of social reality"* (ibid, p. 149). Usually, the goal of a congruence analysis is to contribute to the scholarly discourse by firstly selecting a theory and then selecting the case that is the most appropriate to develop the chosen theory, although it can also alternatively be used to explain concrete empirical cases, in which a case study is not an instrument for theoretical development, but the latter is used to explain the concrete empirical case. The alternative form of the congruence analysis with a complementary approach is the approach of this research, as the case of Denmark's compliance was observed and chosen first, whereafter a suiting and explanatory theory about legitimacy was chosen as an instrument for the empirical case.

3.4 Empirical Data

In order to make a sufficient analysis by means of the chosen methodological elements, it is necessary to make an extensive search for empirical data. When applying the congruence analysis with its complementary approach, the kind of empirical data can be very diverse

(Blatter and Haverland, 2012, pp. 187-188). Consequently, in the process of collecting empirical data, the theoretical mechanisms were in attention and reflection, as this will enhance "… *the relationship between empirical observation and abstract concepts*." (ibid., p. 144). In this research, the primary empirical foundation lies in the use of secondary data of qualitative nature, as no data was collected through surveys, interviews or experiments. No quantitative data has been used for the analysis, other than peer-reviewed statistics through i.e. Statista (2021;2022), to back up arguments and add additional information from qualitative data.

The primary source of data used for the analysis has been collected from the web archive of The Prime Minister's Office containing transcriptions of held press conferences regarding the government's initiatives against the COVID-19 pandemic (Statsministeriet, 2020;2021). This form of analyzing secondary archived data is being described as recycling data which is publicly available to any researcher (Cobo et al., 2004, p. 314). The con of having such data that can be revisited and reanalyzed is that it allows for reinterpretations and for new questions to the sample under study.

To analyze the government's adopted policies, and to have a context of its initiatives mentioned in the empirical data from the press conferences, the website of The Parliament of Denmark, Folketinget (2020;2021), is being used. Moreover, Folketinget's website contains questions from politicians or committees (udvalg) they are members of to government officials, in which replies are attached as documents (look at (Folketinget, 2021-a) for an example). These documents are used, among other things, to get insight into the motives of the government behind COVID-19 related policies in the analysis.

In order to have a grasp of the theoretical framework of legitimization, only peer-reviewed journals and books were used in the research process. It was early in the research process a prerequisite that only theoretical data engaging with GGIs had to be researched, in order to get an idea of how legitimization is applied by nation-states to GGIs, and not to other institutions, hereunder i.e. being domestic of nature.

3.5 Temporal cut-off

As the empirical data is very extensive and time-consuming to read, it has been necessary to limit the temporal scope of the timeframe analyzed. This is mainly done by specifying a date range and a time frame. In qualitative research, it can be done by studying only a certain period

of time in the life cycle of some phenomenon, or by studying specific parts of events that are sequential or interrelated. This research is thus being limited to only include the initial months after the COVID-19 outbreak being from February 2020 to July 2020, all depending on the empirical data found for each of the policy-areas. This is due to that the implemented measures by the Danish government in the three policy-areas did all happen across various time, and not instantaneously. Therefore, some policy-area is investigated between the months of February-May 2020, while others March-July 2020.

Another argument for the temporal cut-off is that most of the press conferences by the Danish authorities regarding the COVID-19 pandemic happened in the initial months of the outbreak of the virus, in which official figures reasoned their choice of measures to the public in statements and interviews. This was less occurrent in the latter period of the pandemic, and therefore analyzing policies implemented after the initial months of the outbreak would limit the scope of the empirical data to an extent where an analysis would not be sufficient to argue for any of the three mechanisms in Hurd's (1999) theory on compliance.

3.6 Content analysis

As this thesis aims to analyze policies and statements made by the Danish government to understand its motivation behind compliance with the WHO recommendation on the COVID-19 pandemic, a methodological tool to determine the presence and meaning of concepts, terms, or words in one or more pieces of recorded communication is necessary in order to compress words of text into fewer content categories (Mills et al., 2010, p. 225). This will allow this research to make inferences about the given empirical data mentioned in the previous sub-chapter.

Content analysis is possible whenever there is a physical record of communication, in which this can be exampled as a text in the form of a document, or audio in the form of an interview. The aim of the research method is not an approach to the analysis of the documents and texts, but rather a means of generating data from them (Bryman, 2008, p. 274). As this research is using press conferences by the Danish government as a primary source of empirical data, the sample for analysis entails unstructured information as questions by media in these conferences are asked randomly to the panel. Therefore, in order to structure the sample and categorize them into a given concept, a coding scheme is created. This is highly dependent on the unit of analysis, and what should be the focus on attention (ibid., p. 280). When trying

to find indicators in the sample for any of the three theoretical mechanisms, one cannot search for the word 'coercion' as it is highly unlikely that the Danish government will use such theoretical concepts to describe its handling of the pandemic and motivation thereof. Instead, specific policy-areas are searched for in the samples, in order to code them and thereafter find into which of the three mechanisms they fall into.

For instance, in the press conference held by the Danish government about measures against COVID-19 (Statsministeriet, 2020-a), the unit of analysis among many is the policy-area regarding Denmark's mink industry. When looking for the word 'mink' in its various grammatical forms in the sample, Søren Brostrøm, Director of the Danish Health Authority, states the following on the issue of banning the mink farming in the country:

"… Today, I attended a meeting with the European Communications Agency ECDC and the World Health Organization WHO - both representatives from Geneva, ie the headquarters and from the European office, which is located in Copenhagen. It was renowned researchers, epidemiologists, virologists, people with experience in communication and so on, and so on, who attended that meeting, and they agree that this is the right thing Denmark is doing. They look at the situation with great concern for two reasons..." (Statsministeriet, 2020-a).

From the following statement in the sample where testing is mentioned, one must condense the meaning of the unit, in which it will be inserted into a coding scheme:

Figure 3

Type of code (policy-area)	Example	Extracted code	Theoretical mechanism
Mink	*Today, I attended a meeting with the European Communications Agency ECDC and the World Health Organization WHO… It was renowned researchers, epidemiologists, virologists, people with experience in communication and so on, and so on, who attended that meeting, and they agree that this is the right thing*	Justifying the ban of the mink production with ECDC and WHO's guidance.	Legitimacy Self-interest

	Denmark is doing. They look at the situation with great concern for two reasons…		

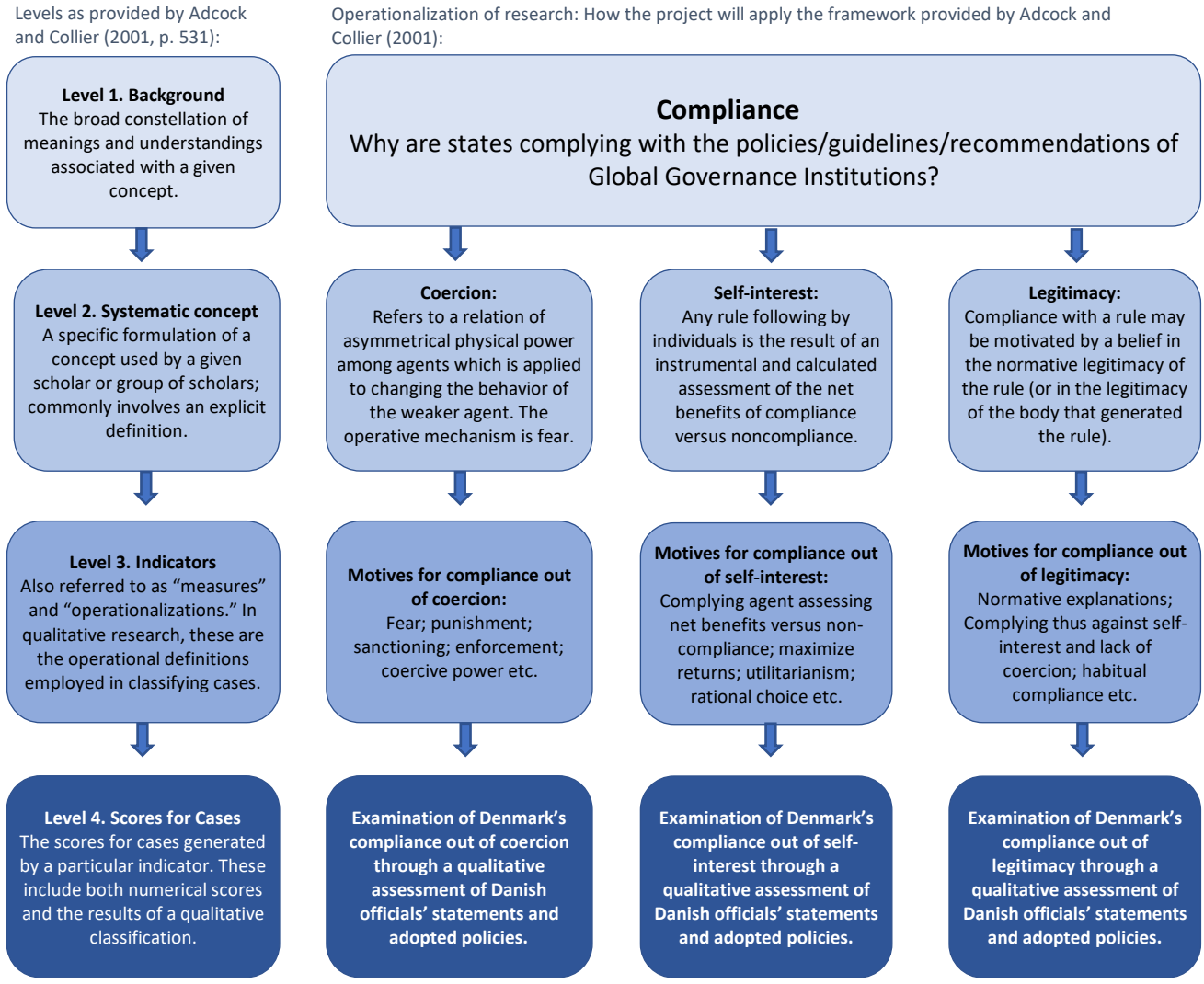
As stated, the analysis will be divided according to which policy-area the Danish government has implemented initiatives on. Thereafter, this policy-area is looked for in the sample text, in which meaning is interpreted and is extracted. As in the example above, Brostrøm is basing the government's policy of banning the country's mink production on the outcome of its consulting with the WHO, relying on the organization's expertise. Also, the mention of the WHO and ECDC (GGIs) are used in the argument of the policy, implying the importance of the organization's standpoint and 'authority'. A lot of arguments could be made in relation to whether the compliance can be explained with the theoretical mechanism of either legitimacy, self-interest or coercion, however, the choice(s) of which mechanism(s) will be applied to a sample text will be argued for in the analysis.

3.7 Operationalization: Conceptualization and Measurement

In political science, clarification and refinement of concepts is a fundamental task, and carefully developed concepts are in turn a main requirement for a proper and meaningful discussion of measurement validity (Adcock and Collier, 2001, p. 529). Therefore, operationalization is an important tool to turn abstract concepts into measurable observations, in which variables and indicators are clearly defined. This allows the researcher to systematically collect data on processes and phenomena that are not directly observable, into measurable units which can aid in analyzing the given subject with clarity on what to look for, and how to measure and put them in boxes. This method eludes the researcher from using irrelevant concepts and inconsistently applying methods, which may decrease the reliability of the study under examination.

First, concepts within a given theoretical framework are investigated, in which this research uses the three fundamental mechanisms of social control identifying the social constituency of legitimation in the international society: 'legitimacy', 'coercion' and 'self-

interest'. These are used as the systematic concepts, which entails specific formulation of concepts adopted by a particular researcher (ibid), in this research being the formulation by Hurd (1999). After, variables are selected as indicators in order to represent each of the concepts, and how one will look after them in the extracted code of the sample text as presented in the last sub-chapter under the content analysis. For instance, to further exemplify the policy-area of the banning of the mink industry of Denmark from the previous subchapter, one could find traces of a cost-benefit calculation made by the Danish government assessing the mink industry to be harmful to animal welfare, while the mink industry to be in great decline in the country and using the opportunity to prohibit the industry entirely. This would potentially fall under self-interest, as the indicator of an agent complying with the recommendation of a GGI is based on an assessment of net benefits versus non-compliance. One could ask if the Danish government would impose the same ban if the industry was far greater than the mink industry.



Source: Modified by:
Adcock and Collier, 2001, pp. 530-531.
Figure 2

4. Analysis

This section will analyze the empirical data in order to answer the research question. The three models of social controls by Hurd (1999) being legitimacy, self-interest and coercion will help to reach an understanding of why Denmark complied with the recommendations made by the WHO in the initial months of the COVID-19 outbreak. The analysis will be divided into sub-chapters including a brief introduction to both the WHO and Denmark, whereafter the three policy-areas of testing, isolation and border-closure will be analyzed.

4.1 Introduction to the WHO

The World Health Organization (WHO) has been influential for the majority of national governments in regard to implementing policies to limit the spread of COVID-19. 196 countries across the globe have signed to implement WHO's International Health Regulation (IHR), making the WHO the only source of legally binding international regulations for pandemic response since 2005 (WHO, 2008). This emphasizes WHO's role as an international regulatory body, and therefore it was to be expected that the organization would direct the policymaking in the wake of the current outbreak of 2019 novel coronavirus disease (COVID-19) to take an active role in decision-making, a role that was to be taken by leaders of individual nations instead. The pandemic affected most aspects of society and human activity, and many countries resorted to traditional diplomacy in the absence of global effective international instruments (Kuznetsova, 2020, p. 1). Thus, the world faced urgent global governance, as it quickly became apparent that international action was necessary to stop the spread of COVID-19 due to the pandemic's transboundary nature and to tackle issues such as economic problems, shortages of medical supplies and personnel, xenophobic sentiments, and misinformation (ibid.). Nevertheless, the international society needed technical expertise based on scientific evidence for politicians to legitimize their decisions and actions for the implementation of national policies.

On December 31st, 2019, China warned the WHO of the outbreak of what it regarded as a type of pneumonia in Wuhan (WHO, 2020-e). It was not until 30th January 2020 that the WHO declared the outbreak of the COVID-19 as a Public Health Emergency of International Concern (PHEIC), in which it announced that countries are legally required to share information with WHO under the IHR and that they should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread, and

contributing to the international response though multisectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research (WHO, 2020-f). Meanwhile, WHO also launched a database of technical advice on their website, covering issues including guidance for schools; travel; health workers; risk communication etc. (WHO-g, 2020).

In Europe, Scandinavian countries (Denmark, Finland, Norway and Iceland) have experienced the lowest incidence of covid-19 deaths, while East- and Central European countries such as Hungary, Bulgaria, Czechia and Slovenia are topping the list having had approximately thirteen times more deaths (per million population) than the aforementioned countries (Statista, 2021). The differences in the numbers are remarkable, and it opens a discussion of whether pandemic management resulting from national policies is a key for countries to successfully tackle an international health crisis, and whether such policies are influenced by international organizations, in this case, the WHO.

Among the countries with the lowest incidents, Denmark became one of the first European countries to partially re-open its society in May 2020 and again in September 2021 (also referred to as the first and second waves of the covid-19 pandemic), which has dominantly been attributed to the country's rapid response from the government (Olagnier & Mogensen, 2020, p. 10). In March 2020, Denmark announced a national lockdown and shut down its national borders as an act to decisively stop the spread of the coronavirus, which was regarded as a radical and completely dissimilar response to the pandemic compared to i.e., its immediate Scandinavian neighbour Sweden, where very few measures were adopted in public life (Marinov, 2020, p. 4). Denmark proscribed big public assemblies and shut down all needless sites, while profoundly disheartened the usage of public transportation as well as all means of non-crucial travelling (ibid.).

4.1.1 Relationship between the WHO and countries: To what extent are countries bound by the IHR?

As previously mentioned, the International Health Regulations (IHR) are a set of regulations legally binding on 196 States Parties, including all WHO Member States (WHO, n.d.-a). The instrument dates back to a series of European sanitary conferences held in the 19th century, where the regulations were only limited to a couple of specific quarantinable diseases including cholera, plague, epidemic typhus, relapsing fever, smallpox and yellow fever (Gostin et al.,

2015, p. 3.). As the world faced a continuous stream of emerging and re-emerging diseases, a new agreement was necessary in order not to be limited by the aforementioned diseases, but also be able to include enforcement against newer outbreaks such as the Ebola, SARS and COVID-19 (Gostin et al., 2020, p. 377.). This was achieved in 2005 with the new revision of the IHR, which until this day aims to provide a contemporary legal framework to prevent, detect and respond to public health emergencies of international concern. The revision furthermore codified the versatile and encompassing category of a Public Health Emergency of International Concern (PHEIC), which includes any extraordinary event that:

1. constitutes a public health risk to other states through the international spread of disease (broadly defined as "any illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans") and
2. potentially requires a coordinated international response (ibid.).

States Parties are furthermore obligated to notify the WHO within 24 hours in case of having carried out an assessment of public health information related to an event that might be fulfilling the above criteria (WHO, 2005, p. 1.). Besides, it is also required to notify the WHO about any public health risks occurring outside a country's territory that may cause international disease spread (ibid., p. 2.).

As presented, the IHR offers assistance and specific rules on how to respond to a PHEIC, however one should be aware of the distinction between obligations and recommendations by the WHO. IHR Article 1 states that the Recommendations constitute "non-binding advice", and equally Article 3(4) reaffirms that the State party have "[…] the sovereign right to legislate and to implement legislation in pursuance of their health policies" (IHR, 2005, p. 9-10.). Even though WHO's temporary recommendations are technically non-binding, their sovereign right is not unlimited, as Article 3(4) states clearly that State Parties must implement it "in accordance with the Charter of the United Nations and the principles of international law" and that, "in doing so they should uphold the purpose of these IHR" (ibid., p. 10). An example hereof is recommendation 7 from the ninth meeting of the Emergency Committee convened by the WHO Director-General, which states that State Parties should "not require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel given limited global access and inequitable distribution of COVID-19 vaccines" (WHO, 2021). Among State Parties not following this recommendation is Singapore,

requiring all foreign citizens travelling into the country to be fully vaccinated against COVID-19 (ICA, 2021). Thus, a majority of countries follow recommendation 7 by the WHO by also permitting entry for foreign citizens having a negative COVID-19 test, or proof of immunity (Euronews, 2021).

4.1.2 Criticisms of the WHO's response

The WHO has for long received criticism for its lack of sanctioning State Parties not complying with its regulations because of states not seeing them as legally binding. The newly revised IHR brought institutional changes to the WHO, committing states to notify the WHO in case of a PHEIC as explained earlier. The WHO, in turn, could now utilize the Internet to publicize potential problems, even overstate objections. In the words of one expert: if this succeeds, it could lead to a "good-governance revolution" in disease prevention (ibid., p. 91). Yet, the lack of financial resources to support implementation of the regulations made critics call them a set of weak instruments (ibid.).

Amidst the outbreak of the COVID-19, critics questioned WHO's willingness to accept initial Chinese reassurances that the disease could not spread from one human being to another, with claims made by the Director-General Tedros that China was 'setting a new standard for outbreak response' and complimented its 'commitment to transparency' (Russell, 2020, p. 4). Because of WHO's non-challenging approach toward China, the epidemic had already spread beyond China's borders by 20 January 2020, in which China acknowledged that humans could also spread the disease. It has been argued that China was actively holding information prior to that acknowledgement but attempted to buy time to hold the outbreak under control (ibid.). This was despite Taiwan's claiming of warning the WHO as early as December 2019 that the novel virus was transmittable between humans (ibid.). This provides further evidence of how the WHO's approach to China got in the way of an effective response to the initial outbreak, and how Taiwan's exclusion from the organization (because of the country's political issues with China) hindered the information-sharing of a PHEIC (ibid.).

4.2 Introduction to Denmark

Denmark, a Nordic country located in Northern Europe, is the southernmost and smallest of the Scandinavian countries with a population of just over 5 million people. Denmark borders both the Baltic and North Seas and shares a land border with only one other country: Germany. The

Kingdom of Denmark also includes two autonomous provinces in the North Atlantic Ocean: the Faroe Islands and Greenland.

The Government of Denmark is a constitutional monarchy, and the country's political system is based on the principle of parliamentary democracy. The Prime Minister is the head of government, and there is a multi-party system in place. Danish politics are characterized by a high degree of consensus and cooperation, and the country has been described as a "consensus democracy".

The Folketing (parliament) is the primary legislative body in Denmark, and it is composed of 179 members who are elected every four years. The Folketing has a wide range of powers, including the ability to pass laws, ratify treaties, and control the budget. The Prime Minister is responsible for appointing the other members of the government, which consists of around 20 ministers.

The judicial system in Denmark is independent from the political system, and the judiciary is responsible for interpreting and applying the law. Cases are heard by either the Supreme Court or one of the lower courts. Judges are appointed by the government, but they can only be removed from office by impeachment.

Denmark has been a member of the European Union since 1973, and it participates in a number of EU institutions and programs. However, it has opted out of certain aspects of EU integration including the Euro-op out, Danish defence opt-out (from the Common Security and Defense Policy) and finally the EU citizenship opt-out (Folketinget, 2021).

The Danish government has taken several measures to try to stop the spread of the COVID-19 virus. The country has taken a number of measures to ensure compliance with the recommendations by the WHO, including closing schools and universities, banning public gatherings of more than 10 people, and advising people to work from home if possible.

Denmark has also closed its borders to non-essential travel. This means that only Danish citizens and residents, as well as people with essential jobs, have been allowed to enter the country.

Despite these measures, the number of confirmed COVID-19 cases in Denmark has been relatively low compared to other countries. It has ranked among the countries in the EU with the least incidences of COVID-19 deaths with 910 cases per million, compared to 5,329 cases per million in Bulgaria and 4,629 cases per million in Hungary (Statista, 2022).

The handling of the pandemic by the Danish government was not tackled without criticism, however. In January 2021, the Danish parliament set up an expert group consisting of independent experts in health, economics and social affairs, in which it aimed at evaluating how the government handled the COVID-19 pandemic in its initial phase. The report stated that the Prime Minister's Office was too involved in the process of informing the public about the pandemic, calling it a practice of *"detailed control"* (Folketinget, 2021-c). Furthermore, the report criticizes the elimination of basic civil rights and legal guarantees in the temporary epidemic-law (epidemiloven), which was rushed through with implementation by the government in March 2020 (ibid.).

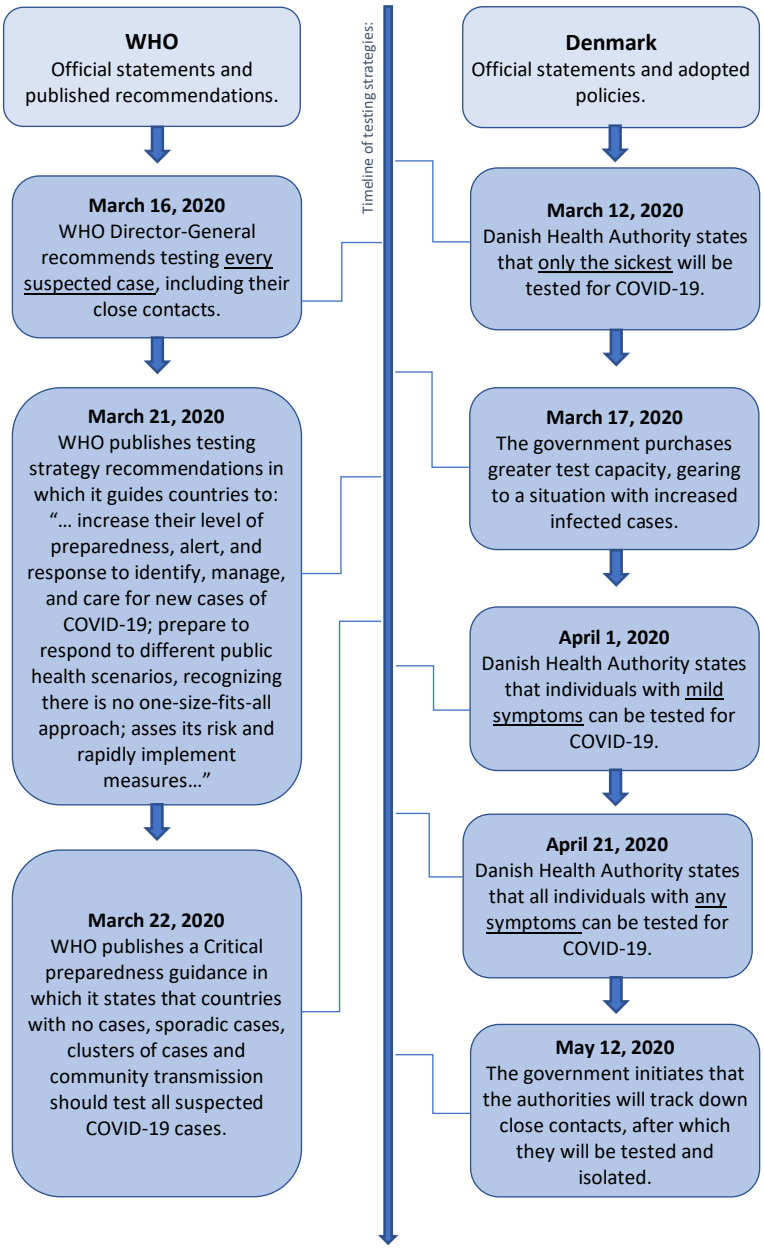
4.3 Analysis of the chosen policy—areas

In the following section, each of the three policy-areas namely: testing strategies; isolation; and border closure will be analyzed according to Hurd's (1999) threefold terminology on compliance.

4.3.1 Policy-area 1: Testing strategies

The following table will illustrate a timeline of the recommendations by the WHO regarding testing strategies for member-states and Denmark's national initiatives in terms of statements and adopted measures. The table is illustrating events that took place in the first immediate months of the COVID-19 pandemic, here specifically from March 2020 to May 2020. Recommendations, statements and adopted measures that are not included in the timeline will also be touched upon, although the focus will be on the response of the WHO and Denmark in the period stated.

Figure 3



As inferred from the figure, Denmark took the first measure towards a testing strategy on March 12, 2020, after the WHO director-general had stated on March 9, 2020, that countries should find and test cases and trace their contacts. Although, the WHO was not yet specific on criteria for whom to test: any suspectable case or only the sickest (WHO, 2020-h). The Danish Health Authority published updated measures on how the COVID-19 virus should be handled in the Danish health care system. The measures were described to be updated as the authorities went from a containment strategy to a mitigation strategy (Sundhedsstyrelsen, 2020-d). The first one being the containment strategy is an approach aiming to minimize the risk of transmission from

infected to-non infected individuals in order to stop the outbreak, whereas the second one being the mitigation strategy aims to slow the disease and reduce the peak in health care demand (OECD, 2020). This transition can be inferred as an indication that the Danish authorities early in the outbreak of the pandemic became aware that stopping the virus completely was not a feasible approach, and therefore the aim was to limit the spread of the virus rather than stop it entirely from entering the society. This also consequently meant that the government limited testing the population as it was no longer important to know whether an individual had covid or not, but rather that everyone with mild symptoms should stay home, whereas the sickest patients were advised to contact their general practitioner who would then evaluate whether the patient should be tested or not (Sundhedsstyrelsen-e, 2020). On March 16, 2020, WHO specified that all suspected cases, whether with mild, moderate or severe symptoms should be tested (WHO, 2020-i).

On March 14, 2020, Per Okkels (the then head of department in the Danish Ministry of Health) stated in a mail-correspondence to Søren Brostrøm (Director General of the Danish Health Authority) that the Prime Minister's Office (PMO) is concerned about why the number of COVID-19 tests in the country is low despite the newly adopted mitigation strategy, and that it is a requirement that more tests are performed if the capacity allows for it (Folketinget, 2020-a, p. 3). On March 16, 2020, Barbara Bertelsen from the PMO stated in a mail correspondence with Okkels that there should not be capacity issues with the newly purchased testing machines and that the Norwegian model should be taken as an inspiration as it follows the recommendations by the WHO since it uses both the strategies of containment and mitigation (ibid, p. 28).

Indeed, the director-general of the WHO stated on March 9, 2020, that neither the containment nor the mitigation strategies should be applied independently, but rather a comprehensive blended strategy including them both (WHO, 2020-h). Bertelsen moreover wrote to the Danish Ministry of Health to follow WHO's advice on whom to test, in which she suggested the following model for testing: 1) testing of all health care personnel; 2) randomized tests of asymptotical patients; 3) creating a referral model to those patients who do not require hospitalization (ibid.).

Brostrøm stated in a mail correspondence with Okkels that the Danish Health Authority is already in the process of preparing measures according to the suggestions from the PMO, but the work is complex and time-consuming with many professional actors in play, and

therefore precision and nuances are not always included in the measures announced (ibid., p. 1). Taking into consideration the administrative, technical and bureaucratic preparedness that lies in setting up testing facilities, it reasonably can be regarded that the Danish government was aiming at following the advice of the WHO, however, due to the complex and time-consuming work that it took to realize the testing ambitions, the intended testing-measures were not carried out instantly. During a press conference on March 23, 2020, regarding the COVID-19 pandemic held by the PMO, the chairman of Danish Regions (Danske Regioner) Stephanie Lose stated that they are *"currently being challenged by limited supplies of testing equipment and protective equipment … this is the result of a very tight world market, where the same things are in demand all over the world."* (Statsministeriet, 2020-d). Even though the Danish government stated that its aimed approach to handling the COVID-19 pandemic would be the mitigation strategy, the analyzed data indicates that the government's aim was also to test a broader audience in the population, but this was not possible due to the lack of proper testing equipment which was in the process of being purchased.

The representative from the PMO's statement to the health authorities gives a hint of what could be regarded as an act or a request of complying with the advice from the WHO, as it would allow the Danish handling of the pandemic to be inspired by the Norwegian model which was, according to Bertelsen, including both the strategies of containment and mitigation. As these e-mails were confidential when they were sent, the actors across the authority institutions could reason their motives behind their choice of strategy without being restrained from expressing a cost and benefit evaluation to one another, or the consequences that could potentially hit Denmark by international institutions. As Bertelsen from the PMO does not reason her request to the health authorities, and as she had yet no clue of whether this was in the best interest of Denmark (as there then was no proper experience on what the best option of handling the transmission of COVID-19 was) it could indicate that the government intended to follow the recommendation from the WHO because it was the most moral thing to do; linking it to the theoretical concept of moral belief systems, in which an actor complies with a rule out of legitimacy.

Søren Brostrøm stated in an email on March 17, 2020, to the head of department in the Ministry of Health about the government's desire to test *"everyone with symptoms of corona*", where Brostrøm described a meeting with the regions' group and hospital executives (regionernes

koncern- og sygehusdirektioner), KL's management (interest organization for municipalities), the director of the practitioner doctors' organization (PLO) and others with the following statement: *"Several participants to the meeting described an extension of the test offer to all with mild symptoms as 'insane' or 'not meaningful', and the PLO mentioned a quite significant concern in relation to load, prioritization and spread of infection, if the task becomes laid out for them."* (Folketinget, 2020-b, p. 262). At the end of this e-mail, Brostrøm also stated that if one wants to move on with the testing of anyone with mild symptoms, the Danish Health Authority will refuse the public health care resources to be spent on the task.

As the Danish Health Authority is an institution under the Ministry of Health, its main task is to assist and bring the government's policies and aimed measures to reality in the health sector. Brostrøm being a doctor himself is not chosen for the task of being head of the Health Authority based on his political standpoint, but rather because of his competencies that are required to lead the institution. Meanwhile, Brostrøm is also a member of WHO's Executive Board, which is composed of 34 technically qualified members to annually agree upon the agenda for the World Health Assembly and the resolutions to be considered by the Health Assembly (WHO, n.d.-b). This gives Brostrøm three potential roles representing: the workers of the Danish health sector; a governmental institution being the Danish Health Authority; and an international organization being the WHO. Brostrøm stating that his institution would refuse to allocate its resources to handle the testing of the population suggests that he, at the time that the statement was made, was ready to go against the recommendation of the WHO which stated that all patients no matter their severity should be tested. In the sphere of Hurd's (1999) theory on compliance with the motive of self-interest, this suggests that any rule followed by individuals is the result of an instrumental and calculated assessment of the net benefits of compliance versus non-compliance, and as seen, Brostrøm's assessment of allocating public health care funds to the testing of the Danish population would go against his support base being the PLO and other local medical interest organizations. Therefore, it is inferred that Brostrøm's reason for non-compliance can be explained via the mechanism of self-interest, as there is a clear indication that his own interest outweighs the recommendation from the WHO.

Even though this reflects that there are some self-interest activities going on internally in the government by individual actors, it cannot be inferred that Denmark acted in self-interest, as the outcome of the testing strategy to test every patient showing symptoms was

not a task carried on by using the public health care resources. Instead, private companies were hired by the government to test the population as explained in the following section.

On March 14, 2020, a journalist requested the Danish Ministry of Health access to documents of any communication between the ministry and the WHO concerning WHO's recommendation on using an *'aggressive testing approach'* (Retsinformation, 2020). The ministry denied any access to the conversation, except for the factual content of the conversations which was already publicized by the WHO as recommendations to member-states. The reason for denying access to the conversation was reasoned by the ministry with the argument of the communication being personal of character through SMS messages, and that publishing such personal conversation with the WHO would spoil *"the kingdom's foreign policy interests, including in particular the consideration of being able to maintain the direct and personal relationship and confidential tone that the Minister of Health has established for the Director-General of the WHO*." (ibid.). Such discretion of private communication between actors hinders the comprehension of the motives behind compliance of the Danish government and shall be regarded as a limitation. As Hurd (1999, p. 382) states, it is *"impossible to enter into an actor's head and know conclusively its motivations and so differentiate between compliance based on, for instance, self-interest or legitimacy."*

On March 21, 2020, WHO published testing strategy recommendations in which it guided countries to: *"… increase their level of preparedness, alert, and response to identify, manage, and care for new cases of COVID-19; prepare to respond to different public health scenarios, recognizing there is no one-size-fits-all approach; assess its risk and rapidly implement measures…" (WHO, 2020-j).*

On April 1, 2020, the Danish Health Authority allowed all patients showing mild symptoms to be tested through a doctor's reference (Sundhedsstyrelsen, 2020-e). This was followed by a press conference on March 30, 2020, held by the PMO in which Mette Frederiksen (the Prime Minister of Denmark) stated that the government is aiming to *"to carry out a broad-based test outside the healthcare system with the help of both civil society and companies. It will make it possible to test many more than today - both for whether you are infected, but also for whether you have had corona."* (Statsministeriet, 2020-e). This indicates that despite the newly purchased machines for testing for COVID-19, the government was still

limited to testing a broader audience in the population, and thus opened for the possibility to receive assistance from private companies to carry out more tests. At the same conference, Magnus Heunicke (the Danish Health Minister) stated that the government is expanding its test capacity since it is aiming to not only solely test the sickest patients, but also those who show mild symptoms (ibid.). Heunicke moreover stated that the measures announced (on more tests) are not fully implemented. Following Heunicke, Søren Brostrøm stated that the government is closely following the recommendations from international organizations, and as national health authorities it is their responsibility to turn the recommendations into a Danish context. The last remark by Brostrøm is equivalent to the recommendation by the WHO, as it follows the statement that countries should recognize that there is no one-size-fits-all approach in a testing strategy (WHO, 2020-j).

On April 21, 2020, the government decided that everyone in the society could be tested, and on May 12, 2020, it was decided that close contact would be tracked down and tested (Sundhedsstyrelsen-c, 2020). After these measures aiming an aggressive testing strategy which was the recommendation by the WHO, a press conference was held by the PMO on May 29, 2020, where Mette Frederiksen was asked by a journalist whether it would be appropriate if officials in the government in crisis situations must overrise their professionalism in order to comply with the wishes of the government, to which Frederiksen replied with an example of the testing strategy by stating:

"Every government must be consulted, but the political priorities that may be adopted in the field of health must be politically decided, whether it is … or the use of tests in connection with COVID-19, so when there is a political desire about testing - and yes, we as a government have had a wish from a very early stage in this, moreover, in continuation of the recommendations from the WHO, that testing should take place..." (Statsministeriet, 2020-f).

It can be inferred from the above statement on testing that Frederiksen in contrast to being consulted by i.e. experts for the measures initiated by the government also justifies measures adopted as a result of political decisions even though there might not be any evidence-based reason to do so. Moreover, she justifies the political motive of testing aggressively with the recommendation of the WHO, which again is explained as a contrast to consulting. Complying with WHO recommendations is stated on the same line as the government's political priorities, and therefore the recommendations should not be regarded as consultations,

but rather as a matter of course for the government. The rule (of testing aggressively) is regarded as "right", and this leads to the theoretical component of legitimacy, as Frederiksen's reason for compliance with the recommendations of the WHO is not explained by a calculation of self-interest nor with a fear of retribution, but rather possibly by an internal sense of moral obligation in which compliance becomes habitual.

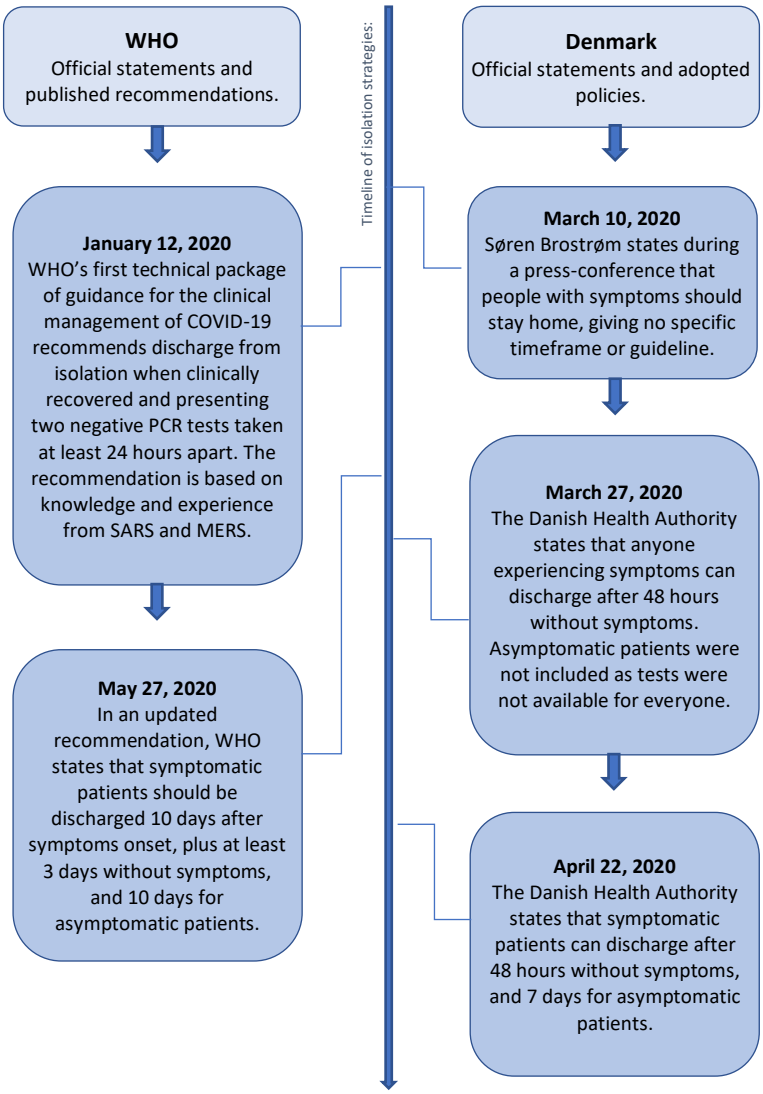
The analyzed data indicates that the Danish government has been aiming at complying with the recommendations of testing strategies by the WHO, but this has not been possible to implement instantly in the initial months of the outbreak of the COVID-19 pandemic due to lack of resources such as testing machines and allocated funds. Moreover, it has been inferred that the motives behind the government's compliance with the recommendations by the WHO can be explained via the mechanisms of self-interest and legitimacy. Despite the methodological limitation the empirical data offers, being that one does not have access to many confidential data between government officials to expose their motives behind compliance, it has been possible through published e-mail conversations by an official at the PMO and statements made by Prime Minister Mette Frederiksen that the adopted measures in terms of testing can be explained through the mechanism of legitimacy. Moreover, other published e-mail conversations indicate that the Danish Health Authority was ready to act in self-interest if necessary due to conflicting interests from especially the meeting Søren Brostrøm attended with local medical organizations/unions.

As the mechanism of self-interest has only been observed in one actor in the government, namely Brostrøm, one cannot apply the theoretical component to the motives of Denmark as a whole, as the outcome of the policy of testing more was not hindered, but rather the government found another solution to the issue and thereby acted in accordance with the recommendations from the WHO. Policy-area 1 is thus coined with the theoretical mechanism of legitimacy.

4.3.2 Policy-area 2: Isolation

A timeline of statements and measures on isolation strategies by Denmark, and recommendations by the WHO is presented below:

Figure 4



As a start, it is important to distinguish isolation from quarantine. Isolation separates individuals showing symptoms of COVID-19 from the rest of the society, whereas quarantine separates and restricts the movement of individuals who were in close contact with a suspected case of COVID-19. This analysis takes as point of departure the isolation measures by the Danish government, and recommendations made hereof by the WHO.

In the initial outbreak of the COVID-19 virus, WHO based their isolation recommendations on previous experiences with the SARS and MERS viruses, stating that patients showing a positive PCR test should be in isolation and uncharged when clinically recovered and presenting two negative PCR tests taken at least 24 hours apart (WHO, 2020-d). No information has been found regarding whether the WHO recommended the isolation of asymptomatic individuals.

On March 10, Søren Brostrøm stated during a press conference that people with symptoms should stay home, giving no further specific timeframe or guideline (Statsministeriet, 2020-b). The day after, during another press conference on the issue of the pandemic, Brostrøm stated that anyone presenting with the symptoms of coughing and fever should stay home and that they would not need to be tested (Statsministeriet, 2020-c). It was not until in end-March that the Danish Health Authority published more specific guidelines on isolation, in which it stated that anyone presenting symptoms of COVID-19 should be isolated in their homes and discharge themselves 48 hours after showing no symptoms (Sundhedsstyrelsen, 2020-a).

During this period extending from January to March 2020, the Danish authorities did not follow the recommendation by the WHO and thereby showed non-compliance. As explained in the former sub-chapter, Denmark did not start testing anyone presenting with mild symptoms until April 1, 2020, due to lacking testing resources, and therefore WHO's recommendation on PCR-testing patients for discharge could not be followed. Hurd (1999) says that one might study the reasons given for non-compliance, by analyzing what decision-makers say when knowingly breaking a rule set by an IO (p. 391). As there has not been found any data on official governmental figures stating their reasons for non-compliance regarding the policy-area of isolation, this must be regarded as a limitation of the study as one cannot dig deeper into the motives of the government.

On April 22, 2020, the Danish Health Authority published updated guidelines on isolation, stating that individuals showing a positive COVID-19 test but having no symptoms should isolate for 7 days, and those with symptoms should isolate until 48 hours without symptoms (Sundhedsstyrelsen, 2020-b). As elaborated on earlier, everyone with mild symptoms could be tested from the beginning of April due to increased testing capacity, but despite this newly implemented testing measure, the authorities still did not follow the recommendation by the

WHO on discharging symptomatic patients when clinically recovered and presenting two negative PCR tests taken at least 24 hours apart. Testing was not involved in the process of dischargement after clinically recovered.

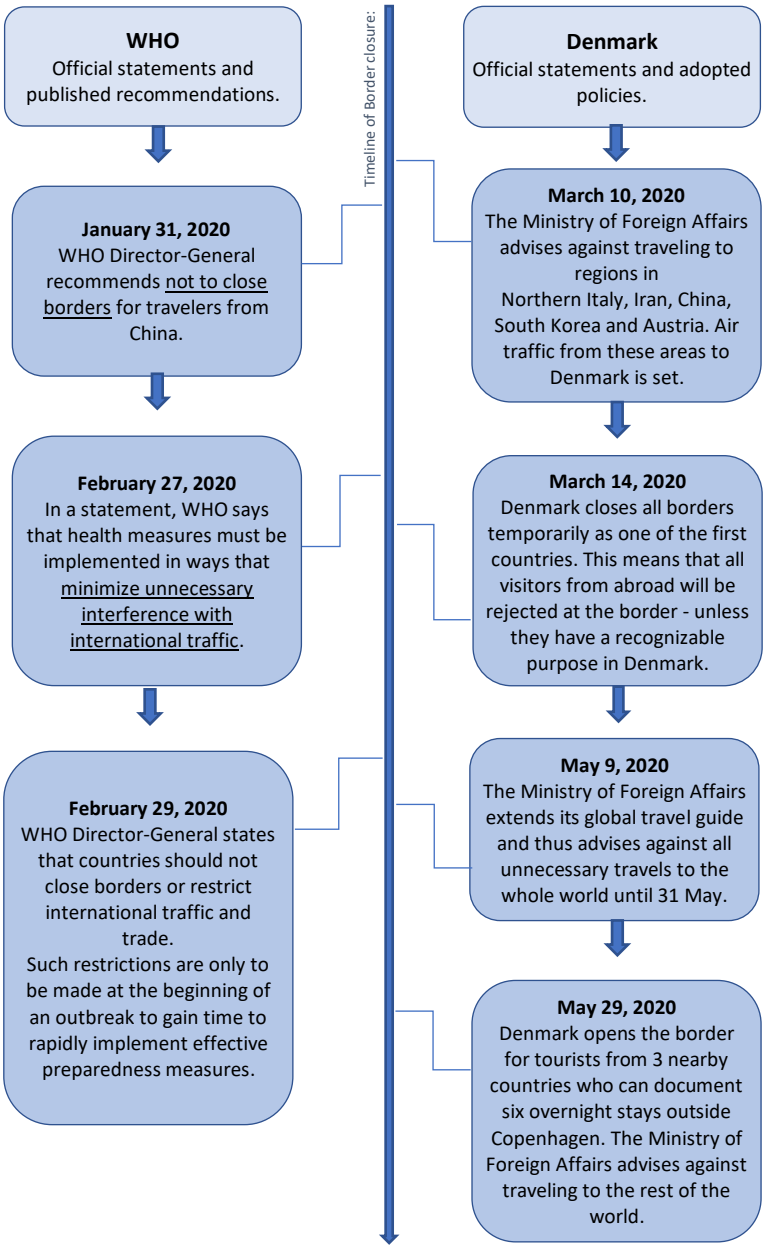
On May 10, 2020, WHO updated its recommendation on isolation for the first time, stating that symptomatic patients should be discharged 10 days after symptoms onset, plus at least 3 days without symptoms, and 10 days for asymptomatic patients (WHO, 2020-d). This time testing was not a requirement for the discharge of clinically recovered patients, which was contrary to the previous recommendation. Albeit, Denmark did not change its isolation measure accordingly and continued its approach as in April 2020.

The analyzed data indicates that the Danish government did not implement its isolation measures in accordance with the recommendations from the WHO, and thus non-complied. This contradicts with the notion that the Danish government complied with the WHO fully on its pandemic management regarding COVID-19. Moreover, the theoretical framework does not offer much insight into non-compliance, as it is a pre-requirement of the theory by Hurd (1999) that countries comply in order to coin them with any of the three theoretical mechanisms. The government has not been expressing publicly that it did not comply with the WHO recommendations on isolation measures, and thus one cannot analyze the reasons why non-compliance happened. As a consequence, policy-area 2 is not coined with any of the three mechanisms, but with non-compliance.

4.3.3 Policy-area 3: Border closure

A timeline is showcased illustrating WHO's statements and recommendations and Denmark's adopted policies on travel restrictions:

Figure 5



Early in the initial weeks of the outbreak of the COVID-19 pandemic, several countries decided to close their borders to travelers from China due to a fear of virus transmission through international traffic. On January 31, 2020, the International Health Regulations (IHR)

Emergency Committee (under the WHO) stated that it did not recommend any travel restrictions based on the then information available and that countries must inform WHO about travel measures taken, as required by the IHR (WHO, 2020-a).
In the upcoming months, WHO Director-General recommended that health measures should take place with the least impact on travelling, in order not to disrupt international traffic, and later on February 29, 2020, the rhetoric changed to be stricter in nature being that countries should not close their border or restrict international traffic at all (WHO, 2020-b). Such measures were only to be justified if they were implemented at the beginning of an outbreak, and only if lasting a few days, in order to gain time for the implementation of effective preparedness measures (ibid.). This was reasoned with that ban to affected areas or denial of entry to passengers coming from affected areas are usually not effective in preventing the importation of cases, and rather the outcome would have significant consequences for the economy and society (ibid.).

On March 10, 2020, the PMO held a press conference in which it was for the first time since the outbreak of the COVID-19 pandemic announced that the government would take measures in terms of international travelling (Statsministeriet, 2020-a). Mette Frederiksen stated that the Ministry of Foreign Affairs changed its travel guidance for the public and marked several countries with red, indicating that no one is recommended to travel to those countries. This included regions in the North of Italy, Iran, regions in China, South Korea and Austria. Danes travelling from these countries would not be let into the airport, but should rather enter through a special gate, whereafter they would not be allowed to use any public transport in the country (ibid.). Moreover, it was announced that all international traffic by air would be suspended to and from these countries.

Later on March 14, 2020, the government decided to close the borders of Denmark completely to outcoming visitors. In an interview, Frederiksen was made aware by a journalist from DR that neither WHO nor the Danish Health Authority recommended closing the border as there was no evidence-based reason to do so, in which Frederiksen responded that: "*Ultimately, when making far-reaching decisions for a society, then of course it is a political decision. I would rather go a step too far than the opposite.*" (DR, 2020). Just after this remark, Søren Brostrøm expressed to a journalist that the measure by the government on closing the

borders is indeed a political decision which is not consistent with the recommendations from the WHO (Altinget, 2020).

First, before getting into the motives of the government behind its policies on travel restrictions, it is vital to understand whether the measure of closing the border was an act of compliance or non-compliance with WHO recommendations on the matter. In the recommendation made by the WHO, closing the borders is not an effective tool to stop the transmission of a virus into a country, however as earlier mentioned, it can be justified to implement such a measure for a short period in circumstances where authorities need time to implement other measures (such as setting up screening facilities at the airport) (WHO, 2020-b). Therefore, the period in which the measures on closing the border were effective will indicate whether the Danish government complied with the recommendations, as it would only count as compliance if the period was short. WHO does not fully define what it means with a short period, other than giving an example of a few days (ibid.). As the timeline at the beginning of this sub-chapter illustrates, the Danish border was closed until the end of May which means that the measures on closing the border were implemented for more than a month (for some countries), and up to 3 months for other countries. It is a matter of interpretation whether the period was short or not, but since Denmark was not fully equipped to handle the pandemic at the time, as testing facilities still needed resources and clarity of whom to give the task, one can use the argument that the government was preparing itself to open its borders and allowing international traffic into the country. Just as Brostrøm stated to a journalist, that it all depended on the specific implementation of whether the measure of closing the border would be effective or not (Altinget, 2020).

If looking away from non-compliance and continuing with the assumption that the government indeed was following the recommendation by the WHO, it is vague to argue that Denmark was fully complying with the recommendation by the WHO as it had closed its borders. When Brostrøm was asked to document that the government's implementation of closing the border was in accordance with WHO recommendations, he argued that: *"Border closures are only effective if it is done with a very high degree of implementation, and therefore is it primarily effective in relation to islands. That's why it's clear in the WHO's*

recommendations that, in general, border closures are not recommended unless they are implemented due to extraordinary circumstances." (Folketinget, 2020-a, p. 9). From this statement, it is clear that the government used the justification by the WHO of closing the border in a short period as a form of loophole to implement it for months.

Frederiksen's remark that the government 'would go a step too far' even though WHO recommended otherwise indicates that what is in the self-interest of the government weighs higher than complying with the guidelines set by the WHO. Hurd (1999) says that self-interest (along with coercion) is a form of utilitarianism in which an actor chooses, among others, the available path that would put him/her in a better situation (p. 386). Even though testing facilities were up and running with full force in May 2020, the border was not fully opened until July 2020. This indicates that the government kept the border closed even though it had implemented effective preparedness measures months prior to the opening of the border. Choosing this approach over the recommendation by the WHO indicates that Denmark barely complied with the recommendation, and solely did so as it had free manoeuvre to implement the measure of closing its border over an unknown time. It also indicates that the Danish government favoured its own approach putting Denmark in a better position in regard to limiting the importation of the virus from abroad. If the WHO had set a time frame over what it defined as a short period, non-compliance could be an option according to the remark made by Frederiksen that the government would take a political decision to rather go too far rather than comply with any recommendation made by the health authorities or the WHO.

Under article 43(3) of the IHR by the WHO, it is stated that: *"A State Party implementing additional health measures referred to in paragraph 1 of this Article which significantly interfere with international traffic shall provide to WHO the public health rationale and relevant scientific information for it."* (IHR, 2005, p. 29). This means that the Danish government was bound to notify to the WHO of its measures restricting international traffic, as to which the Danish Ministry of Health on March 16, 2020, sent a notification to the WHO on its argument for the implementation of the relevant measures. In the notification which was sent as a document signed by Magnus Heunicke (Minister of Health), the implemented measures are justified by a Risk Assessment Report by the European Center for Disease Control (ECDC), which according to Heunicke states that amidst a global pandemic, countries should implement social distancing measures, and that such measures should include: "*social distancing measures*

at workplaces (for example teleworking, suspension of meetings, cancellation of nonessential travel)." (Sundhedsministeriet, 2020). In its report which Heunicke is referring to, the ECDC does indeed recommend against cancellation of nonessential travel, however, the recommendation is not directed to the general public but to workplaces. Instead, the EDCD states that: *"Based on evidence from modelling studies … borders closures may delay the introduction of the virus into a country only if they are almost complete and when they are rapidly implemented during the early phases, which is feasible only in specific contexts … Available evidence, therefore, does not support recommending border closures which will cause significant secondary effects and societal and economic disruption in the EU."* (ECDC, 2020, p. 8). As it can be inferred from the report by the EDCD, there is no evidence supporting border closures and hence the Danish government's notification on providing evidence-based argumentation for its implemented measures to the WHO was not based on scientific grounds. Rather, the government used a paragraph on travel restrictions by the ECDC out of context and presented it to the WHO as a justification for its implemented measures on border closure.

This presents two options: either the government was not aware that the paragraph they had presented to the WHO was not only directed to workplaces; or the government knew that their implemented measures were not in accordance with the EDCD report, and they had to come up with whichever evidential material best fitting their political agenda. Bjørn Melgaard, a former director of the WHO, stated in an interview that the measures on the border closure implemented by the government aimed at exhibiting 'political action' to the public eye, and that: *"The statement gives the impression that there is a public health rationale behind the decision to partially close the borders. But it is clear that this is not the case."* (Information, 2020). It is clear that the government did not see the recommendation by the WHO as in its favour, but it still intended to comply, or at least present it as so. One can be intrigued to coin the compliance as a result of coercion, as Denmark is bound to follow certain rules according to the IHR, which in this case is that it is bound to present relevant scientific evidence of its border closure to the WHO. Being bound by a rule does not necessarily mean that compliance is always linked to coercion, as this form of mechanism requires fear of punishment. As earlier stated, the WHO does not have the recourses devoted to the enforcement of sanctioning a member-state in case of non-compliance, which makes it dubious that any country would fear sanctioning by the WHO. Rather, one should see the 'compliance' as motivated by Denmark's own self-interests, as the government quite noticeably showed an intention of complying with

the recommendations on border closure, however, this clashed with their own ambitions of closing the border for an unknown time and therefore it used the loophole of avoiding the recommendation, while still complying; which could be referred to as complying without complying. Hurd (1999) states that *"such egoistic attitude of the self toward others or to the rules"* is coined as self-interest (p. 386). In a cost-benefit calculus, the cost of Denmark complying with the recommendations on border closure would be that it would need to limit the duration of the measure to a 'short period', and the benefit would be that it could use the undefined 'short period' as a loophole to limit the spread of COVID-19 through importation. The latter is explained by the Ministry of Health which states: *"The border closures are being introduced as part of several initiatives that aim to limit the spread of coronavirus by reducing the number of social contacts, hereunder by limiting the number of people entering Denmark."* (Information-b, 2020). No place is it stated that the measures were implemented due to gaining time for the implementation of effective preparedness measures.

On May 20, 2020, Margaret Harris, the spokesperson of the WHO, stated in an interview that Denmark could potentially open its border to foreign visitors if the process of reopening would be done with *"exceptional planning and very clear guidelines."* (Brandt & Moestrup, 2020). Moreover, Harris praised Denmark's handling of the pandemic by emphasizing its tracking, testing and treating measures as successful. No criticism of the government's border closure measures has been found by the WHO among empirical data, indicating that the WHO is restraining itself from interfering with the policy choices of its member-states.

After the remark by Harris, Denmark started the process of reopening its border in stages from the end of May to July 2020. As Harris' statement was not an official recommendation to the government, it is difficult to analyze whether the Danish government set its measures for the reopening following the WHO. It was first on June 29, 2020, that the WHO published a document for member-states in which it offered considerations on the reopening of borders (WHO, 2020-c).

The analyzed data suggest that the Danish government aimed at closing the border for international traffic due to limiting the importation of the COVID-19 virus into the country, however, this would clash with the recommendation by the WHO stating that countries should keep their border open for foreign visitors. The government saw the exception in the

recommendation being that a country could close its border during a short period as an opportunity, and implemented this measure for months before reopening its border. Thus, it avoided non-compliance and complied according to its ambitions of border closure. Together with Mette Frederiksen's remark that the government was willing to follow its own rules despite differing external recommendations on the matter, it can be argued that Denmark was complying out of self-interest, and if the recommendation did not allow for border closure, the government would have non-complied as a consequence. As a result, Policy-area 3 is coined with the theoretical mechanism of self-interest.

5. Concluding remarks

Congruence analysis focuses on the explanatory powers of different theoretical positions, in which the complementary approach aims at combining these positions to interplay with one another in order to provide for more comprehensive explanations. Consequently, this requires the researcher to cover an extensive field of data to grasp a broad range of aspects of the case. This has also been the aim of this study, where three theoretical mechanisms have been used to explain Denmark's motives behind its compliance with the recommendations by the WHO regarding the COVID-19 pandemic. Despite the different natures of the theoretical mechanisms, they have been complementing each other and offered a comprehensive insight into the motives of the Danish compliance.

As the analysis infers, the three theoretical mechanisms of legitimacy, self-interest and coercion have been looked for in all the three policy-areas covered by this study. Before concluding on which of the three mechanisms were present as motives behind compliance, one can be excluded as it could not be used to assess the motives of the Danish compliance, namely coercion. Since the WHO does not obligate its member-states to follow its recommendations, and as the organization does not have the ability to sanction a non-complying member-state by using hard-power, the criteria for coercion as means of compliance are not met.

The mechanism of legitimacy was present in policy-area 1, as the Danish government aimed to follow the recommendations by the WHO on testing, however, it did not succeed in complying in the initial period after the pandemic outbreak due to a lack of resources

such as testing machines and allocated funds. In the latter months, Denmark managed to fully implement measures in accordance with WHO's recommendations on testing.

The mechanism of self-interest was present in policy-area 3, as the Danish government saw an opportunity in the exception in the recommendation on border closure, being that a country could close its border during a short period, and it implemented this measure for months before reopening its border. Thus, it avoided non-compliance and complied according to its ambitions of border closure. To justify its measure on border control, the government presented irrelevant scientific evidence to the WHO.

Being against the assumption made at the beginning of the research of this study, the Danish government did not fully comply with the recommendations by the WHO, as policy-area 2 has been coined with non-compliance. The theoretical framework does not offer much insight into non-compliance, as it is a pre-requirement of the theory by Hurd (1999) that countries comply in order to coin them with any of the three theoretical mechanisms. Therefore, non-compliance has not been further analyzed.

To answer the research question: "*Why has Denmark been complying with the recommendations by the WHO as a response to the COVID-19 pandemic?",* the analysis of this study points towards that Denmark complied with the recommendations by the WHO due to the motives of legitimacy and self-interest. Additionally, it can also be concluded that Denmark did not fully comply with the recommendations by the WHO on certain measures.

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