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RESPONSES TO THE COVID-19 PANDEMIC IN THE ARCTIC: COMPARING THE WAYS OF ORGANIZING VOLUNTARY WORK IN NORTHWEST RUSSIA AND NORTHERN NORWAY

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Abstract. This Research Communication presents preliminary results of an ongoing Russian-Norwegian research project about volunteer work in two border regions in the Arctic — Troms and Finnmark county in Norway and Murmansk oblast in Russia. Here, we aim to provide a deeper understanding of the ways in which volunteer work with vulnerable groups was organized during the initial stages of the COVID-19 pandemic in two national and regional settings, the role and scope of volunteer work during the pandemic in the two regions, and how this activity is framed by structural and political differences between Norway and Russia. The study adds knowledge to the field of implementation of national COVID-19 strategies in diverse regional settings and understanding the role of volunteerism in crisis response in providing for the health and well-being of vulnerable groups in the Arctic. Our study reveals that both in Norway and Russia responses to the pandemic include mobilization of volunteers and the rise in the volunteer movement, but volunteerism has different traditions and scopes in Norway and Russia. Well-established NGOs in Troms and Finnmark county were mobilized to act when the pandemic hit, and they took on new responsibilities for vulnerable groups. Such organizations were less developed in Murmansk oblast, and in order to effectively respond to the pandemic, new voluntary structures were quickly established in the form of united regional and municipal volunteer centres in addition to existing organizations. Our research shows that volunteerism is one of the most efficient tools for crisis response and that it adds an indispensable value to reducing the workload of public health and social care institutions in promoting health and well-being for vulnerable groups. Voluntary structures on the Norwegian side appear to be resilient and flexible to meet the needs of the target groups, while volunteerism in Murmansk oblast shows exceptional strength to grow, formalize, and mobilize during a very short period within crisis response.

Keywords: COVID-19, Arctic, voluntary work, voluntary structures, vulnerable groups

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НАУЧНЫЕ СООБЩЕНИЯ

Научное сообщение

МЕРЫ РЕАГИРОВАНИЯ НА ПАНДЕМИЮ COVID-19 В АРКТИКЕ: СРАВНЕНИЕ СПОСОБОВ ОРГАНИЗАЦИИ ВОЛОНТЕРСКОЙ РАБОТЫ НА СЕВЕРО-ЗАПАДЕ РОССИИ И В СЕВЕРНОЙ НОРВЕГИИ

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Аннотация. В научном сообщении представлены предварительные результаты российско-норвежского проекта, в рамках которого изучается волонтерская деятельность в двух соседних регионах Арктики — округе Тромсё и Финнмарк в Норвегии и Мурманской области в России. Цель исследования — выявить, как была организована работа волонтеров с уязвимыми группами населения на начальных этапах пандемии COVID-19 в двух национальных и региональных контекстах, углубить понимание роли и масштабов волонтерской работы во время пандемии в изучаемых регионах и того, как на эту деятельность влияют политические и структурные различия между двумя странами. Исследование расширяет знания в области реализации национальных стратегий в отношении COVID-19 в различных региональных условиях и понимания роли волонтерства в реагировании на кризис и обеспечении здоровья и благополучия уязвимых групп населения в Арктике. Выявлено, что как в Норвегии, так и в России меры реагирования на пандемию включают мобилизацию добровольцев и рост

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волонтерского движения, однако волонтерская деятельность имеет разные традиции и масштабы в этих странах. Хорошо развитые общественные объединения в округе Тромсё и Финнмарк были мобилизованы для действий в начале пандемии и взяли на себя новые обязанности по защите уязвимых групп населения. Такие организации были менее развиты в Мурманской области, и для эффективного реагирования на пандемию в дополнение к существующим организациям в кратчайшие сроки были созданы новые структуры в форме единого регионального и муниципальных волонтерских центров. Сделан вывод, что волонтерство является одним из наиболее эффективных инструментов реагирования на кризисные ситуации и вносит существенный вклад в снижение нагрузки на учреждения здравоохранения и социального обеспечения в деле сохранения здоровья и благополучия уязвимых групп. В рамках реагирования на кризис волонтерские структуры на норвежской стороне продемонстрировали устойчивость и гибкость для обеспечения потребностей целевых групп, в то время как волонтерство в Мурманской области показало исключительную способность к росту, формализации и мобилизации за очень короткий период.

Ключевые слова: COVID-19, Арктика, добровольческая работа, волонтерские структуры, уязвимые группы населения

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Introduction

This Research Communication investigates the development of voluntary work in the Norwegian-Russian border region during the first year and a half of the COVID-19 pandemic, with a focus on meeting the health and well-being needs of vulnerable groups. Here we understand as vulnerable the elderly and people having chronic diseases, low-mobility people, and individuals in self-isolation. We present some preliminary findings from an ongoing Norwegian-Russian research project named *“Adapting to a changing society. The case of civil society in the Murmansk region”*. Participants in the cooperation project are Vigdis Nygaard (project leader), Bård Kårtveit, Rita Sørly, and Anne Katrine Normann, who are researchers from the Norwegian Research Centre (NORCE) and The University of Tromsø — The Arctic University of Norway in Troms and Finnmark county, Norway, and Ludmila Ivanova (coordinator on the Russian side), Larissa Riabova, and Svetlana Britvina from the Luzin Institute for Economic Studies of the Kola Science Centre of the Russian Academy of Sciences, Apatity, Murmansk oblast, Russia.

The northernmost county of Norway, Troms and Finnmark, and Murmansk oblast in the Northwest Russia are peripheral regions located in the Arctic, and the pandemic hit these areas with different impacts. Murmansk oblast had experienced a higher infection rate (7,527 COVID cases per 100,000 inhabitants) as of the last week of June 2021¹ and higher COVID-related deaths (183,8 COVID deaths per 100,000 inhabitants) compared to Troms and Finnmark county (977,38 cases and 2,48 deaths, respectively)².

The COVID crisis created a critical demand for organizing activities for protecting the health and well-being of vulnerable groups. This added a new dimension to the research on voluntary work because more needs to be learned about the ability of voluntary structures to quickly reorient to new challenges in a time of uncertainty and fear. Voluntary work and the formalization of volunteerism through participation in NGOs are quite dissimilar in Norway and Russia, thus voluntary work in a crisis situation developed differently within the two different political and health care systems. We have chosen our home regions as cases for the study, and this has enabled us to follow closely the development of the pandemic and the responses to the situation. The research literature on COVID responses often takes the national perspective and focuses on larger cities [1–3]. Here, we present a less common perspective by comparing two remote and less populated regions in the Arctic.

Aim and research questions

We aimed to get a deeper understanding of the ways in which volunteer work with vulnerable groups was organised during the initial stages of the COVID-19 pandemic in two national and regional settings, the role and scope of volunteer work with vulnerable groups in the two case regions, and how this activity is framed by structural and political differences between Norway and Russia. Our research questions are:

- How was voluntary work with vulnerable groups organised during the initial stages of the COVID-19 pandemic in the two national and regional settings?

¹ Regional Government of Murmansk oblast. URL: https://vk.com/covid_murman (accessed: 05.10.2021).

² Folkehelseinstituttet. URL: <https://www.fhi.no/> (accessed: 05.10.2021).

- What was the role and scope of volunteer work with vulnerable groups during the COVID-19 pandemic in the case regions?
- How can different political structures and governmental responses to the pandemic explain differences in organizing volunteer work in the case regions?

Methods and data

This Research Communication is based on the analysis of official and media texts describing the national and regional developments of the COVID crisis and the role of volunteer work. We also refer to official statistics, surveys, and research literature available on the topic. Additionally, we have conducted interviews with NGO leaders and volunteer personnel by phone and face-to-face. The data cover the period from March 2020 to June 2021.

Volunteering as a concept in the research literature

Volunteer work is defined as unpaid work provided to parties to whom the worker owes no contractual, familial, or friendship obligations [4]. Volunteering is a complex phenomenon that spans a variety of types of activities, organizations, and sectors [5]. A vast range of literature focuses on the characteristics of the helpers, while empirical analysis often focuses on the “laws of volunteering”, explaining the occurrence or non-occurrence of the phenomenon [5].

Volunteer work with vulnerable groups takes place within formal registered non-governmental organizations as well as in informal settings. This study elaborates on both categories because the formalizations of volunteerism in Russia and Norway are quite different. The economic value of volunteering also differs. Dam & Bratshaug [6] estimate voluntary work in Norway at 4 % of the gross domestic product, while the corresponding figure from Russia is 0,9 % [7].

Different political systems and crisis management response

Greer et al. [1] proposed four areas of focus to understand the reasons for different governmental COVID-19 responses, namely pre-existing social policies and the policies enacted for crisis management, regime type (democracy, autocracy, or hybrid regimes), formal political institutions (federalism, presidentialism), and state capacity (including control over healthcare systems). Looking at these four areas, it is clear that Norway and Russia fall into different categories.

Russia employs a centralized, federally coordinated, quick mobilization-type response involving all governance levels and many sectors. There are two federal bodies developing measures to combat the pandemic crisis — the Operational Headquarters established in late January 2020 and chaired

by the Deputy Prime Minister, and the Coordination Council organized in March 2020 and led by the Prime Minister. In both structures, Rospotrebnadzor (Federal Service for Supervision of Consumer Rights Protection and Human Welfare) and the Ministry of Health have a strong advisory role. Federal measures include national regulations (such as the enforcement of the national non-working days), mobilization of the healthcare system, economic support and so on.

In mid-March 2020, regional COVID-19 operational headquarters were activated in all 85 regions of Russia. The headquarters are led by the regional governors and include representatives from many regional bodies of state power. The headquarters coordinate efforts to combat the pandemic and prepare decisions and recommendations for citizens, organizations, the state, and municipal bodies. Also, regional centres for information monitoring on COVID-19 have been established. Regional authorities make the decisions to strengthen or ease restrictive measures such as the enforcement of lockdowns, emergency regimes, or stay-at-home orders [2] and implement federal support measures like social benefits and tax reductions [8]. Regional governments maintain close contact with local authorities, especially on social policy matters, and are responsible for healthcare in the municipalities.

Local governments implement national and regional regulations and have powers to impose their own restrictive or preventive measures in the communities. Municipal authorities have the responsibility for creating conditions for the provision of medical care, implementing measures to preserve people’s health in emergency situations, following up on citizens in need, etc. They also cooperate with industry and businesses to support the local health sector and voluntary structures.

As a federal state with a centralized political system, Russia has the capacity for mobilization of the healthcare system and other sectors, and this capacity was used to respond to the pandemic. The federal and regional levels played a coordinating and resource-providing role in the COVID response, with the regional level playing a key executive role. Referring to a poll about coping with the COVID threat, about 40 % of the population believe that the government is doing its best to combat the pandemic, while 27 % consider the government’s measures excessive.

In Russia, new bodies were established to combat the pandemic in addition to existing bodies. In Norway, however, the authorities assigned with specific responsibilities in normal circumstances have held the same responsibilities during the pandemic. The Ministry of Health and Care Services, which has national responsibility for health preparedness, declared a health crisis and activated other authorities like the Norwegian Directorate of Health that coordinates mitigation efforts

and implements infection control measures. The National Institute of Public Health monitors the epidemic situation and supervises and advises state and local authorities on infection control [3]. The two executive agencies are given a strong position for handling the pandemic.

The municipal level is vital for implementing the national infection control measures. It has a prominent role in the COVID-19 response because the chief medical officer can use the emergency procedure given in the Infection Control Act to enact local bylaws. Early in the pandemic period several municipalities used this power to introduce stricter measures than the government's recommendations. The government lacked the authority to overrule such local bylaws, and this caused some tensions.

The role of the regional level is limited to a coordinating role in crisis preparedness by coordinating information between the government and municipalities in the region. By the end of 2020, the Norwegian county governors had taken a more active role in working out regional risk assessment plans, thus reducing the need for municipal bylaws in conflict with governmental recommendations [9].

The Norwegian model of community-centred public health focusing on social distancing protocols, rapid testing, tracing close contacts of the infected, and tracking down people in need of isolation/quarantine is considered a success. A corona commission delivered a white paper on the authorities' handling of the COVID-19 pandemic in April 2021, and it highlights the strong position of the municipal level as an important prerequisite for a balance of power between the different levels [9]. The first period can be characterized as a top-down governing model with the need for a strong, unified message from the different state bodies to the people. This was followed by a period of municipal "freedom" to take necessary actions to address local needs before better communications and routines were established for coordination between the municipal, regional, and national levels.

The COVID situation in Murmansk oblast

In early March 2020, the pandemic had reached Russia, and in mid-March it hit Murmansk oblast. The day after the first COVID case in the region was confirmed on March 16, the regional COVID-19 headquarter started to operate, and the governor announced a high alert regime and early school holidays, a ban on mass events, and soon the closure of sports centres, hotels, and restaurants and the transition to distance learning and remote work. From the end of March, access to a number of municipalities was restricted, especially those hosting large industrial enterprises.

In early April, a COVID outbreak occurred at a liquefied natural gas construction site, and an emergency

regime including the strict isolation of the site, the deployment of the mobile hospital of the Federal Ministry of Emergency Situations, and mass testing was introduced until mid-June. On March 30, in the region, as well as in the whole of Russia, a non-working-days regime with preservation of wages was enacted, which lasted until May 8, 2020.

Places with high risks of transmission included industrial enterprises, especially those employing fly-in-fly-out workers, and hospitals. The infections came with fly-in-fly-out workers, vessels boarding in Murmansk city, and people returning home from travels. With the high population density in Murmansk (the largest city in the Arctic Circle), as well as in the numerous industrial cities in the region, Murmansk oblast gradually found itself among the regions that were hardest hit. The blow was deflected by the mobilization of the existing healthcare facilities and the opening of additional COVID hospitals and observatories and promoting and enforcing compliance with anti-COVID rules such as mask wearing and social distancing, as well as by testing and tracing contacts of the infected, followed by isolation, the involvement of non-state health and well-being services, and vaccination.

The pandemic followed in waves, and after a period of some easing in the number of infections and restrictions, in June 2021 Murmansk oblast experienced another COVID outbreak. Upon the recommendations of the regional Rospotrebnadzor, night-time restaurant and bar services were prohibited again and state-financed organizations were instructed to switch to a 30% remote work mode and shift to a sequential start of the working day for office workers. These measures were also recommended to non-state-financed employers.

Volunteer work with vulnerable groups in Murmansk oblast

In the first months of the pandemic the needs for medical attention, food deliveries, and other services increased, and people in need of help became more dependent on outside assistance. Since 2015, there has been an increase in volunteer activities in Russia, and at the national level 2018 was declared the Year of the Volunteer. The pandemic has given rise to further and exceptional growth in volunteerism in Russia and Murmansk oblast. The volunteers mobilized quickly, and Murmansk oblast was one of the first regions in Russia to establish united COVID volunteer centres. Three days after the first case of infection in the region, on March 20, 2020, the governor met with the leaders of the most active public movements — the All-Russia People's Front (ARPF), Volunteer Medics, Victory Volunteers, and the party "United Russia". By this time, volunteers from these structures had already started buying food and medicines and providing other assistance to vulnerable

groups. As a result of the meeting, on March 21 the regional volunteer headquarters of ARPF and “United Russia” was set up. The all-Russian action of mutual assistance #WeAreTogether started on the same day, and within a few days regional volunteer headquarters were formed in all regions of Russia.

The volunteer movement snowballed, and in early April the United Volunteer Centre of Murmansk oblast was established. The Centre brought together various volunteer organizations, groups, and individuals (including, in addition to those already mentioned, the Red Cross, eco-volunteers, and persons who had not previously participated in NGOs) and started to coordinate the work of volunteer centres in the municipalities. It received strong support from the federal and regional levels as well as from the industrial and business sectors.

Local volunteer centres were set up in all 17 municipalities of Murmansk oblast in April 2020. New centres united volunteers from local administrations, volunteer movements, youth centres, universities and colleges, the media, local businesses, sports clubs, and rescue brigades. As the interviews showed, some smaller NGOs were not involved in the initial activities of the local centres and the increase in their involvement became a task for future work. The local centres answered the hotlines for persons aged 65+ and those having chronic diseases, low-mobility people, and people in self-isolation. Volunteers shopped for these individuals, delivered medicines and free food, helped with household chores, and worked at checkpoints at road inspections.

Large industrial companies hosted by the municipalities (PhosAgro, Nornikel, and other companies that play an important city-forming role) supported communities investing in health sector facilities. They also formed corporate volunteer structures working in cooperation with local volunteer centres to help the elderly and other vulnerable groups.

In Murmansk oblast, as well as throughout Russia, a significant rise in the volunteer movement was seen, and the results were substantial. In April – October 2020, 700 COVID-volunteers in Murmansk oblast fulfilled 17,600 appeals for assistance and delivered more than 14,000 free meals to those in need.

The growth of the volunteer movement and the outstanding service provided during the pandemic were achieved through the concerted efforts of volunteers, close cooperation of volunteer structures with local, regional, and federal governments and businesses, and strong support from state authorities.

The COVID situation in Troms and Finnmark

Based on a national increase in COVID infections, the Norwegian Prime Minister announced a national partial

lockdown on March 12, 2020. All schools, kindergartens, and universities closed as well as all cultural and sports activities. Vulnerable groups dependent on practical help or social contact experienced a break in their daily routines. Employees were asked to work from home and old age homes were closed for visitors as they became high COVID-19 transmission areas. The infection rate was at this stage the highest in the southern capital area, while the northern regions had minor outbreaks. This caused some discontent because strong national restraints in less infected regions were considered unnecessary.

The first infections in the northern region came with foreign labour in the cruise industry and fishing vessels boarding in Tromsø city and from migrant workers returning from holidays in Eastern European countries, but gradually also from internal travel, and it spread to the local population of all ages. Some northern municipalities enacted local bylaws to restrict visitors from southern Norway with a higher infection rate from entering their territory by introducing quarantine measures. Places with high risks of transmission were hospitals, old age homes, bars, and restaurants. The cities in the north experienced some bigger outbreaks, but they were fought back by massive testing and tracing of close contacts of the infected, followed by isolation and quarantine. The infection peak came in waves at different times in different municipalities and challenged the municipal healthcare capacity. The tracing of contacts of the infected and information about the need for isolation by phone was a task with which the municipalities helped each other. Hammerfest was hit by a massive outbreak in May 2021, and the infection tracing team in Tromsø helped to reach the target group because they had the capacity to do so. The regional hospitals also exchanged personnel to step in when health workers themselves became infected and had to stay at home.

By June 2021 all the municipalities of Troms and Finnmark had experienced COVID outbreaks, and most people living outside the bigger cities in Troms and Finnmark had experienced limited periods of restrictions like the ban on social activities and meetings outside the household. A total lockdown, with everything closed except for grocery shops and pharmacies, was only implemented in some northern cities (Hammerfest, Harstad, and Tromsø) and only for a limited period.

Volunteer work with vulnerable groups in Troms and Finnmark

The volunteer movement quickly mobilised to assist during the crisis. The national health authorities cooperated with the three major NGOs — the Red Cross, the Norwegian Women’s Public Health Association, and Norwegian Peoples Aid — to work out guidelines for

close cooperation with voluntary organizations [10]. This was in line with the governmental “Voluntary declaration” from 2015 prompting the municipal level to map all voluntary organizations that were active in the communities and to work out a policy for volunteer work. The volunteer centre (Frivilligsentralen) is an essential local structure to put this policy into practice. Troms and Finnmark county consists of 37 municipalities, and most of them had a volunteer centre in operation when the pandemic hit. The volunteer centre is a meeting place for mobilizing and coordinating voluntary work, for mapping the needs of vulnerable groups, and for finding organizations or individuals who can help. The volunteer centre also engages in recruiting volunteers and teaching charitable practices. Such structures became paramount for the municipal mobilization in the beginning of the COVID-19 crisis.

The Red Cross has local units in most Norwegian municipalities, and volunteers in the organization helped the municipality with corona-related tasks. For example, the Red Cross in Tromsø helped the university hospital to test employees for COVID-19, provided safe transport of infected or suspected infected persons, ran a test station for foreign visitors at Tromsø airport, helped the elderly, disabled, and foreign workers in quarantine or isolation with shopping, and manned a “phone-a-friend” service for lonely and isolated people. The organization contributed with 4000 hours of voluntary COVID-related work in 2020 [11]. The COVID-19 situation also forced the organization to find new methods of helping. Because of social distancing, the service where volunteers regularly visit lonely people in the community became virtual or phone based.

A survey conducted in May – June 2021 among volunteer organizations in Northern Norway highlights the resilience of voluntarism by finding new and innovative ways of helping people in need as well as taking responsibility for new tasks such as passing on and explaining information from the authorities about COVID-related issues.

Conclusions

This Research Communication sheds light on national COVID-19 response strategies in Troms and Finnmark county and Murmansk oblast and focuses on how volunteer work with vulnerable groups in two neighbouring regions in the Arctic was organised during the initial stages of the pandemic from March 2020 to June 2021. We show how structural and political differences framed volunteer work during the crisis in two national and regional settings.

We have discovered that despite similarities in the COVID responses such as mobilization of volunteers and the rise in volunteer movements, political systems and

health crisis responsibilities at the state, regional, and local levels have been quite diverse, and this explains differences in organizing volunteer work in the case regions.

Russia has employed a centralized mobilization type system for its COVID response involving all levels and many sectors. The regional level, with the governor heading the newly established regional COVID-19 headquarters, has substantial power to decide on measures to fight the pandemic. This is contrary to Norway where the regional level has only a minor role in the COVID-19 response. Here the municipal level has a relatively strong position in the implementation of national policy and municipal bylaws, though in close cooperation with state health agencies.

Before the pandemic, voluntary work did not play a substantial role in health and well-being provision in Murmansk oblast. The COVID-19 crisis changed this as new structures in the form of united regional and municipal volunteer centres quickly appeared across the region, and the extent of volunteerism increased. Volunteer structures in Troms and Finnmark were already well established on the regional and local levels and could easily be mobilized when the pandemic hit. Most of the activity took place within well-established NGOs in close cooperation with the municipality, and often under the umbrella of the volunteer centres.

Our study shows that volunteerism is one of the most efficient tools for crisis response on both sides of the Norwegian-Russian border and shows that volunteer work adds an indispensable value to reduce the workload of public health and social care institutions in promoting health and well-being for vulnerable groups. Voluntary structures on the Norwegian side appear to be resilient and flexible to meet the needs of the target group, and volunteerism in Murmansk oblast during the COVID-19 crisis shows exceptional strength to grow, formalize, and mobilise within a very short period.

We focused on volunteer work in two national settings, but we also kept in mind that the Norwegian-Russian border region hosted a variety of cross-border cooperations in this field prior to the COVID-19 outbreak [12]. The pandemic put people-to-people contacts between volunteer organizations on hold, and the following tense global situation from February 2022 stopped further initiatives. We hope that the future will bring new possibilities to exchange experiences on voluntary work between volunteers, researchers, and authorities across the border.

Declaration of conflicting interests

The authors declare that there are no conflicts of interest.

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