

Winter School  
Stellenbosch University  
A Norwegian Perspective on the Corona  
Pandemic

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# Outline

- Role of the NIPH in the “national machinery”
  - Update on the situation
  - Norwegian strategies
  - The role of WHO
  - Rapid reviews and evidence map
- 
- Other topics relevant in the context and learning points

# Key areas of work

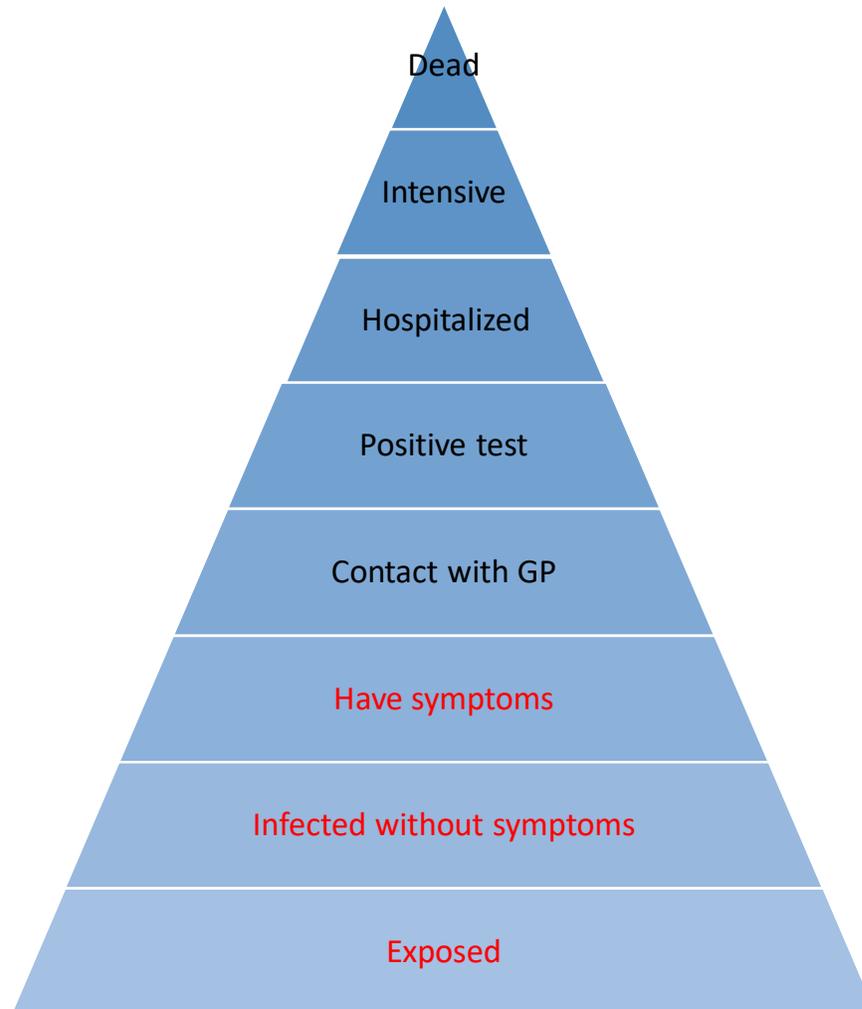
## Norwegian Institute of Public Health

- Knowledge
  - Research, analysis, surveillance, literature reviews, reports, news bulletins, guidelines, handbooks
- Preparedness
  - In all on-going activities, preparedness laboratory (24/7), infection disease control officer (24/7), communication (24/7), IHR focal point
- Infrastructure
  - Surveillance systems for infectious diseases (MSIS, SYSVAK, VESUV, NOIS)
  - Reference laboratories for 30 bacteria and viruses, biobank, registries



Recommendations, advice, information, publications, communication

# Disease pyramide



## Sources of data

Reporting of deaths for covid-19  
Death registry

Registry for intensive care

National patient registry

Infectious disease registry

Disease pulse (KUHR)

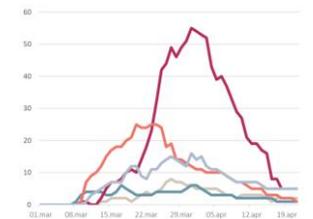
Helsenorge: self reporting  
Prevalence studies

Prevalence studies

Contact tracing  
App (Smittestopp, DHIS2)



## BEREDT C19



Eg admissions acc to  
countries

Picture 1 President Moon Jae-in at a Special Meeting for COVID-19 Measures



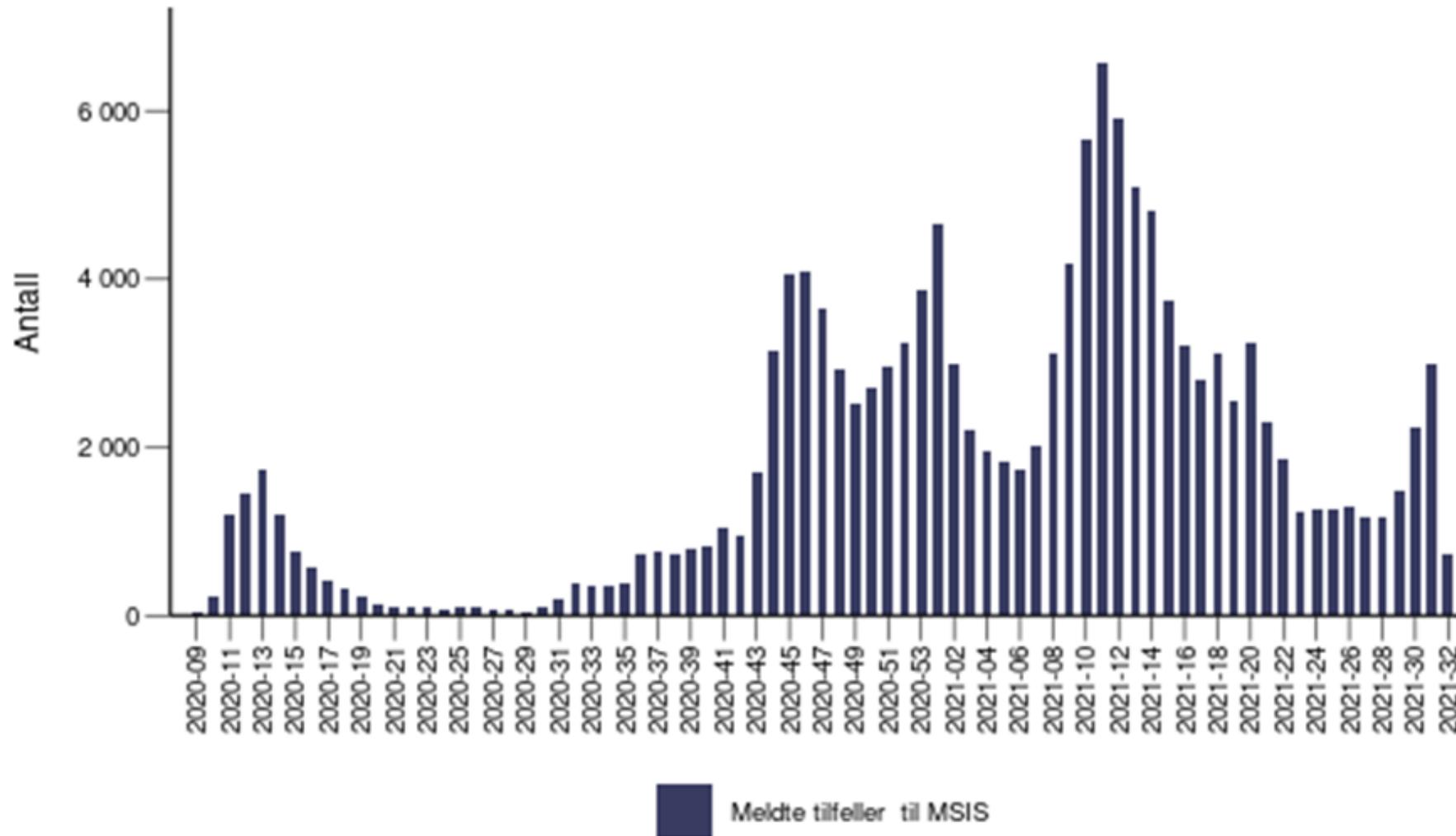


# Pandemic scenarios for COVID-19

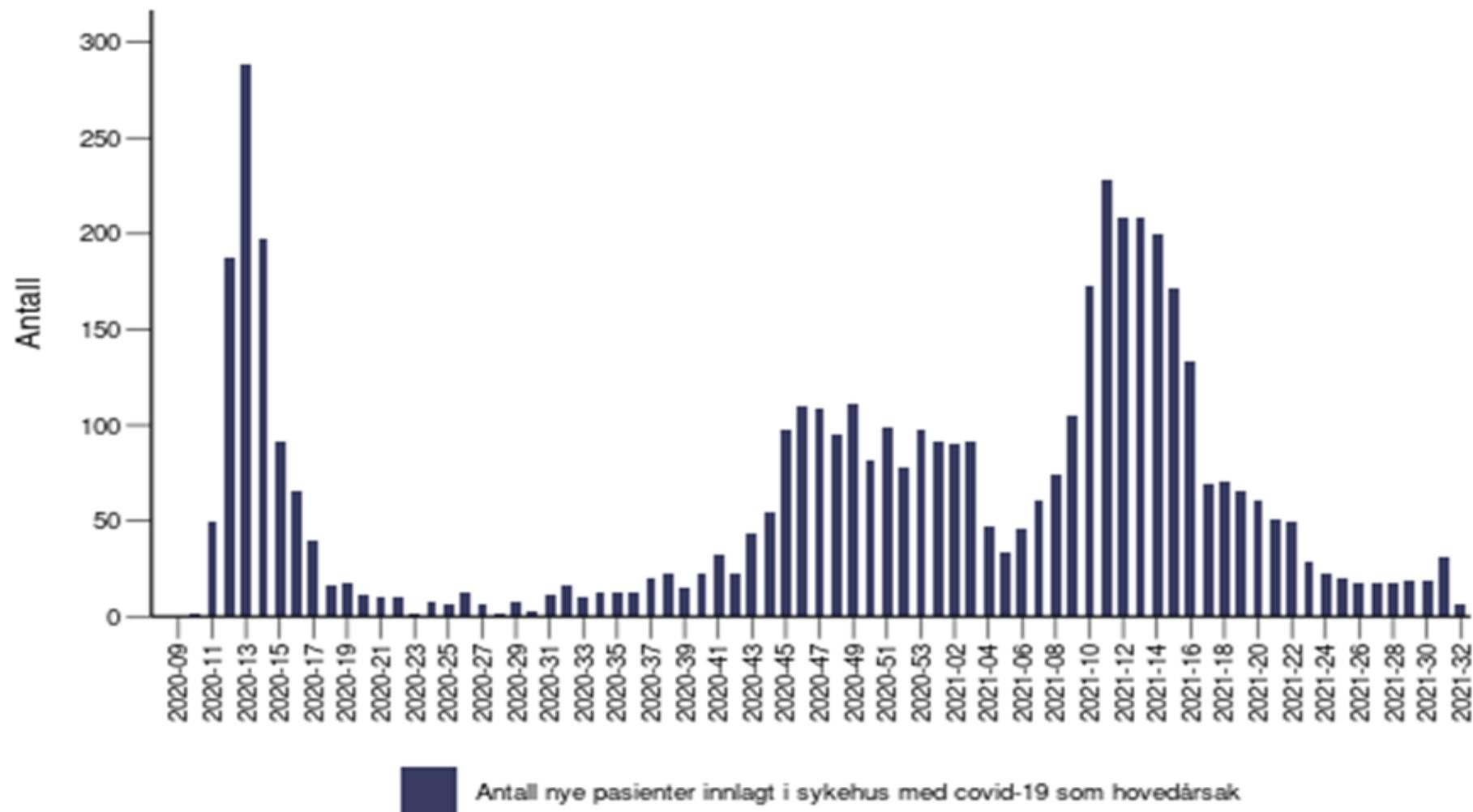
- plan for the worst-case scenario
- develop plans that include triggers for re-escalation
- risk communication to reinforce idea that this will not be over soon
- protect healthcare workers



# Total number of cases Norway, 03/2020 – 08/2021



# Patients hospitalized during the pandemic



# **Strategy:** preserve health, avoid societal disruption, protect economy

## **From 12 March 2020**

- 'Knock Down' the spread
- Massive measures across
- Prevent overburdening of the Health Services
- Gain time to prepare at all levels of the society

## **From 20 April 2020**

- 'Control' the spread
- Gradual de-escalation
- Controlled re-opening
- Active testing, contact tracing and isolation
- Still prepare for re-escalation of spread, locally and nationally

# Re-opening (step-wise and controlled)

(from April to August 2020)

1. Care for the kids
2. Get people back to work
3. Keep social distancing and hygiene measures
4. Protect the vulnerable
5. Re-open leisure and fun
6. Whole of society - all of society approach
7. From critical awareness – to daily routines
8. Global solidarity

# Adjusting national and local measures August 2020 – August 2021

- Societal measures effective, but costly
- Local and regional measures in addition to national
- Local responsibility for stopping outbreaks
- Restrictions related to
  - Travel
  - Border control
  - Number of people gathering
  - Schools and kindergartens – traffic light system
  - Facemasks and one meter distance
- Vaccination

Nyhetene 21:00

Nyhetskanalen 2

منظمة  
الصحة العالمية



Organización  
Mundial de la Salud



Health

Health



06:03 / 18:57



# Purpose of IHR (Art 2)

The purpose and scope of these Regulations are to **prevent**, protect against, **control** and provide a public health **response** to the **international spread of disease** in ways that are commensurate with and restricted to public health risks, and which **avoid unnecessary interference** with international traffic and trade.

## notat

COVID-19-EPIDEMIEN:  
Letalitet (case fatality rate) for alvorlig Covid-19  
– en hurtigoversikt

## notat

COVID-19-EPIDEMIEN:  
Covid-19: Sammenheng mellom alder, komorbiditet og sykdomsalvorlighet  
– en hurtigoversikt

## memo

COVID-19-EPIDEMIC :  
Aerosol generating procedures in health care, and COVID-19

## notat

COVID-19-EPIDEMIEN:  
SARS-CoV-2, MERS-CoV og SARS-CoV og risiko for luftbåren smitte  
– en hurtigoversikt

## memo

COVID-19-EPIDEMIC :  
Contact based transmission of SARS-CoV-2  
– a rapid review

COVID-19-EPIDEMIC:  
Immunity after SARS-CoV-2 infection  
– a rapid review

## notat

COVID-19-EPIDEMIEN:  
Barns rolle i spredning av SARS-CoV-2 (Covid 19)  
– en hurtigoversikt

## memo

COVID-19-EPIDEMIC :  
COVID-19: The relationship between age, comorbidity and disease severity  
– a rapid review, 1<sup>st</sup> update

# Vi jobber sammen for å friskmelde verden | Conte, Macron, Merkel, Michel, Solberg, von der Leyen

4. mai ønsker vi å samle inn over 80 milliarder kroner i en nettbasert giverkonferanse. Midlene vi samler inn, vil kickstarte et enestående globalt samarbeid.

DEBATT



# From the chronicle

But what we all have in common is that none of us can plan for, or be sure of, the future of the pandemic.

This means that we are all part of this. None of us are immune to the pandemic, and none of us can beat the virus alone. **We will not be safe until everyone is safe - in all the world's cities, regions and countries.** In our interconnected world, the global health system is as strong as the weakest link. We must protect each other in order to protect ourselves.

# But what happened?

Apper Kamera og mikrofo...

**VG** SPORTEN VG LIVE TV-GUIDE VG+ TIPS OSS Søk



annonsse  
Annonser!  
Skull & se de  
Hvorfor vasa de

VAKSINE: En sykepleier trekker opp en dose med AstraZeneca-vaksinen i Kampala i Uganda i mars. Norge har donert over 128.000 doser av denne vaksinen til nettopp Uganda. Foto: Badru Katumba / AFP

## Nesten ingen vaksinert i Afrika: – En trussel for oss

WHO har bedt rike land vente med å sette en tredjedose, men helseminister Bent Høie kan ikke utelukke at Norge kommer til å ta dette i bruk.

Av **JENNY-LINN LOHNE**

# Vaccine inequity

- August 2021: Only 4% of the population of Africa vaccinated
- August 2021: 85% of the adult population of Norway vaccinated
- ‘COVID-19 vaccine inequity will have a lasting and profound impact on socio-economic recovery in low- and lower-middle income countries without urgent action to boost supply and assure equitable access for every country, including through dose sharing, according to new data released today by the United Nations Development Programme (UNDP), the World Health Organization (WHO) and the University of Oxford.’

# From the Corona-commission report, Norway

- Prepared, but unprepared for this, - but able to improvise
- There was lack of protective equipment
- All of government issue from early March 2020, all sectors involved
- Lockdown from 12th of March successful
- Trust in the government and health authorities important
- Societal measures to be discussed against human rights etc
- Municipal responsibility for IPC important
- High costs and unequal burden of the pandemic

# Learning points

- The Principles of Preparedness
  - Responsibility, Proximity, Similarity, Coordination
- All of Health Care -> All of Society -> All of the World
- Disruptive event (PHEIC) ->
- Disruptive technologies -> New solutions in place
- Change of society
  
- How can we live together in a globalized world without destroying the globe?

# Equity perspectives global

- Preventive measures disrupt economy for poor people
- Cannot work from home without electricity and a computer
- How to keep hands clean with no water and no soap
- Without travel and trade, no food for the day
- Indigenous people, extra vulnerable
- No tests available, no labs to analyse
- Lack of hospitals and ventilators
- PHC and UHC fundamental also for Covid-19
- Migrant and refugee health perspective