

International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery

Report 4, 14/05/2020



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World Health Organization
Collaborating Centre on
Investment for Health and Well-being



Overview

The International Horizon Scanning and Learning work stream was initiated following and informing the evolving coronavirus/COVID-19 public health response and recovery plans in Wales. It focuses on COVID-19 international evidence, experience, measures and transition / recovery approaches, to understand and explore solutions for addressing the on-going and emerging health, wellbeing, social and economic impacts (potential harms and benefits).

The learning and intelligence is summarised in weekly reports to inform decision-making. These may vary in focus and scope, depending on the evolving COVID-19 situation and public health / policy needs.

This work is aligned with and feeding into the Welsh Government Office for Science and into Public Health Wales Gold Command. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed policy action, which supports the Wellbeing of Future Generations (Wales) Act and the Prosperity for All national strategy towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

In focus this week





-  **Impact on employment and related financial and health burden**
-  **Impact on specific and vulnerable groups**
-  **Country transition overview and outbreak epidemiology**
-  **Country insight: Sweden**

Table of contents

At a glance: summary of international learning on COVID-19	3
Impact on employment and related financial and health burden	4
Impact on specific and vulnerable groups	7
Country transition overview and outbreak epidemiology	11
Country insight: Sweden	20

At a glance: summary of international learning on COVID-19

"Universal health coverage is a powerful tool not only for better health, but for reducing poverty, creating jobs, fuelling inclusive economic growth and promoting gender equality"

Dr Tedros Adhanom Ghebreyesus, Director-General of WHO

Impact on employment and related financial and health burden

- ✚ The economic recession related to the COVID-19 pandemic outbreak will lead to spikes in unemployment and lost income
- ✚ A double burden - health and financial - will disproportionately affect those already experiencing financial difficulties, e.g. from low-income backgrounds
- ✚ Unemployment and financial burden can disproportionately affect young people (15-24 years old)
- ✚ The impact of lost employment and changes to working practices, can result in negative health and wellbeing consequences including, worsening mental health, increasing unhealthy behaviours and harms to long-term health
- ✚ Impacts can affect individuals, households and entire communities

More information is summarised on pp 4-6

Impact on specific and vulnerable groups

- ✚ Men are more vulnerable to contracting and dying from COVID-19; while women face higher risk of job and income loss, violence, exploitation, abuse or harassment
- ✚ There is an impending crisis of domestic violence, gender-based violence and child abuse and neglect, due to movement restrictions, loss of income, isolation, overcrowding, and stress and anxiety
- ✚ Older people are at higher risk of dying from COVID-19, as well as at risk of discrimination, food poverty, digital exclusion and increased stigma
- ✚ Marginalised groups have a higher COVID-19 disease burden, most significantly ethnic minorities, the socio-economically disadvantaged and elderly
- ✚ Testing in high-risk community areas is recommended, ensuring higher-risk marginalized groups have access in community settings and workplaces
- ✚ An average population approach may 'flatten the overall curve' but often increase the health and economic burden for disadvantaged and marginalised groups

More information is summarised on pp 7-10

Transition strategies from an epidemiological perspective

- ✚ The three T's (Test, Trace, Treat) are the main challenges and require strict and continuous maintenance over any transition phase
- ✚ All of the 12 countries reviewed in this report implement testing for health professionals and in the community; have adopted contact tracing and social distancing measures. Four of them, including the UK/Wales, do not recommend wearing masks in community settings
- ✚ Recording excess mortality may be a more accurate way to determine the true death-toll of COVID-19 due to in-country variation and inaccuracies in the recording of deaths

More information is summarised on pp 11-19-

Impact on employment and related financial and health burden

Overview

COVID-19 pandemic outbreak has had enormous economic impact, including on employment, as working practices have been forced to adjust to limit the spread of the virus. The rise in the number of those unemployed is estimated to be between 5.3 and 24.7 million globally. COVID-19 measures may lead to downsizing or closure of large employers, resulting in the loss of a high number of jobs in a localised area, referred to as a Mass Unemployment Event (MUE). MUEs, or the threat of such events, can have detrimental impact on the health, social and financial situation of individuals and families and can destabilise communities over generations¹.

Deprivation and financial burden

- The economic recession related to the COVID-19 pandemic outbreak will lead to spikes in unemployment and lost income²
- Sectors of employment hit especially hard include retail, leisure and hospitality, recreation and transportation².
- The impact on youth employment is likely to be severe given that young people (15-24 years old) are already three times more likely to be unemployed than adults; and are more likely to be in casual employment with fewer contractual protections³
- A double burden (health and financial) will disproportionately affect those from low-income backgrounds due to the combined effect of fewer employment protections and requirement to work in close physical proximity to others⁴. Those experiencing the most economic difficulties may not adhere to physical distancing effectively, as they seek to continue working, worsening the risks of virus transmission²
- Low-income workers are more mobile and having to visit densely populated areas, unlike higher-income workers who are more able to work remotely⁴
- Men in low-skilled jobs are dying at a higher rate than other workers⁵.
- New employees are missing out on the furlough scheme due to payroll rules⁶.
- Impacts can affect individuals, households and entire communities.

Related health and wellbeing impacts

- The impact on people's lives, through lost employment and changes to working practices, can have negative health and wellbeing consequences including, worse mental health, increasing unhealthy behaviours and harms to long-term health¹ (*specific impacts below*)
- Increased rates of domestic violence for women trapped at home⁷
- Less funding for public health services²
- During the 2009/2010 H1N1 pandemic deprivation doubled the risk of death⁸

¹[http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E\(15\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E(15).pdf)

²[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)300785/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)300785/fulltext?dgcid=raven_jbs_etoc_email)

³<https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/04/YOUTH-FLASH-Special-issue-on-COVID-19-1.pdf>

⁴<https://www.un.org/development/desa/dpad/publication/un-des-a-policy-brief-65-responses-to-the-covid-19-catastrophe-could-turn-the-tide-on-inequality/>

⁵<https://edition.cnn.com/2020/05/11/uk/covid-19-death-low-skilled-job-intl-scli-gbr/index.html>

⁶<https://www.bbc.co.uk/news/uk-wales-52261945>

⁷<https://www.weforum.org/agenda/2020/04/how-the-covid-19-lockdown-will-take-its-own-toll-on-health/>




⁸ Shadmi E. Multimorbidity and equity in health. *International Journal of Equity in Health*. 2013; 12(59)

Impact of MUEs on health, wellbeing and communities & taking a public health approach to prevention¹:



Increased risk to physical and mental health



Impact on wellbeing

- Higher anxiety and depression 
- Loss of self-esteem and life satisfaction 
- Financial hardship 

Impact on different groups

- Older, unskilled workers are at **higher risk of remaining unemployed** or only getting insecure, low paid jobs 
- Younger, skilled workers are **more mobile**, adaptable and find new employment quicker
- Homeowners are **less likely/able** to move for work 

Wider impact of MUEs on communities²


Increased competition for jobs
 current unemployed less likely to find work


 Loss of community links, social networks and **increased social isolation**


Strain on communities that provide vital support for workers


Strain on local businesses


Home devaluation in some areas, homes more difficult to sell

A public health informed response

Workers that find good quality employment have:

- ✓ better health
- ✓ better wellbeing
- ✓ better job satisfaction
- ✓ better job security

Key steps

 Before  During

- 1 Identify communities** at risk of MUEs and assess the potential impact
- Develop an **early warning** approach for potential MUEs
- Early mobilisation of a **multi-sector response**, including **health** and **community** perspectives
- Early implementation of **tripartite support (re-employment, financial, health and wellbeing)** for redundant workers
- Address the needs of **specific groups**, including those older and unskilled
- Extend support to **family** members
- Support the wider **community** and harness assets
- 8 Evaluate** the impact of the response

Examples in Wales

International and domestic examples show how COVID-19 pandemic has a differential effect across different industries and what steps might be taken to mitigate these effects. The European Agency for Health and Safety has compiled **guidance for employers to reduce the risk to their employees**⁹. Here we focus on two major private employers in Wales, facing different challenges: GE Aviation (a subsidiary of General Electric specialising in engine manufacture for commercial aircraft) and Tata Steel (one of the largest steelworks in Europe).

GE Aviation

Overview

- Sector: Creative and technology
- Location: Nantgarw
- Turnover: £2.23bn **Error! Bookmark not defined.**
- Employees: 1,400

Impact and adjustments

- 50% of engine manufacturing staff have been furloughed¹⁰
- Talks have begun over possible job cuts at the Nantgarw site¹¹, this follows GE Aviation's announcement that it would cut 13,000 jobs globally
- A consultation over voluntary redundancies is now underway¹²
- Profits for the company fell 40% in the first 3 months of this year, in response to reduced demand from the aviation industry as flights are grounded across the world

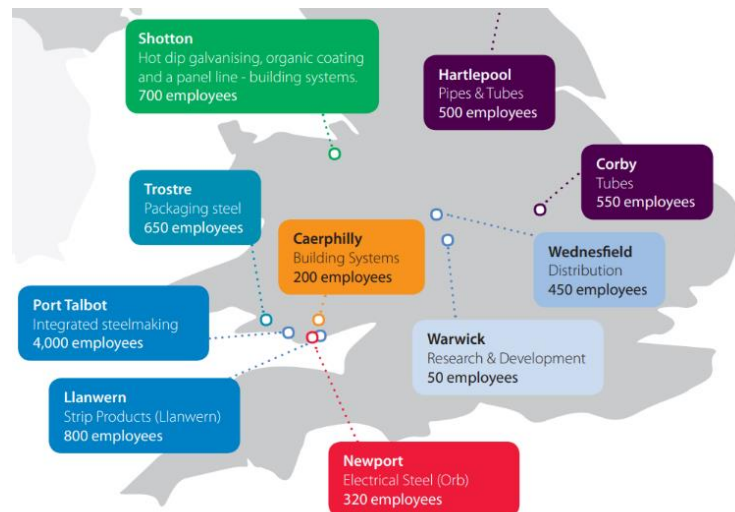
Tata Steel¹³

Overview

- Sector: Manufacturing
- Location: Port Talbot (plus others)
- Turnover: £2bn
- Employees: 4,000

Impact and adjustments¹⁴

- No visitors to sites and all staff working from home where possible
- Manufacturing staff have "increased resources to increase hygiene and to reduce social contact"
- Infection reporting processes are in place which are monitored daily
- Scenario planning for changes in demand as part of the business planning processes
- Tata Steel have requested around £500m of government support¹⁵



⁹ <https://osha.europa.eu/en/publications/covid-19-back-workplace-adapting-workplaces-and-protecting-workers/view>

¹⁰ <https://www.cnbc.com/2020/04/02/ge-aviation-to-lay-off-50percent-its-engine-manufacturing-staff-as-coronavirus-weighs.html>

¹¹ <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-65-responses-to-the-covid-19-catastrophe-could-turn-the-tide-on-inequality/>

¹² <https://www.bbc.co.uk/news/uk-wales-52542028>

¹³ https://www.tatasteeleurope.com/static_files/Downloads/Corporate/News/tsukfactsheet.pdf

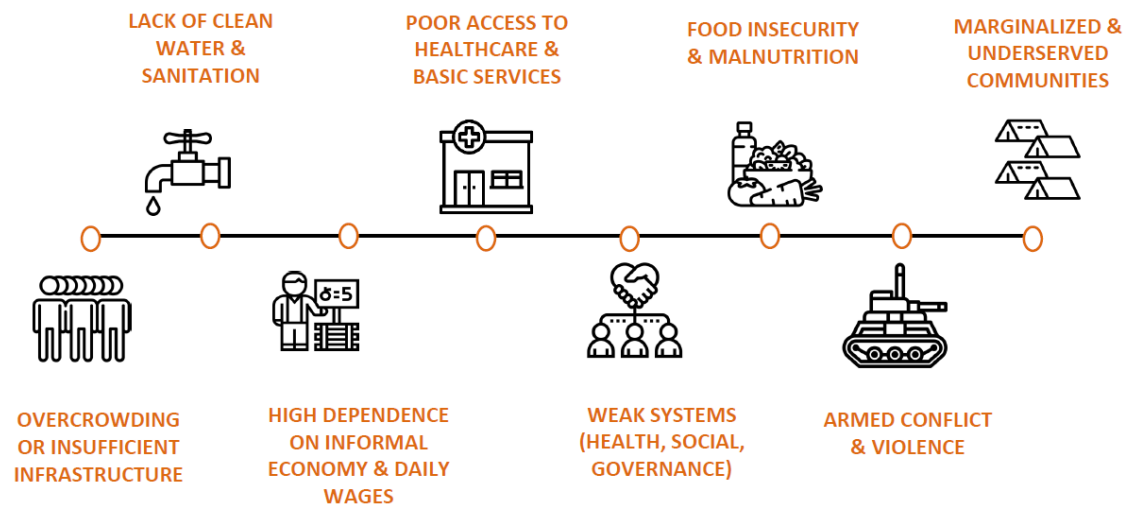
¹⁴ <https://www.walesonline.co.uk/news/wales-news/tata-steel-port-talbot-coronavirus-18022180>

¹⁵ <https://www.bbc.co.uk/news/uk-wales-52426525>

Impact on specific and vulnerable groups

Overview

Evidence is showing that the COVID-19 and related measures exacerbate current inequities and have the highest degree of impact on the most vulnerable and marginalised segments of the population. The United Nations Development Programme (UNDP) and WHO have signed a five year Memorandum of Understanding to help support countries to achieve the health-related targets across the 2030 Agenda for Sustainable Development and the commitment to leave no-one behind¹⁶. Factors leading to increased vulnerability are outlined below¹⁷:



Key Messages

- Men are more vulnerable to contracting and dying from COVID-19; while women face higher risk of job and income loss, violence, exploitation, abuse or harassment during times of crisis and quarantine¹⁸
- Older people are at higher risk of dying from COVID-19, as well as at of discrimination, food poverty, digital exclusion and increased stigma
- Marginalised groups have a higher COVID-19 disease burden, most significantly ethnic minorities, the socio-economically disadvantaged and the elderly
- Testing in high-risk community areas is recommended, ensuring higher-risk marginalized groups have access in community settings and workplaces
- If and when a COVID-19 vaccine is available, it is important that vulnerable groups, in addition to essential service workers, are prioritised, due to deprived and ethnically-diverse neighbourhoods having lower levels of vaccine coverage
- Current epidemiological models and analyses of policy options ignore the unequal distribution of health and economic burden across social groups. This average population approach may 'flatten the overall curve' but often increase the health and economic burden for disadvantaged and marginalised groups

¹⁶ <https://www.who.int/news-room/detail/04-05-2018-un-s-health-and-development-agencies-join-forces-for-good-health>

¹⁷ www.who.int/epi-win

¹⁸ https://read.oecd-ilibrary.org/view/?ref=127_127000-awfnqj80me&title=Women-at-the-core-of-the-fight-against-COVID-19-crisis

- There is a risk that COVID-19 may further stigmatize migrants and refugees or increase xenophobia and racism, which in turn may further affect the ability of young migrants and refugees to receive healthcare and maintain their livelihoods

Older people

- The elderly are particularly susceptible to the risk of infection and dying from COVID-19, especially those with underlying chronic conditions, such as hypertension, cardiovascular disease and diabetes.
- The elderly are also likely to be less capable of supporting themselves in isolation.
- Public discourses around COVID-19 that portray it as a disease of the elderly can lead to social stigma and exacerbate negative stereotypes about older persons.
- Malnutrition rates can increase sharply, leading to even higher mortality rates, making food insecurity a key concern, especially for the old people who are quarantined, isolated and with limited funds.
- Limited use of technology reduce the ability to make use of services such as telemedicine or online shopping, which could prove crucial where physical distancing restrictions are implemented.

95% of COVID-19 deaths in Europe were 60 years or older*

50% of adults aged over 75 have never used the internet*

Ethnic Minorities

Ethnic minority groups are at greater risk of COVID-19. UK data shows that Black and Asian cases represent almost twice their population share¹⁹, This population group are:

- Three times less likely to be able to self-isolate due to dense, multi-generational housing conditions
- More likely to suffer from multi-morbidities, making them more susceptible to severe infection¹⁹
- Often employed informally and in higher-risk professions such as health and social care, domestic work, as cleaners, porters and bus drivers. This may increase the pressure to continue working when sick and not consult a doctor.
- More likely to experience barriers to accessing health care because of legal restrictions on entitlement or due of practical, linguistic and cultural barriers

People living with disabilities

While having a disability by itself is unlikely to increase the risk for COVID-19, many people with disabilities have underlying conditions, which can increase the harms from the disease. Recommended actions include²⁰:

- Empower persons with disabilities to take control over their own health-care decisions on the basis of informed consent
- Strengthen relevant national legislation and policies in line with the COVID-19 response
- Identify and eliminate obstacles and barriers to accessibility in health-care facilities

¹⁹ Intensive Care National Audit and Research Centre. ICNARC COVID-19 study case mix programme. Intensive Care National Audit and Research Centre, London 2020.

²⁰ <https://www.un.org/development/desa/disabilities/covid-19.html>

Women

- Experience from past outbreaks shows the importance of incorporating a gender analysis into preparedness and response efforts to improve the effectiveness of health interventions and promote gender and health equity goals²¹
- Advice on international health crises tends to presume that women have social, economic and regulatory options to “exercise the autonomy contained in international advice”, which ignores the reality of structured gender inequalities on the ground²²
- The closure of schools to control COVID-19 transmission in China, Hong Kong, Italy, South Korea, and beyond might have a differential effect on women, who provide most of the informal care within families, with the consequence of limiting their work and economic opportunities²²
- Businesses and organisations are rapidly adopting flexible work arrangements, which are likely to persist. Many fathers will also now have to take primary responsibility for child care, which may erode social norms that currently lead to a lopsided distribution of the division of labour in house work and child care²³

Violence and abuse

- An area of concern is the impending **crisis of domestic violence, gender-based violence and child abuse and neglect**, due to movement restrictions, loss of income, isolation, overcrowding, and stress and anxiety, all which put women and children at a disproportionately increased risk of harm²⁴
- Lessons from previous epidemics show that domestic violence prevalence increased; there were funding reductions for specialist gender-based violence public services; and access to health-care services for survivors of gender-based violence was reduced²⁵

Since the outbreak of COVID-19 violence against women and girls has intensified



France has reported a 30% increase in domestic violence



Cyprus, Singapore and Argentina have recorded an 30, 33 and 25% increase in calls to helplines respectively



Globally, domestic abuse shelters are reaching capacity due to lockdown and social distancing measures

²¹ Lewin and Rasmussen (2020) - [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext?te=1&nl=in-her%20words&emc=edit_gn_20200317](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext?te=1&nl=in-her%20words&emc=edit_gn_20200317)

²² Davies and Bennett (2020) - <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1468-2346.12704>

²³ Alon et al (2020) - <https://www.nber.org/papers/w26947>

²⁴ <https://www.who.int/news-room/detail/08-04-2020-joint-leader-s-statement---violence-against-children-a-hidden-crisis-of-the-covid-19-pandemic>

²⁵ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30112-2/fulltext#coronavirus-linkback-header](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30112-2/fulltext#coronavirus-linkback-header)

Example action taken in other countries (not exhaustive)²⁶:

Innovation	Example countries	How it works in practice
Additional funding to increase support	France, Canada, South Africa, Australia	Acceleration of community-level service delivery focused on women in the informal economy, such as small-scale grants and emergency cash transfers
Hotels used to increase shelter capacity	France, Caribbean	Domestic abuse survivors are being homed in hotels as shelter capacity is exceeded
Utilising community settings to act as 'safe' zones	France, Spain, Argentina	Women can alert pharmacies of risk using a coded message "mask-19" to link to police support (similar in Argentina). Grocery stores are also being used in France
Legal system maintained	Colombia	Justice services have been guaranteed to be maintained virtually, including virtual advice services and support
Virtual support services	Spain	An instant messaging service with geo-location has been established to offer immediate support

Policy recommendations:

1. Allocate resources, applying evidence-based methods to address violence in COVID-19 response plans, use sex-disaggregated data to understand impact and put women at the centre of policy change, solutions and recovery
2. Build capacity of key services, including dedicated funding to protect women from falling into poverty
3. Strengthen service provision, including child-friendly reporting mechanisms, such as access to school counsellors and helplines

Addressing stigmatisation

- Stigma-reduction messaging can carefully reflect the evolving patterns of COVID-19 risk to foster empathy while simultaneously transforming physical distancing into a normal and sustained practice until the pandemic is over²⁷
- A need to engage persons most affected by COVID-19 in developing stigma mitigation strategies, though they may experience social and health disparities that present barriers to research participation²⁸
- COVID-19 travel bans and quarantine could include anti-stigma and anti-xenophobia public messaging and training of legal authorities²⁸

²⁶ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

²⁷ Logie and Turan (2020) - <https://europepmc.org/article/pmc/pmc7137404>

Country transition overview and outbreak epidemiology

Overview

The lockdown measures implemented to slow the spread of COVID-19 are the beginning of a long term strategy to limit the damage caused by the virus. A second phase strategy should focus on maintaining the capability to effectively trace and test the virus, and treat the infected.

Lessons learnt

- Early measures, large-scale testing, effective tracing, quarantining, protection of vulnerable groups and remote care identified as key factors to success
- Vigorous large-scaling testing in both the community and health care settings is needed as part of their broader plan to prevent a second wave
- Effective tracing efforts, which can use a track and trace app, is needed nationally to pinpoint virus hotspots
- Strong phased return plan with evidence-informed criteria for progression of each phase
- Clear government guidance for social distancing measures, employment, retail and health settings
- Dedicated government websites with all information, supporting a fully informed population
- Wealth of public data on the spread of the virus and cluster locations
- Restrictions to travel outside of your region
- Public being asked to keep a track of their travel and contacts, so they can help the government contact trace if needed

Recommendations

1. Maintain R_t below 1 (preferably well below 1) for two or more weeks.
2. Lift measures once number of new cases is at low enough level to be able to implement and effectively manage the following measures:
 - Test for presence of the virus to determine diffusion in population
 - Trace cases and their contacts
 - Treat by selective isolation

Country overview and outbreak epidemiology

Twelve countries were reviewed and key epidemiological information extracted and compared in **Figures 1 to 3**. Selected countries include: **UK/Wales, Ireland, Germany, France, Spain, Italy, Denmark, Belgium, Portugal, Iceland, Singapore and New Zealand**.

In addition, the **excess mortality** from different regions across the UK, as well as from urban areas globally show much higher rates than total counts and may be a **more accurate way to account for deaths from COVID-19 (Figures 4a & 4b)**.

An **example from Hong Kong** shows the **timeline of measures and maintaining an Rt value** of ≈ 1.0 for 10 weeks from early February to mid-April (then low number of cases made an accurate approximation of Rt difficult to ascertain) (**Figure 5**).

Finally, a modelling for potential interventions and the impact this may have on the **reopening schools** is presented on **Figure 6**.

Data sources:

1. Case/Death data:

- a. World Health Organization Health Emergency Dashboard. Available at: <https://covid19.who.int/>
- b. Public Health Wales Rapid COVID-19 Surveillance. Available at: <https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>

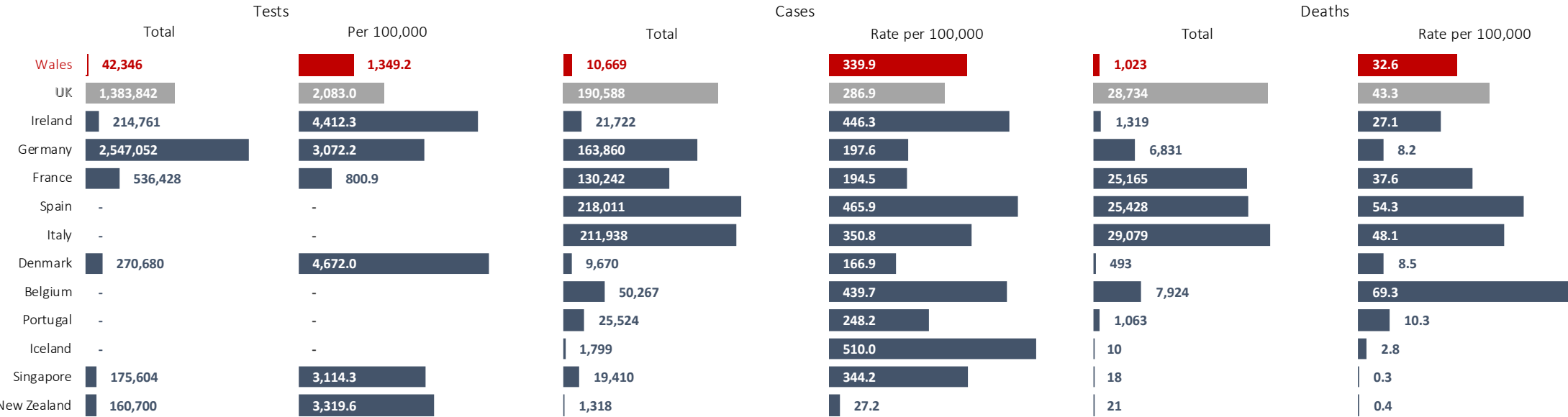
2. Population estimates:

- a. The World Bank. Available at: <https://data.worldbank.org/indicator/SP.POP.TOTL>
- b. Office for National Statistics. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/previousReleases>

3. Where available, data on testing has been extracted from the countries Ministry of Health website.

Figure 1. Summary intelligence on cases, deaths, testing, wearing masks, contact tracing and social distancing



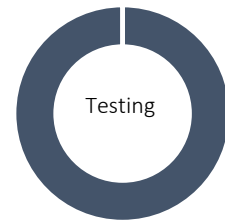
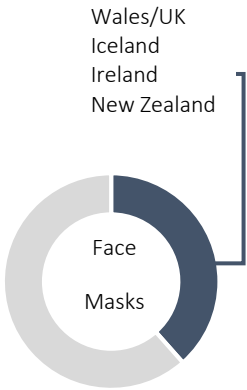
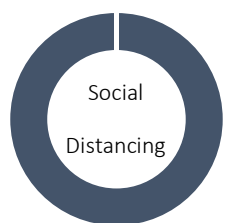
- = Data on testing is not available

* Data extracted on 06 May 2020. Cumulative totals are counting all instances since the start of the CVOID-19 outbreak.

100% have **contact tracing** nationally in place



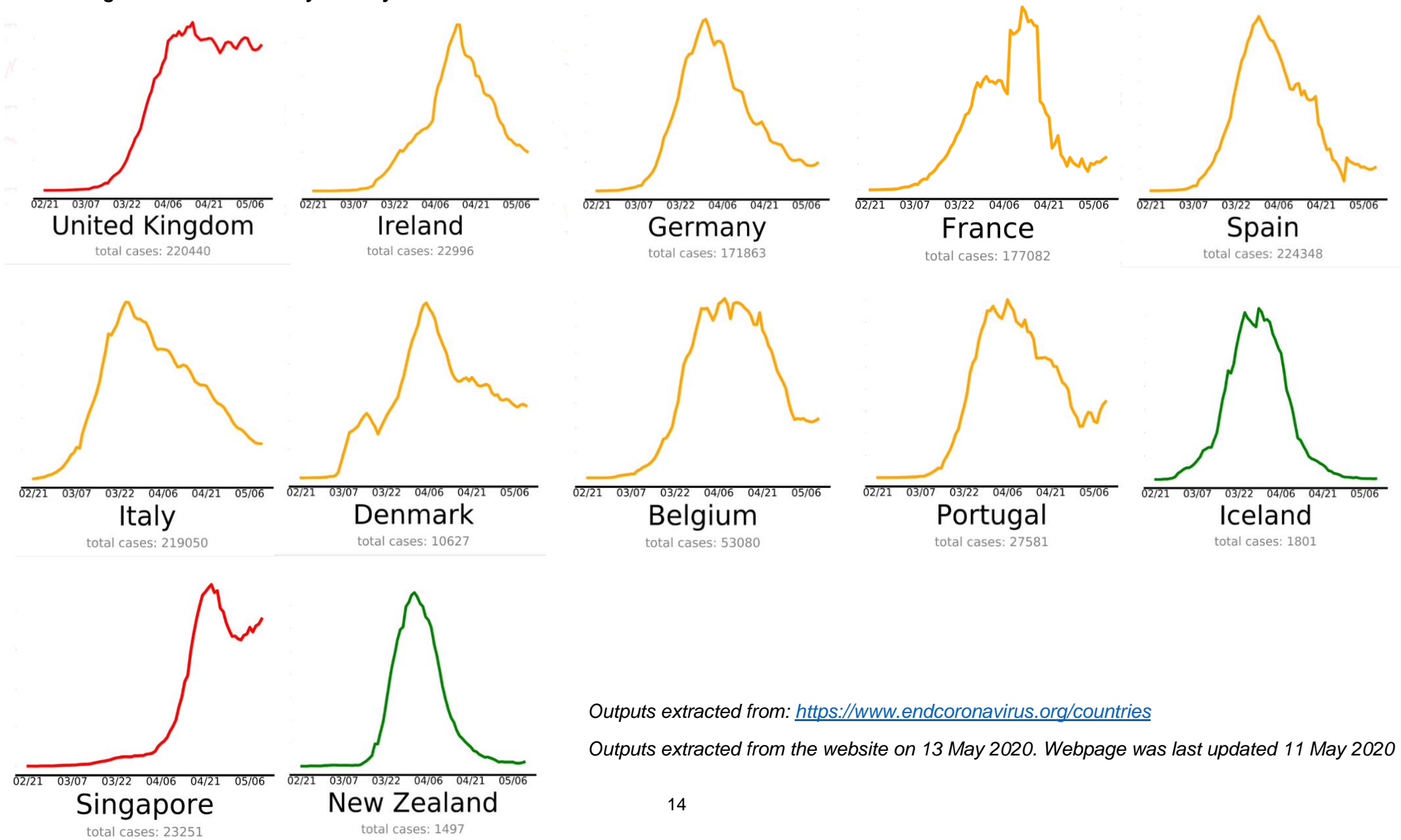
100% of countries have adopted social distancing



4 from the 12 countries (30%) have not made it mandatory to wear a face mask

100% of countries are conducting testing for health professionals and in the community

Figure 2. Cases' trend by country



Outputs extracted from: <https://www.endcoronavirus.org/countries>

Outputs extracted from the website on 13 May 2020. Webpage was last updated 11 May 2020

Figure 3. Lockdown overview: high level summary of dates lockdown was imposed and lifted in selected countries

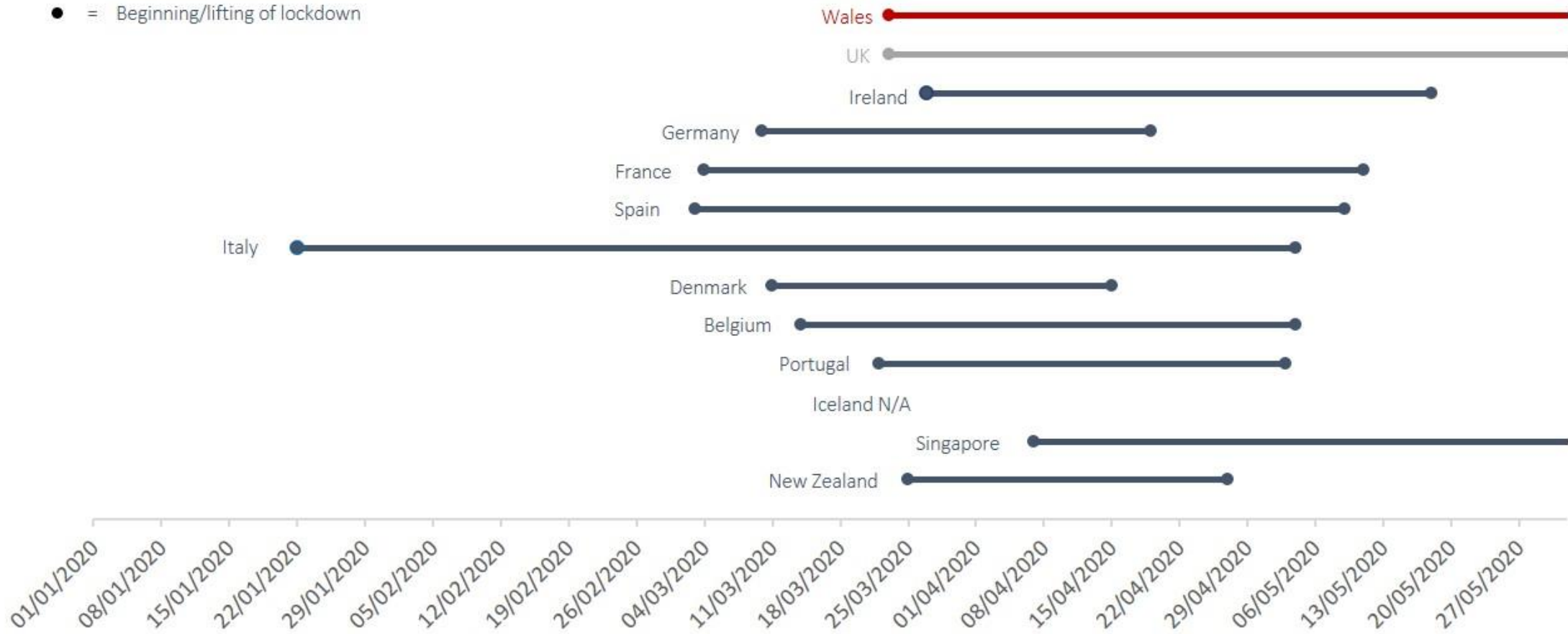
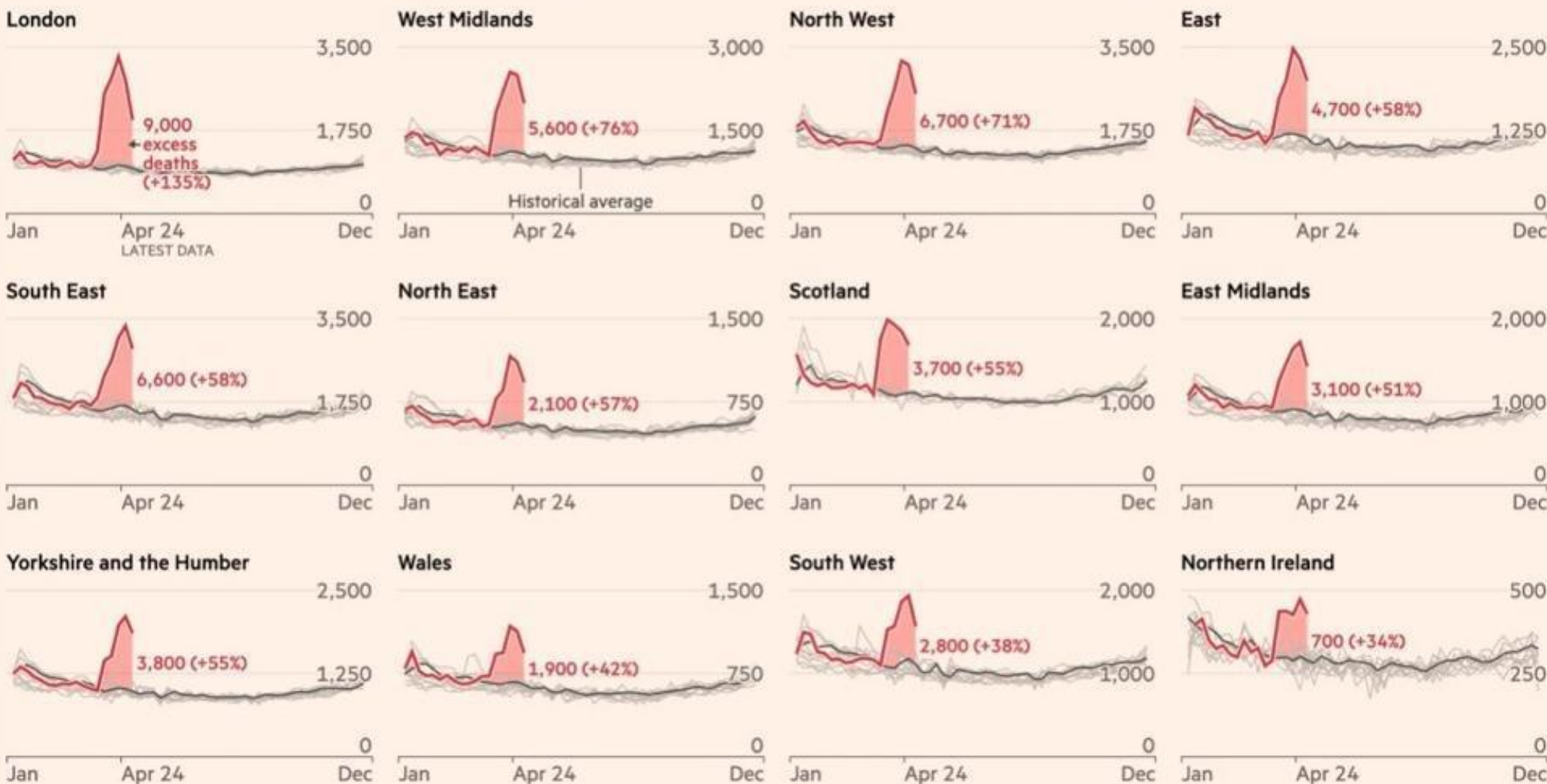


Figure 4a. Excess mortality across the UK

Excess mortality is much higher in some parts of the UK than others

Number of deaths per week from all causes, 2020 vs recent years:  vs recent years:  Shading indicates total excess deaths during outbreak

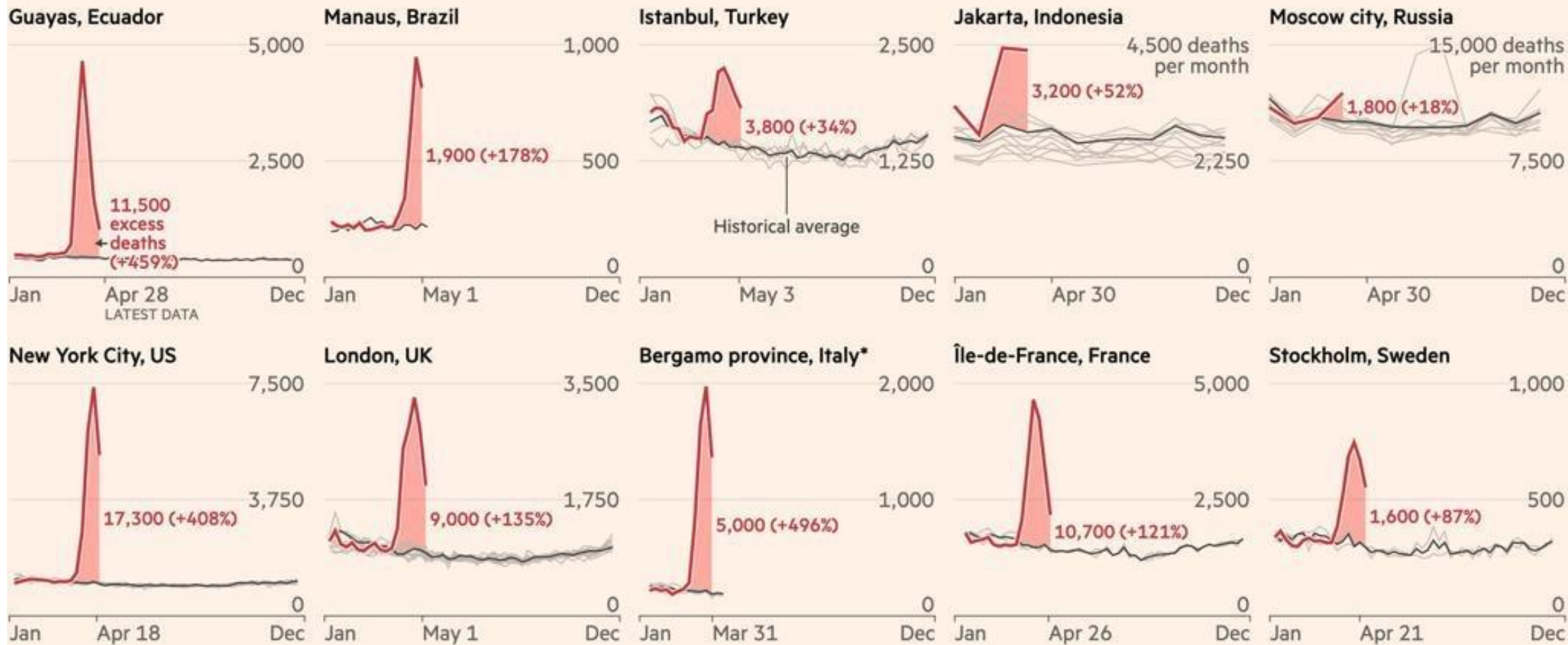


Source: FT analysis of ONS mortality data. Data updated May 12
 FT graphic: John Burn-Murdoch / @jburnmurdoch
 © FT

Figure 4b. Excess mortality in urban areas globally

Mortality rates have soared in urban areas worldwide, with overall excess deaths much higher than reported Covid-19 counts

Number of deaths per week from all causes, 2020 vs recent years:  Shading indicates total excess deaths during outbreak



*Italian data are a representative sample of 86% of the country
 Source: FT analysis of national mortality data. Figures for Jakarta refer to burials. Data updated May 12
 FT graphic: John Burn-Murdoch / @jburnmurdoch
 © FT

Figure 5. Hong Kong measures, cases and Rt timeline

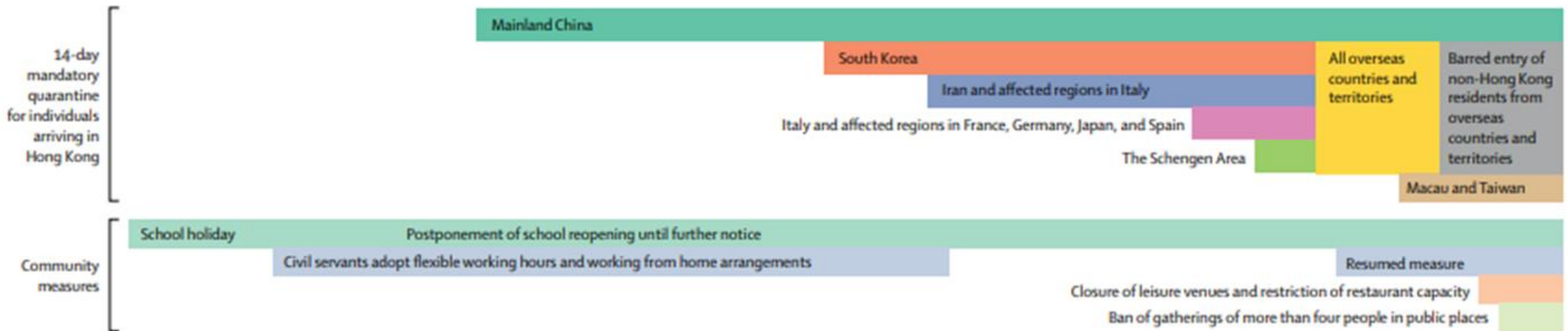
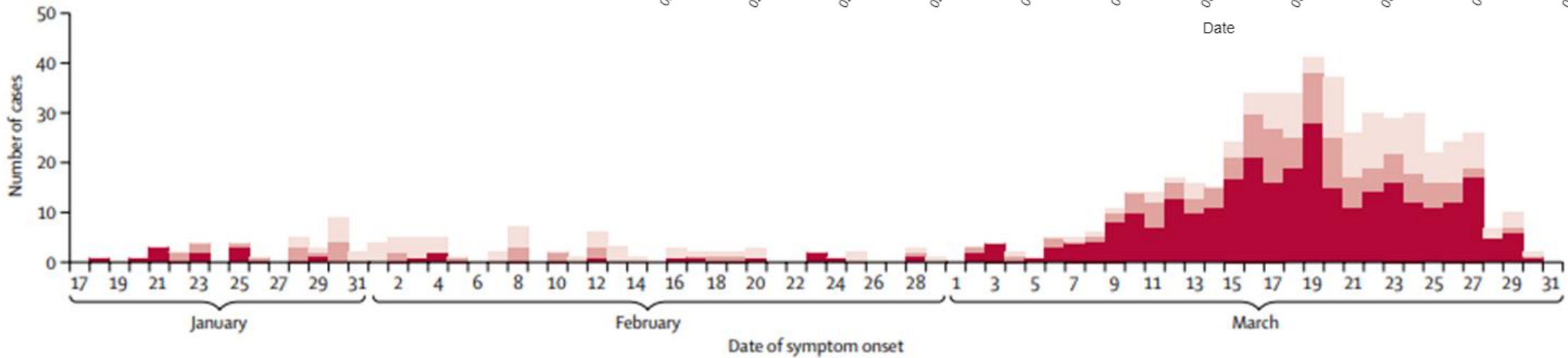
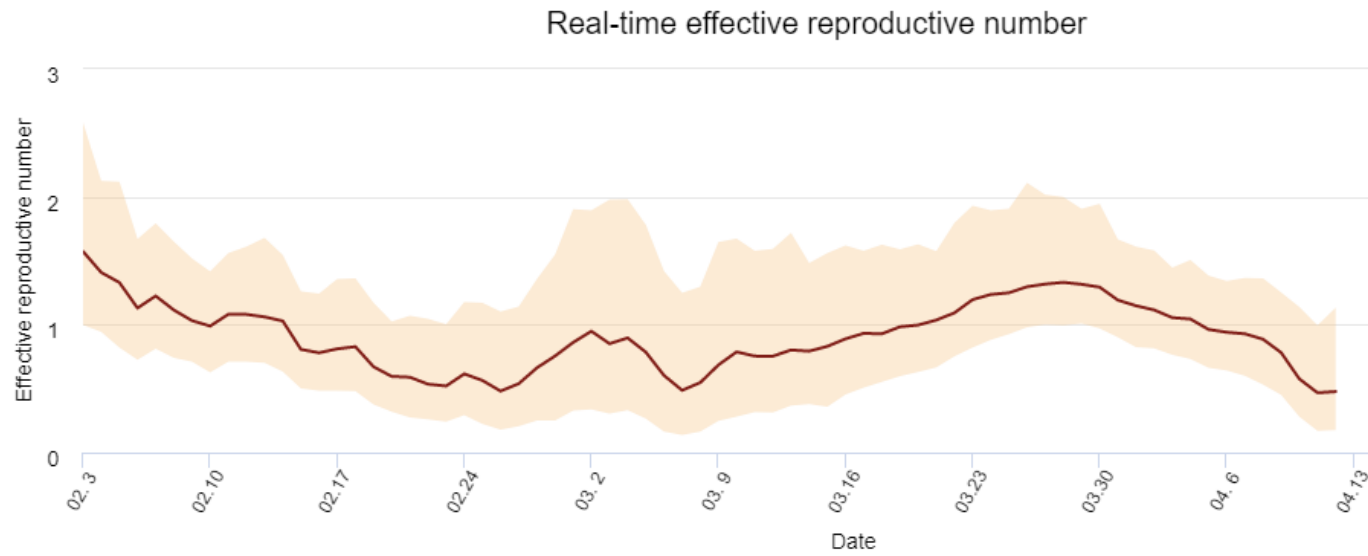
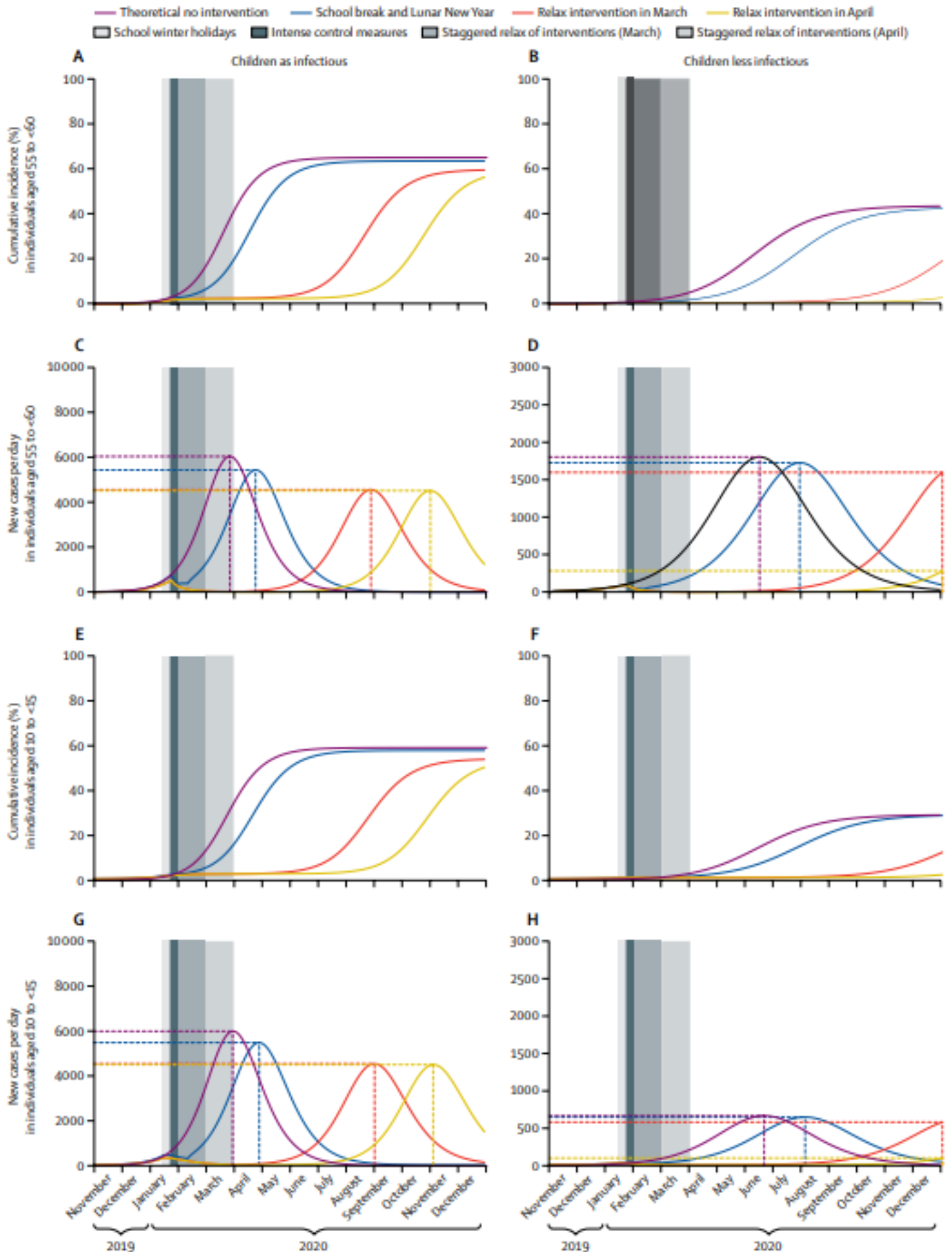


Figure 6. Modelling potential interventions and their impact on the outbreak on when to reopen schools²⁸.

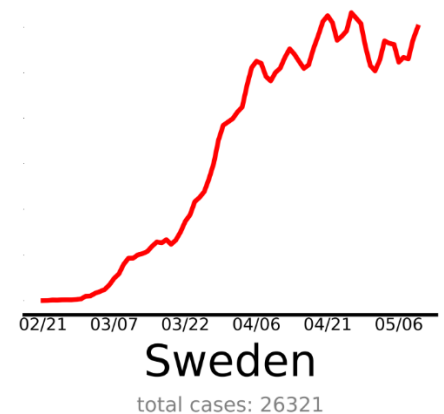


Country insight: Sweden

“In Sweden, crisis management is built on the principle of responsibility. This means that the party responsible for a particular activity under normal circumstances is also responsible for that activity in crisis situation.”²⁹

Overview

- Sweden decided against a mandatory lockdown but requires citizens to social distance themselves wherever possible, and to remain responsible towards themselves and others.
- The approach to rely on the ‘principle of responsibility’ and voluntary social distancing has turned out to be highly controversial and voices have been raised among its society but also put under scrutiny from scientist, virologists and the Swedish population themselves.
- Even without lockdown measures, usage of public transport has gone down and large parts of the society are working from home.
- It appears that elderly care home resident’s account for around 50% of all deaths, raising concerns that a larger portion of the population should have been under self-isolation temporarily.
- Sweden now has a higher death rate in relation to its population compared to other Scandinavian countries
- The Swedish Government has presented a range of different measures to safeguard people’s lives, health and jobs.
- The overall objective of the Government’s efforts is to reduce the pace of the COVID-19 spread, e.g. to ‘flatten the curve’.
- At the same time, measures taken by the Government and government agencies to reduce the pace of the virus’ spread need to be weighed against their effects on society and public health in general and reviewed constantly.



Testing and contact tracing

The Governments prioritises in terms of testing the following groups:

- (i) hospitalised patients and
- (ii) people that work in healthcare or elderly care, with suspected COVID-19.

The government plans to dramatically increase testing to include more groups³⁰

The treating doctor is responsible for finding out how a patient has contracted the virus and identifying anyone who may be infected or may have been exposed to the virus.

Mitigation of wider impacts

Education sector

Universities and upper secondary schools have been closed until further notice. Schools for under 16s remain open, as this gives the opportunity for parents to keep working. If needed,

²⁹ <https://www.government.se/articles/2020/04/strategy-in-response-to-the-covid-19-pandemic/>

³⁰ <https://www.government.se/articles/2020/05/about-covid-19--for-older-people-people-with-health-conditions-and-health-care-and-social-services-staff/>

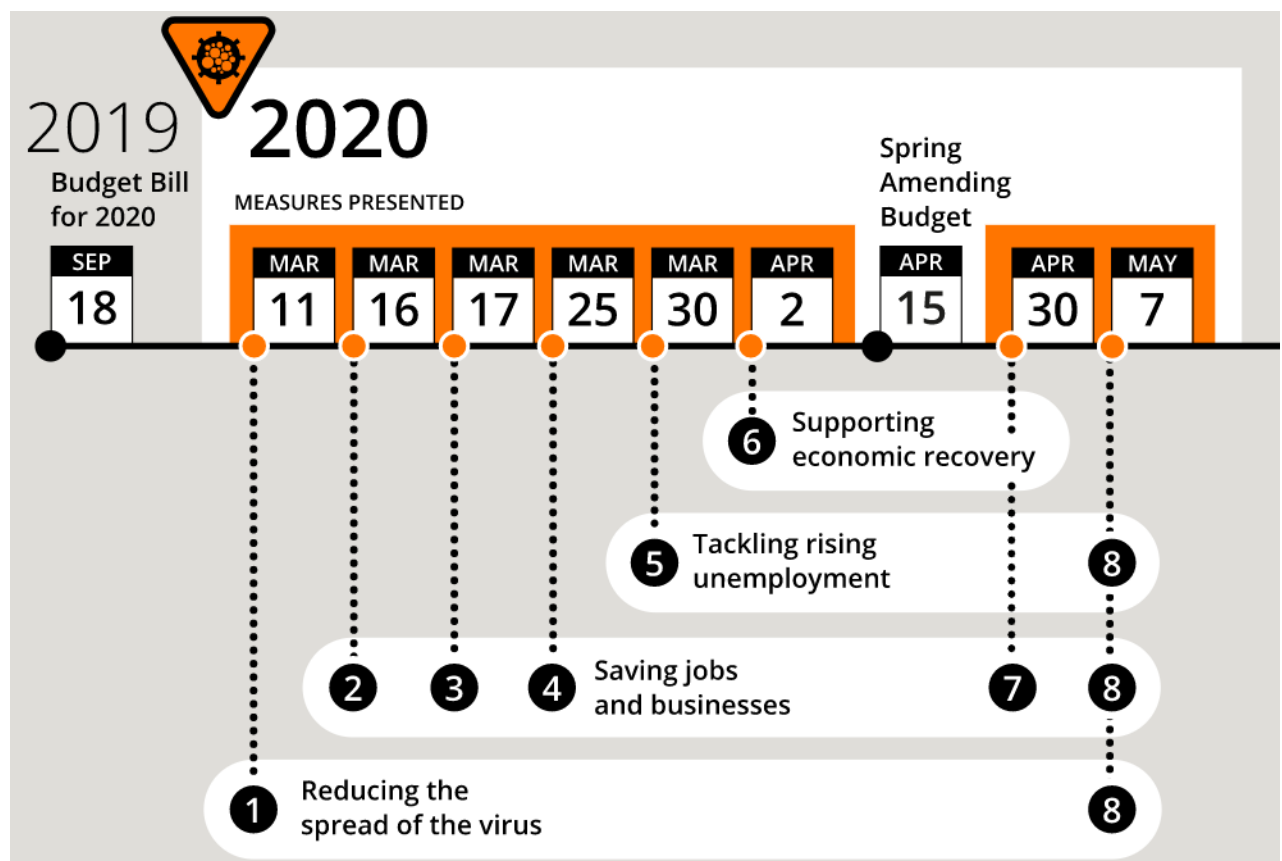
the Government can temporarily close preschools, schools, out-of-school centres and other educational activities³¹.

Vulnerable groups³²

The Swedish Government recommends that pregnant women take the same precautions as against all infectious diseases. The over 70 years of age population needs to be protected and advises not to be in contact with those at higher risk. Those over 70 years of age should be staying at home as much as possible.

Economic measures in response to COVID-19³³:

- Local government sectors have been given additional funding to cope with the immediate additional costs through COVID-19
- Swedish Government has granted additional support to liable companies, such as the financial support for businesses based on loss of turnover³⁴
- To tackle potential rising unemployment rates, the Swedish Government has made it easier to access the Swedish unemployment insurance to claim benefits and more funding has been granted to the Swedish public employment service
- Funding has been allocated to employment training, support and matching services³⁵



³¹ <https://www.government.se/articles/2020/03/the-governments-work-in-the-area-of-education-in-response-to-the-coronavirus/>

³² <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/>

³³ <https://www.government.se/articles/2020/03/economic-measures-in-response-to-covid-19/>

³⁴ <https://www.government.se/press-releases/2020/04/businesses-to-receive-support-based-on-loss-of-turnover/>

³⁵ <https://www.government.se/articles/2020/03/economic-measures-in-response-to-covid-19/>

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