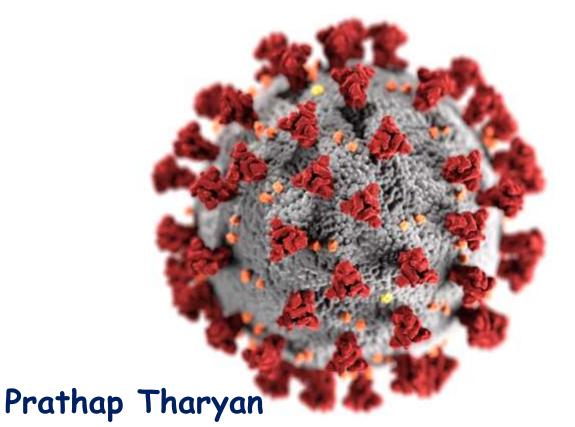


The Swedish Conundrum: Part III

Is the Swedish Strategy working?



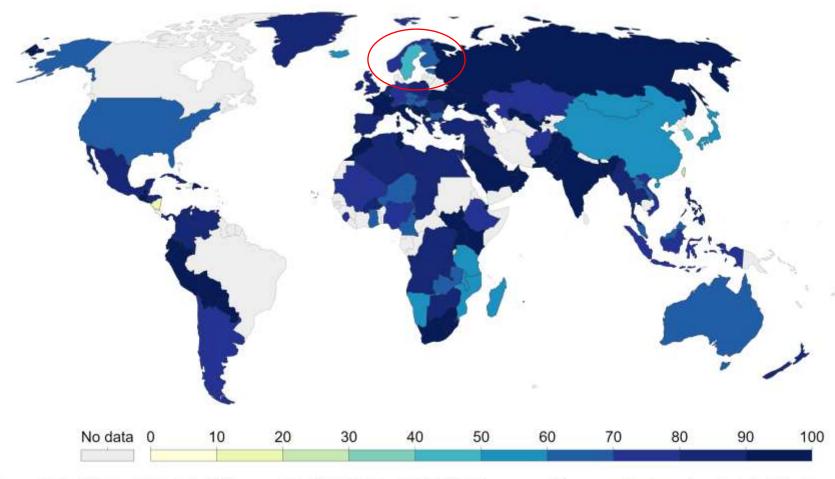




COVID-19: Government Response Stringency Index, May 8, 2020

The Government Response Stringency Index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest response).

This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response.





Government Stringency Index Indicators

- 1. School closures;
- 2. Workplace closures;
- 3. Cancellation of public events;
- 4. Restrictions on public gatherings;
- 5. Closures of public transport;
- 6. Stay-at-home requirements;
- 7. Public information campaigns;
- 8. Restrictions on internal movements;
- 9. International travel controls



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 8th May. OurWorldInData.org/coronavirus • CC BY

Measurable indicators

- Public opinion
- Compliance with policy
- Infection and mortality
- Healthcare capacity
- Herd immunity
- Economic effects

Basis of the policy:

- Save lives by protecting the elderly
- Reducing spread of infection
- Not overwhelm health care capacity
- Mitigate the effects on business and jobs
- Build on the strengths of mutual trust
- Be sustainable by not being too restrictive
- Build up herd immunity as a consequence
- Be able to withstand a second wave /waves



Indicators

Public opinion





Anders Tegnell is a cult hero in Sweden

According to surveys (late March and early April):

- Three out of 4 Swedes (71-76%) trusted the Public Health Agency
- A majority (85%) trusted the Swedish health-care system.
- More than half (53%) trusted Anders Tegnell, a higher share than for any of the current leaders of the Swedish political parties.
- In early May, trust in Anders Tegnell had risen to 89%



Indicators

Public opinion

Dissenting voices:

- Many international news outlets have carried criticism
- On 25 March: More than 2,000 Swedish university researchers published a joint letter questioning the Public Health Agency's position,
 - Poor communication due to decentralized approach
 - Should restrict large gatherings
 - Shut down schools, restaurants, night-clubs
 - Close borders
 - Lost an opportunity to test and trace early
- On 14 April, Swedish newspapers carried a critical article signed by 22 academics, saying that the strategy of the Swedish public health agency would lead to "chaos in the healthcare system".



Compliance with policy



- Swedes have mostly complied with the recommendations
- Roughly half the Swedish workforce is working from home
- Public transport usage had dropped 50% in April
- In Stockholm, the streets are increasingly emptier: 30% drop in cars, 70% less pedestrians
- Travel from the Stockholm region to popular holiday destinations and ski resorts, and between other regions, had fallen > 80%-90% (mobile network data)
- But there are many who are unsure if there should not be clearer directives and more restrictions

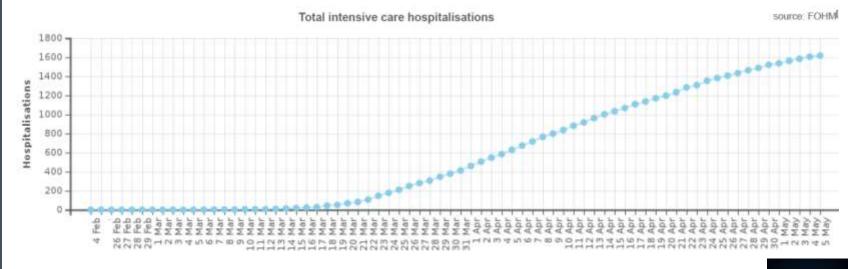
An empty restaurant in a normally busy part of Gothenburg (Nora Lorek; National Geographic)



INFECTIONS & DEATHS

 The number of cases and hospitalizations have risen considerably since end of March 2020

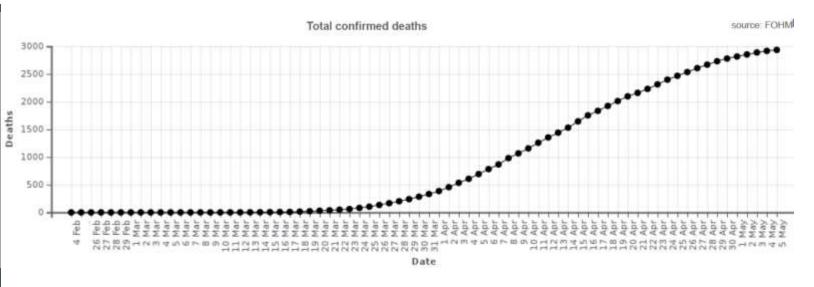






INFECTIONS & DEATHS

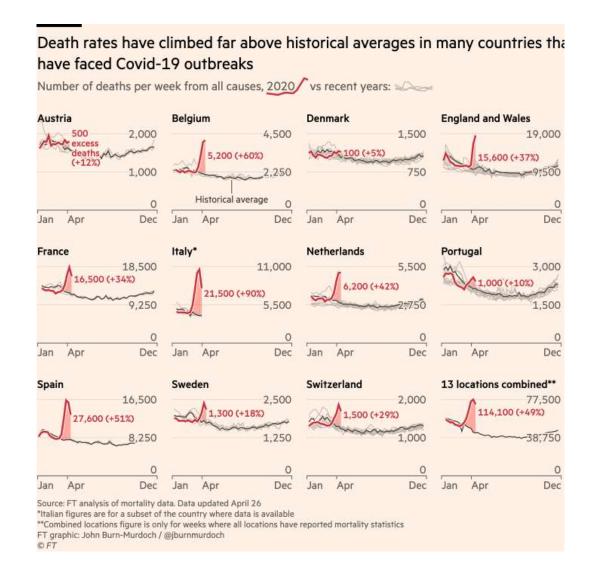
 The number of deaths have risen considerably since end of March 2020

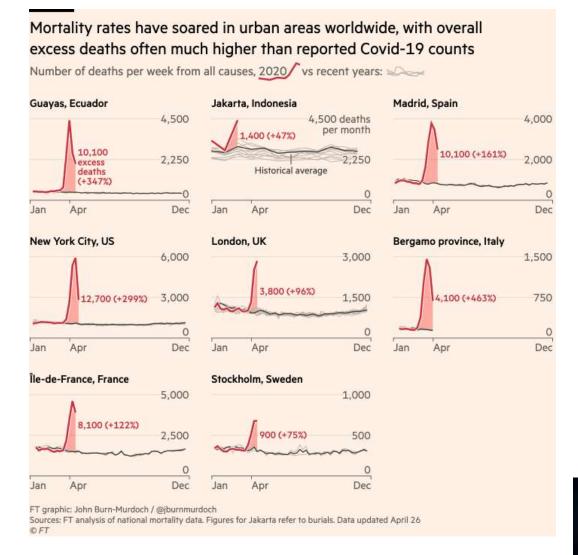


- Most of the deaths have occurred in Stockholm: among the elderly in care homes, and among Somali and other immigrants
- The increasing deaths has been a matter of great concern to the Public Health Agency, the Government and to many Swedes
- On May 6, the EU reported that only 5 countries had not shown signs of a decline in case and deaths-Sweden was one of them



EXCESS DEATHS COMPARED TO PREVIOUS YEARS







DIFFICULTIES IN COMPARING DEATH STATISTICS ACROSS COUNTRIES

Definitions of who is a case differs

- SARS-CoV-2 cases may be asymptomatic, pre-symptomatic or mildly symptomatic, or seriously symptomatic with the disease (COVID-19)
- Some countries report infections, others report COVID-19; others do not differentiate between infection and disease

Testing strategies differ

- Some test only those with specific symptoms (and these change) and with a travel history to certain countries; others also test
 those with influenzas-like symptoms, fever etc; others test contacts to; also test random samples
- Some countries only test those who can be clinically helped and do not test those who are critically ill and cant be saved or who
 are brought dead

Accuracy of test kits also differ

This will affect the sensitivity and specificity of test results and determine whether all who test positive actually have COVID-19
and all who test negative do not actually have the infection

Reporting of deaths also differs

- Some countries only report COVID deaths in hospitals; others also report COVID deaths outside hospitals
- Some report COVID deaths only if they have a positive test; others also report COVID deaths if symptoms suggest COVID.



Cases and Deaths: Scandinavian Countries Source: https://www.worldometers.info/coronavirus/#countries

2,438

1,475

1,741

1,024

5272

301

40

87

46

29

148,500

191,946

284,480

112,100

51,663

14,704

35,406

49,114

20,232

151,397

					,			7 May 2020
Country	Population (Millions)	Total Cases	Total Deaths	Case Fatality	Cases (Per 1 M)	Deaths (Per 1 M)	Total tests	Tests (Per 1 M)

12.3%

2.7%

5.0%

4.5%

0.69%

3,040

216

506

255

10

24,623

7,996

10,083

5,673

1799

10,099,265

5,421,241

5,792,202

5,540,720

341,243

Sweden

Norway

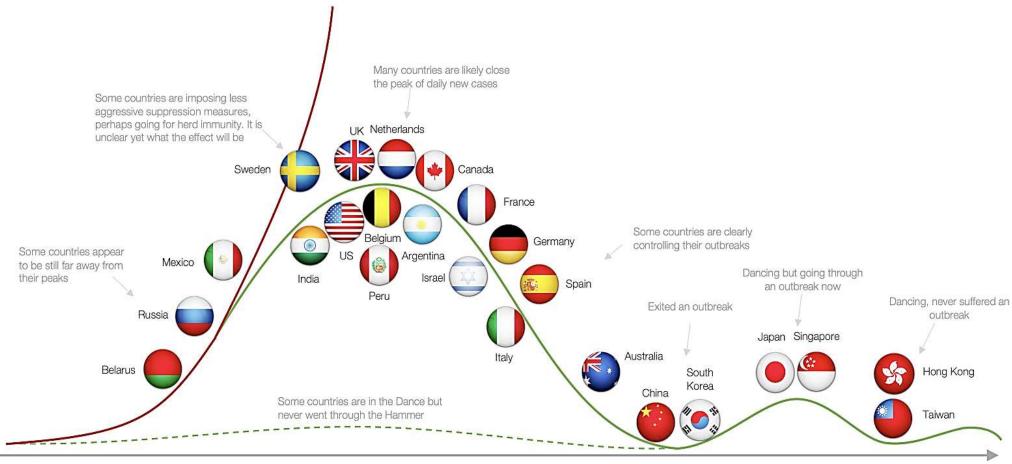
Denmark

Finland

Iceland

APPROXIMATION OF COUNTRIES TRAJECTORIES

Tomas Pueyo: Coronavirus: Learning How to Dance-Part 1



Notes: Countries fit approximately to the curve based on daily new cases and NPI data. This is not perfect. All flags can't fit in here, so I had to pick countries. I selected the countries that were most relevant to this analysis due to their best practices, number of cases, or phase in the epidemic. I added some other countries based on interest manifested to me over the last few weeks.

Source: Tomas Pueyo Analysis, based on:



⁻ Case evolution per country from Johns Hopkins data via Github: https://github.com/CSSEG/SandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/time_series_covid19_confirmed_global.csv

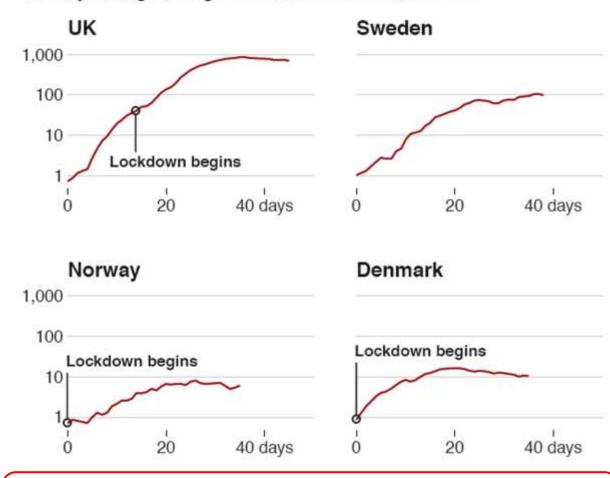
⁻ Databases of Non-Pharmaceutical Interventions from Johns Hopkins via epidemicforecasting.com, and ACAPS via https://data.humdata.org/dataset/acaps-covid19-government-measures-dataset Country flag icons from Vathanx via https://www.iconfinder.com/iconsets/world-flag-icons , Link below

DEATHS

- UK started lockdown much later then Norway and Sweden
- UK and Sweden have not seen a drop in deaths

Coronavirus deaths in selected countries

Weekly rolling average of fatalities since fifth death



Log scale.

Note: Denmark and Norway introduced lockdowns before reaching five deaths

Source: ECDC, updated 24 April





Total confirmed COVID-19 deaths Our World in Data Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19. Add country LINEAR Sweden 2,500 2,000 1,500 1,000 500 **→** Denmark Norway Feb 10, 2020 Mar 1, 2020 Mar 21, 2020 Jan 22, 2020 Apr 10, 2020 May 7, 2020 Source: European CDC - Situation Update Worldwide - Last updated 7th May, 11:15 (London time) OurWorldInData.org/coronavirus • CC BY

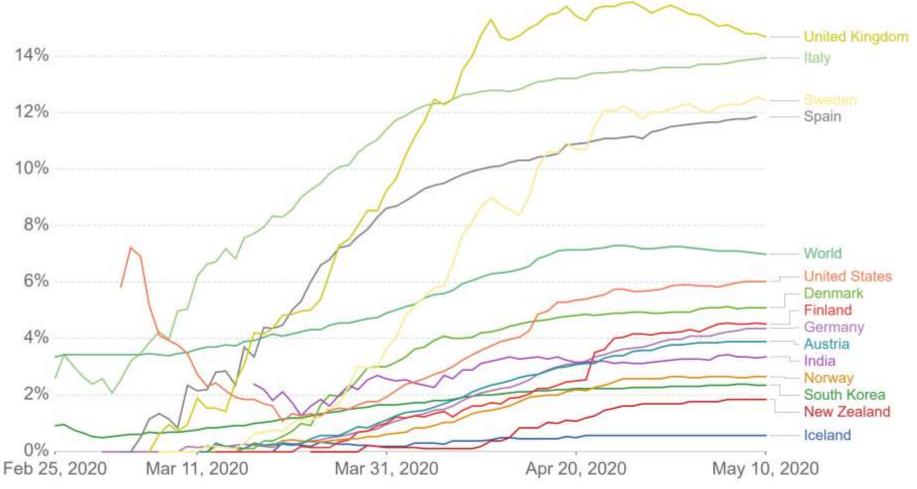


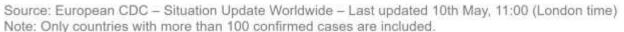
Case fatality rate of the ongoing COVID-19 pandemic



The Case Fatality Rate (CFR) is the ratio between confirmed deaths and confirmed cases.

During an outbreak of a pandemic the CFR is a poor measure of the mortality risk of the disease. We explain this in detail at OurWorldInData.org/Coronavirus





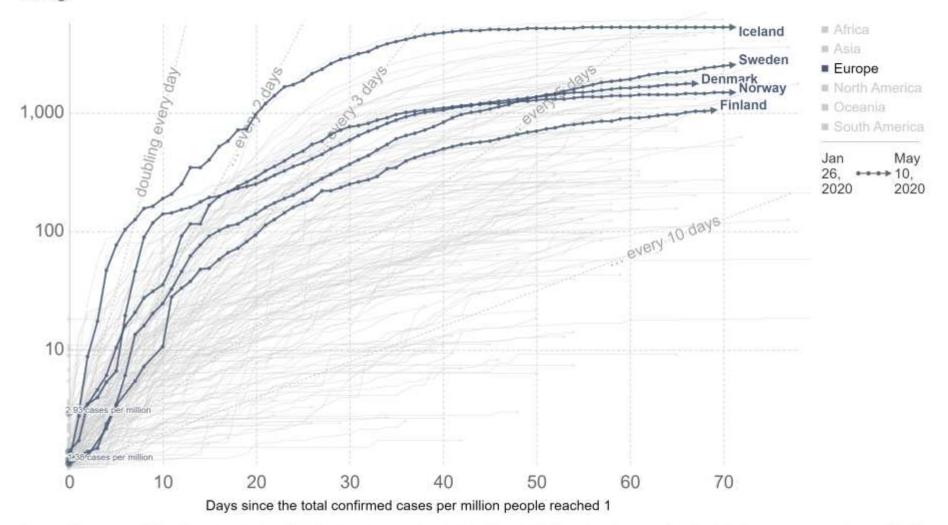




Total confirmed COVID-19 cases per million: how rapidly are they increasing?



The number of confirmed cases of COVID-19 is lower than the number of total cases. The main reason for this is limited testing.

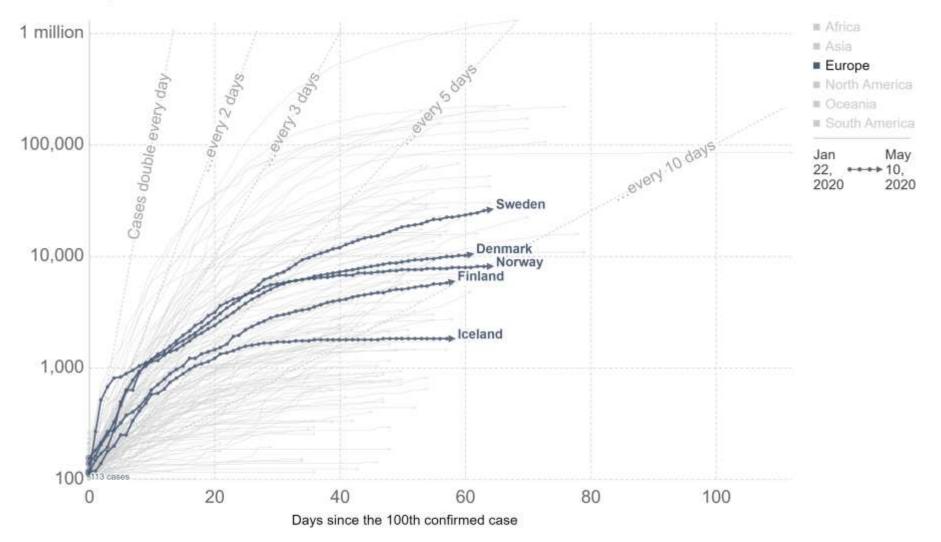




Total confirmed COVID-19 cases: how rapidly are they increasing?



The number of confirmed COVID-19 cases is lower than the number of total cases. The main reason for this is limited testing.

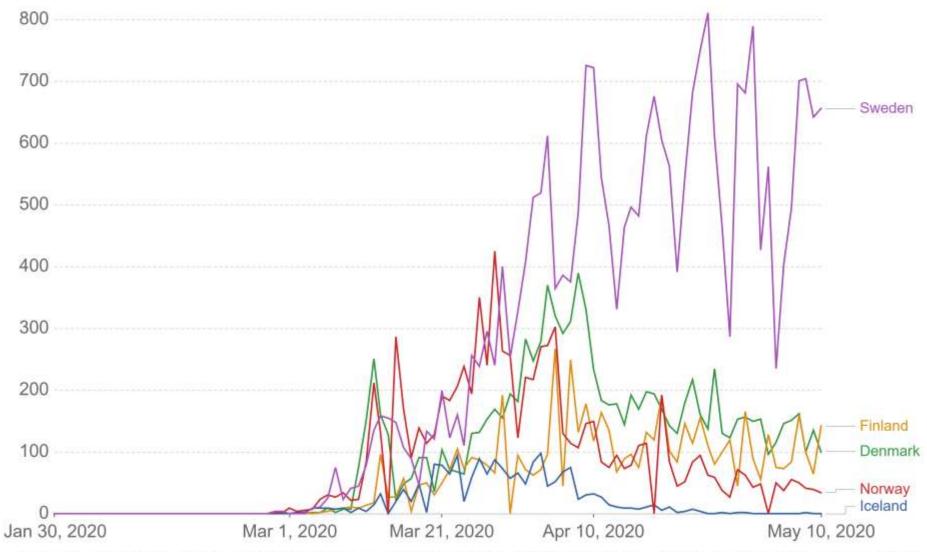




Daily confirmed COVID-19 cases



The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.

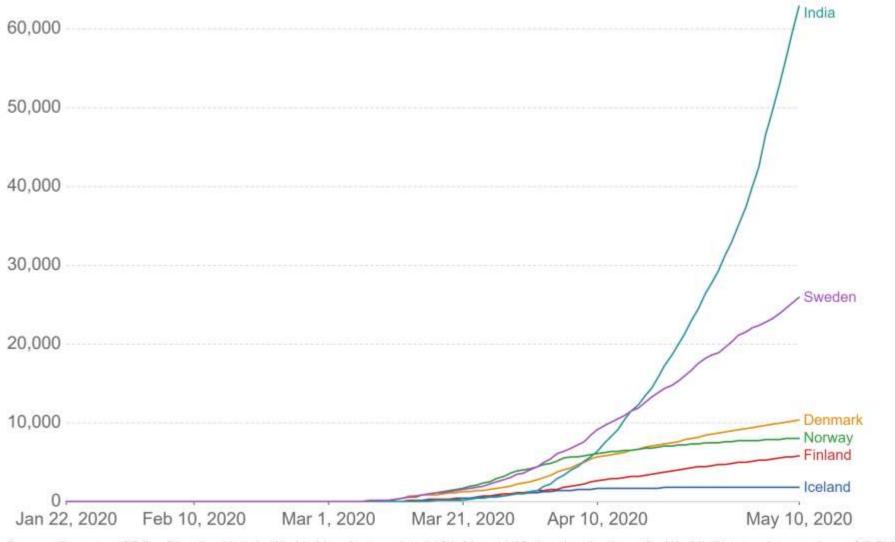




Total confirmed COVID-19 cases



The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.





PROJECTIONS







INCREASED DEATHS IN SWEDEN COMPARED TO OTHER NORDIC COUNTRIES

- Most of the deaths is Sweden are in Stockholm and the spread of cases and mortality is not uniform across Sweden.
- More than half the deaths have occurred in nursing homes in Stockholm; around 70,000 people live in nursing homes.
- Staff in these homes were initially not required to wear masks or gloves. This has now changed.
- Some staff came to work even when sick since Sweden initially did not pay for first day of sick leave; now Sweden pays for all days of sick leave
- Many deaths also occurred among immigrants who lived in over-crowded tenements, and were not specially targeted with information and support to understand Sweden's approach
- But, Sweden believes that other countries will eventually have similar mortality figures as they start opening up and their non-immune population get infected over the next year.



HEALTH CARE CAPACITY

 Not overwhelming capacity to deal with infections was a goal of the policy



Sweden increased capacity of beds and critical care facilities three-fold

To date, Sweden's health care capacity has not been overwhelmed



HERD IMMUNITY

 Achieving herd immunity was a hopedfor secondary outcome Swedish authorities estimate from antibody testing that 20-30% of the people of Stockholm have already developed herd immunity and most of Stockholm would have developed herd immunity by the end of May

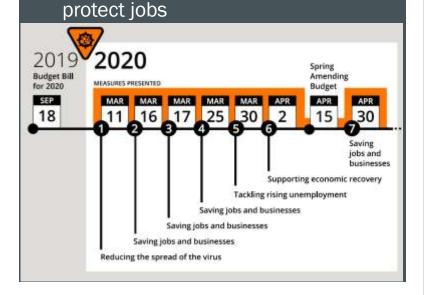
Critics say that this needs to be more stringently evaluated since testing has not been adequate enough to be sure of this

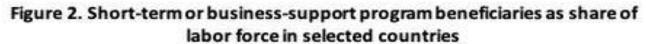
There are many concerns about the accuracy of antibody test kits

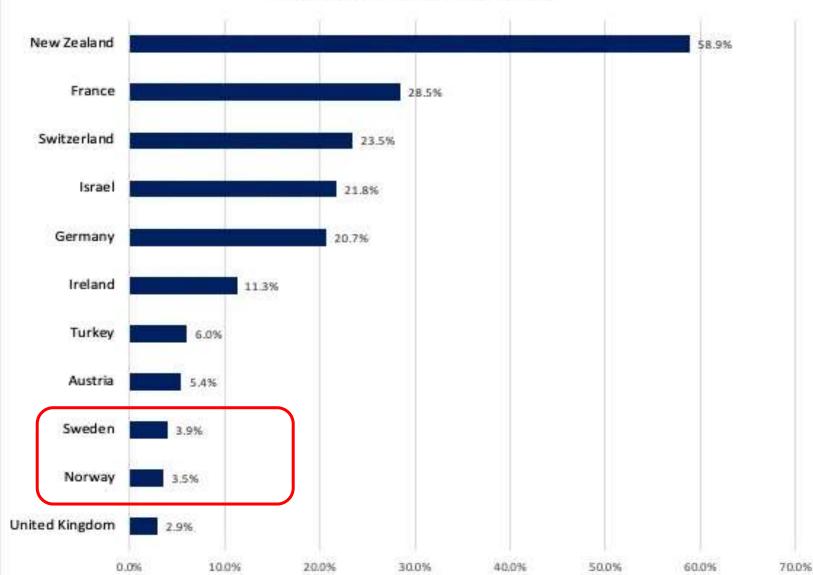
There many uncertainties about how long immunity lasts and whether it will be robust or if it will be strain-specific



IS IT WORKING? ECONOMIC EFFECTS The Swedish Government has made many investments to prevent financial hardship and



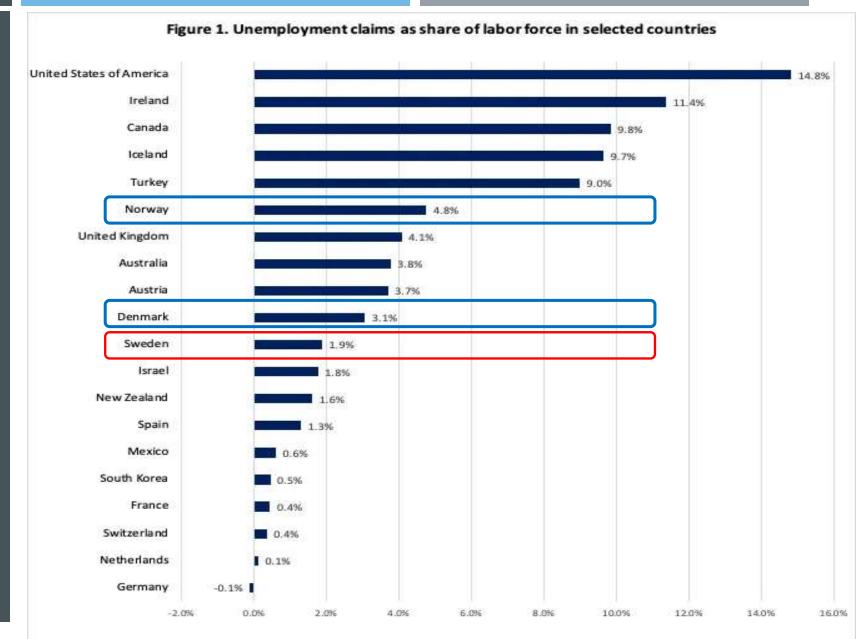




Source: Gallup and Brookings analysis of country data from March to April 23, 2020.

ECONOMIC EFFECTS

- Similar levels of economic disruption seen in Nordic countries that:
- have remained open- Sweden
- have tighter restrictions-Denmark and Norway.
- Recent survey estimates suggest twice as many workers have been laid off or seen reduced hours from COVID-19 as have filed unemployment insurance claims.
- Too early to say what these will look like later
- Also need to balance economic outcomes with mortality



Source: Gallup and Brookings analysis of country data from March to April 23, 2020.

Share of workforce displaced by COVID-19, per capita deaths and tests in select OECD countries (as of April 24, 2020)

Country	Unemployment	Business-support	Deaths / million	Test per capita
	claims (%)*	programme	population	(%)
		beneficiaries (%)*		
Sweden	1.9	3.9	198	0.9
Norway	4.8	3.5	34	2.8
Denmark	3.1		68	2.0
lceland	9.7	_	28	12.7
Germany	-0.1	20.7	64	2.5
France	0.4	28.5	326	0.7
Switzerland	0.4	23.5	149	2.8
Spain	1.3	-	474	2.0
New Zealand	1.6	58.9	3	2.0
South Korea	0.5	-	5	1.1
Australia	3.8		3	1.9
Canada	9.8	-	58	1.7
UK	4.1	2.9	282	0.6
USA	14.8		153	1.4

^{*} As share of labour force (https://www.brookings.edu/research/)



DOES IT NEED TO CHANGE?

- The approach was to tighten restrictions if things were getting out of control
- Doing things at the right time



- March 29: number of people allowed at public gatherings reduced from 500 to 50. Businesses that did not respect social distancing measures could face fines or even closures.
- March 30: Visits to retirement homes banned (initially the decision was up to city councils).
- April 1: Flights coming from non-EU countries were also banned.
- April 16: MPs in Sweden gave the government extra (revocable) powers to: close businesses and schools - without having to go through parliament first (from April 18 to June 30)
- April 26: Sweden closed 5 bars and restaurants that were not following social distancing recommendations
- April: Review of nursing homes-masks, gloves now compulsory
- April: Increased antibody testing to assess for herd immunity



DOES IT NEED TO CHANGE?

- The approach was to tighten restrictions if things were getting out of control
- Doing things at the right time

"I think the most important thing all the time is to try to do it as well as you can, with the knowledge we have and the tools you have in place. And to be humble all the time because you may have to change" (Dr. Anders Tegnell)



REFLECTIONS FROM THE PREVIOUS HEAD OF THE PHA SWEDEN

- "Measures to flatten the curve might have an effect, but a lockdown only pushes the severe cases into the future —it will not prevent them. Admittedly, countries have managed to slow down spread so as not to overburden health-care systems, and, yes, effective drugs that save lives might soon be developed, but this pandemic is swift, and those drugs have to be developed, tested, and marketed quickly. Much hope is put in vaccines, but they will take time, and with the unclear protective immunological response to infection, it is not certain that vaccines will be very effective".
- "In summary, COVID-19 is a disease that is highly infectious and spreads rapidly through society. It is often quite symptomless and might pass unnoticed, but it also causes severe disease, and even death, in a proportion of the population, and our most important task is not to stop spread, which is all but futile, but to concentrate on giving the unfortunate victims optimal care".
- Johan Giesecke johan.giesecke@ki.se
- Published Online May 5, 2020 https://doi.org/10.1016/S0140-6736(20)31035-7

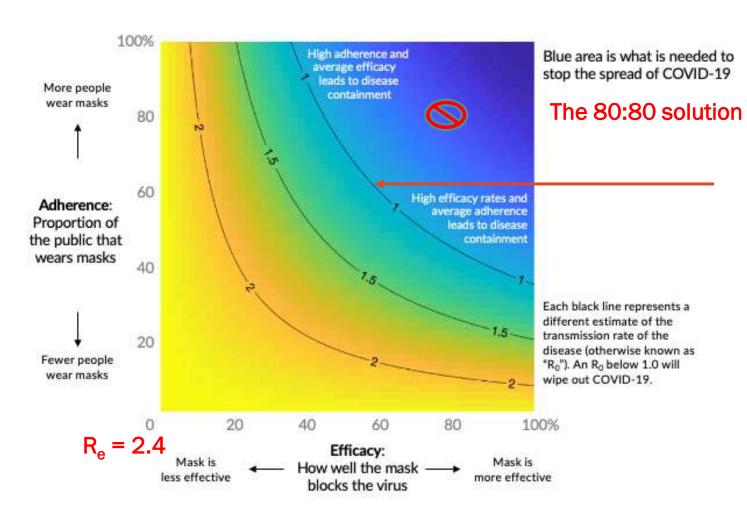


MY REFLECTIONS

- Sweden is unique and has chosen a strategy that they feel is right for them.
 - They believe that in a year from now their mortality figures may be no different from countries that locked down and they hope that their economy may be in a better state
- India has its own set of unique strengths and vulnerabilities and has to find its own solutions.
 - If we could all learn to be responsible and there could be more government support for the vulnerable and mutual trust, that will help greatly
 - India needs to do better at testing and contact tracing too
 - And we all need to wear masks in public for the foreseeable future
- Be safe and see you on the other side



HOW EFFECTIVE IS WEARING MASKS IN PUBLIC?



The 60:60 solution

If ~/>60% of people wear masks in public and these masks are only 60% effective in blocking the virus; that's enough to stop the spread of this virus (R_e <1)

Source: L Tian, et al., "Calibrated Intervention and Containment of the COVID-19 Pandemic" (2020), https://arxiv.org/abs/2003.07353, page 10 of the Supplementary Materials. Also see Howard et al. "Face Masks Against COVID-19: An Evidence Review," *Preprints* 2020, https://www.preprints.org/manuscript/202004.0203/v1.



LISTEN TO THE SWEDISH POINT OF VIEW

About Herd Immunity

Senior scientist Johan Giesecke reconfirms that Stockholm will ...

www.youtube.com > watch

Why lockdowns are the wrong policy - Swedish expert Prof ...

www.youtube.com , watch

Dr Anders Tegnel

https://youtu.be/ypwoyVI5Dxk



"LAGOM": "JUST RIGHT;" "NOT TOO MUCH," "NOT TOO LITTLE."





AP Photo/Andres Kudacki

news.bitcoin.com

Let's hope the "Lagom" approach works out well for Sweden

