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Long-term strategy and plan for handling the Covid-19 pandemic and adjustment of measures

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Background and objectives

The new coronavirus (SARS-CoV-2) has been spreading among humans since the end of 2019, and can cause the Covid-19 disease. In Norway, the transmission potential (R_0) was subsequently estimated to be around 3 before comprehensive measures were implemented on 12 March (i.e. each infected person infects 3 other people on average). Although the individual severity of Covid-19 may appear to be rather low for the population as a whole, the severity is highly age-dependent and increases significantly from 60-70 years of age. An uncontrolled pandemic will produce an overall high burden of disease with hundreds of thousands of illness cases, tens of thousands of hospital admissions and many premature deaths. This will also likely cause excess mortality in other patient groups, resulting in a loss of capacity to offer intensive care to everyone who should have it. The handling of the Covid-19 pandemic must therefore be organised in manner that enables us to control the spread of the infection at all times. While we have the infection under control today, Covid-19 will continue to be a threat to public health until we have attained sufficient immunity in the population (either through a vaccine alone, or in combination with secure knowledge of immunity as a result of having gone through the disease). We must therefore be prepared to accept that the pandemic can be long-lasting and that we will have to live with Covid-19 as a public health threat for at least one to two years.

The preparations for and handling of Covid-19 have been based, among other things, on the following plans and regulations:

- National health preparedness plan
- National strategy for emergency preparedness for incidents involving hazardous substances and infectious diseases
- National emergency preparedness plan for outbreaks of severe infectious diseases
- Norwegian National Influenza Pandemic Preparedness Plan
- Action plan for better infection control
- The Control of Communicable Diseases Act with regulations, including the Regulations relating to the Norwegian Surveillance System for Communicable

Diseases (MSIS) and the Regulations relating to notification of and measures in the event of serious incidents affecting international public health, etc.

- Health Preparedness Act
- Norwegian Public Health Act
- Regulations relating to infection control measures etc. in connection with the coronavirus outbreak (COVID-19 Regulations)

We have now entered a new phase where we have more knowledge about Covid-19 and have gained control over the spread of the infection. This provides a basis for a plan for further handling of this outbreak based on WHO's recommendation for such a plan dated 16 April 2020. This is already in line with the Government's strategy and measures thus far.

The plan outlines the basis for the choice of objectives and measures for handling the Covid-19 pandemic in Norway, including relevant measures and on what basis measures are assessed, such as risk assessment and principles.

The Government has until now had a suppression strategy in place and it has succeeded. Furthermore, the Government's strategy is to deal with the Covid-19 pandemic in a manner that enables us to control the spread of the infection at all times. Control means that the burden of disease is low and that the number of patients is manageable in the health and care services, although the number of patients may periodically increase and vary between geographical areas. Should local resurgences of infection occur, we must be prepared to again suppress its transmission to maintain control. Like WHO, the basis of our management of the pandemic is to safeguard health, reduce disruptions in society and protect the economy. To achieve this, the plan must be dynamic and the measures must be adjusted in line with the development of both the pandemic and knowledge.

The burden of disease can be measured in lost years of life with good health. The pandemic can lead to direct health consequences in the population, both in the case of illness and death associated with Covid-19, through necessary changes and restructuring of the health and care services by the reallocation of resources, postponements of treatment, etc. The pandemic can also lead to indirect health consequences in that the measures taken can lead to increased challenges such as greater loneliness, reduced mental health, reduced physical activity and poorer diet, thereby giving rise to changes in overall mortality and morbidity in the population. At the same time, education, economic conditions such as unemployment will also affect the health and social inequality of the population, and thus also how individuals are affected by the pandemic. Some of the measures to reduce the health consequences of the pandemic also have major social and socio-economic consequences, and the implementation or adjustment of measures must therefore also be assessed against the negative social consequences the measure can cause. In particular, there may be reasons to assess the consequences of general measures on vulnerable groups.

Scenarios

In order to handle the pandemic in a controlled manner, we need to have a long-term strategy and infection management plan throughout 2021, which also takes into account different scenarios. Covid-19 will pose a threat to public health until a sufficient share of the population (about 60%) is immune, either by having gone through the disease (if this provides adequate immunity) or by means of a vaccine. As the situation currently stands, we cannot expect a vaccine for 1 to 1½ years at the earliest, but there is still uncertainty as to when a vaccine will be a reality and what effect it will have. This means that society will probably have to live with Covid-19 as a public health threat over time, and that there may be periods of increased regional or national transmission of the infection, resulting in more severely ill people and more deaths. If better drugs are developed for treatment, the health and care services will be able to withstand higher levels of infection in society, and fewer will become severely ill and fewer will die. So far, no effective drugs have been developed to treat Covid-19, and it is uncertain when any such drugs will be available.

Even with measures, we can expect periodic waves of outbreaks, but also periods of low infection transmission. We must be prepared to adjust measures to maintain control and suppress the infection if we see that the development of the infection over time carries the risk of putting the health and care services under too much pressure for a shorter or longer period. Furthermore, despite national control, there may be a small chance that major outbreaks of infection internationally or in large regions may weaken international cooperation, giving rise to restrictions on medicines, personal protective equipment and other important import goods. We must therefore facilitate continued good international cooperation and solidarity.

We do not know how the pandemic will develop in the future and should prepare to deal with three different scenarios, which are not mutually exclusive:

- We have the spread of the infection under control and the occurrence in the community is such that we can provide good health and care services to everyone who needs it, including intensive care. We gradually scale back the intervention measures and capture the need for new measures, should the incidence of infection become high. In the long term, all intervention measures will be discontinued. While there will be both local and national waves of infection in the future, the whole time this takes place will be under a framework in which the health service can provide good services and limit the risk of infection for health personnel. The stability of this scenario is enhanced if we obtain access to effective treatments for Covid-19 and if we have access to an effective vaccine.
- A sharp increase in the number of sick people occurs. The occurrence is so high that we are unable to offer good health and care services to everyone who needs it, including intensive care. The health and care services are overloaded with Covid-19 patients, curtailing other patient care. Large health losses also related to reduced capacity for other health and care services and health losses due to a prolonged economic decline. Re-introduction of interventions may be necessary. The challenges can be remedied by effective drugs or a vaccine.
- International cooperation is weakened, international organisations lose legitimacy and the ability to act, and several international markets become

dysfunctional. Such a scenario may arise if many countries concentrate on solving their own challenges and do not see the benefits of joint approaches and cooperation. Failure to create a common European approach and deterioration of international emergency response leadership will affect the management of the pandemic in all countries, including Norway. It will be more difficult to resume international travel and, if necessary, provide assistance to Norwegian citizens. The markets will be disrupted because countries impose restrictions on trade, manufacturers are required to deliver to specific recipients or to produce specific products. Lack of stability in the market for medical protective equipment and medicines will be of particular importance if this situation persists for a long time.

Even if we succeed nationally in handling the pandemic, a situation may arise where many countries are unable to control the infection and interventions continue for a long time. The scenario worsens if effective medications or vaccines do not become available. The economic downturn of the pandemic will be severe and prolonged. The weakening of the economy also has greater negative consequences for the health situation in Norway and globally than the pandemic.

This long-term strategy and plan outlines strategies and plans for dealing with scenarios 1 or 2. If scenario 3 arises, the strategy and plan will need to be adjusted. Regardless of which scenario we face, we are diligently working to ensure emergency preparedness for medical protective equipment and medicines.

Measures

Section 1-5 of the Control of Communicable Diseases Act stipulates that infection control measures must be based on clear medical grounds, be necessary for infection control purposes and be expedient following an overall assessment. Voluntary effort shall serve as the starting point of any measure. The requirements should not be interpreted too strictly, especially in an uncertain situation like the present, but it still means that the measures must be evaluated and adjusted continuously.

Six types of measures have been applied in dealing with the Covid-19 pandemic. 1) Hygiene measures such as frequent hand washing and cleaning, 2) Early detection and isolation of infected persons, 3) Tracking and quarantine of close contacts of infectious persons, 4) Fewer travellers from areas with epidemic spread, travel advisories or prohibitions, and entry quarantines, 5) Reduced frequency of contact in the population, including through advice and social distancing and stricter measures such as closing down businesses, events, etc., and 6) Comprehensive protective measures for residents of 24-hour nursing and care facilities, patients in hospitals and others in the high-risk group. Measures may overlap to some extent.

Comprehensive infection control measures, such as restrictions on movement and closure of businesses, have been implemented as part of a suppression strategy where the situation has or could have got out of control. Such interventions can have major human and economic consequences for individuals and society. We must have sufficient knowledge of the advantages and disadvantages of such measures and, when adjusting the measures, a well-considered risk assessment and step-by-step approach is needed to balance the benefits and potential disadvantages. In the future, the development of knowledge, vaccines and other drugs could be important measures for managing the pandemic. Pending this, it may still be necessary to use intervention measures in handling the pandemic.

Targeted testing is useful for limiting the use of intervention measures. It involves measures to find and isolate infected persons, track close contacts and quarantine them (testing, isolation, infection tracking and quarantining). A duty of quarantine after close contact, that is, contact with a confirmed infected person at a distance of less than two metres for more than 15 minutes, or direct physical contact, still applies.

Less invasive measures such as good hygiene in the population and isolation and necessary treatment of infected persons will be maintained throughout the pandemic. Other measures must be adjusted and evaluated based on an overall assessment of the positive and negative effects of the measures, including an assessment of the scope of the pandemic, the capacity of the health and care services, the socio-economic cost of the measures, available knowledge and access to vaccines and other medicines.

International cooperation

How we manage the infection situation nationally is closely related to what happens outside our borders. We can control the infection situation in Norway, but with the opening of the borders we will again potentially import infection. Close contact and cooperation with our neighbouring countries and the EU will therefore be important when we adjust measures.

Global measures to ensure that countries with poor health preparedness can also handle the crisis are important. This is primarily a shared humanitarian responsibility. We have also seen how the infection has migrated in a short time to almost every country on the planet. Distances mean less in a globalised world. Joint efforts and solidarity through international cooperation are crucial for reducing the number of infection areas and thus also the risk in our own vicinities.

We are also dependent on a functioning global market for important commodities to ensure adequate access to, among other things, personal protective equipment and medicines for the health and care services. Stopping or severe restrictions on trade could create a very difficult situation for the health and care services and the population. In particular, access to medicines could become vulnerable, with long and complicated value chains where the bulk of the active substances is produced in Asia and there is a low degree of national production. A gradual increase in national production and stockpiling of goods where possible will to some extent reduce the effects of the disruptions in world trade. Strengthening cooperation with the EU, including the emphasis on the opportunities offered by the joint procurement scheme for medicines, medical supplies and protection equipment, will also be important.

We must therefore further develop international cooperation and solidarity, including contributing in various ways to crisis management in other countries and continents when conditions allow for it. As part of this, we must continue to strengthen international arenas and cooperation schemes in the health field. The Nordic region and the EU are important partners for Norway. We must also contribute to a strong and credible WHO that assists countries in crisis management and coordinates international efforts to point out or develop drugs and vaccines against Covid-19. International coordination is also important in the assessment of adjustments to measures.

Health risk assessment

The infection control measures introduced in March this year are major and far-reaching. The decision to implement or adjust infection control measures should be based on a risk assessment that balances the risk by adjusting measures, the ability to detect new cases (testing, monitoring and tracking capacity), the capacity of the health and care services to handle more patients, and the possibility of reintroducing measures when needed. In addition, we must have sufficient capacity for monitoring and analysis that provides the basis and support for both decisions and for management of infection control and preparedness efforts.

As part of the risk assessment, the following questions should be answered:

1. What is the likelihood of a new resurgence of infection when measures are adjusted?
2. Is the health system able to identify, isolate and attend to infected persons and close contacts in quarantine?
3. Is the health system capable of quickly detecting a resurgence of infection cases?
4. Can the health and care services handle an increase in the number of patients and offer treatment and care in the event of a resurgence of infection cases?

The risk assessment should be based on the following factors:

- **Comprehensive risk assessments:** Although the overall risk assessment is to be done nationally, a sound implementation of the plan also requires support from local risk assessments that also contribute to the overall assessment. We must take into account that there can be local differences in both the spread of infection and how it is handled.
- **Epidemiological conditions:** Such as confirmed and calculated number of infected persons, hospital admissions, number of deaths, percentage that test positive, percentage that are immune, total mortality and morbidity for all causes, etc.
- **Capacity in the specialist health service and the municipal health and care services:** Intensive care capacity, ventilator capacity, access to personal protective equipment, medicines and vaccines, and available personnel with the right expertise, as well as the capacity to handle other patient and user groups. In particular, capacity must be assessed for at-risk children and young people, the elderly, mental health and substance abuse and rehabilitation services.
- **Infection control capacity:** National and local capacity to monitor development of the pandemic. This includes following trends and detecting local outbreaks and adjusting measures accordingly; assessing the impact of infection control measures; providing the public, the health service and health authorities with guidance; finding, testing and isolating infected persons; tracking and

quarantining their close contacts; protecting health personnel and patients in the health service; as well as capacity and planning for rapid procurement, distribution of vaccines and vaccination of the population when a vaccine becomes available.

- **Access to drugs/vaccine against Covid-19:** There is currently neither a vaccine nor known effective drugs for treating Covid-19. However, if or when they become available it will affect the risk assessment and choice of strategy and measures.

Parameters with limit values will be developed and monitored within each of the areas that are continually being assessed for risk.

Principles for adjusting intervention measures

Together, in a controlled manner, and over time, we will be replacing the most invasive measures in parallel with increased testing, infection tracking and isolation while bolstering the ability of the health and care services to handle a large number of Covid-19 patients. Control means that the burden of disease is low and that the number of patients is manageable for the health and care services, although the number of persons who are sick can periodically increase and vary between geographical areas. When adjusting measures, priority is given first to measures aimed at children, then to measures aimed at working life, ahead of other measures. The following principles for adjusting measures are adopted:

- **Knowledge-based:** Measures shall be based on the latest updated knowledge. As part of the plan, we will build and develop a knowledge system to support the assessment of measures. The knowledge system shall be able to support good advice and good decisions, and must help us to both obtain a good understanding of the situation so that we can quickly identify the need for adjustment of measures, and gain increased knowledge about the effect, ripple effects and costs of the measures so that we select the right set of measures.
- **Comprehensive and together:** We have achieved a low rate of infection transmission throughout the country and the goal is to maintain this. National regulatory measures are enshrined in the COVID-19 Regulations. Consequently,

the adjustment or scaling down of these measures shall also primarily be implemented with effect throughout the country. This may be necessary to ensure effective and proper infection control. In the event of a local increase in the transmission of infection, interventions may be necessary in a defined area. Since these measures and the spread of infection may extend beyond the boundaries of the individual municipalities, there is a need to ensure national coordination in a residential and working region. This was done in the regulation of the reopening of schools. Exceptions from national measures should only be made if necessary, for example to provide knowledge as a basis for further measures or if the contagion situation should change so that there is a need to take stricter measures in specific areas. This is discussed in more detail in the Ministry of Health and Care Service's Circular I-5/2020 (http://www.regjeringen.no/globalassets/departementene/hod/fellesdok/rundskriv/rundskriv_i-5-2020_regelverk_anbefalinger_covid-19-utbruddet.pdf) – Information on regulations and recommendations – the Covid-19 outbreak.

- **Controlled and over time:** When one or more measures are scaled down, the effect on disease development after earlier adjustments shall be assessed before new modifications are implemented. The earliest any effect on the development of the disease can be assessed is two weeks after the measure has been adjusted. This is because it takes some time from when a person becomes infected before symptoms appear and before an infected person may go to a doctor and is tested. Adjustment of new measures will then have to be prepared to ensure that infection-reduction measures are in place. Consequently, a gradual and controlled approach will in practice indicate that it should be two to four weeks before new measures are adjusted. If downscaling of measures results in an increase in infection that could threaten the capacity of the health care system, adjusted measures will again be implemented. Predictability and continuity are vitally important for business and industry and all other social functions. A gradual de-escalation of measures over time reduces the risk of having to readjust the measures in order to gain control.
- **The simplest measures with few negative consequences will be kept in place the longest.** These measures shall reduce infection between people via objects and hands and reduce infection spread by coughing. They consist of

social distancing, staying at home upon signs of illness, practising good hand hygiene, avoiding contact between hands and face, avoiding coughing on others, avoiding shaking hands, kissing and hugging as well as sanitising frequently touched objects. These are considered to be effective and mitigating measures that will have an impact throughout the course of the pandemic.

- **The consideration of persons in risk groups must be safeguarded.** When adjusting measures, particular attention must be paid to safeguarding people in risk groups. When we ease the most invasive measures, people in the risk groups lose some of the group protection these measures have given us all. For those who are not in the risk groups, this is compensated for by the reduced pressure of infection, but for those in the risk groups, the need to protect themselves will be higher. This can be done through special hygiene requirements and advice and by granting exceptions or implementing special measures for persons who are in risk groups themselves or have close family in risk groups. It also means that undertakings that are responsible for providing services to people in risk groups ensure adequate routines for providing the necessary infection control.
- **Socio-economic consequences and other considerations must be emphasised.** Measures must be useful and proportionate, and socio-economic effects of measures must be emphasised as far as possible when adjusting measures. This means that the infection control effect must be assessed in relation to other health and social consequences for the individual, especially for vulnerable persons, and societal consequences that are important for social functions and the private sector. Easements with major societal consequences shall be prioritised within what is justified in terms of infection control.
- **Gradual reopening of activities where all sectors take their share of the responsibility.** Businesses and social functions that are closed or prohibited in accordance with the COVID-19 Regulations will gradually be reopened in a controlled manner by amending the regulations when conditions so warrant. All other industries and social functions not explicitly closed or prohibited under the COVID-19 Regulations have a responsibility to assess how they can make arrangements to resume as normal activities as possible within the framework of the general infection control advice. It is the responsibility of each sector to communicate and follow up advice and guidelines from the health authorities in

their own sector and, if necessary, establish further standards and routines for their sectors. The health authorities will provide general infection control advice and guidance aimed at the business community.

Prerequisites for adjustments of intervention measures

When adjusting the measures, we must minimise the risk of a new resurgence and challenges in handling the Covid-19 pandemic. When adjusting the measures, the following prerequisites must be considered:

- **The spread of the infection is still under control.** Strengthened capacity for, among other things, testing, infection tracking, isolation and quarantining will be more targeted measures going forward. Expanded testing also helps to obtain knowledge about where the infection is occurring in society, so that measures can be evaluated and targeted where needed. There are a number of conditions in municipalities, state-owned enterprises and private laboratories that must be strengthened through interaction. An increased capacity for testing, tracking, isolation and quarantining while scaling down other measures depends on the municipalities having sufficient capacity to carry out testing, infection tracking and further follow-up, including having sufficient personnel, sampling equipment, personal protective equipment and good organisation. The state and the municipal sector are in close dialogue with a view to achieving this.
- **Adequate capacity in the health and care services.** Both the specialist health service and the municipal health and care services are working on planning for a high number of patients with Covid-19, and national initiatives have been taken to procure medicines, personal protective equipment and other necessary equipment as well as measures concerning the availability of personnel. Sound overall utilisation of capacity in the health and care sector requires good interaction between the health trusts and the municipalities. In addition, it must be ensured that the health and care services have adequate treatment and follow-up services, especially for vulnerable groups who have been affected by the intervention measures.
- **Low risk of infection among people in risk groups.** People in risk groups are at increased risk of serious complications if they become ill with Covid-19. It is

therefore a precondition that this group is given special protection.

- **Preventive measures have been implemented in the workplace.** The Norwegian Directorate of Health and the Norwegian Institute of Public Health continuously publish updated information, advice and guidance on their websites. It is a prerequisite that working life has followed up with necessary infection control measures and more detailed industry guidance.
- **Handle the risk of imported infection.** A situation where Norway has a significantly different contagion situation than other countries will mean that the import of cases from other countries is a threat. The degree of overview of the infection situation also differs from country to country. The probability of importing infection from other countries will then depend on the number of people arriving and the percentage of those who are infected. The consequences of imported cases depend on whether they give rise to local transmission in Norway and the magnitude of this transmission in relation to the already established domestic epidemic. Maintaining or adjusting travel advice for movements out of Norway or travel restrictions for visits to Norway are continuously assessed, among other things, based on available knowledge about the infection situation and other safety issues in other countries. Imports of goods, including food, are not considered to pose a risk of Covid-19 transmission. Consequently, there are no restrictions on international trade in goods due to the pandemic.
- **The population has confidence in the authorities and understands why measures can be adjusted.** The people of Norway have consistently complied with the advice and requirements that the authorities have implemented from day one in connection with handling the Covid-19 pandemic. The call to join the collective effort has created a team spirit that remains strong. Nevertheless, maintaining the public's confidence in the authorities and compliance with the measures can be a challenge in the future. A certain degree of fatigue can be expected in the population over time and there is a perception that the situation is about to change since some measures can be eased. In order to ensure continued confidence and maintain the motivation of the public about the vital personal infection control measures, communication by the authorities is crucial. In order to motivate the public to follow the advice we give, it is important that

our communication shows the way forward, provides hope, builds confidence, conveys knowledge, provides predictability and creates a unified sense of community. It is important to communicate a controlled and gradual adjustment of measures, and that the public must adhere to the simple hygiene measures (hand and cough hygiene, social distancing, staying home when ill) for a long time to come. A local or national increase in the number of infections may also require the introduction of measures for which there is no knowledge base. Continued high levels of accessibility, transparency and presence in the media, social media and online will be important measures for succeeding in this endeavour.

Appendix:

- Overview of measures with tentative schedule

APPENDIX

Overview of measures with tentative schedule

The Government's aim is that activities and businesses that have been closed can reopen as much as possible before summer. This assumes that the infection situation is under control. The following plan for the adjustment of measures is now adopted:

Date	Measures
7 May	**New recommendation on use of home offices:** Employers should ensure that employees can keep a distance of at least 1 metre throughout working hours. In parts of the country where employees need to use public transport, employers are urged to facilitate working from home and virtual meetings as far as possible, and to require people to be physically present only when necessary. This applies particularly in the Oslo region and other cities where public transport can become congested during rush hour.
7 May	**New recommendation on contact reduction that stipulates at least 1 metre between people who are not in the same household, and a maximum of 20 people in one group (20+1 recommendation).**
7 May	**Events in public places:** From 7 May, events with up to 50 participants may be held in public places provided that a social distance of at least 1 metre can be kept between persons who are not in the same household. Other events in public places are prohibited. Those present must be able to maintain a distance of at least 1 metre from people who are not in the same household. The organiser must keep an overview of who is present, implement measures that prevent persons who are ill from attending the event and make provisions to safeguard hand hygiene. An employee or person contracted to organise an event in a public place is not counted as a participant in the event. The precise role of the organiser should be clarified in standards for the different sectors.
7 May	**Sports events (tournaments, cups, matches and the like) will be regulated in the same way as other public events.** That is, such events are prohibited under the regulations, but are still permitted for up to 50 persons provided that the participants can keep a social distance of at least 1 metre and there is an event organiser responsible for ensuring that the rules are respected (50+1). The 1-metre rule in the regulations will be exempted to permit series matches in top division football starting 16 June.

7 May	**Other organised sports activities (training and the like) are not regulated under the Covid-19 Regulations,** and are therefore governed by recommendations and the guidelines of the particular sport. Organised sports activities (training and the like) will therefore no longer be prohibited, but should comply with the general recommendations of the Directorate of Health or any updated recommendations aimed at sports. The Directorate of Health will issue a guide on 11 May for sports, but with an emphasis on children's and youth sports that involve physical contact. The Directorate of Health has already reviewed the Norwegian Confederation of Sports (NIF)'s guidelines for training starting 7 May and series matches from 16 June for elite series clubs and top division women's football. If other exceptions to the 20+1 recommendation or other general recommendation from the Directorate of Health are relevant for certain types of sports, the Ministry of Culture will address this with the Ministry of Health and Care Services.
7 May	**The prohibition against foreign travel for health personnel is repealed.** Health personnel are covered by the general border restrictions and quarantine rules. Consequently, the prohibition is no longer considered proportionate, given the current burden on health and care services.
7 May	**The public must be prepared that the quarantine rules after travel abroad may well apply until the end of the summer.** Continuous assessments of the need for exemptions from the quarantine must be made on an ongoing basis. This must also be seen in the context of border regulations.
7 May	**The duty of quarantine** will be reduced from 14 to 10 days. Anyone who has been in contact with infected persons at a distance of less than two meters for more than 15 minutes must still go into quarantine. Persons who have been in close contact for up to 48 hours with a confirmed infected person before they showed the first symptoms must go into quarantine. Persons who can document contraction of SARS-CoV-2 infection are exempt from the duty of quarantine for six months.
7 May	**Prohibition on the use of changing facilities in sports halls**

11 May	**Driving schools may open.** They must follow the same infection control rules that apply to other services with one-to-one contact.
11 May	**Bingo halls and similar facilities can open,** and basic requirements for infection control are stipulated, including the requirement for social distancing of at least 1 metre and a ban on the use of changing facilities in sports halls.
11 May	**All primary and secondary schools will open** during week 20. Requirements for proper infection control will be adjusted so that it is clear that the students shall belong to the same group as much as possible. Distance requirements are specified where it is not possible to have fixed groups. Guides for kindergartens and schools will be updated. Where the school owner finds that the requirements for proper infection control mean that not all students can be at school at the same time, the school shall ensure that every student at all year levels receives regular and weekly offers of tuition at school. The school owner shall offer home tuition in addition to activities at school if it is necessary for ensuring that the students as a whole receive the education they are to have. Year 1-4 pupils shall as far as possible receive a full-time offer of tuition at the school. The school owner shall also provide services to children of personnel with socially critical jobs and pupils with special needs.
11 May	**Other educational programmes** such as educational programmes for newly arrived immigrants under the Introduction Act, programmes under Chapter 4 of the Adult Education Act, and short courses offered by the folk high schools will open week 20 provided that they can comply with the requirements for proper infection control.
11 May	**Universities, university colleges and vocational technical colleges are to continue distance learning.** Students who need to be at their institution to maintain progression in their study programmes may be granted access. They must comply with the requirements for proper infection control.
11 May	**Courses run by adult education associations and Skills Norway** are to continue distance learning. Students who need to be at their institution to maintain progression in their study programmes may be granted access. They must comply with the requirements for proper infection control.

11 May	The general recommendations on infection control measures in working life apply to **employees of universities, university colleges and vocational technical colleges.**
15 May	**The Directorate of Health and the Norwegian Institute of Public Health are preparing new advice on holiday and leisure travel** which should apply from 1 June and will communicate it no later than 15 May.
1 June	**Bars and other establishments that do not sell food can open as long as they can comply with the social distancing rule of 1 metre.** Requirements on seating and table service will be set out in regulations. Before this, amendments will be made to the regulations that make it possible for municipalities to suspend the liquor licence of individual establishments for a limited period if they do not comply with the social distancing requirements. This shall apply to all establishments with a licence.
1 June	**Amusement parks may open.** Social distancing and hygiene requirements must be followed. The limitation of 50 people for events will not apply to the number of visitors in the park, but will apply to events held in the parks (concerts, performances, etc.). The social distancing requirements will apply between individual visitors and family groups.
1 June	**Organised swimming activities, including school swimming lessons, will be permitted** pursuant to the health authorities' recommendations concerning proper infection control measures.
15 June	**Events with up to 200 people will be permitted** (up from 50 people). Events with over 500 people will not be permitted before 1 September. The possibility of increasing the limit from 200 up to 500 people will be assessed monthly.
15 June	**The intention is to open gyms and fitness centres,** provided that the health authorities, in cooperation with this sector, have arrived at appropriate infection control measures.

15 June	**The intention is to open water parks and swimming pools** for the general public, provided that the health authorities, in cooperation with this sector, have arrived at appropriate infection control measures.
15 June	**The 1-metre rule in the regulations will be exempted to permit series matches in top division football starting 16 June**, in line with proposals from the Confederation of Norwegian Sports that have been vetted by the Directorate of Health and the Norwegian Institute of Public Health.
August	**It is a goal to be able to start the autumn semester with open universities, university colleges and vocational technical colleges, etc.**, in line with the general provisions and advice on infection control. The institutions must plan for this and take the necessary steps in order to maintain the educational provision, while taking into account during the planning process that there probably will not be room for as many people on campus at the same time as in a normal situation.

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