



First wave of the COVID-19 pandemic in Finland in 2020



FOREWORD

On 3 September 2020, the Finnish Government decided to launch an investigation into the preventive measures against the coronavirus pandemic, establishing an independent investigation team under the auspices of the Safety Investigation Authority. The investigation covers the period of time between 1 January 2020 and 31 July 2020. The decision to initiate an investigation is based on section 32 of the Safety Investigation Act of Finland (525/2011). This is an investigation of an exceptional event pursuant to Chapter 5 of the Safety Investigation Act.

Kai Valonen, Chief Safety Investigator, was appointed as the head of the investigation team, and members of the team were Elli Flén, Master of Social Sciences, Ilona Hatakka, Master of Arts, Professor Pentti Huovinen, Doctor of Medicine and Surgery, Senior Lecturer Sirkku Laapotti, Doctor of Psychology, Professor Jaakko Ossa, Doctor of Laws, Professor Jari Stenvall, Doctor of Administrative Sciences and Kari Ylönen, Master of Social Sciences.

As the result of the sudden death of Sirkku Laapotti, the Government appointed Mika Hatakka, Doctor of Psychology, as a member of the investigation team as of 29 October 2020.

The purpose of a safety investigation is to improve public safety. A safety investigation is not conducted in order to attribute legal liability.

A safety investigation examines the course of events, the causes and consequences of the events, the search and rescue actions performed, as well as the actions taken by the authorities.

The investigation report includes an account of the course of the events, the factors leading to the events and their consequences, as well as safety recommendations addressed to the appropriate authorities and other instances regarding measures that are necessary in order to promote general safety, prevent further incidents, prevent damage and improve effectiveness of the operations of search and rescue and other authorities.

Statements on the draft investigation report were requested from the key parties involved in the event. Their statements were taken into account when finalising the investigation report. There is a summary of the statements at the end of the investigation report.

The investigation report has been translated into Swedish and English by Semantix Oy.

The investigation report was submitted to the Government on 30 June 2021 and simultaneously published on the website of the Safety Investigation Authority at www.sia.fi.

CONTENTS

FOREWORD.....	2
1 EVENTS.....	5
1.1 Course of events	5
1.1.1 January 2020 – Becoming aware of the situation in Finland and abroad	5
1.1.2 February – Disease spreads in Europe.....	9
1.1.3 Early March – Towards state of emergency.....	17
1.1.4 Mid-March – Under emergency conditions.....	24
1.1.5 April – Time of restrictions.....	37
1.1.6 May – Switch to hybrid strategy and dismantling the restrictions.....	49
1.1.7 June – End of emergency conditions	52
1.1.8 July – Summer holiday month	57
1.2 Consequences	65
2 BACKGROUND	67
2.1 Virus and disease	67
2.2 Circumstances	70
2.3 Key actors	71
2.4 Regulations, orders and instructions	77
2.5 Other reports	85
3 ANALYSIS.....	94
3.1 Event analysis.....	94
3.1.1 Spreading of the dangerous virus from China	94
3.1.2 Arrival of the virus in Finland.....	96
3.1.3 Preventive measures instituted.....	96
3.1.4 Crisis management through preventive measures	98
3.1.5 Immediate effects of COVID-19.....	100
3.1.6 Preparation for a prolonged crisis	100
4 CONCLUSIONS	102
5 SAFETY RECOMMENDATIONS	105
5.1 Reform of the crisis management model.....	105
5.2 Improvement of the flow of information between levels of administration.....	105
5.3 Balance of powers during a severe crisis	106
5.4 Development of preparedness	106
5.5 Networks for broad utilisation of expertise.....	107
5.6 Capacity for reorganising duties within the administration.....	108
5.7 Developing the monitoring of infectious diseases	109

5.8	Plans on restricting cross-border traffic	109
5.9	Development of centralised procurement.....	110
5.10	Capability to realise quick digital solution development projects	110
5.11	Rapid access to information on unknown diseases.....	111
5.12	Assisting people in a widespread crisis.....	111
5.13	Measures that have been taken	112
SOURCES.....		113
SUMMARY OF STATEMENTS REGARDING THE DRAFT INVESTIGATION REPORT.....		115

1 EVENTS

1.1 Course of events

1.1.1 January 2020 – Becoming aware of the situation in Finland and abroad

In December 2019, an unusual strain of pneumonia had been identified in several patients in **Wuhan, China**. The disease was not caused by any known microbe. A common factor among many of the infected was that they had spent time at a local market. An entry regarding the incident was entered into an electronic early warning system of the World Health Organization (WHO) on 31 December 2019, at which time the Finnish Institute for Health and Welfare (THL), which monitors the early warning system in Finland, was also informed of the incident. A notification in the early warning system is not unusual: similar stand-alone notifications are issued from time to time.

The Finnish Institute for Health and Welfare started to assess the severity of the spread of the virus. The key questions were whether China would be able to prevent the spreading of the virus outside its borders and whether the virus would be capable of human-to-human transmission. China had been able to stop outbreaks from becoming pandemics in the past. The last time a global pandemic spread into Finland was during the swine flu pandemic in 2009.

The first news about the novel virus in Finnish media were seen on 7 January 2020, which was also the day when the first infection outside China, in Thailand, was detected. Footage of hospitals and severely ill patients in Wuhan started to spread around the world.

The European Centre for Disease Prevention and Control (ECDC¹) issued its first risk assessment on the novel virus on 9 January 2020. No information regarding human-to-human transmission of the virus was available. The risk of the novel coronavirus spreading to Europe was considered low but possible. There were three direct flight routes from the European Union area to Wuhan.

The Chinese Center for Disease Control and Prevention established the cause of the cases of pneumonia as a new type of coronavirus. The virus was deemed as being related to SARS-CoV-2, which caused the SARS outbreak in the autumn of 2002². A little over 8,000 people worldwide contracted the SARS virus, and approximately 10% of them perished as a result of the virus. The outbreak was suppressed in 2003, however.

The genome of the novel coronavirus was quickly determined, which allowed for the development and use of diagnostic tests already at the early stages of the outbreak.

The daily safety review of the **Government Situation Centre** (VNTIKE) mentioned the novel coronavirus for the first time on 13 January 2020. The review is meant for senior government officials. The information was based on the media. The status confirmed by WHO was that the respiratory infection which had been detected in late December did not seem to have spread outside of Wuhan. There were no infections among health care workers nor any clear evidence of the virus having transferred between humans. One person had died as a result of the virus and 40 people had been infected. The infections had caused concerns about a health threat similar to the outbreaks caused by the SARS and MERS³ viruses.

¹ *European Centre for Disease Prevention and Control* is an EU institution tasked with, among others, ensuring early detection and analysis of emerging health threats to the EU and providing scientific advice to EU governments and institutions. Established in 2005, ECDC is located in Stockholm.

² *Severe Acute Respiratory Syndrome*.

³ *Middle East Respiratory Syndrome*.

The Finnish Institute for Health and Welfare released its first public status report regarding the novel coronavirus on 20 January 2020. At that point, more than 200 infections had been detected in Wuhan. Furthermore, isolated persons in Beijing, Thailand, Japan and South Korea have been infected. All of them had visited Wuhan before falling ill. On the same day, the Chinese Center for Disease Control and Prevention announced that the disease was capable of human-to-human transmission. This had been deduced based on the fact that not all of those infected had been in contact with animals. There was no information about how fast the disease could spread yet.

At this point, the Finnish Institute for Health and Welfare considered the risk of the disease spreading to Finland low. The institute updated its assessment a couple of days later, stating that isolated cases linked to international travel and tourism could be possible also in Finland. In January, the institute started to collect information about health care operations pertaining to the pandemic, distributing data through open interfaces.

On 20 January 2020, the Prime Minister's Office (PMO) contacted the Ministry of Social Affairs and Health regarding the status of the disease due to the new information about human-to-human transmission. The information was included in the Government Situation Centre safety review for the next morning, 21 January 2020. On 21 January 2020, the centre sent an SMS to a large group of recipients, stating the ministry as the source. The message informed the recipients of a virus that had apparently spread from bats to humans and that had most likely spread in Asia more extensively than the detected cases indicated. The message continued that whether the virus would mutate in a manner that would make it more likely to spread between humans was a key issue. According to the message, the monitoring of cases of pneumonia in Finland had been intensified and the country was prepared for diagnostics and preventive measures.

An expert committee in accordance with WHO's International Health Regulation⁴ convened on 22–23 January 2020 to assess whether the situation met the criteria set for an international health threat⁵. The committee was not unanimous at this point and did not make the decision. WHO did not recommend any special measures regarding tourists or restrictions on travel or international trade.

In Finland, pharmacies and wholesalers ran out of face masks to sell because the stocks were limited. This was probably due to the news about the situation abroad, as Finnish media did not refer to any need to protect oneself.

Concerns about the disease spreading from the areas affected by the epidemic to Finland through air traffic increased. Finavia, the Finnish airport operator, published its first press release on precautionary measures due to the novel coronavirus at airports on 23 January 2020, initiating communication about the virus in collaboration with the Finnish Institute for Health and Welfare. The next day, Finavia convened a large group of stakeholders to discuss the novel coronavirus. At this event, the institute answered questions about the required measures at airports, the most important of which were intensified cleaning and making sure that hand sanitizer was available in terminals.

⁴ *International Health Regulation, IHR.*

⁵ By declaring the novel coronavirus a Public Health Emergency of International Concern (PHEIC), WHO could more effectively provide recommendations on the situation, and international funding could be allocated to support preventive measures. The declaration is also a message to other parties on the severity of the situation.

The Government Situation Centre started to publish a daily coronavirus situation report to the authorities on 24 January 2020. The situation report focused on the need for communications by the authorities to reassure the general public by focusing on factual information and correcting false information. According to the report, the Finnish Institute for Health and Welfare would handle the communications, supported by the Ministry of Social Affairs and Health. At this point, more than 800 cases had been reported worldwide and 25 people had perished as a result of the disease. All of the deaths had occurred in Wuhan.

The first status update meeting managed by the Ministry of Social Affairs and Health Preparedness Unit took place on 24 January 2020. In addition to the ministry, attendees included the Finnish Institute for Health and Welfare, the Ministry of the Interior and the Ministry for Foreign Affairs of Finland. The first meeting of the Ministry of Social Affairs and Health situation room working group took place on 31 January 2020.

The first case in Finland was diagnosed when a Chinese tourist was admitted for observation to Lapland Central Hospital. The disease was confirmed as being caused by the novel coronavirus two days later. Some tests of suspected cases had already been analysed by then. At this point, the Hospital District of Helsinki and Uusimaa and the Finnish Institute for Health and Welfare had the diagnostic readiness needed to test for and identify the novel coronavirus. Before the first confirmed case in Finland, only isolated cases of the disease had been diagnosed in Europe. The Ministry for Foreign Affairs of Finland informed all persons who had notified the ministry that they were travelling to China of the current status with the virus.

The Advisory Board on Infectious Diseases pursuant to the Communicable Diseases Act convened at the Ministry of Social Affairs and Health headquarters on 27 January 2020. The Finnish Institute for Health and Welfare representative provided the advisory board with a review of the current status with the novel coronavirus. The advisory board decided to determine the quantity of personal protective equipment, infusion therapy medication and antibiotics available in each hospital district. The goal was to establish whether personal protective equipment and the above-mentioned materials had been stockpiled in compliance with a material preparedness plan prepared in 2013. The advisory board came to the conclusion that the availability of personal protective equipment during a pandemic could become a problem. If necessary, the spreading of the disease could be prevented by invoking the sections on quarantine and isolation in the Communicable Diseases Act. The advisory board did not discuss the management of the situation.

The Ministry of Social Affairs and Health Communications Unit initiated enhanced media monitoring and reviewed crisis communications plans together with the communications unit of the Finnish Institute for Health and Welfare. The institute published the first coronavirus instructions to citizens on social media on 29 January 2020. The instructions covered the cleaning of hands and coughing, for example.

The Ministry of Social Affairs and Health stated that it was monitoring the situation in collaboration with other authorities both in Finland and globally. Fast detection of any cases would be important to ensure that efficient preventive measures could be used to reduce the risk of further infections. Finnish hospitals were prepared to diagnose and treat those infected with the novel coronavirus in isolation.

The situation caused the need to act in several administrative branches, but not in all of them. For example, the Finnish Medicines Agency (Fimea) initiated preparedness measures pertaining to pharmaceutical service and surveyed the volume of available antibiotics. The Social Insurance Institution of Finland (Kela) established an emergency preparedness working group

in compliance with its pandemic plan because the spreading of the infections was identified as a situation that would have an extensive impact on the operations of the Social Insurance Institution of Finland. The administrative branch of the Ministry of the Interior heightened preparations in case of a pandemic. For example, the National Police Board established a COVID-19 working group tasked with monitoring and coordinating the impact of the virus on police operations and occupational health and safety. Finnish Customs started to publish status reports and provided instructions to its employees in order to secure the flow of commercial traffic.

The Ministry of Economic Affairs and Employment intensified its status monitoring, paying special attention to the current status with the disease, the labour force, the prerequisites needed for business operations and corporate finances, the national emergency supply, tourism, international relations, communications and personnel. The national emergency supply organisation and Finnish companies operating in China or dependent on the Chinese market, in particular, intensified their operations during the incident. Networking of government offices and businesses supported the achievement of situational awareness. Unofficial networks were quickly established.

The Finnish Institute of Occupational Health recommended that persons experiencing symptoms, health care workers and persons who had been in close contact with a person with a novel coronavirus infection should use a face mask. The institute had already previously provided protection instructions to health care workers and other persons who might get in contact with a person with an infection at work. The instructions were prepared on the basis of the experiences from the SARS-CoV-2 outbreak in 2003.

Croatia, which held the European Union presidency at the time, activated the EU's IPCR⁶ on 28 January 2020.

The novel coronavirus was confirmed as a Public Health Emergency of International Concern by the Emergency Committee convened by WHO on 30 January 2020. At that point, there were more than 9,600 infected persons and a little over 200 deaths caused by the disease, nearly all of them in Wuhan. WHO considered the spreading of the virus into countries where the health care systems did not have the necessary prerequisites to handle the virus to be the most severe threat. WHO believed that it was still possible to interrupt the spread of the virus, provided that countries put in place strong measures to detect the disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk.

Massive measures were introduced in the Wuhan region in China, such as restrictions on movement and the building of a new hospital for patients with the novel coronavirus. The measures received plenty of attention in international media. Many globally operating businesses prohibited their employees from travelling to China. WHO did not consider it necessary to restrict international travel or commerce with China. Finnair announced that it would cancel all of its flights to mainland China as of 6 February 2020.

Heads of preparedness of the Finnish ministries convened on the last day of January for an extraordinary meeting⁷ focused solely on the novel coronavirus. The plan was to ensure that all ministries had consistent information about the current situation and discuss the initiation

⁶ *Integrated Political Crisis Response.*

⁷ In addition to the heads of preparedness from the ministries, the participants of a meeting of heads of preparedness include representatives of the Secretariat of the Security Committee, NESAs, the Office of the President of the Republic of Finland and the Defence Command.

of measures by the responsible ministry. The first assessment by the Ministry of Finance on the potential impact of the novel coronavirus on the economy had been requested for the meeting. A representative of the Finnish Institute for Health and Welfare provided the meeting with a review of the current status with the novel coronavirus. The message by the institute to the heads of preparedness was that Finland would have to prepare for a global pandemic and the spreading of the disease to Finland without delay, and cross-administrative preparations would have to be started immediately. The situation corresponded to stage 5/6 in the national influenza pandemic plan, i.e. a considerable threat of a pandemic. The participants agreed on closer communication with the help of a distribution list and scheduled the next meeting for the next week. PMO sent a memorandum regarding specific practical issues discussed at the meeting to the President of the Republic of Finland and ministers, but it did not contain the situation assessment by the institute.

1.1.2 February – Disease spreads in Europe

Several countries arranged evacuation flights for their citizens from Wuhan at the turn of January and February. Countries in Europe cooperated, and three Finnish citizens returned to Europe on a flight arranged by France on 2 February 2020, for example.

The United States of America did not allow citizens of other countries who had been staying in Wuhan to enter the country. In Italy, two Chinese tourists who had recently arrived in the country were diagnosed with the novel coronavirus, and Italy strongly reacted to the threat of the disease spreading by closing all flight connections to China. The Italian government declared a national state of emergency, which enabled fast introduction of preventive measures. Sweden declared the novel coronavirus a generally hazardous communicable disease on 1 February 2020, which enabled the introduction of specific preventive measures.

Even at this point, WHO did not recommend any travel restrictions or health examinations of arriving passengers at borders. WHO concurred with the estimate of the Chinese authorities that asymptomatic individuals were unlikely to transmit the virus. Meanwhile, China screened passengers and denied access to flights from individuals with a fever.

The EU Emergency Response Coordination Centre⁸ shipped 12 metric tons of personal protective equipment collected from EU member states to China. As a member state, Finland had also received a request to participate in the sending of face masks and other types of personal protective equipment to China. The Ministry of Social Affairs and Health Preparedness Unit declared that Finland was focusing on ensuring the national supply of personal protective equipment, and Finland did not contribute to the joint shipment.

Health examinations of tourists arriving from abroad were discussed in Finland. The opinion of the Finnish Institute for Health and Welfare, based on a scientific assessment, was that up to one-fifth of potentially infected individuals could be detected. A majority of fevers would most likely be caused by a disease other than the novel coronavirus. All suspected cases would have to be placed in quarantine until the passengers had been tested. The testing capacity was low at first.

The Ministry of Social Affairs and Health established an internal monitoring working group and started to determine the quantity of personal protective equipment in the hospital districts. The Hospital District of Helsinki and Uusimaa Executive Group discussed the novel coronavirus for the first time on 5 February 2020.

⁸ The Emergency Response Coordination Centre (ERCC) is part of the Union Civil Protection Mechanism (UCPM).

At the opening of the parliamentary session on 5 February 2020, the President of the Republic of Finland emphasised the importance of public health security and stated that the possibility of a pandemic could not be overruled. He continued that a low threshold for cross-administrative cooperation and communication had been determined as one of the special strengths of the Finnish system in international assessments.

On 5 February 2020, the Finnish Institute for Health and Welfare updated the instructions to be handed over by airlines to passengers coming from the area affected by the epidemic. Finnair started to distribute the instructions on its flights the next day. The Finnish Transport and Communications Agency (Traficom) instructed airlines to distribute the instructions on all their flights from Asia. Finavia, the Finnish airport operator, and the authorities had a meeting regarding the Helsinki Airport on 7 February 2020, discussing the quarantine process for individuals suspected to have a coronavirus infection and their fellow passengers, and the available facilities.

Several parties in public administration started to monitor the situation more systematically. Preparations by the Finnish Defence Forces were assisted by the fact that the Defence Forces received information on the current status and operations of the defence forces of other countries through the defence attaché network. The Defence Forces updated the plans on preparedness for an epidemic and performed a variety of case reviews in case of the staff and conscripts falling ill. The Ministry for Foreign Affairs of Finland received information through its embassy network and also started to monitor discussion on the novel coronavirus on social media in Finland and abroad with an AI application. The first pieces of information from embassies regarding the virus were received on 7 January 2020, at which time an expert from the Embassy of Finland in Beijing contacted the experts of the Finnish Institute for Health and Welfare. The discussion became more and more lively by the day, which justified the view that everything was no longer normal. The National Emergency Supply Agency (NESA) received information through its international networks.

The ministries' heads of preparedness convened to discuss the situation with the novel coronavirus on 6 February 2020. At this meeting, they noted that a cross-administrative assessment on the long-term impact of the developing situation should be prepared for the purposes of preparedness. They agreed that the Government Situation Centre would start to collect information from the different administrative branches and that the centre would coordinate the preparation of the report.

On 7 February 2020, WHO issued a warning on potential global shortage of personal protective equipment required in health care. The EU published its third ISAA⁹. Thirteen member states had replied that they had introduced national coordination measures. The ISAA described the preparedness measures of the member states and EU institutions, as well as theoretical scenarios, among other matters. Health ministers of the EU member states convened remotely. After the first meeting, the ministers continued to regularly discuss the current situation with the virus and the necessary measures.

In connection with the meeting of the EU health ministers, the Ministry of Social Affairs and Health announced that the Finnish Government was closely monitoring the global situation in collaboration with various authorities. Information on any changes would be quickly available, and the Government had made preparations in case of fast changes. According to the Finnish Institute for Health and Welfare, the preparedness for the impact of the different scenarios required further work that would have to involve several administrative branches.

⁹ Integrated Situational Awareness and Analysis.

The Security Committee¹⁰ agreed at a meeting on 10 February 2020 that the novel coronavirus and related monitoring data, scenarios and economic analysis would be further discussed at a meeting in March. Other items added to the agenda were the national emergency supply and an assessment on the impact of possible industrial action¹¹. Meetings of the ministries' heads of preparedness and preparedness specialists were tasked with preparing the materials with the help of experts.

According to a report prepared for the specific catchment areas¹², the quantity of personal protective equipment in stock was lower than planned. The stockpiling plans were based on the normal quantity of personal protective equipment required during a period of three to six months. Information on the available quantity of personal protective equipment in the stockpiles of the NESAs was also collected. Furthermore, the quantity of personal protective equipment that had already been removed by the NESAs from its internal accounting but that still remained in the stockpiles of municipalities was being investigated. Such personal protective equipment were found, but most of them had already expired. Some batches that had already been donated to municipalities were recalled.

On 11 February 2020, the novel coronavirus was given the international name SARS-CoV-2 and the disease caused by it was named COVID-19.

On 12 February 2020, the Ministry of Social Affairs and Health tasked the NESAs with obtaining class FFP2 and FFP3 respirator masks¹³ and face shields for the needs of the social and health care sector. The procurement request comprised 200,000 FFP3 respirator masks, 54,000 FFP2 respirator masks and 254,000 face shields. There was no clear idea of the future demand for personal protective equipment at this point.

The severe infection caused by the novel coronavirus was classified as a generally hazardous communicable disease with a Government Decree on 13 February 2020. This enabled the use of the means and powers pursuant to the Communicable Diseases Act in the prevention of the disease caused by the novel coronavirus and its spread, as well as in the mitigation of the disadvantages caused by the virus to individuals and society.

The Ministry of Social Affairs and Health established a Coordination Group as specified in the pandemic plan and an operational working group to work under it. The Coordination Group was tasked with the planning, management and strategic coordination of preventive measures in social welfare and health care. Other tasks of the body included providing support and expert assistance in collaboration with the ministry's Preparedness Unit to the meetings of the heads of preparedness and the meetings of the permanent secretaries which were active during the emergency. The Coordination Group included representatives from the agencies under the administrative branch of the ministry, the university hospital districts and one of the Regional State Administrative Agencies, but none from the other administrative branches. The operational working group was tasked with the maintenance of the situational awareness, the coordination of the practical preparedness measures and the preparation of matters for the Coordination Group.

¹⁰ The Security Committee is a permanent cooperative body operating in the field of comprehensive security tasked with assisting the Government and the ministries. It can act as an expert body in case of an incident.

¹¹ The collective agreements in many industries were about to expire during the early part of the year, which meant that industrial action was to be expected.

¹² The health care system in Continental Finland has been divided into five specific catchment areas (ERVA), each of which has its own university hospital (Helsinki University Hospital HYKS, Turku University Hospital TYKS, Tampere University Hospital TAYS, Kuopio University Hospital KYS and Oulu University Hospital OYS).

¹³ A filtering facepiece. When correctly used, an FFP2 mask filters 95% and an FFP3 99% of impurities.

The communications unit of the Finnish Institute for Health and Welfare established a communications network with the communications units of the hospital districts. It was used to provide information on communications and distribute related materials. The material bank of the communications unit of the institute also supported other parties providing information.

Business Finland¹⁴ published the results of a coronavirus survey aimed at its customers. Most of the businesses that considered the future uncertain had operations or markets in Asia. In general, the respondents required reliable communications, estimates of how long the emergency caused by the epidemic would continue and examples on how they could mitigate the impact of the epidemic on their own operations. Some businesses had also been faced with financing difficulties. Midway through the month, the Ministry of Economic Affairs and Employment and Business Finland started to provide up-to-date information on the coronavirus to businesses. The information was based on information from the Finnish Institute for Health and Welfare.

Some of the resources of the Finnish Institute of Occupational Health were allocated to the preparation of operating instructions for workplaces. The institute provided information on how to use respiratory protective equipment on Twitter. Respiratory protective equipment was necessary for health care workers during specific procedures involving specific patients to protect the workers from the virus. An infected individual would not be using any respiratory protective equipment; instead, they might be using a light-weight surgical face mask.

On 17 February 2020, **the Chinese Center for Disease Control and Prevention** published a report according to which most cases were mild. A total of 14% of the individuals had been diagnosed with pneumonia or shortness of breath, and some 2% of those infected had died. Most of the individuals who had experienced severe symptoms were elderly men; many of them also had an underlying condition. Half of the cases had been diagnosed in individuals over the age of 50 and only approximately 2% of the cases in individuals under the age of 20. Mortality was the highest among individuals over the age of 80. The center declared that the daily number of cases had decreased in China. Many were suspicious of this piece of information.

According to the Finnish Institute for Health and Welfare, testing individuals who met the testing criteria laid down in the instructions by the institute for health care workers was important. Around 20 patients who met the criteria had been tested in Finland.

The social and health care preparedness coordination group convened on 19 February 2020. The Regional State Administrative Agencies were tasked with compiling information on the current status of social welfare services in Finnish municipalities. Communication with public health care providers mainly took place via the specific catchment areas and the hospital districts. The Ministry of Social Affairs and Health was tasked with initiating the preparation of a communications strategy. The strategy was not finished before the entry into force of the Emergency Powers Act, and its preparation in its current format was abandoned. The meeting noted that the readiness for testing had expanded from Helsinki to Tampere University Hospital and Turku University Hospital.

The Coordination Group reviewed the current status of personal protective equipment. Based on reports, it was known that the full quantity of personal protective equipment specified in a report by the material preparedness working group prepared in 2013 was not available in the

¹⁴ Business Finland is a Finnish public sector body that offers innovation funding and internationalisation services, and promotes tourism and investments in Finland.

stockpiles. A decision was made to investigate the usability of the personal protective equipment in NESAs's stockpiles. The personal protective equipment had been acquired for the swine flu in 2009 and had subsequently expired.

The meeting noted that the Ministry of Social Affairs and Health would reassess the possibility of Finland participating in the EU's Joint Procurement Agreement¹⁵ on personal protective equipment and that the preparations for joining the Joint Procurement Agreement would be started without delay. Later it became apparent that the public officials had different ideas of the division of labour and preparation responsibility between the ministries. It took some four weeks to clarify the situation, and the preparations were not started until then. Finland ratified the JPA at the end of March 2020.

In addition to the personal protective equipment, the Coordination Group discussed at its meeting cross-administrative cooperation at border crossing points. Procedures to be applied to situations where a coronavirus infection is suspected on a flight had been discussed with the parties operating at the Helsinki Airport. It was noted that the responsibility for the management of the situation lay, pursuant to the Communicable Diseases Act, primarily with the physician in charge of infectious diseases in the municipality or hospital district. The Regional State Administrative Agencies, the Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health could provide assistance as necessary. It was agreed that the operational working group would investigate and prepare draft procedures for a variety of scenarios where cross-administrative cooperation and decision-making as well as the sharing of costs would be required.

A working group on epidemiological modelling started its work at the Finnish Institute for Health and Welfare. Experts from the institute and one expert from the University of Turku joined the working group. The working group's first task was to create scenarios to identify the factors influencing the size, duration and disease burden of the outbreak at the preparation stage. The scenarios were assessed particularly from the viewpoint of the adequacy of health care resources. On 24 February 2020, the institute created for the Government a risk assessment indicating a need to prepare for a pandemic in the manner laid down in the national pandemic plan. The need to start extensive preparations without delay was repeated during an informal cabinet meeting on 26 February 2020.

The European Commission announced a financial support package of EUR 232 million for the prevention of the novel coronavirus and global preparedness measures. The EU Emergency Response Coordination Centre had continued with the delivery of personal protective equipment to China in such a manner that the total quantity of delivered personal protective equipment was 56 metric tons.

As previously agreed at a meeting of the heads of preparedness, the Government Situation Centre prepared a cross-administrative assessment on the development of the situation to senior government officials. Due to disagreements between the centre and the Ministry of Social Affairs and Health on the procedures, the preparation of the assessment took more than a week. Despite requests, the centre did not receive from the ministry all of the information it

¹⁵ The Joint Procurement Agreement (JPA) determines voluntary arrangements based on which the participating EU member states and bodies can jointly procure medical countermeasures for a variety of cross-border threats to health. Countermeasures include but are not limited to vaccines, virus medicine and other treatments. The JPA was introduced because of the influenza pandemic in 2009, which revealed deficiencies in the ability of the EU member states to acquire vaccines and medicine. For this reason, the Council requested the Commission to develop a joint procurement procedure for medical countermeasures to support the just and equal availability and distribution of influenza pandemic vaccines in the future.

would have wanted to include in the assessment. According to the ministry, the disagreements involved the details to be published regarding the cases.

The Ministry for Foreign Affairs of Finland updated its travel recommendations regarding Italy on 24 February 2020 due to the coronavirus situation. Travellers were urged to exercise special caution; the previous recommendation was to exercise standard caution. On 25 February 2020, the Finnish Institute for Health and Welfare determined for the first time the area affected by the epidemic broader than just mainland China, adding Iran, South Korea and four regions in northern Italy. A total of 230 cases had been diagnosed in northern Italy, compared to 280 in Europe as a whole. Italy had introduced extensive regional restrictions. Eleven municipalities had been isolated, the police were regulating confinement to quarters and chains of infection were being investigated. The authorities cancelled mass events, closed day-care centres and schools, and announced the mandatory use of personal protective equipment in all public service areas.

When the first winter holiday week of Finnish schools ended, **Finnish tourists returned home to Finland from their winter holiday trips** to Central Europe, such as Alpine Italy and Austria. Up to tens of thousands of Finns travelled in Europe during the winter holiday weeks. The Hospital District of Helsinki and Uusimaa urgently introduced an internal quarantine policy according to which the hospital district's employees returning home from Central Europe were to remain at home in quarantine for two weeks. At airports, more hand sanitizer dispensers had been installed and information on the virus had been published by the Finnish Institute for Health and Welfare, and related instructions had been posted.

In addition to the Helsinki Airport, flights from the area affected by the epidemic arrived in Lappeenranta, for example: two flights per week from northern Italy landed at Lappeenranta Airport. On 25 February 2020, the South Karelia Social and Health Care District was about to send health care workers to the airport, which is owned by a foundation of the city of Lappeenranta, to greet passengers. The plan was to provide them with personal guidance and the opportunity to get tested. Before the arrival of the flight, the Ministry of Social Affairs and Health informed the South Karelia Social and Health Care District that the employees should not go to the airport. Since this was not possible at the Helsinki Airport, it was not possible in Lappeenranta either. According to a representative of the ministry, there was also some ambiguity regarding powers. Instead of personal guidance, clearly visible signs were posted at the airport. Starting from 29 February 2020, two nurses were posted at the Lappeenranta Airport to receive flights, and they worked there up until the operator cancelled all flights on 11 March 2020.

There was discussion in the administration of the city of Lappeenranta on closing down the airport. According to the city, the city could not make a decision on the closure; Traficom was responsible for the matter. According to Traficom, the owner of the airport, i.e. the city, was the sole responsible for the decision. The airport was not closed.

The Government discussed the coronavirus situation for the first time at an informal cabinet meeting¹⁶ on 26 February 2020, at which time it received the first risk assessment on the coronavirus from the Finnish Institute for Health and Welfare. The Government also received an extensive situation report from the responsible ministries, i.e. the Ministry of Social Affairs

¹⁶ An informal cabinet meeting is an unofficial meeting of ministers convened by the Prime Minister where no formal decisions are made. Attendees include the ministers and the Chancellor of Justice, among others. Minutes of informal cabinet meetings are not public documents. There are no regulations on the presenting officer for the matters discussed at the meeting. The matters discussed at the meetings are often published in the form of policies that consist of recommendations to citizens or the lower levels of administration.

and Health, the Ministry for Foreign Affairs of Finland, the Ministry of Economic Affairs and Employment, the Ministry of Transport and Communications and the Ministry of Finance. The largest pressure on the functioning of society would last for a month or at most two months, i.e. the time during which absences from work due to the disease would be at their highest. Preparations for the outbreak should be made in the manner laid down in the national influenza pandemic preparation plan, and the preparations should be started without delay at all levels.

It was agreed at the meeting that a COVID-19 Coordination Group consisting of the permanent secretaries and heads of preparedness of the responsible ministries and the Ministry of the Interior would be established. The Coordination Group was managed by the State Secretary to the Prime Minister, and its secretary was the head of preparedness of the Government. Permanent expert members included the Director of Government Communications and an expert from the Finnish Institute for Health and Welfare. The Coordination Group was tasked with the coordination of actions involving COVID-19 at the Government level and the preparation of matters for the Government to turn into policies.

There was some confusion regarding the establishment of the COVID-19 Coordination Group and the organisation of matters because the establishment process of the working group was different from the normal Government crisis management procedure¹⁷. Key actors in the procedure include the competent ministry, the Government Situation Centre, meetings of the heads of preparedness, meetings of the permanent secretaries and, slightly farther away, the Security Committee. According to the procedure, *a working group the composition of which is to be separately specified may also be convened to coordinate the cooperation and prepare the matter, and managed by the heads of preparedness, this working group may prepare matters involving the coordination of the situation for meetings of the permanent secretaries*. The defence administration also declared its willingness to join the COVID-19 Coordination Group. It was able to join the Coordination Group at a later date when representatives of all ministries were invited to the group.

The first confirmed case of a Finnish individual contracting the coronavirus was on 26 February 2020. The individual in question had recently returned home from Milan. The passenger had used public transport to get home from the airport. The Finnish Institute for Health and Welfare noted to Finavia that the situation did not cause any major risk. The first coronavirus infection in Norway was detected around the same time. The individual had recently returned home from China. The second case of coronavirus in Sweden was confirmed in an individual who had recently been travelling in Northern Italy.

A Prime Minister's announcement to Parliament on the preparation of Finland for the coronavirus was issued on 27 February 2020. According to the Prime Minister, it was difficult to estimate how widely spread the disease would become. The Prime Minister stated that Finland's capability of treating COVID-19 patients and the country's preparedness for the spreading of infectious diseases were at a high level. Communications to the general public had already been realised, material and leadership preparedness had been improved and communication between authorities had been improved in Finland. Material preparedness in terms of personal protective equipment had been verified, for example. The Prime Minister declared that careful preparation was important but excessive measures should be avoided, as they would do society more harm than good.

¹⁷ "Government crisis management procedure" refers to a general procedure for the management of emergencies described in the Security Committee's safety strategy for society [In Finnish; Yhteiskunnan turvallisuusstrategia, 2017].

In addition to the Prime Minister's announcement, **the economic impact** was covered in an assessment by the Bank of Finland which stated that the crisis was a major threat to the Chinese economy. The crisis has practically closed down the whole of China for several weeks, which had caused businesses, households and the public sector to incur debt.

The operational working group working under the Ministry of Social Affairs and Health's Coordination Group convened for the first time on 28 February 2020. Nine days prior to that, the group had been tasked with preparations involving air and ship traffic, as well as border crossing points. The matter, which had been prepared by a representative of the ministry, was not discussed due to lack of time; instead, the proposition was submitted to the attendees for comments. The group stated that municipalities were not sufficiently familiar with the instructions on quarantine. The operational working group was reinforced by adding a representative of the social welfare sector from the Regional State Administrative Agency organisation.

The Finnish Institute for Health and Welfare created a portal to collect more information about the current status in social welfare and health care. The collection of information from the social welfare sector started slower than the collection of information from the health care sector because the social welfare organisation did not have suitable data resources at its disposal. The institute received an ever-increasing number of enquiries from the general public by phone and email, as well as via social media. The institute assigned more personnel to communications. The institute boosted its campaigns regarding the correct way to cough and wash one's hands. At the end of February, the institute declared that it required additional appropriations for the campaigns. The additional appropriations were granted in mid-May.

The authorities and many other parties attempted to assess the impact of the COVID-19 coronavirus epidemic on their operations. Plans prepared in case of a pandemic were updated.

The Ministry of Education and Culture sent a letter on revising plans for preparedness towards outbreaks caused by infectious diseases to a large group of recipients. The letter was sent to parties arranging early childhood education, school education and other forms of education, institutes of higher education and parties active in the fields of arts, sports, culture and youth work. The education and culture departments of the Regional State Administrative Agencies were not aware of the instructions, which hampered their readiness to control the activities. The ministry improved coordination with the Finnish National Agency for Education and ensured the readiness to communicate information to schools, other educational institutions and the media. At first, there was no clear idea of the impact the pandemic could have on schools and other educational institutions.

The Ministry of Economic Affairs and Employment established a virtual situation room network to monitor the outbreak and its impact. At first, it included representatives from the communications unit of the ministry, preparedness operations, key departments, Business Finland and the NESAs. Other actors from the administrative branch were introduced later on. In addition, the ministry and NESAs monitored the status of national security of supply together with the emergency supply organisation to ensure proper situational awareness. It did not seem that the security of supply was compromised.

According to a report by the Finnish Medicines Agency (Fimea), the coronavirus would not have any immediate impact on the pharmaceutical production chain. The Finnish Border Guard updated its plans involving infectious diseases at the border crossing points. Practices to safely deal with infected customers were simultaneously prepared.

The Confederation of Finnish Industries (EK) started active monitoring of the COVID-19 status and related measures by the authorities. It published continuously updated coronavirus instructions to its member organisations and boosted international exchange of information.

Municipalities and the Regional State Administrative Agencies, which control municipalities in many ways, mostly received information about the coronavirus from the media. Of the different branches, the health care system had received instructions via the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare, and the educational system, early childhood education and culture services via the Ministry of Education and Culture. Contacts and networks of key employees were important for municipalities in terms of access to information.

At the end of February, Finnish National Rescue Association (SPEK) and many other associations widely communicated information about the need to have a home emergency supply kit. A home emergency supply kit refers to a stockpile of all the necessary items and food a household needs for a period of three days. Each household should have such a kit in case of emergencies. The media widely covered this subject matter.

ECDC raised its estimate of the risk caused by the coronavirus in EU member states from *relatively low to moderate*. A total of 85,000 cases had been diagnosed worldwide, and almost 3,000 people had died from COVID-19.

By the end of February, there were five confirmed cases in Finland, of which three were directly linked to tourism and two were cases of secondary transmission. The Finnish Institute for Health and Welfare estimated that in Finland, cases linked to international mobility and tourism were likely and related cases of secondary transmission were possible. The coronavirus situation reports distributed by the Government Situation Centre to the authorities in February mainly used information available from public sources. Many of the parties involved expected the Ministry of Social Affairs and Health to communicate information about its own measures and matters in preparation, but such information was lacking.

The public message given by the authorities was that Finland was well prepared, the quality of the health care system was high and different parties should update their pandemic plans. At this point, the outbreak had hardly any impact on the everyday lives of people in Finland.

1.1.3 Early March – Towards state of emergency

At the beginning of March, there were almost 1,500 cases of COVID-19 in Europe, of which 1,100 were in Italy. Italy reported a significant increase of cases, particularly in the north. More than a hundred cases had been detected in both France and Germany. By March, all of the EU member states had reported cases. The daily increase in the number of cases was more than 30%, which meant that the cases doubled in 2.5 days.

On 2 March 2020, the Croatian Presidency boosted the Integrated Political Crisis Response (IPCR) communications to allow for the planning of concrete, coordinated actions at the EU level. The parties involved were the Commission, the European External Action Service, Office of the President of the European Council, the member states, EU agencies and experts.

On 3 March 2020, the Ministry for Foreign Affairs of Finland updated its travel recommendations for Italy to *avoid unnecessary travel* to specific areas in Northern Italy. Italy in its entirety had been declared an area affected by the epidemic before that.

On 4 March 2020, the COVID-19 Coordination Group, which had been established one week earlier, had its first meeting. The meeting noted that the risk of the epidemic spreading was high and the events in Italy could be repeated at any time anywhere. Representatives of the

participating ministries explained their measures. In terms of the personal protective equipment status, it was noted that Finland had succeeded in acquiring more personal protective equipment and the situation was good. It was decided that PMO would manage the preparation of a summary of the situation for the ministers.

The Ministry of Social Affairs and Health declared that information points would be established at airports and ports to ensure that passengers would receive information about the coronavirus. An unmanned health advice point was established at the Helsinki Airport on 4 March 2020, where bulletins prepared by the Finnish Institute for Health and Welfare were available. On the same day, a meeting regarding the coronavirus was arranged at the Helsinki Airport. The meeting was attended by the institute, the Hospital District of Helsinki and Uusimaa, Finavia, Finnish Customs, the Finnish Border Guard and the rescue services.

A meeting of the social and health care coordination group tasked the operational working group with preparing instructions on the use of personal protective equipment, to be aligned with the recommendations by the Finnish Institute for Health and Welfare and the Finnish Institute of Occupational Health. The tried and tested model of the Hospital District of Helsinki and Uusimaa could be used as an aid in the preparation.

On 4 March 2020, the Ministry of Social Affairs and Health and the Association of Finnish Municipalities sent a Kuntainfo bulletin to municipalities, joint municipal authorities, hospital districts and Regional State Administrative Agencies regarding preparation for the coronavirus situation in social and health care operations. They were asked to pay special attention to matters such as the surveying of suitable quarantine facilities and the precautions to be used in cases where some of the customers of nursing homes and social welfare units had to be quarantined.

A nation-wide telephone information service, Corona-info, was opened on 4 March 2020 in connection with the Public Service Info of the Digital and Population Data Services Agency. The Digital and Population Data Services Agency had received an assignment to establish the information service from the Ministry of Finance two days before that. At first, the information service was manned with employees from the Public Service Info, the Government ICT Centre (Valtori), the Finnish Institute for Health and Welfare and the Regional State Administrative Agencies. They were later joined by volunteers from the Finnish Red Cross and employees of a company offering contact information search services. In mid-March, Corona-info was expanded to include a chat feature available on the coronavirus website of PMO. The information services experienced backlog at the beginning of the incident, because the services were not ready for the large volume of contacts.

The Finnish Institute for Health and Welfare stated in a review on 5 March 2020 that Finland was preparing for a potential more extensive outbreak. However, life continued as usual in many respects. The Prime Minister was the keynote speaker at an International Women's Day event of the United Nations General Assembly on 5–6 March 2020. On Sunday of that week, 8 March 2020, an International Women's Day concert was arranged at Musiikkitalo in Helsinki. Several people were infected at the concert.

On 6 March 2020, EU health ministers convened for an extraordinary meeting in Brussels to discuss the coronavirus. Infected tourists and cases of secondary transmission caused by tourists had been detected in several European countries. The number of infections in the Nordic countries was on the rise. Sweden and Norway had both reported more than a hundred cases. In Finland, there were 15 cases of which ten were directly linked to tourism and five were cases of secondary transmission.

The President of the Republic met with the chairpersons of all the parliamentary groups on 9 March 2020. Regular meetings between the President and the parliamentary group chairpersons are a common practice. At the meeting, they focused especially on the approach to be applied to any broader measures required because of the coronavirus and the need to amend the Emergency Powers Act. The President had published a *From the President's pen* blog post on the previous day where he voiced his concern regarding the spreading of the coronavirus to Finland.

The area affected by the epidemic in Europe expanded to cover Austria and the Alpine regions of Germany. There were 30 confirmed cases in Finland, of which 23 were linked to tourism and seven were cases of secondary transmission. The Finnish Institute for Health and Welfare did not recommend any restrictions on air traffic or traffic at ports. The institute estimated that traffic volumes at border crossing points would spontaneously diminish due to the updated travel recommendations.

On 10 March 2020, the Prime Minister attended a video conference between members of the European Council, the President of the European Commission and the President of the European Central Bank on the novel coronavirus. The conference made it clear that the situation was grave. The attendees voiced their significant concerns regarding the economic impact of the coronavirus.

The President of the Republic started to become concerned of whether the coronavirus situation was more severe than generally perceived in Finland. The Government's message was that the situation was being monitored and handled by the authorities pursuant to their liability for their acts in office and in accordance with instructions provided by experts.

On 11 March 2020, WHO declared the coronavirus outbreak a pandemic. ECDC raised its estimate of the risk caused by the coronavirus in EU member states from moderate to high. According to the Finnish Institute for Health and Welfare, the situation in Europe and North America had rapidly changed. The increased number of cases in Europe suggested that Finland would also see more cases, and the start of an epidemic in the near future was to be expected.

The coronavirus situation was discussed at a meeting of the ministries' heads of preparedness on the same day. At the meeting, the Finnish Institute for Health and Welfare described the situation in a relatively soothing manner. According to the estimate, the epidemic was expected to start in the near future in Finland. Some of the individuals infected with the novel coronavirus would be almost completely asymptomatic, a small percentage of them could require hospital treatment and an extremely small percentage of them would be in mortal danger. The consequences from the disease would be most severe for the elderly. According to the institute, the mortality rates presented in public were markedly disproportionate. Avoiding overloading of the health care system would be important, which would be possible if the cases were spread over a longer period of time. Excessive preventive measures should be avoided as – in addition to the direct disadvantages caused by restrictions – the restrictions would in many cases only succeed in postponing an inevitable epidemic. The institute estimated, for instance, that the prohibition of large public events would not have the desired impact.

A need to survey the situation and the preparedness measures required in the longer term in preparedness forums at the Government level was also voiced at the meeting. Using cross-administrative themed planning groups to support the work of the preparedness forums was proposed. The matter would be discussed at a meeting of the Security Committee on 16 March 2020.

On 12 March 2020, the Finnish Institute for Health and Welfare abandoned the classification of countries into areas affected by the epidemic because of the rapidly changing situation in Europe and North America. The institute estimated that the outbreak would proceed at different paces in different parts of Finland. Areas with signs of the disease spreading among the general public should focus on protecting those at risk. It would not be possible to draw any direct conclusions regarding the current or future situation in Finland from the status of the outbreaks in other countries.

The Finnish Institute for Health and Welfare, the Ministry of Social Affairs and Health and the Ministry for Foreign Affairs of Finland arranged a negotiation on travel restrictions, deciding that no extensive changes to the restrictions would be made. According to the Ministry for Foreign Affairs, the travel recommendations were a relatively severe measure, as they enabled the possibility to cancel already booked trips, for example.

Denmark and Estonia closed their borders on 11–12 March 2020, which influenced the flow of freight and passenger traffic in Finland. The decision raised the question of securing the security of supply and the availability of essential workers in Finland.

On Wednesday 11 March 2020, the Ministry of Social Affairs and Health was engaged in extensive preparations for an informal cabinet meeting the next day. The need to invoke the Emergency Powers Act was discussed during these preparations, and the Prime Minister was informed of this matter in the evening.

The Finnish Institute for Health and Welfare's working group on epidemiological modelling attempted to prepare scenarios on the basis of available information about COVID-19 cases in Finland. The existing data collection methods did not support sufficiently fast acquisition of accurate data, which impeded the modelling. The models were used to simulate the general progress of the outbreak and the impact of limiting human contact. The modelling results were made available to decision-makers. The Ministry of Social Affairs and Health and the institute jointly provided epidemiological status reports and impact assessments to be utilised in the drafting of decrees and decision-making.

The informal cabinet meeting on 12 March 2020 decided to provide recommendations on how to slow down the spread of the virus. The recommendations included cancelling all public events with more than 500 participants until the end of May and also reconsidering other larger gatherings based on the risk assessments. All large seminars and events arranged by the Government were cancelled until the end of May. Individuals returning home from abroad, particularly from the areas affected by the epidemic, were urged to stay at home for a period of two weeks and agree on the absence with their employer, educational institution, school or day-care centre. The general public were urged to favour working from home and not to travel, except if it was absolutely necessary for work. The general public were also urged to postpone their holiday trips and restrict all non-essential activities involving close contact with other people, such as hobbies or leisure activities.

In terms of travel abroad, the Government stated that citizens should monitor and abide by all travel instructions and notify the Ministry for Foreign Affairs of Finland of any essential trips. The Government also stated that travel recommendations would be kept up to date and coronavirus information points would be established at land borders.

The Government recommended the general public to exercise special care and caution when dealing with individuals at risk. The elderly and those with an underlying condition were determined as individuals at risk. The Government also announced the following measures:

- Expanding the nation-wide telephone information services

- The Finnish Institute for Health and Welfare sending an information package to all citizens
- Increasing the institute's resources to ensure proper expert work and guidance of citizens
- Developing a coronavirus information smart phone application for citizens

The Government also declared that Finland would participate in the development of a COVID-19 vaccine by subsidising international organisations with EUR 5 million. In addition, the Government declared that it would prepare for costs arising from the spreading of the virus with a supplementary budget.

In terms of testing, the Government declared that there would be a switch to the normal practice where people would be tested based on an assessment by a physician and a consultation of an infectious disease specialist. The Government stated that more extensive restrictions, such as the closing of schools, a ban on arranging events and stricter traffic restrictions, would require invocation of the Emergency Powers Act.

The first legislative amendment due to COVID-19 was simultaneously declared: a government decree stipulated temporary easing of the manner in which public officials were obligated to prove their illness in case of a suspected coronavirus infection.

The Financial Supervisory Authority estimated that the average solvency of employee pension institutions could deteriorate quickly and significantly. The European Central Bank had noted that the banks under its control could be allowed to make compromises regarding specific requirements on supplementary capital and liquidity. The effects of the virus on the economy were widely assessed as significant, and the Government was expected to make reflationary decisions both in the short and long term.

Employers were forced widely to assess the significance of the new risk to occupational health and safety. In early March, the Finnish Institute of Occupational Health issued several instructions for employers on matters such as cleaning, working from home and quarantine-related matters.

Also in March, the Ministry of Social Affairs and Health's Preparedness Unit prepared in collaboration with experts from Finnish Institute for Health and Welfare a model to collect data through the five specific catchment areas for status reports on specialised health care and statutory basic public services. Daily status report meetings between the medical directors of the five university hospital districts and the institute's experts started on 16 March 2020. National situational awareness was expanded to cover the COVID-19 situation, health care capacity and the adequacy and availability of personal protective equipment.

Several administrative branches and organisations established a situational awareness organisation and developed their preparedness in early March. Many of the measures were linked to securing the continuity of their own operations. For example, the National Police Board introduced weekly meetings of the police security and preparedness network. The Finnish Defence Forces made changes to orders regarding conscripts' leaves, garrisons were divided into cohorts and all military refresher courses and voluntary national defence exercises were cancelled. Already before that, the number of people working from home had been increased, changes to international exercises had been made and the continuity of planning and leadership had been ensured by decentralising personnel and functions.

The demand for respiratory protective equipment and face masks significantly increased in early March. The Finnish Safety and Chemicals Agency (Tukes) called attention to the fact that

all companies bringing personal protective equipment to the market would have to be familiar with the related requirements, and only personal protective equipment compliant with the requirements could be sold. The occupational health and safety function of the Regional State Administrative Agencies intensified the market surveillance of personal protective equipment meant for occupational use in cooperation with Finnish Customs.

The general public hoarded toilet paper, food and hand sanitiser. The matter was widely covered by the media. The Ministry of Economic Affairs and Employment and the emergency supply organisation attempted to emphasise that grocery stores were not about to completely run out of these products and the stocks would be replenished.

The customer volumes in pharmacies experienced a significant increase and some individuals hoarded medicines. The increase in the sales volumes of pharmacies caused large order volumes for pharmaceutical wholesalers. The wholesalers experienced order backlogs and were unable to deliver products to their customers in accordance with the normal delivery schedules. Fimea pleaded with the general public not to hoard medicines and instructed pharmacies to limit the sales volumes of analgesics and other products.

The Ministry for Foreign Affairs of Finland recommended to avoid any travel until further notice to prevent the spread of the epidemic. Many countries imposed restrictions on movement and travel. International air traffic experienced a significant decrease, and even came to a complete halt in some areas. The Ministry of Social Affairs and Health started to prepare a text message regarding the virus to be sent to individuals who were currently traveling abroad, according to which a person arriving in Finland from abroad would have to agree on an absence of 14 days from their job, school or day-care. Extensive testing of health care workers and other occupational groups who had recently returned to Finland from abroad had been started to prevent the spread of infections in the health care system.

The Finnish Institute for Health and Welfare was giving out the message that it was important for individuals suffering from mild respiratory symptoms to stay at home and avoid social contacts until they were healthy again. Social distancing was also important for healthy individuals in order to slow down the epidemic and reduce the patient load in health care services. The first patient with COVID-19 was admitted to an intensive care unit (ICU) in Finland.

Finnair stated that it would cancel 90% of its flights until further notice. The company had already stopped flying to China, Italy and South Korea, among other locations. Finnair affirmed that all critical connections within Finland and from Finland to abroad would be retained.

A Commission Implementing Regulation that required authorisation for the export of certain types of personal protective equipment from the EU area was issued. Finland's national authorising body was the Ministry of Social Affairs and Health. Finnish Customs oversaw the export of personal protective equipment and denied during the period the export of a total of 1,390 pieces of personal protective equipment from the country. The European Commission published guidelines for border management measures. The Commission and the other member states had to be informed of any restrictions to freight traffic prior to the entry into force of the restrictions. Border management measures were to be coordinated at the EU level.

During that week, the Government had been waiting for proposals of the COVID-19 Coordination Group on measures to cancel public events and stop cruise liners, among other matters. Early in the week, the Prime Minister was told that such powerful restrictions could not be introduced. The Coordination Group introduced action proposals but failed to submit sufficient propositions.

Together with the Ministry of Education and Culture, the Matriculation Examination Board decided to push forward the matriculation examinations, which had already started, in such a manner that the general studies examinations scheduled to take place during the third week of examinations were to be arranged one week earlier than planned.

Convened by the Prime Minister, **the parliamentary groups met** in the evening of 12 March 2020 at the House of the Estates to discuss the coronavirus measures and emergency powers legislation. All of the parliamentary groups were willing to invoke the Emergency Powers Act if necessary. The opposition parties were willing to introduce extensive restrictive measures without delay, while the government parties emphasised the need to introduce the measures at the right time.

On 13 March 2020, the Regional State Administrative Agencies issued orders pursuant to the Communicable Diseases Act according to which all public events with more than 500 attendees both indoors and outdoors would be prohibited for a period of one month. The Government of Åland had made a corresponding decision on 12 March 2020.

The President of the Republic and the Ministerial Committee on Foreign and Security Policy (TP-UTVA) discussed the coronavirus situation and the declaration of emergency conditions on 13 March 2020. After a meeting of TP-UTVA, the chairpersons of the five government parties discussed the situation.

The President later revealed to the media that he had declared at the meeting on 13 March 2020 that the definitional elements for emergency conditions had been met and he thus considered the cooperation requirement laid down in the Emergency Powers Act had been met.

The key ministers and the required public officials convened at the Prime Minister's Official Residence in Kultaranta on the weekend of 14–15 March 2020 to prepare the required restrictive measures and the invocation of the Emergency Powers Act. The state secretary and permanent under-secretary of PMO were tasked with preparing the invocation of the powers pursuant to the Emergency Powers Act. An extraordinary meetings of the heads of preparedness was also arranged on Sunday. At the end of the weekend of preparations, the chairpersons of the five government parties met on Sunday to discuss the required additional measures to prevent the spread of the virus.

The Finnish Institute for Health and Welfare presented to the Ministry of Social Affairs and Health its modelling on the potential course of the epidemic and the hospital load, as well as estimates on the number of individuals catching the severe form of COVID-19 and the number of deaths.

Over the weekend, news focused on the progress of the disease and the expected severe economic effects of the epidemic. Public discussion reflected citizens' concerns and their reduced trust in the institute. The general public also wished for stronger leadership.

A government plenary session took place at 1:30 pm on Monday 16 March 2020. The sole item on the agenda was the declaration of emergency conditions. Collaboration between the President of the Republic and the Government regarding the declaration of emergency conditions had continued after the meeting of TP-UTVA on Friday 13 March 2020. The Government declared that there were emergency conditions in the country based on economic grounds and the grounds pursuant to an infectious disease laid down in the Emergency Powers Act. The decision was effective immediately.

Immediately following the plenary session, the Government arranged a press conference to provide more information about the declaration of emergency conditions, the invocation of

the Emergency Powers Act and the measures it had decided on to handle the COVID-19 situation. The authorities, public officials at all levels of public administration and citizens received information about the measures from the live television broadcast.

The Government declared that schools would be closed and a switch to distance education would take place, the matriculation examination schedule would be revised and the maximum number of persons to convene in public would be limited to ten. All cultural, sports and meeting venues managed by the Government and municipalities would be closed down, and visits to medical care institutions and hospitals would be prohibited. Public sector employees were urged to start working from home and all individuals over the age of 70 were to practice social distancing. The capacity of social welfare and health care services would be increased and non-urgent services would be cut back. The Finnish Institute for Health and Welfare would support the regional government by increasing the testing capacity.

The Government also declared that some of the decrees in the Working Time Act and the Annual Holidays Act regarding critical workers would not apply and the Government was ready to oblige social and health care workers and workers ensuring national defence to work as necessary. The movements of people could be restricted as necessary and the Government declared that preparations in order to close the Finnish borders would be started. Finns arriving from abroad would be obligated to remain in quarantine-like conditions. Finally, the Government declared that the Finnish Defence Forces would secure their own operations and preparedness under all circumstances, as well as be prepared to assist the other authorities in their operations.

1.1.4 Mid-March – Under emergency conditions

The declaration of emergency conditions and the Government declarations initiated extensive measures at all levels of public administration. Businesses and organisations started to take action based on the Government declarations and citizens attempted to orient themselves to the changed situation. The elderly and those at risk isolated themselves from others, and a large number of Finns started to work from home.

The ministries and PMO started to urgently amend and prepare decrees. PMO carried the responsibility for the preparation of the decrees related to the invocation of the Emergency Powers Act. The ministries and the Finnish Institute for Health and Welfare provided the information needed as the basis for the decrees of the Emergency Powers Act. The Ministry of Justice supported the drafting of the decrees, particularly in terms of the statutes of the Emergency Powers Act and the Constitution of Finland.

The first commissioning decrees pursuant to the Emergency Powers Act were issued on 17 March 2020. The first to enter into force was a decree that enabled the restriction of the sales of medications, supplies and services required for health care services. The Government urgently issued this decree to enable application of the powers pursuant to the decree without delay even before Parliament had processed the decree. In its statement, the Constitutional Law Committee of Parliament declared that the explanatory memorandum for the decree had not appropriately and concretely described the grounds related to the securing of pharmaceutical service and supplies required for immediate enactment of the decree. The Committee strongly urged the Government to attend to this shortcoming and the grounds for urgency, but stated as its proposed decision that the decree could remain in force. On 18 March 2020, Parliament decided that the commissioning decree would remain in force in compliance with the committee report. The possibility of urgent application of the powers pursuant to the commissioning decree was not utilised: the Ministry of Social Affairs and Health did not issue

its decision regarding pharmaceutical service until after the processing by Parliament on 19 March 2020. The decision obligated pharmaceutical wholesalers and pharmacies to restrict the sales of medicines in order to ensure the sufficiency of medicines and appropriate pharmaceutical service.

The second commissioning decree provided the authorities with powers pursuant to six sections of the Emergency Powers Act. One of the sections governed that health care workers could be obligated to do their essential work in health care for at most two weeks at a time, and that this obligation could be enforced at most twice. Regarding this matter, the Constitutional Law Committee stated that the obligation to work is governed by the regulations in Chapter 14 of the Emergency Powers Act. The Constitutional Law Committee was of the opinion that simultaneous entry into effect of the other regulations in said Chapter 14 was absolutely necessary. Parliament did not approve the section on the obligation to work, but it did approve the other sections of the decree. On 18 March 2020, the Government issued a commissioning decree based on which the earlier section regarding the obligation to work was deleted, and the obligation to work did not come into effect.

The other five sections remained in effect. The Ministry of Social Affairs and Health and the Regional State Administrative Agencies were given power to control social welfare and health care units. Municipalities were granted the right to abandon compliance with the time limits set for non-urgent health care, evaluations of the need for social welfare services, their duties involving the arrangement of day care and their duties pursuant to the Health Protection Act. Deviations from regulations pertaining to resting times, overtime and the issuance of annual holidays could be made in the case of health care, social welfare, rescue services and emergency response centre workers, as well as police officers. The period of notice for health care, social welfare, rescue services and emergency response centre workers, public officials and local government officers could be extended. The Government issued two implementing decrees regarding the three latter matters on 18 March 2020.

The last of the sections that remained in force covered teaching and education. The Ministry of Education and Culture was granted the right to interrupt or restrict the teaching activities or other operations of education providers. The obligation of education providers to arrange teaching activities or other operations and to provide meal, transport and accommodation benefits could be restricted. The Government issued an implementing decree regarding this matter on 17 March 2020. The entire country switched to mostly distance education starting the day after that. The Government also issued another implementing decree that amended one section in the previous one. According to the previous decree, the restriction of the obligation to arrange basic education would not apply to pupils whose guardians were working in sectors critical to the functioning of society. The definition of critical sectors caused some confusion, and the decree was amended on 20 March 2020 to indicate that all pupils in grades 1–3 would receive contact teaching if necessary. Parliament approved the decree on 25 March 2020.

In addition to the decrees of the Emergency Powers Act, one decree with powers valid during normal conditions was issued, according to which a person convicted with a conversion sentence for unpaid fines or a sentence of imprisonment of at most six months could not be ordered to report at a penitentiary.

Based on a decision made by the Government on 17 March 2020, internal border controls were reinstated for the period between 19 March 2020 and 13 April 2020. On the same day, the Government made another decision on the temporary closure of certain border crossing

points and the restriction of traffic. The decision declared that only freight traffic, return traffic of Finnish citizens or individuals living in Finland or another EU member state and other essential traffic would be allowed in air traffic at the border crossing points of the Helsinki, Mariehamn and Turku Airports. Only freight traffic was allowed at the border crossing points of the remaining airports listed in the decision. The decision was later amended to declare that Långnäs harbour in Åland would be opened also for passenger traffic and only freight traffic would be allowed at Mariehamn Port. The validity period and the content of the decisions on borders were changed several times over the course of the spring and summer. During the spring, the Finnish Border Guard issued a total of six guidelines on entry into Finland to further specify the Government decisions.

Citizens required more information after the issuance of the Government decisions on borders. Many citizens contacted the Border Guard to ask what the restrictions meant and how they would influence the crossing of the border. They were uncertain as to whether these were legally binding decisions or guidelines.

Once the internal border controls had been initiated, the Border Guard and Finnish Customs transferred some of their personnel from the eastern border to the western border. Customs offered the Border Guard the custom houses on Finland's side of the border as auxiliary facilities. Border crossing traffic at the eastern border was quiet, and no problems were encountered. The flow of heavy traffic continued normally.

All of the Regional State Administrative Agencies issued two orders pursuant to the Communicable Diseases Act on 17 March 2020. According to the first one, the facilities of all schools, educational institutions, regular universities, universities of applied sciences, adult education centres and other liberal adult education facilities were closed down, and contact teaching at all of these was discontinued. An exception to this order was that schools were obligated to arrange contact teaching in pre-primary education and for grades 1–3 in basic education for the children of parents who worked in sectors critical to the functioning of society. Furthermore, schools were obligated to arrange contact teaching for pupils who had received a decision on special support should they require contact teaching. Early childhood education was not discontinued. The Regional State Administrative Agencies amended the order on 23 March 2020 by deleting the requirement on parents working in sectors critical to the functioning of society.

The second order issued by the Regional State Administrative Agencies on 17 March 2020 replaced the order issued on 13 March 2020 and prohibited all public events and gatherings arranged indoors and outdoors with more than 10 attendees.

The Government of Åland made corresponding decisions regarding schools and public events, among other matters. There was some confusion regarding practices involving the division of responsibilities between the State of Finland and the autonomous Åland Islands. According to the Act on the Autonomy of Åland, the State of Finland has administrative power regarding *the readiness for emergency conditions*. It was unclear as to what was the relationship between the Emergency Powers Act and the Act on the Autonomy of Åland when emergency conditions had already been declared. Information regarding some of the decisions and restrictions was not available in Swedish. Problems with the interpretation of the law and defective coordination between the State of Finland and the Government of Åland gave rise to media criticism towards the Government of Finland and the authorities in Åland. The Government of Åland made several remarks regarding missing or defective translations and the fact that statements had not been requested from the Government of Åland in compliance with the Act on the Autonomy of Åland.

Citizens required a significant amount of information regarding the decisions on restrictions made by the Regional State Administrative Agencies, and experts in the agencies started to receive plenty of questions. To ease the workload, the agencies established shared telephone services for COVID-19 information in two of their areas of responsibility on 18 March 2020. These telephone services provided information on the decisions made by the agencies and interpretation of the decisions. Information about the decisions was added to the frequently asked questions section of the agencies' website.

On 18 March 2020, the NESAs made a decision on subsidies of EUR 45 million to marine traffic during a period of three months to secure essential passenger and freight traffic due to the reduction of passenger traffic volumes aboard passenger ferries and the travel restrictions from Germany, among other countries. The Ministry of Economic Affairs and Employment established a working group to assess special groups and tasks critical to the security of supply in the case of which the entry of individuals to the country would have to be secured.

Local preparedness committees managed by the Regional State Administrative Agencies and regional emergency preparedness and security forums were active in several areas. Many of the regional forums included representatives of the rescue services, municipalities, the hospital district, the police, other government authorities and businesses. There has been such activity in many of the provinces for several years, but other provinces do not have any such forum. Several ministries and nation-wide government agencies requested more and more information for their status reports from the agencies, the Centres for Economic Development, Transport and the Environment (ELY Centres), municipalities and joint municipal authorities. The requests were overlapping and uncoordinated, which caused additional workload to the local actors, the municipalities in particular.

The municipalities started to organise their crisis management in mid-March. Special incident steering committees to manage the pandemic were established in some municipalities. They could be called "preparedness steering committees", "coordination groups" or "incident steering committees", for example. Many municipalities closed down their services that required physical interaction between people, such as libraries and indoor swimming pools. The municipalities made similar decisions regarding the provision of services based on the recommendations given from the government level and recommendations given by local infectious disease specialists. Digital solutions to provide services were developed. These measures were taken especially to ensure public health security.

On 16 March 2020, the Government recommended that Finns travelling abroad should return to Finland immediately. Finns permanently living abroad were asked to consider whether returning to Finland would be justified. This policy caused many Finns living abroad to contact the Ministry for Foreign Affairs because they were unsure of how they could return to Finland as no commercial travel options were available or whether the State would compensate for the costs of their trip. Parties communicating information to expatriates and Finns travelling abroad included Finland Society, among others. Finland Society urged them to consider travelling to Finland and to monitor the information and instructions provided by the authorities of the country in which they were living.

The Ministry for Foreign Affairs prepared a policy proposal to the Government on arranging flights to bring Finnish tourists back home in such a manner that the State would pay part of the costs of the flights. The plan was not to offer the tourists free flights home but to offer them a reasonably priced option of getting to Finland by the State paying part of the expenses arising from the flights. This would be realised by paying Finnair for the empty seats on the flights.

At a meeting of the social and health care preparedness coordination group on 17 March 2020, it was noted that the quantity of personal protective equipment stockpiled in Finland was reasonably good but the personal protective equipment were not evenly divided among the different regions. The Ministry of Social Affairs and Health and the NESAs were in the middle of a process of agreeing on the procedures regarding the implementation of the NESAs' stockpiles. The expired personal protective equipment had been found usable in a test conducted by VTT Technical Research Centre of Finland. It was of utmost importance that all social welfare and health care workers used personal protective equipment correctly. The meeting also decided to investigate the possibility of disinfecting some types of personal protective equipment. The operational working group tasked the NESAs with investigating the possibility to manufacture FFP2 respirator masks, face shields and isolation gowns in Finland.

At an informal cabinet meeting on 18 March 2020, the Government decided that the Communications Unit of PMO would coordinate the communication regarding the COVID-19 situation at the government level. Government communications is also tasked with coordinating communications between the ministries under normal conditions, and this task was now emphasised. The Ministry of Social Affairs and Health was of the opinion that it should continue to manage the communications. The Director of Government Communications had already assumed that the immediate management of communications would be transferred to PMO once the Emergency Powers Act had been invoked, but that had not been the case.

Government communications started to handle all press conferences of the central government concerning COVID-19. During the spring, several press conferences could be arranged during a single day, often immediately after a meeting or a session. At first, the media was allowed to attend these events at the Government Palace but subsequently the press conferences were arranged remotely. The press conferences were interpreted in sign language. In accordance with its operating principles, the Finnish Broadcasting Company (Yleisradio or Yle) broadcasted the press conferences live. The number of viewers for Yle's news broadcasts and current affairs programmes increased by 32% from the same period of time in 2019.

PMO, the Finnish Institute for Health and Welfare, the Regional State Administrative Agencies, the Ministry of Social Affairs and Health and the Ministry for Foreign Affairs, among other parties, received plenty of questions and interview requests from the media but were unable to respond to them all. The fact that the media also requested documents increased the workload. The institute was continuously increasing the volume of communications to the general public via its own communications channels, local radio stations, local newspapers and TV. The communications were targeted to several different age groups. Materials were prepared in 18 different foreign languages, in sign language and in simplified language. Media coverage of the campaigns was increased by the free slots offered by a variety of partners on their platforms, TV, screens in public places and billboards. Google, Twitter, Facebook and Instagram offered the institute preferential visibility. Government communications started cooperation with NESAs' Mediapooli network of media companies and an influencer marketing agency in order to recruit social media influencers to mediate COVID-19 information to their followers. The Ministry for Foreign Affairs of Finland on-call communications unit was in operation 24/7 and also covered social media.

The key news sources for Finns during the crisis were news media websites and mobile apps, TV news, as well as the live press conferences and news specials on TV. Communications by the authorities and other public actors regarding the emergency conditions and the invocation of the Emergency Powers Act were consistent. Extensive support of the Government's ac-

tions regardless of political views promoted the consistency of the communications. The reporting of news in the media was consistent and informative by nature. Reporting by the media was strongly personified in the Prime Minister.

On 19 March 2020, the Finnish Institute for Health and Welfare started to use the Finnish National Infectious Diseases Register to monitor COVID-19 cases. After that, COVID-19 cases reported by laboratories and physicians that had been confirmed in a laboratory could be found in the publicly available Finnish National Infectious Diseases Register maintained by the institute. Delays and regional variation in reporting and figures were to be expected.

For the monitoring of the epidemic, the Finnish Institute for Health and Welfare developed new data collection systems in order to achieve daily national and regional situational awareness because the institute's treatment reporting system, the Finnish National Infectious Diseases Register and laboratory systems, among others, did not provide sufficient support to achieve proper situational awareness. Ensuring up-to-date contact details posed a problem, especially in the case of municipalities' new infectious disease specialists and other individuals hired in order to manage the epidemic.

On 19 March 2020, the Ministry of Social Affairs and Health instructed all hospital districts to double their intensive care capacity from the normal level because the demand for intensive care was expected to quickly increase and inadequacy of the current capacity had been deemed a threat. An intensive care coordination group was established in Finland, and an office to coordinate intensive care was established in connection with Kuopio University Hospital. The goal was to maintain situational awareness regarding intensive care in the entire country, as well as to guide patients and control resources.

On 20 March 2020, the Ministry of Social Affairs and Health issued instructions that the state of emergency should be taken into account in basic level social welfare and health care services. According to the instructions, all individuals over the age of 70 would have to refrain from being in contact with other people in quarantine-like conditions. As a special preventive measure, municipalities were instructed to provide instructions to the heads of all units providing care 24/7 in their areas to prohibit visits to their units. The decisive wording of the instructions, which caused the instructions to sound like binding obligations, caused confusion.

At the Helsinki Airport, there arose a need to start public announcements about quarantine. The Finnish Transport and Communications Agency (Traficom) requested Finavia to initiate the necessary actions. On 18 March 2020, Finavia requested instructions on quarantine from the Finnish Institute for Health and Welfare. On 19 March 2020, the institute declared that the instructions were being subjected to the political decision-making process of the Ministry of Social Affairs and Health. The delay was caused by the fact that the concept of "quarantine-like conditions" was unclear. In the morning of 20 March 2020, four days after the Government declaration, Finavia received the official quarantine texts from the ministry's official on call. Automatic public announcements prepared on the basis of these texts were started at the airport and also mediated to the other airports. The announcements stated that *all persons arriving to Finland from abroad were obligated to refrain from moving outside their homes and to remain in isolation in quarantine-like conditions for a period of 14 days*. Furthermore, an operations model where only half of the vehicle's capacity could be used when transporting passengers from the airplanes to the terminals was introduced at the airport.

The authorities and other organisations took action to ensure the continuity of their own operations and the operations in their sectors. For instance, the Hospital District of Helsinki

and Uusimaa switched to its highest alert state, i.e. full emergency preparedness. With this decision, operational decision-making during the state of emergency was centralised to the medical director in compliance with the emergency preparedness instructions. Fimea started the development of a data processing system, aiming at automated real-time situational awareness regarding the stockpiles of all parties active in the pharmaceutical sector. The police introduced a nation-wide communications task force. An emergency management organisation was established in the National Police Board directly under the National Police Commissioner to coordinate police resources and the new duties.

Parties active in the culture sector and representatives of the Ministry of Education and Culture discussed the situation on 17 March 2020. The first financial support package to the culture sector was included in a supplementary Government budget of 20 March 2020. A summary of COVID-19 support methods used in the other Nordic countries in the arts and culture sectors was prepared on 23 March 2020.

The first death linked to the coronavirus took place in Finland on 20 March 2020 in the Hospital District of Helsinki and Uusimaa.

According to the Finnish Institute for Health and Welfare's estimate, the risk of transmission had increased in the whole of Finland. An increasing number of infections had been observed in Uusimaa, and all of the transmission chains could no longer be determined. It was decided that attempts to determine the transmission chains would be continued to slow down the progress of the epidemic.

By 22 March 2020, almost 10,000 tests that met the testing criteria had been processed in Finland. Delays in the reporting and recording of tests continued. Testing still took place both in the public and the private sector, at a total of five laboratories. The laboratories had increased their testing capacity to the best of their abilities.

The hospital districts prepared for deterioration of the situation by, for instance, shutting down elective procedures, i.e. stopping non-emergency operations, in a controlled manner, by increasing the number of intensive care beds reserved for patients with COVID-19 and by providing the staff with intensive care training.

Individuals performing medical autopsies at the Hospital District of Helsinki and Uusimaa had been aware ever since January that deaths due to COVID-19 could also occur in Finland. Information and instructions regarding the safety of autopsies were full of contradictions, and there were concerns. According to infectious disease specialists, autopsies on patients who could have had COVID-19 should only be done based on special consideration.

The primary purpose of an autopsy is to determine the individual's cause of death, and performing an autopsy on a patient who had already been diagnosed with COVID-19 was not sensible from the perspective of diagnostics. As it was a question of a novel virus and a recently discovered disease, there were research needs, however. For this reason, a research permit for such autopsies was applied for in March. After a convoluted course of events, the permit was granted at the turn of May and June, at which time the first wave of COVID-19 had already passed. Four diagnostic COVID-19 autopsies were performed during the spring.

On 24 March 2020, **the Government** made two resolutions regarding COVID-19. According to the first one, medical supplies and personal protective equipment in state emergency stockpiles could be taken into use, the NESAs would continue with the procurement of supplies in the difficult market situation and Finland would join the joint procurement agreement of the EU for medical countermeasures as soon as possible. The second one stated that Finland would participate in the subsidisation of flights to bring people back to their home countries

with at most EUR 4 million. Pursuant to the resolution, personal protective equipment was delivered to the five university hospital districts. Another goal was promoting regional coordination by centralising the personal protective equipment from the municipalities to stockpiles of the specific catchment areas.

On 24 March 2020, the Ministry of Social Affairs and Health submitted to the NESAs another procurement request of EUR 31 million to improve the level of national preparedness and to restock the emergency supply stockpiles. The procurement list included, among other supplies, ten million surgical masks, six million isolation gowns, one million FFP2/3 respirator masks and one million face shields.

According to a press release published by the Ministry of Social Affairs and Health, private parties would have to ensure, in accordance with their liability, that they had enough personal protective equipment in their stockpiles and that the stockpiles would be restocked. This was interpreted in the field as an exclusion of the opportunity of private service providers to use the personal protective equipment in the NESAs's stockpiles. The ministry determined internally that the situation would have to be further clarified. NESAs's personal protective equipment would be distributed in a controlled manner to social welfare and health care service providers in all municipalities and joint municipal authorities that produced services for which the municipalities were responsible. The matter would be further specified in the instructions being prepared by the ministry.

Finland received requests for medicines and supplies through various mechanisms. Finland was also requested to provide health care workers. The ministries discussed these requests – the opportunity to send help to other EU member states in particular – on several occasions. One of the problems with national coordination was that requests received through the Union Civil Protection Mechanism, among others, applied to medical supplies or health care workers, i.e. matters falling under the responsibility of the Ministry of Social Affairs and Health, but the responsible authority for the Union Civil Protection Mechanism is the Ministry of the Interior. On 24 March 2020, the ministries agreed that the Ministry of the Interior would list the requests and introduce them to the political discussion.

A great deal of information was needed once **schools** had switched to distance education. The Ministry of Education and Culture and the National Board of Education developed communications and guidance. Interpretations regarding a variety of matters were requested, such as the liability of the education provider on the safety of the learning environment, school meals and distance education practices. As education providers, the municipalities had their own authority and autonomy, but they were also obligated to nationwide sharing of good practices. Municipalities used a variety of practices to arrange school meals.

At first, questions regarding interpretation were addressed to the Regional State Administrative Agencies, which did not have sufficient information on the interpretations made by the ministry and the board. The cooperation was made closer, which improved the situation. The ministry started to collect information for situational awareness regarding basic education and early childhood education in cooperation with the agencies and the board.

The arranging of working skills tests and the fact that teaching had to be focused on theory due to the unavailability of workshops, machinery and equipment were special problems affecting vocational education. Universities and other higher level educational institutions were better prepared to start distance education. Matriculation examinations were successfully arranged everywhere, excluding the Finnish school at the Sunny Coast in Spain, where the examination could not be arranged due to a curfew.

The volume of international air traffic decreased after early March. For example, by 20 March 2020 only some 6,000 passengers per day arrived by plane to Finland compared to 20,000 on average in early March. At this point, arriving passengers were not systematically surveyed for symptoms, and they were allowed to leave the airport using public transport without any special transport arrangements. Airports had taken action in several ways before mid-March, however. Furthermore, the authorities had convened during the spring for several cooperation meetings based on invitations from Finavia. The attendees of these meetings also included the health authorities of the city of Vantaa, where the Helsinki Airport is located.

Despite these measures, the possibility of the virus spreading with air passengers caused growing concerns. On 24 March 2020, the Ministry of Social Affairs and Health arranged a private health care service provider to guide and instruct arriving passengers at the Helsinki Airport in person, as well as volunteers from the Finnish Red Cross to support the private health care service provider. The city of Vantaa would have been the responsible authority pursuant to the Communicable Diseases Act with the powers to act regarding this matter. The city's social welfare and emergency services had been involved in the cooperation regarding the airport in preparation for situations requiring collaboration between the authorities at the airport. The city had also signed an agreement with a private service provider on quarantine accommodation, and was ready to start instructing residents of Vantaa to use the accommodation starting from 10 March 2020.

On 24 March 2020, the Government submitted a legislative proposal to Parliament on full closure of all customer services in restaurants, night clubs, other establishments licensed to serve alcohol and cafés. Selling takeaway food would still be allowed. Due to the urgency, the proposal was not circulated for comments. Parliament required the Government to investigate reasonable compensation for the damage caused to restaurant owners to ensure their livelihood and economic operating conditions. The Government was to take action to support restaurant owners financially without delay. The Act entered into force on 30 March 2020. The next day, the Government issued a decree restricting the operations of restaurants in the entire country starting from 4 April 2020. The necessity of the restrictions in the different areas would be monitored throughout the validity period of the restrictions. Restaurants in Åland voluntarily closed their doors, even though the Act on Accommodation and Food Service Activities does not apply to Åland. The legal grounds for the decisions regarding restaurants remained unclear throughout the spring.

The number of patients requiring intensive care had increased to 22. Most of them were in the Hospital District of Helsinki and Uusimaa, where the less than 30 beds reserved for intensive care patients were almost full.

A meeting of the Government's heads of preparedness working group on 25 March 2020 noted that the measures taken at the Helsinki Airport were not sufficient to prevent the spread of the infectious disease. The meeting decided that the heads of preparedness would prepare action proposals to the ministers to resolve the situation at the airport, and that these action proposals would be ready by the next morning.

On 25 March 2020, the Government issued two commissioning decrees of the Emergency Powers Act. The first decree enabled the implementation of a special obligation to work, the establishment of a work obligation register and the obliging of health care workers to work. The Constitutional Law Committee declared in its statement that the necessity of the regulations and the inadequacy of the other means available should have been covered in more detail in the explanatory memorandum. When processing the matter, the Committee had been

forced to utilise its right of access to information pursuant to the Constitution to obtain reports that, according to the Committee's opinion, should have been voluntarily provided. The Constitutional Law Committee recommended that the decree be kept in force, however. On 27 March 2020, Parliament decided that the decree would remain in force.

The second decree imposed restrictions on movement by prohibiting entry into and departure from the Uusimaa region. The processing of the matter by Parliament was cancelled on 27 March 2020 because the experts used by the Constitutional Law Committee noticed that the commissioning decree erroneously included matters that should be governed with an implementing decree.

On 26 March 2020, the Ministry of the Interior requested the Ministry of Social Affairs and Health's opinion on whether Finland could volunteer as the host country of the rescEU medical stockpile. In addition to vaccines and medicines, the medical stockpile would include in the future personal protective equipment, medical supplies and laboratory testing supplies. The Ministry of Social Affairs and Health was generally in favour of becoming the host, but there were no resources to be allocated to the promotion and preparation of the matter. Finland did not volunteer as the host country of the stockpile.

Parliament approved the year's first supplementary budget on 26 March 2020. It allocated EUR 60 million to the prevention of infectious diseases in such a manner that the appropriation could also be used to replace medical supplies procured by the NESAs. EUR 200 million was allocated to support business development projects. Meanwhile, EUR 12.8 million was allocated to the Finnish Institute for Health and Welfare, including EUR 6 million for an extensive research consortium. The research applied to the development of rapid diagnostics methods, immunity and the national monitoring system, in particular.

On 26 March 2020, **the President of the Republic** reiterated his proposal to the Prime Minister on establishing an operational COVID-19 crisis *task force*. According to the proposal, the crisis task force would survey problems, acquire the required information, bring together public and private sector expertise and then present to the Government a status report that would also include action proposals.

The Prime Minister replied the same evening that it was important that decisions were based on proposals prepared pursuant to the authorities' liability for their acts in office and that the decisions were supported by comprehensive situational awareness and the anticipation of operations. Meanwhile, liabilities should remain clear, both in terms of the responsibility of the Government and the responsibility of specific officials for the legality of their actions. The Prime Minister declared that the matter would be taken under consideration and the Government would discuss the proposal. The proposal became public knowledge and was lively discussed by the media.

The guidance provided to **arriving passengers** at the airport was changed. On 27 March 2020, PMO issued instructions informing the parties involved of a stricter procedure regarding the control of passengers arriving from abroad at the airport:

1. The situation of all individuals arriving to Finland from abroad would be determined by means of a form already at the border control stage. The form would have to be filled in before the border formalities, and a border guard would check it.
2. Based on the information provided on the form, the individual would be allowed to continue their journey on their own, or they would be guided to a health care service point or the service point of a transport organiser.
3. At the health care service point, all individuals with symptoms would be tested and then be taken to a hotel to wait for the test result.

- a. Should they receive a negative result, they would be allowed to continue with the normal quarantine procedure either at accommodations appointed for them or at home.
 - b. All individuals receiving a positive test result would receive health care.
4. A quarantine decision would be made for any traveller who refused voluntary quarantine.
5. Individuals who did not have any place to quarantine in Finland would be arranged accommodations for a period of 14 days. As a general rule, the travellers would have to pay for the quarantine accommodation themselves.
6. Individuals would not be allowed to leave the airport using public transport, but they would be allowed to leave with their own car. All persons without any transport arranged and without any opportunity to arrange transport for themselves would be transported from the airport by charter bus or taxi.

The city of Vantaa initiated the health examination and quarantine accommodation operations at the Helsinki Airport. City employees provided travellers with advice and instructions in person, distributed symptom questionnaires and guided passengers with symptoms to be tested and to quarantine or to be taken to quarantine accommodations, as necessary. Public transport at the airport was restricted.

Despite the stricter procedure, there were still deficiencies with the operations at the airport regarding transfer passengers, for example. On 31 March 2020, PMO issued instructions on the control of connecting flights for passengers from abroad. Passengers catching a connecting flight were to stop at a health examination point at the arrivals lobby. The new procedure meant that transfer passengers within Finland were no longer allowed to board their connecting flights. Each passenger was personally given instructions on how to proceed and, instead of the connecting flight, a taxi paid for by Traficom to their destination.

Regarding the **closure of the province of Uusimaa**, the Government issued a new commissioning decree on 27 March 2020. It repealed the previous decree, and the expert statements had been taken into account during its preparation. According to the decree, the powers to prohibit and restrict movements could be applied in Uusimaa. The Government also issued an implementing decree regarding the matter, specifying the restrictions in more detail. Parliament processed both the commissioning decree and the subsequent implementing decree late in the evening of 27 March 2020. Parliament decided that the decrees could remain in force as proposed.

The restrictions on movement between Uusimaa and the rest of Finland entered into force at midnight on 28 March 2020. The police set up control points along the Uusimaa border and the Finnish Defence Forces provided executive assistance. The Finnish Border Guard controlled marine traffic. The restrictions on movement did not apply to freight traffic, operations of the authorities or moving about due to one's work or a position of trust, to earn a living or to comply with a legal obligation. Crossing the Uusimaa border was also allowed due to an important personal reason.

As a general rule, the media reported on the restrictions on movement in Uusimaa in a neutral or positive manner. The restrictions were not met with any broader criticism. Based on communications by the authorities, the most active parties were the Prime Minister and the police.

According to the Finnish Institute for Health and Welfare, Finland did not have sufficient **testing capacity** to test all suspected COVID-19 cases at this point. The institute and the hospital districts had been forced to prioritise testing to cover specific patient or personnel groups. At

the end of March, some 2,500 tests per day could be processed and the testing capacity was being increased.

On 30 March 2020, the Government decided to amend the composition of the COVID-19 Coordination Group established in late February to include the permanent secretaries of all ministries. In addition, the heads of preparedness of the six responsible ministries were no longer included in the Coordination Group. The Coordination Group was tasked with implementing the decisions made by the Government to mitigate the epidemic and to coordinate the collaboration between the ministries. Meanwhile, a decision was made to establish an operations centre under the auspices of PMO.

The NESAs procurement organisation was reinforced on 30 March 2020 by means of internal arrangements and experts from the Ministry of Economic Affairs and Employment, the Radiation and Nuclear Safety Authority (STUK) and Hansel Ltd. The procurement of personal protective equipment had been deemed a complex process due to the prevailing market situation and the extremely high procurement volumes. The ministry coordinated a project on manufacturing personal protective equipment in Finland to ease the lack of personal protective equipment.

At the turn of March and April, **Parliament urgently approved** several temporary amendments due to COVID-19 to the Employment Contracts Act and the Unemployment Security Act (Työttömyysturvalaki 1290/2002), among other acts. These caused extra workload for both the ministries and Parliament.

The Ministry of the Environment issued several recommendations on waste management arrangements. The prevailing conditions could require the arranging of waste management in a manner not compliant with the regulations.

In terms of the construction industry, the Ministry of the Environment established a working group to monitor and generate a status report on the industry, to assess its development and to prepare action proposals. The availability of non-Finnish workers and transmissions at construction sites caused concerns. The group included representatives from five ministries, the construction industry and the Association of Finnish Municipalities.

The Ministry of Finance verified government borrowing, the management of cash reserves and the solvency of the State, as well as adequacy of the operations and financing of municipalities and regional government. Monitoring of the current status of municipalities was boosted. The principle with these arrangements was that all costs arising from COVID-19 would be compensated for. At first, it was difficult to determine the key pieces of data that would support decision-making on state finances in the short and long term.

In late March, **the Finnish Institute of Occupational Health** hired some retired personal protective equipment experts who had experience from the measures implemented during the SARS epidemic.

The Finnish Safety and Chemicals Agency expanded the use of an electronic signature to almost all permits and notices. Procedures to allow for remote inspections during the oversight of industrial plants were developed. Special exemptions were granted to some production facilities and industrial plants. The number of enquiries increased and the demand for guidance was high. The duty of the agency as the authority controlling rescue services was emphasised. The agency provided training on the remote inspection procedure to other authorities, and the corresponding authorities in Sweden and Norway, among others, copied the procedures.

Approximately 120 new hand sanitiser products were added in March and approximately 100 products in April to the Chemical Products Register maintained by the agency, as pharmacies and manufacturers of alcoholic beverages, among others, started to manufacture or import disinfectants. The agency also received a large number of enquiries regarding face masks, most of which were not included in the agency's area of responsibility. The agency is only responsible for personal protective equipment meant for consumer use. There was unclarity at the EU level whether the selling of products such as cloth face masks to consumers could be allowed.

The Radiation and Nuclear Safety Authority (STUK) developed its remote inspection operations and targeted inspections to matters that were most crucial in terms of safety. At nuclear power plants, measures were taken to ensure sufficient personnel resources in key positions. The annual outages of nuclear power plants could be realised mostly according to plan. Availability of the spare parts and maintenance personnel required for the annual outages from outside the country was verified by means of inter-authority cooperation. Many other authorities also developed their remote inspection operations and revised the targeting of their inspections.

The Finnish Food Authority provided instructions to the entire food chain from primary producers to grocery stores and consumers. Many were concerned about whether you could catch the virus from food products. There was extremely high demand for guidance. Starting from June, the authority's laboratory, which is engaged in animal and plant research, was used for COVID-19 testing as part of the increase of the testing capacity.

The Church Council controlled ecclesiastical ceremonies in accordance with the instructions provided by the authorities. When the restrictions on assembly entered into force, church services were arranged in a manner which made it possible to attend remotely. No members of the congregation were allowed in churches. It was agreed with the Finnish Broadcasting Company (Yle) that more church services would be broadcasted. At most ten persons could attend essential ecclesiastical ceremonies, such as funerals, baptisms and weddings, in person. The church directed its welfare work to elderly persons living alone, for example. It was assumed that once the restrictions had entered into force, elderly persons living alone would require the most assistance. Based on the experiences acquired during the spring, families of limited means were the largest target group of the church welfare work, however. The demand for assistance in general increased. According to hospital chaplains, terminal care became more difficult.

The Finnish Security Intelligence Service monitored the development of the situation from the perspective of national security. The COVID-19 situation started rapidly, and society was forced to make changes that caused vulnerabilities. No major security incidents were detected.

Government ICT Centre (Valtori) had started preparations for a significant increase in remote working in central government already before the recommendation to work from home. An increase of capacity was initiated and users were provided with instructions. Once the recommendation to work from home entered into force, the switch to working from home happened at one go. Some system development needs were detected, and the necessary changes were made. Most of the problems occurred in services with higher information security requirements than normal. This caused some problems and some extra workload to the employees. There were no problems with extensive impact.

Statistics Finland noticed that the traditional portfolio of statistics they produced was inadequate for knowledge-based management. Advance information on how statistics services

could support the coping with the crisis was obtained through European networks. Several products were developed, such as weekly statistics on fatalities and bankruptcies. The preparation of statistics on travel was speeded up, and the content of these statistics was developed with questions involving COVID-19.

Statistics Finland quickly developed in collaboration with PMO a survey called Kansalaispulssi (“Citizen Pulse”) to determine how the epidemic was influencing the everyday lives and opinions of Finns.

Sports and culture events meant for a large number of attendees were closed down as a result of the restrictions on assembly. This caused significant loss of income to parties active in these industries, such as organisations providing services and functions, artists and other individuals active in the culture sector. Some of the service users sought other hobbies; the number of people exercising outdoors increased, for example.

On the last day of March, the Government issued four decrees that extended the validity period of the restrictions pursuant to the Emergency Powers Act with one month to 13 May 2020.

Austria was the first country in Europe to start using a mobile phone coronavirus tracing app. In Asia, Singapore introduced a corresponding app on 20 March 2020.

1.1.5 April – Time of restrictions

In early April, **Finavia closed down** the airports in Joensuu, Enontekiö, Kruunupyy, Kemi, Kajaani, Lappeenranta, Vaasa, Kuusamo and Kittilä.

The Ministry for Foreign Affairs of Finland arranged for tourists 16 repatriation flights between 17 March 2020 and 8 May 2020 pursuant to a Government resolution made on 24 March 2020. The flights were realised in cooperation with Finnair. Of the passengers on the flights, approximately 2,000 remained in Finland and approximately 1,200 continued to other destinations in Europe. The total costs of the realised repatriation flights to the State were more than EUR 350,000. One flight for Finns from Havana and one from Bangkok were partially funded through the Union Civil Protection Mechanism.

The Operations Centre of PMO focusing on COVID-19 was opened on 1 April 2020. Its task was to improve situational awareness and monitor the impact of government policies and decisions on the COVID-19 situation. A network of contact persons from different ministries was set up to support the Operations Centre. Regular meetings of the heads of preparedness and the preparedness secretaries were abandoned at the same time, and the input of the persons attending the meetings was allocated to the weekly management of the operational situation. The Secretariat of the Security Committee was of the opinion that the input of these groups would have been required to assess the long-term effects of the crisis.

On 2 April 2020, **Estonia** requested from Finland through the Union Civil Protection Mechanism 500,000 face masks and 300,000 respirator masks. Finland did not send the requested aid to Estonia, but Estonia received the requested aid from Latvia. Finland investigated the opportunity to accept intensive care patients from Sweden. Sweden did not officially request any assistance, however.

The situation with personal protective equipment for health care workers had deteriorated and the demand for personal protective equipment had significantly increased. Major risks involving the availability of personal protective equipment were detected. Attempts to procure more personal protective equipment advanced on several fronts. The Ministry of Social

Affairs and Health received through the Confederation of Finnish Industries a list of approximately 50 Finnish companies that were capable of producing different types of personal protective equipment. The ministry forwarded the list to the NESAs and the Ministry of Economic Affairs and Employment.

The Ministry of Social Affairs and Health submitted a third procurement request to the NESAs on 3 April 2020. The request consisted of 140 patient monitors and 60 intensive care ventilators. According to the ministry, these should be procured urgently, as the availability of the equipment on the market was highly limited. The ministry also proposed that NESAs send a third shipment of personal protective equipment to the logistics centres of the five university hospital districts.

The ministry requested NESAs to continue the investigation regarding further procurement processes in cooperation with the five university hospital districts. Personal protective equipment and laboratory testing instruments were needed.

Together with other authorities, the Finnish Safety and Chemicals Agency released a bulletin on the use of homemade cloth face masks on 3 April 2020 because the authorities had noticed that many people were using a variety of homemade face masks in public. In the bulletin, the authorities reminded the general public that a homemade face mask would not protect the person wearing it from the coronavirus. The mask could, however, protect others, should the wearer be infected with the virus. At worst, if proper hygiene was not ensured, homemade personal protective equipment could even spread the virus further.

The Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health sent a letter about COVID-19 to all Finnish citizens. The letter contained instructions on how to protect yourself from the virus, instructions on what to do in case you or your loved one fell ill and instructions to individuals over the age of 70 in Finnish and Swedish, and also in Sámi in the Sámi region. The institute published the letter on its website in 18 languages, as well as videos with sign language interpretation for Finns and Swedish-speaking Finns.

On 4 April 2020, restaurants were closed down as the last significant simultaneous restrictive measure. Society had been extensively closed down, and the situation was widely called a *lockdown*. Police started to monitor compliance with the restaurant restrictions. The validity period of the implementing decrees pursuant to the Emergency Powers Act was extended until 13 May 2020.

On 6 April 2020, the Ministry of Social Affairs and Health submitted to NESAs the fourth procurement request for supplies, worth approximately EUR 18 million. NESAs were also provided additional funding of EUR 100 million for the procurement processes. The procurement request consisted of 20 million surgical masks, 5 million respirator masks, one million isolation gowns and 20 million protective gloves, as well as testing supplies. The Ministry of Social Affairs and Health and the Ministry of Economic Affairs and Employment gave NESAs a shared assignment to provide a situation report on the procurement of personal protective equipment and to coordinate the procurement processes to ensure that the Government would be able to make decisions on the assignment of the procured personal protective equipment to health care units.

The flight carrying the first shipment of supplies procured by NESAs from China arrived in Finland on 7 April 2020. When the supplies had arrived in Finland, it became apparent that the shipment was defective in terms of both the quantity and the quality, which is why the received face masks were sent to VTT Technical Research Centre of Finland for testing. Accord-

ing to the test results, the masks could not be used in hospitals and they did not meet the quality criteria set for face masks. NESÄ subsequently prohibited the use of these face masks in any social welfare or health care duties because the masks caused allergic reactions.

According to the Ministry of Social Affairs and Health's estimate, the face mask inventories were critically low, and the estimate gave two to three weeks to properly allocate the use of the supplies. Previously, in late March, it had been estimated that the quantity of personal protective equipment stockpiled in Finland was reasonably good but the personal protective equipment were not evenly divided among the different regions. The ministry estimated that health care workers required 500,000 face masks and 50,000 respirator masks per day. The number of required personal protective equipment would have doubled had their use been expanded to social welfare and home care services. By late April, the face mask stockpiles had been expanded to a buffer storage corresponding to the estimated quantity of personal protective equipment required during one month.

On 7 April 2020, the Government recommended that all shipping lines with routes to Finland from Sweden, Estonia or Germany should stop selling passenger traffic tickets to their ships starting from 11 April 2020. The recommendation did not apply to goods and freight traffic. The companies complied with the recommendation.

The closing of the borders was about to cause a situation where workforce would not be available from abroad. This caused great concerns in Åland, for example, where the hospitals were dependent on doctors and nurses who lived in Sweden. Legislative amendments enabled continued working of citizens of third countries who were already in Finland in industries important for the security of supply and the functionality of the labour market. The amendment and the Government decree regarding this matter entered into force on 9 April 2020.

The Bank of Finland published estimates according to which fast suppression of the outbreak was, from the economic viewpoint, a better option than slowing down the spread of the virus.

According to a survey commissioned by the newspaper *Helsingin Sanomat*, 70% of Finns were of the opinion that the Government's restrictive measures to prevent the spread of COVID-19 were appropriate.

In the first Kansalaispulssi survey¹⁸, 89% of the respondents felt that the information they had received about the effects of the crisis on their everyday life had been good or reasonably good. A total of 65% of the respondents were only slightly or not at all concerned about the livelihood of their household, and 95% of the respondents stated that they had abided by the COVID-19 instructions given by the authorities well or reasonably well. The survey also determined scores for several other measures. The plan was to monitor the changes of the scores in the subsequent surveys. According to 79% of the respondents, the word *reliability* described the communications by the authorities well or reasonably well, and 75% of the respondents were of the opinion that the word *clarity* described the communications to the same extent.

On 8 April 2020, the Regional State Administrative Agencies made decisions according to which the currently valid restrictions on assembly were extended for one month. It had turned out that there was some unclarity regarding the party responsible for the supervision of public gatherings. The police had powers pursuant to the Assembly Act and the Police Act,

¹⁸ The target population of the survey consisted of Finns between the ages of 15 and 74 who lived in Continental Finland. The sample consisted of 2,991 individuals who had been invited to the survey by sending them an SMS. A total of 1,240 approved answers were received. The survey was carried out on 2–5 April 2020.

but these did not enable general prohibition of public gatherings. The concepts of *public meeting* and *public event* were defined in the Assembly Act. These concepts were not defined in the Communicable Diseases Act, and the Government proposal states that the restrictions apply to events which cause people to converge.

On 8 April 2020, the Women's National Emergency Preparedness Association, the Martha Organization and the Association of Craft Teachers published instructions to the general public on how to make and use cloth face masks. Citizens had voiced their concerns regarding the sufficiency of personal protective equipment and highlighted to the above-mentioned organizations their willingness to make such themselves. The instructions were prepared in compliance with instructions by the Finnish Institute of Occupational Health, the Finnish Institute for Health and Welfare, the Finnish Safety and Chemicals Agency and the Finnish Medicines Agency (Fimea) on of homemade face masks.

According to a review by the Finnish Institute for Health and Welfare on 8 April 2020, laboratories were able to process approximately 4,000 coronavirus tests per day, and the plan was to continue increasing the testing capacity.

On 8 April 2020, PMO established a study group (the "crisis follow-up group") tasked with preparing a plan for Finland's way out of the COVID-19 crisis and the required crisis follow-up measures. The chairperson of the follow-up group was the state secretary for the Ministry of Finance, and the group was composed of the permanent secretaries of the ministries. A separate scientific panel was later established to support the group.

The Government decided to start preparations for the implementation of a mechanism for an exceptional economic situation¹⁹. The Government Programme included a mechanism in case of exceptional economic circumstances that was aimed at securing the ability of the fiscal policy to react in the manner required by the economic situation. The mechanism enabled an increase of up to one billion euros in non-recurring expenditure. As part of the preparation, the Ministry of Finance requested from the Bank of Finland and three research institutes overall evaluations of the current economic circumstances and on whether the definition of exceptional circumstances had been met.

The Regional State Administrative Agencies issued two decisions which extended the validity period of the prohibition on the assembly of more than ten people and the closure of schools, excluding special groups, until 13 May 2020. The decision on the closing of schools was eased by, for example, stating that in addition to teaching for pupils attending contact teaching, school facilities could be used to provide school meals to pupils attending distance education and for student welfare services.

Several laws and decrees linked to COVID-19 were issued in early April. They reduced the statutory pension contribution and supported private entrepreneurs, for example. In addition, employee qualifications, such as the qualification for doing hot work, were in risk of expiring because qualification training courses could not be arranged. The parties granting the qualifications extended the validity period of old qualifications and developed remote training.

A working group to provide situational awareness and modelling of the COVID-19 epidemic was established on 8 April 2020. The group was tasked with supporting the Finnish In-

¹⁹ The Government spending limits rule includes a mechanism for exceptional economic circumstances which enables an increase of up to one billion euros in non-recurring expenditure (up to EUR 500 million per year) as necessary. The mechanism can be deployed if predetermined criteria are met.

stitute for Health and Welfare in the performance of its duties and assisting the Ministry of Social Affairs and Health's decision-making by providing information. Members of the group included health care experts from the ministry, the Institute and three universities.

A national testing strategy was published on 9 April 2020. The strategic testing principle was *test-trace-treat*. Testing would be increased in all situations involving a suspected case of COVID-19 or suspected transmission. The plan was to double the testing capacity from the status in early April.

On 9 April 2020, the Ministry of the Interior established a virtual situation centre (SMtike) that was mainly tasked with boosting operations regarding situational awareness on the COVID-19 epidemic and appropriate response in the ministry.

On 9 April 2020, the Ministry of Social Affairs and Health decided to establish a national coordination group for material preparedness in social and health care (LOG5) to support the procurement and coordination of personal protective equipment. The group consisted of the logistics centres of all the five specific catchment areas and the ministry. LOG5 started to produce weekly nation-wide status reports on supplies, as well as prepare proposals on the division of personal protective equipment and special reports to the ministry.

As a result of the deficiencies in the procurement of personal protective equipment and a subsequent crisis of confidence, the CEO of the NESÄ resigned on 10 April 2020. The deficient personal protective equipment procurement procedure was widely discussed by the media.

More **seasonal workers** from abroad were required in addition to those already in the country, first to plant seedlings and then for harvesting. At first, the Government determined a quota of 1,500 workers. The Ministry of Agriculture and Forestry prepared in collaboration with the Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health practical instructions on how to arrive in Finland and how to act at farms. Most of the seasonal workers came from Ukraine. The first charter flight from Ukraine landed on 17 April 2020. Some seasonal workers also arrived in Finland aboard scheduled flights. It was feared that the workers would bring the virus with them, but that was not the case. In May, the Government decided, as the result of cross-administrative preparations and based on a presentation by the Ministry of Agriculture and Forestry, that the total allowed number of seasonal workers would be 9,000. The quota was not reached; instead, some 7,000 workers arrived in Finland.

Several organisations mediated the instructions by the authorities through quickly launched campaigns. The organisations provided guidance and supported the general public in coping with their everyday lives. Volunteers assisted individuals at high risk in running errands and getting groceries, among other tasks. There were regional and local differences in the collaboration practices. Neighbourly help was discussed in the media when the Finnish National Rescue Association (SPEK) published on 9 April 2020, in collaboration with the Finnish Pensioners' Federation, instructions on neighbourly help to be used by municipalities, parishes, organisations and individuals who wished to offer their assistance.

Metro and tram services in the Helsinki metropolitan region were cut back, and the passenger volumes dropped by more than 70%. Train passenger volumes dropped by 90%.

The first nationwide summaries on the **fluency of basic education** came in. The distance education had gone well, but significant fluctuation in quality had been detected. A special concern were pupils who could not cope with the independent studying required for distance learning. Most pupils could be reached during the state of emergency, and some pupils had benefited from the distance education. However, there was a large group of pupils who could

not be reached at all or could only be sporadically reached even though plenty of time was used in the effort. Teachers and parents felt stressed. There were demand for distance education quality criteria and concerns about information security issues. In addition to school hardware, the pupils' own computers and internet connections were used in distance education. Some pupils did not have the required hardware or connections.

In April, the Ministry of Education and Culture realised a survey on the effects of the COVID-19 pandemic on **parties active in the culture sector**. The results indicated that the pandemic had materially compromised operations in the fields of arts, culture and other creative industries. The economic impact was considerable. Layoffs due to the pandemic had occurred. Job opportunities, for freelancers and other self-employed individuals in particular, had decreased. The travel restrictions had lowered the number of visitors to museums and thus the income of museums, especially in the Helsinki metropolitan region.

The Finnish Institute for Health and Welfare estimated that social distancing had most likely slowed down the epidemic in Finland. More than 1.5 million cases had been detected worldwide, of which more than 800,000 in Europe. A total of 66,000 individuals had lost their lives as the result of COVID-19 in Europe.

The capacity strain in intensive care was at its highest on week 14 (6–12 April 2020), during which period 83 patients were being simultaneously treated at intensive care units. At the worst, the Hospital District of Helsinki and Uusimaa simultaneously had 49 COVID-19 patients in intensive care and 96 COVID-19 patients on its hospital wards.

The number of COVID-19 patients in intensive care started to steadily decrease after mid-April, and a reduction of the intensive care capacity was quickly initiated. At most, after the increase in capacity, there were 481 intensive care beds in the whole of Finland, of which 203 beds or 42% of the capacity was in use during the worst period. The low occupancy rate was due to the fact that the number of elective patients in intensive care had reduced by 8% and the number of patients in intensive care for other reasons by 22% when compared to the same period of time the previous year.

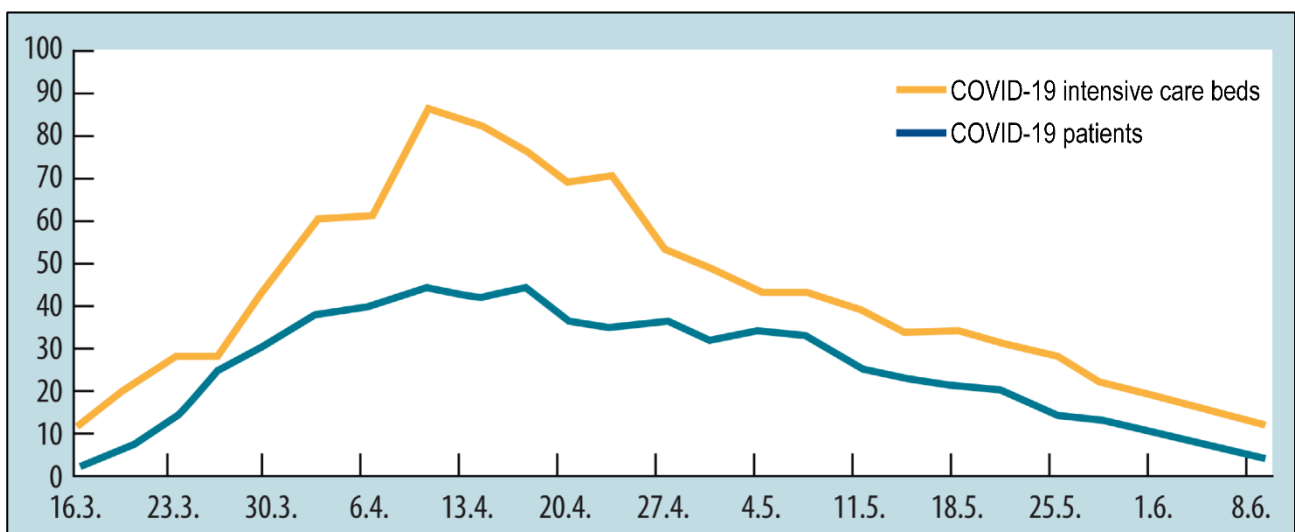


Figure 1. Weekly number of COVID-19 intensive care beds and COVID-19 patients treated at the intensive care units in the Hospital District of Helsinki and Uusimaa. During the first weeks of the epidemic, the capacity of COVID-19 intensive care beds in the Hospital District of Helsinki and Uusimaa was almost depleted. The situation was clearly better in the other specific catchment areas. (Figure: Salla Kattainen et al. Koronaviruspandemiaan liittynyt teho- hoidon tarve ja hoitotulokset Suomessa kevään ja kesän 2020 aikana. Duodecim 4/2021)

The closure of Uusimaa ended on 15 April 2020. The Government declared during its session that the prerequisites to continue the closure laid down in the Emergency Powers Act were no longer met. A total of 700 police officers and executive assistance units of the Finnish Defence Forces had participated in the realisation of the closure every day. A total of 800 conscripts and 50 staff members of the Finnish Defence Forces had provided executive assistance. The checkpoints had processed a total of 550,000 vehicles, of which 0.8% had been turned back by the police. Public transport passenger volumes were low during the period of restrictions.

Most of the news regarding the closure of Uusimaa were reporting in nature, and the restrictive measures were met with hardly any public criticism. Reporting by the media was strongly personified in the PM, because she was a central actor in the press conferences regarding the closure. The PM's role in the media was even more visible than that of the police, even though the police actively communicated information about the situation and were forced to provide some clarification regarding the rules in special cases.

The economic situation room of **Helsinki Graduate School of Economics**²⁰ (GSE) published its first report on 15 April 2020. After this, GSE published weekly reports. GSE had contacted the Ministry of Finance in mid-March, offering to assist in the analysis of economics matters. GSE organised a situation room that received almost real-time anonymised data from various parties in public administration and was capable of analysing the data. The reports could be used by the ministries, and the activity was deemed important.

On 15 April 2020, the Ministry of the Environment established a sustainable recovery working group to prepare proposals on recovery measures after the COVID-19 crisis that would also address the climate crisis and biodiversity loss. At first, the working group was tasked with producing proposals on urgent measures to the crisis follow-up group established by PMO and later, by 30 September 2020, other proposals to the Ministry of the Environment.

On 16 April 2020, the Government issued a resolution on Finland's financial contribution to WHO. The decision restored the financing level of EUR 5.5 million. The decision was implemented in connection with the second supplementary budget.

Public discussion about face masks and a possible recommendation to wear a mask picked up speed. In the United States, CDC²¹ issued a recommendation on wearing a cloth face mask in early April. ECDC also issued a corresponding recommendation somewhat later. In Finland, approximately one-third of the news published by the largest media outlets recommended that private individuals wear a face mask and approximately one-fifth stated that masks were of no use. Most of the news articles did not comment on any other methods to prevent the virus from spreading or primarily recommended other methods.²² However, the articles where the wearing of a mask was recommended were shared clearly more often on social media (51% of all shared articles).

Public assessments of authorities and experts on the usefulness of face masks differed. Representatives of the Ministry of Social Affairs and Health had the most negative attitude towards

²⁰ Helsinki Graduate School of Economics was established in 2018 as a joint venture of the Aalto University, the Hanken School of Economics and the University of Helsinki. In addition to the founding partners, participants to the situation room included Statistics Finland, the VATT Institute for Economic Research and the University of Turku. Data for the situation room was provided by, among other parties, the Ministry of Economic Affairs and Employment, the Finnish Tax Administration, the Finnish Institute for Health and Welfare and the Social Insurance Institution of Finland (Kela).

²¹ Centers for Disease Control and Prevention.

²² News regarding face masks in the 20 largest media outlets total, January to August.

the general public wearing masks. Experts of the Finnish Institute for Health and Welfare disagreed with each other. Instructions on the wearing of masks issued to workers at nursing homes and home care workers were changed, which further added to the public confusion.

In an interview on 14 April 2020, the Director General of the Finnish Institute for Health and Welfare recommended that people wear a mask, which came as a surprise to the communications unit of the institute. In another interview, the Permanent Secretary of the Ministry of Social Affairs and Health stated that the Director General of the institute had voiced his private thoughts instead of providing an official recommendation on the grounds that there was no clear evidence of the usefulness of masks. On 18 April 2020, the ministry and the institute published a press release stating that no instructions or a general recommendation on wearing a face mask or a cloth face mask in public spaces would not be issued on the grounds that the measures in Finland were consistently based on the policies of WHO and ECDC. WHO and ECDC both found it important that face masks meant for actual medical use were reserved for the use of health care professionals.

Starting from the end of March, the communications unit of PMO was reinforced with 16 communications professionals from other parts of central government. These temporary personnel transfers involved a great deal of bureaucracy. The staff also started to work in two shifts. A great deal of overtime was done. There was also a constant staff shortage in the communications units of the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare.

The key communications units were also short of funds. Due to the continuous campaigns, increased need to prepare analyses, large communications material production volumes, large number of press conferences and significantly increased demand for interpretation and translation services, the communications unit of PMO and the Finnish Institute for Health and Welfare, in particular, exceeded their appropriations many times over. Procurement rules slowed down the launching of campaigns.

On 17 April 2020, the communications unit of PMO launched a strategic communications campaign called *Suomi toimii* ("Finland acts") to maintain psychological resilience of the population. No similar communications campaigns for the central government as a whole had been realised since the war times, and no funding for such a campaign had been allocated. The early stages of the campaign were executed with almost half a million euros jointly provided by NESAs and the Secretariat of the Security Committee. At first, 16 different organisations participated in the campaign. Yleisradio supported the campaign by producing more than 200 official videos for a total of 50 parties between April and August. The Ministry of Social Affairs and Health strongly commented on a video included in the campaign, the purpose of which was to thank essential workers during the COVID-19 crisis, because the individuals in the video were wearing face masks. The video had to be remade without the face masks.

According to the second Kansalaispulssi survey²³, trust in the information provided by the authorities and the information on the effects of the crisis on society had deteriorated by a couple of percentage points. Trust in the emergency preparedness operations had also deteriorated. The general public still continued to follow the instructions well, even though the share of individuals who stated that they were happy to comply had somewhat decreased. The most major health-related concern was a loved one falling ill and the most major concern regarding one's livelihood was society drifting towards an economic depression.

²³ The survey was carried out on 16–19 April 2020.

According to a review by the Finnish Institute for Health and Welfare, **the testing capacity** had increased to 5,000 tests per day. A total of 149 COVID-19-related deaths had occurred. A previous deficiency in the mortality statistics involving deaths outside the hospital had been corrected.

The status with personal protective equipment was improving, according to a meeting of the health care coordination group on 22 April 2020. Municipalities, hospitals and private businesses had been able to procure the necessary personal protective equipment. LOG5 had coordinated the procurement processes in the hospital districts. The availability of face shields and FFP2 and FFP3 respirator masks was deemed sufficient, but there were still problems with the availability of surgical face masks and isolation gowns. Manufacture in Finland had gradually started, and the next step was obtaining the required approvals for the Finnish products as soon as possible.

A personal protective equipment disinfecting method was developed under the management of the Finnish Defence Forces. Other participants included VTT Technical Research Centre of Finland, Lappeenranta-Lahti University of Technology LUT and the responsible authorities in the health care sector. Finally, it could be determined that the disinfected personal protective equipment met the specified requirements. VTT Technical Research Centre of Finland published information on how to disinfect face masks at home and the applicable methods.

On 23 April, a review by the Finnish Institute for Health and Welfare reported the incidence per hospital district for the first time. During the preceding full week (13–19 April 2020), the highest incidence was observed in the Länsi-Pohja Hospital District, 43 new cases per 100,000 residents, followed by the Hospital District of Helsinki and Uusimaa (33) and the Hospital District of Southwest Finland (11).

On 24 April 2020, Statistics Finland started to publish express preliminary data on the number of fatalities. Normally, preliminary data on changes in population is published monthly in the preliminary population statistics. The need to monitor the development of fatalities more often had arisen during the epidemic. The express preliminary data reports the weekly number of fatalities with a delay of two weeks.

On 24 April 2020, Parliament decided on the second supplementary budget for the year. A Government proposal was given based on the assumption that as a result of the epidemic, the measures that would restrict economic activity would remain in force for three months. The level of uncertainty was increased by the vaccine development schedule, among other factors. The supplementary budget included financing to support the financing situation of businesses, the culture industry, sports and youth work. As comes to the increased operating expenses of government agencies and institutions, the operating expenses of the Finnish Border Guard were increased as a result of the restoration of internal border controls, for example. Funds were also reserved for aid for those who had been temporarily laid off without pay, as well as housing allowances, unemployment benefits and basic income support. The decision included an appropriation of EUR 600 million for procuring personal protective equipment.

On 24 April 2020, the Government of Åland requested from the Government the opportunity to open schools in a controlled manner, allow restaurants to keep their beer gardens open and allow limited commuter traffic between Åland and Sweden. The request was submitted on the grounds that the status with the disease in Åland was reasonably good. The Government refused the request.

According to a review by the Finnish Institute for Health and Welfare on 25 April 2020, there were 186 deaths, and more specific information was available on 138 of the individuals. Of

these individuals, 52% were male and 48% female. The median age of the deceased was 84 years. More than 90% of them had had one or several chronic diseases, the most common being cardiovascular diseases and diabetes.

Finnish Customs, the Regional State Administrative Agency, the Finnish Medicines Agency and the Finnish Safety and Chemicals Agency met on 28 April 2020 to discuss the market surveillance of personal protective equipment. After the collaborative meeting, the surveillance was targeted to compliance of personal protective equipment in general – which mainly referred to face masks – at the import stage. The surveillance activities revealed erroneous and defective documentation and labelling, among other issues.

Universities published their policy according to which all entrance examinations in the spring and summer of 2020 would be realised using alternative methods that would avoid physical contact. The Parliamentary Ombudsman immediately started to receive complaints regarding the universities' admission processes. Most of the complaints criticised the fact that admission based on prior academic record had become more common, in some cases substantially more common. Many of the complaints involved admission processes in the field of medicine.

On 28 April 2020, **the Chancellor of Justice** addressed the manner in which the Government was making decisions. Decisions had been made urgently, mainly through informal cabinet meetings in the form of policies, instead of through drafting by public officials. The Government would have to start using a drafting and decision-making procedure that was better documented. The listed appropriate procedures included Government resolutions and guidelines by the ministries.

On 29 April 2020, the Government decided, based on an assessment by the health authorities, to lift the restrictions on early childhood education and basic education. Pupils would start contact teaching in a controlled manner which would ensure their safety as of 14 May 2020. The decision was based on an epidemiological assessment according to which the restrictions in question were no longer justified. Experience from abroad and within Finland had proven that the role of children as transmitters of COVID-19 was not the same as the role of adults. Children were hardly ever sources of infection. A Government resolution on this matter was issued the next day.

The Exit Group of the Confederation of Finnish Industries (EK) published its report on the exit of Finland from the crisis on 29 April 2020. The proposed measures involved policies for which the Government is responsible, such as ensuring the availability of personal protective equipment, expanding testing, boosting contact tracing and targeting aid to viable businesses. Some of the measures were ones for which businesses themselves are responsible, such as ensuring the safety of working, doing business and travel, as well as providing expertise to collaborative projects with the government. The report proposed that Finland should introduce national face mask standards like France had done.

The need for **virtual meetings** significantly increased. Municipal bodies switched to virtual meetings at the early stages of the pandemic in March. Legislation was specified in late April to make virtual meetings a viable option also for a variety of enterprises and associations. At the end of April, the Government took action to assist businesses that had faced financial difficulties due to the epidemic. The Bankruptcy Act was amended, for example, to restrict the ordering of bankruptcy based on a petition of a creditor.

The Chemistry Pool (Kemian pooli)²⁴, which is responsible for emergency preparedness in the field of chemistry, daily monitored the consumption and production of medical oxygen, hand sanitisers and other disinfectants. The security of the medical oxygen supply remained at a good level throughout the crisis, and there were no concerns about lack of oxygen. Some hoarding of oxygen cylinders was detected, but it did not have any decisive impact on the situation.

The sudden increase in the demand for hand sanitizers at the beginning of the pandemic caused temporary and transient problems with the availability of hand sanitizers. In addition, lead times for many commercial businesses and some health care and social welfare organisations were prolonged. Meanwhile, the consumer prices of these products increased manifold at worst. The manufacturing volumes of hand sanitizers were increased. Sellers were running low on the high-quality ethanol that is usually used in hand sanitizers, as well as specific thickeners, denaturants and pump dispensers. Alternative substances had to be used in some cases. The changes did not have any effect on the disinfecting properties, but they could influence the scent of the hand sanitizer. The demand and supply of hand sanitizer products balanced out to a new normal level in the early summer of 2020 as the first wave of COVID-19 eased off.

A data system for real-time monitoring of medicines stockpiles which had been under construction in **the Finnish Medicines Agency** was completed. Finland was apparently the first country in Europe to utilise such a system.

According to the **Finnish Hospitality Association MaRa**, the restrictions on restaurants were justified as a general rule. The association would have wished for traffic stations to be allowed to remain open on the grounds of traffic safety. The association deemed the restrictions on assembly and the related communications by the authorities confusing, especially in terms of which measures were mandatory and which were recommendations. Personal opinions and recommendations voiced in public by some ministers and public officials caused damage to businesses. The support systems were defective. All in all, the association was of the opinion that the available trade and industry expertise was not utilised to a sufficient extent when making decisions.

Event organisers found the restrictions on assembly discriminatory. Public gatherings were prohibited but shopping centres were simultaneously allowed to remain open. The communications were deemed confusing, and it was not always clear which measures were recommendations and which were mandatory. Event organisers were of the opinion that they and the authorities that are usually in charge of the control operations, meaning the police, the rescue services and the Finnish Safety and Chemicals Agency, were not consulted to a sufficient extent when preparing the matter.

Municipalities had to adapt to the continuously changing circumstances, the health status and the instructions from the Government. The personal protective equipment stockpiles, such as face masks, were insufficient for the needs of the services provided by the municipalities.

Because of the measures due to the pandemic and the demand for services, some of the municipalities' service areas became overloaded, while the workload in other service areas experienced a considerable decrease. This led to two measures, in particular. Many municipalities laid off their employees to some extent, starting in late March. Employees were also transferred between service areas. For example, the employees of libraries, which had been closed

²⁴ Consortia for a variety of industries operate under the auspices of NESAs.

down, could contact elderly residents on behalf of the municipality. Furthermore, many municipalities surveyed the situation and transferred employees with health care training from different administrative branches to health care duties.

Regional cooperation, particularly between municipalities, largely depended on whether there had been any collaboration before. Cooperation in measures to combat the pandemic was also realised by using existing municipality and city networks. Cooperation between municipalities and other local actors, such as associations, parishes and businesses, was largely municipality-specific.

All municipalities deemed communications with the residents important. At the local level, municipalities were forced to determine the content of the messages and the communications procedures themselves because hardly any instructions on communications were provided at the national level. Messages were targeted not only to residents, but also a variety of target groups in different industries and functions, such as the parents of schoolchildren. Communications efforts regarding health matters at the local level were handled either by the municipality or the party responsible for outsourced health care services. Municipal communications also covered changes in service production and service systems, such as public transport, the availability of school lunches, the opening hours of libraries or the operations of the local adult education centre.

For the **Social Insurance Institution of Finland (Kela)**, the situation posed major customer service challenges. The customers' service requirements and the number of times they contacted Kela through the different service channels changed. In addition, there were new customer groups, such as entrepreneurs who applied for unemployment benefits. The customer service had to be quickly reorganised. The service hours of offices were changed. Of Kela's 146 service points, 90 were open normally or almost normally, 43 were only open by appointment and 13 were closed down. Small service points were closed down for reasons such as the municipality closing down the facilities in which Kela normally offers its services.

According to a survey realised by the Finnish Institute for Health and Welfare²⁵, adult Finns were in contact with 2.5 people per day on average. This was 75% fewer contacts than in the previous survey. In the oldest age group, those between the ages of 70 and 79, the number of contacts was half of the number for those of working age. People had close contact (hugging etc.) with an average of 0.8 people per day. The elderly had decreased their close contacts the most, by up to 85%.

By late April, it was clear that the situation was highly different in different parts of Finland. The situation was the worst in the Hospital District of Helsinki and Uusimaa and the Länsi-Pohja Hospital District, but the other areas were quiet. The Hospital District of Helsinki and Uusimaa took several measures involving the treatment of patients, such as created clinical treatment models for patients with COVID-19 and trained hundreds of nurses in intensive care. IT Management of the Hospital District of Helsinki and Uusimaa launched an extensive data collection project to enable situational awareness of the operations. Experts of the Hospital District of Helsinki and Uusimaa were widely needed in nation-wide working groups established by the Government, the Ministry of Social Affairs and Health, the Finnish Institute for Health and Welfare and many other parties.

²⁵ The survey was carried out on 21–25 April 2020. There were 1,175 respondents aged 18–75 from different parts of Finland. Information regarding a total of 165 children who lived in the same households as the respondents was also received. The survey inquired with how many people the respondents were in contact during one weekday, as well as the age of the people they met.

1.1.6 May – Switch to hybrid strategy and dismantling the restrictions

The Crisis Helpline of MIELI Mental Health Finland received more than 80,000 attempted calls between January and April, which was almost 46% more than during the same period the previous year. The COVID-19 situation clearly influenced the callers' concerns. There were more calls from young adults who were not feeling well and had suicidal thoughts, in particular.

On 2 May 2020, the Chancellor of Justice stated that a mobile contact tracing application for the general public could be introduced to monitor transmission chains.

According to the third Kansalaispulssi survey²⁶, people continued to abide by the instructions, even though some exhaustion towards the restrictions could be observed. People were less concerned about their health but more concerned about the economy in general. Faith in their own livelihood had improved. In terms of the communications, 76% of the respondents deemed the information given by the political decision-makers reliable or fairly reliable. This was 12 percentage points less than in the previous survey.

Management of the COVID-19 crisis with a hybrid strategy was on the agenda of the Government on 6 May 2020, at which time the Government issued a resolution on the matter. As the curbing of the progress of the epidemic had, according to the Government's view, been successful, Finland could move to the next control phase in stages. In the hybrid strategy, extensive restrictions would be replaced in a controlled manner with more targeted measures and more intensive control of the epidemic pursuant to the Communicable Diseases Act, the Emergency Powers Act and possibly other regulations. The goal was using the hybrid strategy to successfully curb the epidemic so that it would cause as little harm as possible to people, businesses, society and the implementation of fundamental rights.

The hybrid strategy for the control of the epidemic would be based on continuous monitoring and utilisation of the accumulated research data. More research data about COVID-19, the progress of the epidemic and the effects of the restrictions would be constantly obtained. As new data came in or the status of the epidemic changed, decisions and recommendations would have to be updated, quickly if necessary, so that the epidemic would remain in check using the most efficient means from the perspective of overall wellbeing of society. In addition to the control and gradual easing of the restrictions, the hybrid strategy would be based on the *test, trace, isolate and treat* principle.

On 6 May 2020, **a group of experts**²⁷ submitted an open letter to the Government where they advised the Government to use a suppression strategy instead of the hybrid strategy.

According to a review by the Finnish Institute for Health and Welfare, the epidemic had not increased the overall mortality rate in Finland. Deaths among the working age population were extremely rare, and no children or young people had died as a result of COVID-19 in Finland.

The Regional State Administrative Agencies issued a decision that kept in force the previous decisions on the prohibition on the assembly of more than ten people.

According to a survey by the European Foundation for the Improvement of Living and Working Condition (Eurofond), Finns had switched to working from home more extensively than the population of any other EU member state.

²⁶ The survey was carried out between 29 April and 3 May 2020.

²⁷ The group calls themselves the *Eroon koronasta working group* or *End COVID-19 Finland*.

Due to the extensive lockdown of society, a host of businesses were forced to lay off their employees. The number of laid off employees was at its highest in early May, at which time 170,000 individuals had been laid off.

The restrictions on contact teaching were eased starting from mid-May. On 12 May 2020, the Regional State Administrative Agencies made a decision that allowed contact teaching in schools. However, parties providing early childhood, pre-primary and basic education were obligated to take into account guidelines jointly issued by the Ministry of Education and Culture and the Finnish Institute for Health and Welfare. Corresponding guidelines for other educational institutions were issued on 13 May 2020. According to the Trade Union of Education in Finland, the education sector had not been consulted to a sufficient extent when preparing the guidelines on the opening of schools, which meant that the guidelines were not optimal. The first versions of the guidelines had to be revised to make them functional.

On 13 May 2020, the Ministry of Social Affairs and Health decided that personal protective equipment would have to be used in social welfare units providing services 24/7 and home help services. All employees in close contact with customers would be obligated to use personal protective equipment. Several municipalities and private service providers had difficulties in abiding by this decision, as the availability of personal protective equipment varied a great deal between the different regions. The Regional State Administrative Agencies received plenty of enquiries regarding the situation in general and whether the extra costs would be compensated for.

Gradual return to normal started with the various forms of transport. Internal commuter traffic in the Schengen area started on 14 May 2020 and several countries lifted their restrictions, which slowly started to increase air traffic passenger volumes. Transport paid for by the government from airports was stopped and public transport returned to the normal schedules. The obligation to wear a respirator mask or face mask and the measuring of outgoing passengers' temperature varied from country to country. Finavia announced that it would require that all airport employees working at the customer interface at airports wear a face mask. Furthermore, Finavia strongly recommended that all passengers use a face mask while at the airport. Between 27 March and 13 May 2020, more than 6,000 passengers arriving in Finland were taken from the airport to home quarantine by taxi. The public service announcements, communication and health advice continued.

On 14 May 2020, the Ministry of Social Affairs and Health deemed the **development of a mobile app** for tracing COVID-19 transmission chains justified.

The first monitoring report of the working group to provide situational awareness and modelling of the COVID-19 epidemic established by the Ministry of Social Affairs and Health was published on 15 May 2020. According to the report, the epidemic had clearly slowed down when compared to early April. The average weekly number of cases reported to the Finnish National Infectious Diseases Register had clearly been decreasing for more than a month. The estimated basic reproduction number was 0.6–0.85.

According to the fourth Kansalaispulssi survey²⁸, people continued to abide by the instructions, but fewer people than before were happy to do so. Concerns regarding the ability of the health care system to care for the infected had continued to decrease. People's mood in general had continued to improve. In terms of communications, people still relied most on information provided by health care workers, which was considered reliable or fairly reliable by

²⁸ The survey was carried out on 14–17 May 2020.

86% of the respondents. The corresponding percentage for political decision-makers was 74%, for experts of the Finnish Institute for Health and Welfare 75% and for reporters 39%.

On 20 May 2020, **the Cabinet Committee on Economic Policy** declared that the definition of economic emergency conditions pursuant to the Government Programme was met and there was an exceptional economic downturn. The Bank of Finland and economic research institutes agreed that it was an exceptional economic downturn in Finland, in the euro area and globally. Based on these assessments and its own analysis of the situation, the Ministry of Finance, and further the Cabinet Committee on Economic Policy, submitted a proposal to the Government to introduce the mechanism for exceptional economic circumstances in accordance with the Government Programme.

Parliament approved the year's third supplementary budget on 25 May 2020. The supplementary budget included, among others, an appropriation of EUR 171 million to compensate for the restaurant restrictions and to support re-employment. EUR 6 million was granted for expenses arising from the preparation, procurement, implementation and maintenance of the contact tracing app, and EUR 6 million was granted for discretionary government grants.

On 26 May 2020, the national coordination group for material preparedness in social and health care (LOG5) issued an assessment requested by the Ministry of Social Affairs and Health on the required number of personal protective equipment should the obligation to wear surgical face masks be expanded to the social welfare and health care sector as a whole. According to the assessment, two to five times the previous number of face masks, or 1–2.5 million masks per day, would be needed. The first summary, to be updated every two weeks, on the personal protective equipment status was published on the websites of NESÄ, the Ministry of Social Affairs and Health and the Ministry of Economic Affairs and Employment on 7 May 2020.

Public discussion on the wearing of face masks continued lively throughout May. At the beginning of the month, a representative of the Hospital District of Helsinki and Uusimaa recommended that people wear face masks in public premises. Midway through the month, the Finnish Institute for Health and Welfare declared that a cloth face mask could prevent an infected person from infecting others, but would not protect a healthy person from an infection and could even increase the infection risk if not properly handled. Meanwhile, the authorities published instructions on how to properly handle a cloth face mask. The Director General of the Finnish Institute for Health and Welfare stated in an interview by Yleisradio that the Ministry of Social Affairs and Health would be responsible for any face mask recommendation and the matter could involve political and social aspects that are not directly connected to the epidemic.

The Ministry of Social Affairs and Health published a report on the wearing of face masks among the general population on 29 May 2020. According to the report, research data indicated that the wearing of face masks only had a minor impact on the transmission of respiratory infections within the population. The Finnish Institute for Health and Welfare and the ministry started joint, weekly coronavirus information events online. Four information events were arranged before the summer holiday season.

The restrictions on the allowed number of attendees at public events caused the need to provide advice throughout the spring. During the pandemic, restrictions were placed pursuant to the Communicable Diseases Act, according to which the competent authorities are the Ministry of Social Affairs and Health, the Regional State Administrative Agencies and the municipalities. Parties arranging public events addressed their questions in the normal manner

to the police or the rescue services, which were not the competent authorities in matters pertaining to the Communicable Diseases Act, however. Event organisers and restaurants were faced with difficult situations when the responsible authority was not always found or could not be reached. Many event organisers contacted the agencies for advice.

Municipalities made decisions on the opening of facilities and the restarting of services in mid-May. Regardless of the fact that the emergency conditions had come to an end, the municipalities did not dismantle the management structures used during the crisis, but crisis management working groups were not as active as earlier in the spring and had fewer meetings, for example.

The Hospital District of Helsinki and Uusimaa decreased its alert state from the highest to the second highest level on 29 May 2020. Elective surgeries were more broadly restarted.

The Ministry of Economic Affairs and Employment and the Ministry of Social Affairs and Health published instructions on safe travelling within Finland to support safe tourism industry business operations.

The Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health started to publish a weekly press release on the COVID-19 situation on 28 May 2020.

According to the fifth Kansalaispulssi survey²⁹, people were less concerned about COVID-19 than before, but 36% of the respondents were still worried at least to some extent. The clarity of communications had decreased more than other aspects of communications. Of the respondents, 85% had received information from newspapers and 84% from the TV. The significance of friends and social media as sources of information had decreased from the first survey.

1.1.7 June – End of emergency conditions

Several of the restrictions were eased in early June. Restaurants and cafés were allowed to open, with specific limitations. Some public indoor premises were opened. Public events with at most 50 attendees were allowed and public events with at most 500 attendees were possible with special arrangements in place. This enabled the starting of sports events and competitions, for example. Public events with more than 500 attendees were prohibited until 31 July 2020.

The second part of a report by the crisis follow-up group, managed by the Permanent Secretary at the Ministry of Finance, was handed over to the Government. Compared to the first report, which focused on the measures taken due to COVID-19 crisis and their effects, the second report focused on creating guidelines for society to recuperate, especially from the economic viewpoint. A solid foundation for economy was deemed a key aspect in the solving of the social problems that had occurred.

The COVID-19 scientific panel established by PMO published its report. The scientific panel collected and mediated research data on matters it had identified as essential. According to the report, the wearing of face masks would be useful to prevent transmission, especially in the case of asymptomatic carriers.

Contact tracing training was started in collaboration by the Tampere University, the University of Eastern Finland and the Finnish Institute for Health and Welfare. A total of 643 people had completed the training by the end of July.

²⁹ The survey was carried out on 28–31 May 2020.

On 2 June 2020, **End COVID-19 Finland** proposed that the authorities recommend the wearing of masks in public premises. Face masks would reduce the risk of infected individuals transmitting the disease without knowing it. An article funded by WHO according to which face masks were part of the COVID-19 prevention measures had been published in the eminent science journal *The Lancet* the previous day.

The Government made a policy on face masks at an informal cabinet meeting on 3 June 2020. The Government did not issue a general recommendation but found that face masks could be used to protect others at locations and in situations where avoiding close contact is not possible. A face mask does not protect the wearer from an infection, but can prevent a person already infected with the virus from transmitting it to others.

Director Generals of the Regional State Administrative Agencies submitted development proposals based on their experiences from the spring. In the case of each decision on restrictive measures pursuant to the Communicable Diseases Act, the agencies received a guidance letter including calls for action from the Ministry of Social Affairs and Health, the key content of which was published as Government policies at press conferences. Some matters became public knowledge already before the competent authority had had time to properly investigate the matter. The agencies wished that these matters could be addressed already at the preparation stage. The agencies also requested that the powers laid down in the Communicable Diseases Act be further specified. In some cases, the agencies are tasked with “coordination”, which was considered a definition that is subject to interpretation.

The agencies were of the opinion that the communications efforts had not been optimal. The general public had been unsure of, for instance, which of the policies were recommendations and which were mandatory decisions, which caused some criticism at the authorities. This clearly increased the number of enquiries submitted to the agencies, and replying to these enquiries caused a huge workload on the Agencies.

The risk of COVID-19 spreading still existed. On 9 June 2020, the Government discussed at an informal cabinet meeting how measures required by the current status of the epidemic could be introduced by developing legislation in force under normal conditions. Urgent preparation of amendments to the Communicable Diseases Act was continued, among other tasks. In addition, the Government had already decided to issue proposals on the assignment and further specification of the differences between the regular powers and the powers pursuant to the Emergency Powers Act pertaining to pharmaceutical service, teaching and education.

The Government further specified its policy regarding the restrictions on assembly on 11 June 2020. With detailed special arrangements in place, it would be possible to arrange public events with more than 500 attendees outdoors starting from the beginning of July.

The events that occurred in the spring caused plenty of consequences **for the sports industry**. The acute effects were the worst for businesses active in the sports industry. Dance suffered the most and horseback riding the least. The turnover in 59% of businesses in the industry dropped by at least half. Most of the key sports services managed by municipalities were closed, excluding outdoor exercising venues. Most sports clubs survived with relatively few problems, but one-fifth of them experienced great or extreme financial problems. More than half of all sports clubs interrupted most of their operations. Municipalities supported sports clubs by, for instance, not collecting rent for their facilities. Remote and online services of parties active in the sports industry were developed.

Exercising of children and young people decreased by dozens of per cents during the pandemic. Team sports together with one's friends or a specific sport were important to young people. As these were not available, the total amount of exercise decreased.

The total number of alarm calls for **the police** decreased while the restrictions were in place. The number of police assignments in public places and restaurants decreased, while the number of house calls and drug-related assignments increased. More people were caught driving under the influence of drugs than under the influence of alcohol. Wastewater measurements showed that amphetamine was used more in the Helsinki metropolitan region during the COVID-19 pandemic than ever before during the entire time these measurements have been taken.

The number of calls to **emergency response centres** decreased by 10% when the restrictions were in place. Assignment types showing an increase included difficulties in breathing and a variety of social welfare assignments. The number of calls pertaining to traffic accidents decreased. Starting from the beginning of April, the emergency response centre employees were able to reply to 100% of emergency calls within the ten-second target time. Citizens were actively provided with advice, and the number of calls where advice was being asked or other enquiries were being made, or other non-urgent calls due to the COVID-19 crisis, was not distracting.

There were no major changes in the overall number of **rescue services** assignments during the time when the restrictions were in place. The number of some types of assignments, such as traffic accidents, decreased. No significant number of rescue services workers fell ill. There were problems with the availability of personal protective equipment, especially in emergency medical service. Rescue services' security communications and training events were cancelled or changed into online events.

In terms of **psychosocial support**, the pandemic increased the need for support especially among families, young adults and workers treating patients with COVID-19. People wanted to discuss their uncertainty about the future and their fear of themselves or their loved ones falling ill. According to information available to the Ministry of Social Affairs and Health, municipalities did not raise any special concerns regarding the availability of psychosocial support. It has been estimated that the reduction of basic services available to children, the young and families concealed some problems and support needs within families.

Once the emergency conditions had been declared, the Vantaa City Social Emergency and Crisis Center announced that the social emergency and crisis services would be reserved for the city's own use. Under normal conditions, Vantaa is a nation-wide provider of psychosocial support services appointed by the Ministry of Social Affairs and Health. There were no incoming assignments during the spring. Vantaa was available for consulting and to support parties active in municipalities in case of a major accident. In early June, Vantaa and the ministry agreed that Vantaa would be able to accept assignments based on a separate agreement. In early autumn, they returned to the normal arrangement.

Many organisations started to prepare for a return to normal, and many organisations that had been in a heightened state of readiness returned to the normal state. For example, the Social Insurance Institution of Finland established an exit working group linked to the emergency preparedness working group to prepare the return to normal operations.

Many of the organisations that maintained situational awareness received feedback from the parties that submitted information to them, such as municipalities. During the spring, the Regional State Administrative Agencies compiled situation reports about the municipalities

based on a request from their eight supervising ministries. The situation reports were customised to the different needs of the ministries. The basic services, legal protection and permits branch of the agencies participated in the preparation of eleven different status reports. The education and culture branch collected data for and prepared nine weekly nationwide status reports on early childhood education and basic education. The data collection methods and the systems used to achieve the situational awareness were separate and incompatible. Some of the data was collected using arrangements that were problematic in terms of information security. Furthermore, some of the organisations noticed in arrears that the situation report was not actually so urgently needed. The problem was that the parties that provided the data did not always receive any broader status report in return.

According to the **sixth Kansalaispulssi survey**³⁰, people's opinions regarding the emergency preparedness of the authorities had deteriorated up until the previous survey, but now there had been a turn for the better. The number of concerned individuals had continued to decrease and people's faith in the future had increased. The assessment on mood in general had significantly improved. A positive attitude regarding the lifting of the restrictions had continued to strengthen. There were some fairly minor changes regarding trust in the information provided by various groups in public, but the downward trend observed in the case of many individuals had broken.

On the basis of a status report submitted on 15 June 2020, the Government assessed that the COVID-19 pandemic could be controlled with the regular powers of the authorities. The Government issued decrees to repeal the powers pursuant to the Emergency Powers Act and declared that the country was no longer under emergency conditions. The repealing decrees entered into force and the emergency conditions ended on 16 June 2020.

On 17 June 2020, the Government issued policies to ease the restrictions on assembly and restaurants. The eased restrictions would enter into force in stages as the epidemiological situation improved. The Government recommendation on avoiding hospital visits was cancelled.

The status with personal protective equipment was deemed good in reports by the Ministry of Social Affairs and Health and LOG5 on 17 June 2020. The situation had improved because of procurement, production in Finland and disinfecting of respirator masks and isolation gowns, as well as the fact that many municipalities and hospital districts had started to procure the necessary personal protective equipment from the market. The government had to subsidise the production of personal protective equipment in Finland to achieve sufficient production volumes. The problem with disinfected personal protective equipment was that they did not comply with the requirements and as the market surveillance authority, the ministry could not act in a manner that would violate the law.

On 18 June 2020, **the Deputy Parliamentary Ombudsman** ruled on complaints regarding the restrictions applied to the elderly, particularly those living in institutions or sheltered housing units. The complaints were based on the instructions issued by the Ministry of Social Affairs and Health on 20 March 2020 that were revised on 16 April 2020. According to the ruling, the expressions used in the instructions by the ministry, a reference to the Communicable Diseases Act and a request to prohibit any visits apart from those that are absolutely necessary in particular, caused the impression that the instructions were binding in nature. Thus, the instructions provided by the ministry were erroneous. The ministry subsequently changed its communication approach in a manner which attempted to emphasise that the restrictions on the elderly were voluntary.

³⁰ The survey was carried out on 11–14 June 2020.

On 23 June 2020, the Government made a policy at an informal cabinet meeting that the internal border controls and the restrictions on entry into the country would be abandoned starting from 13 July 2020 in the case of traffic between Finland and countries where the incidence was similar to the countries in the case of which internal border controls had already been lifted. The Government policy also stated that the recommendation on working from home would be cancelled as of 1 August 2020 and that the recommendation on individuals over the age of 70 avoiding physical contact would be cancelled.

In September, the Deputy Parliamentary Ombudsman ruled on the instructions provided in March according to which individuals over the age of 70 were to remain in isolation. According to the ruling, it would have been better for the realisation of equality, which is secured as a fundamental and human right, to address the instructions on preventing the transmission of the virus to the whole population in general. At the same time, the population should have been informed of which individuals are at risk and on what grounds, and specific instructions for the different groups at risk should have been provided.

On 24 June 2020, **The Confederation of Finnish Industries and the Finnish Association of Private Care Providers** published a statement supporting the hybrid strategy published by the Government to tackle the pandemic. At the same time, the organisations appealed to the Government that the problems with the *test-trace-isolate-treat* strategy would have to be addressed. These included delays in obtaining a referral to a test, in making a decision on the infectious disease and in tracing transmission chains in the public sector, the processing being subject to a charge for customers of private health care providers and occupational health care services, as well as occupational health care services' limited access to information and limited opportunities to participate in tracing. The organisations issued several proposals on how to solve these problems. A key element in all the proposals was cooperation between public and private health care services.

On 26 June 2020, **Parliament** approved in its fourth supplementary budget an appropriation of EUR 300 million for cost support in the corporate sector and EUR 110 million for the procurement of vaccines. In addition, some EUR 25 million was allocated to shipping companies operating cargo and passenger ships to ensure sufficient maritime transport capacity, to restore faith in marine traffic, to preserve the Finnish tonnage and to maintain the operational capacity of shipping companies.

The Ministry of Economic Affairs and Employment established a group of experts to survey the measures that would best support the growth and success of businesses in international competition during and after the COVID-19 crisis.

According to the seventh Kansalaispulssi survey³¹, people's concerns regarding their own livelihood and that of their loved ones had somewhat increased. The assessment on mood in general had continued to improve. General trust in the media had experienced a significant decrease since the end of May. The negative trend regarding satisfaction with the communications about the crisis had been broken, and people felt, in particular, that the authorities were reacting faster to the events.

By the end of June, 227 patients with COVID-19 had required **intensive care**. The average number of intensive care days for a patient with COVID-19 was 14, compared to three days for all intensive care patients in general. A total of 12% of the patients required intensive care for more than 30 days. The longest periods in intensive care were 90 days. Of the patients in intensive care, 67% required a ventilator and 15% died regardless of the treatment. Over time,

³¹ The survey was carried out on 25–28 June 2020.

more information about the disease was obtained and the treatment could be improved, which started to show as a reduction in the average length of stay in intensive care, for example.

During the spring, **individuals who had contracted COVID-19** organised themselves into a peer support group, with a Facebook group as their central communications forum. In June, the group arranged a survey to which more than 500 individuals who had contracted the disease responded. Although crisis support was available, the respondents felt that the support persons did not understand their experiences. Peer support was important. Those suffering from prolonged symptoms, in particular, felt that the available support was inadequate. A total of 70% of the respondents had experience from the services of a municipal health care centre. Of those who had used the services of a health centre or hospital, 40% were not satisfied with the service they had received. The main reason was that the respondents felt that their symptoms had been disparaged. Gaining access to health care services required initiative in a situation where one's own functional capacity was reduced due to illness. The health care services recommended, especially at the early stages of the outbreak, that people should not get tested. The lack of a test result slowed down the process of obtaining sick leave and the initiation of quarantine measures.

By the end of June, **contact tracing apps for mobile phones** were in use in six European countries: Austria, Germany, Denmark, Italy, Latvia and Poland. The Finnish app, Koronavilkku, was published on 31 August 2020.

1.1.8 July – Summer holiday month

Many organisations had recognised that their key personnel had been strained to the limit, which is why these organisations had decided that the employees would have the opportunity to take their regular annual holidays. Many key employees started their holidays after Midsummer or from the beginning of July at the latest, and their deputies took over.

On 6 July 2020, the Finnish Safety and Chemicals Agency issued an administrative decision on the withdrawal from the market of one personal protective equipment product. This was the only market surveillance decision regarding personal protective equipment that was made.

The first round of applications for cost support for businesses from the State Treasury, which had been prepared in the late spring, opened on 7 July 2020. The Confederation of Finnish Industries and the State Treasury arranged training on how to apply for the cost support. The cost support was intended for businesses with significantly decreased turnover due to COVID-19 and with costs that were difficult to adjust. The plan was to target support measures at businesses and industries that had been most affected by the pandemic. Businesses were assisted in surviving by means of cost support, closure compensation, event guarantee and loans guaranteed by Finnvera, among other measures. There were customised forms of support for restaurants.

On 13 July 2020, **the Ministry of Health and Social Affairs** established a cooperation group of authorities to prepare the planning, guidance and implementation of public health security at points of entry to the country. The group included experts and authorities from the Ministry of Social Affairs and Health, the Ministry of Transport and Communications, the Ministry of the Interior, the Ministry for Foreign Affairs of Finland, the Finnish Institute for Health and Welfare, Finavia and the Finnish Transport and Communications Agency. Persons responsible for the prevention of infectious diseases in the municipality and the Regional State Administrative Agency responsible for each entry point and representatives of the Lappeenranta Airport also participated in the work of the cooperation group where applicable.

The travel recommendations were eased by moving several countries from the category *avoid all travel* to *avoid unnecessary travel*.

On 23 July 2020, the Government decided during its session to restore internal border controls in traffic between Finland and Austria, Slovenia and Switzerland. In these countries, the number of cases had started to increase since the previous assessment. The decision entered into force on 27 July 2020.

By the end of July, the Government had submitted to Parliament a total of 47 **legislative proposals related to COVID-19**, including some 70 legislative amendments. About half of the proposals were approved by Parliament as they stood. One bill was rejected in full, a few were significantly amended and the rest were slightly amended. In a few of the cases, the parliamentary committees drew attention to the fact that the Government proposal had been submitted to Parliament as a matter of urgency and on an extremely tight schedule. The urgency may have prevented a comprehensive assessment of the effects of the proposals during preparation, as well as prevented the experts and the committee from having sufficient time to study the effects of the proposals during the parliamentary process in terms of matters such as the different groups of beneficiaries or industries.

Public discussion on the wearing of face masks continued. The media reported on a recommendation by EU experts to wear masks on trains, for example. At the end of the month, a spokesperson of the Finnish Institute for Health and Welfare stated that an amendment of the recommendations on face masks was under consideration. According to the information provided in the interview, it was clear based on a re-analysis of the face mask study commissioned by the Ministry of Social Affairs and Health that face masks prevented transmission.

The volume of daily communications and communication campaigns pertaining to COVID-19 remained high throughout the crisis. A media information hotline provided by the Finnish Institute for Health and Welfare alone received around 8,600 contacts during the period under investigation.

The institute compiled the most important COVID-19 instructions for citizens on its website. The website's average number of visitors per day was 130,000, with the maximum being 800,000 per day. The institute gained a significant number of new followers on social media.

As part of the *Suomi toimii* project, PMO published in July a video titled *Jaksaa, jaksaa Suomi!* ("Hang in there, Finland!") where Finns were encouraged to continue abiding by the restrictions. The video's media exposure remained quite low. The communications unit of PMO identified a need to continue strategic communications to support psychological resilience of the population in the face of a likely second wave of COVID-19, but no funding could be obtained at this stage to continue with the *Suomi toimii* project.

With the lifting of restrictions pertaining to **restaurants**, the financial distress of restaurants eased. Municipalities relaxed their permit policies regarding beer gardens and alcohol licensing authorities issued beer garden permits on an accelerated schedule. The summer provided relief especially for restaurants with large beer gardens. Demand for staff and student restaurant services was well below half of the level of the previous year.

The situation in **hotels** was universally difficult in the summer, especially in the Helsinki metropolitan region, where the number of foreign tourists decreased by 94% from the previous year.

According to payment traffic monitoring figures of a bank, purchases in the **arts and culture sector** in July remained at 50% from the previous year's figures. According to Statistics Finland, the number of unemployed and laid-off individuals in the arts sector was 57% higher during the second quarter of the year when compared to the previous year.

In the summer, **municipalities** did not have sufficient information of the future operating model that would emphasise the importance of the local and regional level. There were confusion and deficiencies in the preparation for the second wave in the autumn.

Parishes made significant changes to their confirmation camp arrangements. All confirmation camps in the spring and summer were arranged with smaller group sizes and clear guidelines. Only one infection at a confirmation camp was detected. Some confirmation camps were postponed to a later date.

During the restrictions in the spring, **the Non-Discrimination Ombudsman** drew attention to the instructions of the Ministry of Social Affairs and Health on meeting restrictions in housing units. The Non-Discrimination Ombudsman was of the opinion that the measures were too heavy and unclear. Recommendations and mandatory provisions had become confused. It also seemed that society was becoming polarised. Those in a vulnerable position were put under even more pressure. In 2020, the assistance system for victims of human trafficking received a record number of applications for assistance.

The Ombudsman for Children drew particular attention to the closure of schools. Distance education went well for many children, but a small group of children could not be reached. Presumably, this was the same group of children who had problems attending school in any case. The number of submitted child welfare reports did not increase, which was not an indicator of everything being well but of a decline in social control as society became less active. Issues remained hidden.

Most of the individuals contacting the ombudsman had a complaint regarding school meals. There were also issues with the restrictions on visits with many children living in two homes and many more staying somewhere else on the weekends. These restrictions were deemed excessive.

The Child Strategy COVID-19 working group prepared a report on the realisation of children's rights. The situation did not pose an immediate health threat to children and young people, but the impact on the wellbeing and rights of children, young people and families was significant. The emergency conditions led to a significant underutilisation of social welfare and health care services, resulting in difficulties and delays in access to support and assistance for children, young people and families. The inability to continue with one's hobbies led to loneliness.

According to the report, a wide range of support, cooperation and the development of processes will be necessary in the future. Another essential matter is ensuring that the impact on children is assessed and that children and young people are consulted and have access to information. Attention should also be paid to discrimination, inequality and children and families in a vulnerable position. The working group made a number of proposals to remedy the situation.

By the end of July, the Regional State Administrative Agencies and the National Supervisory Authority for Welfare and Health had received approximately 260 **social welfare and health care enforcement cases** pertaining to COVID-19. Two cases were instituted in February, more than 20 in March and more than a hundred in April. After that, the number of cases started to decrease in such a manner that a little less than 30 cases were instituted in July.

Half of the cases concerned health care and half social welfare matters. Of these, 160 were complaints and enforcement cases. Almost half of them concerned housing services and half of them concerned customers of welfare services for the elderly. In almost half of them, the reason for the complaint or enforcement was a procedure used or activity practiced during the COVID-19 crisis. Other important reasons included visiting practices, personal protective equipment and instructions.

The workload of **the Social Insurance Institution of Finland** regarding benefits increased, but not by as much than expected. More than 50% more unemployment benefit applications were received than during the same period the previous year. During the second quarter of the year, the number of general housing allowance decisions and the number of sickness allowance decisions increased by 12% and 11% respectively when compared to the same period the previous year. By the end of August, 16,000 applications for sickness allowance on account of an infectious disease had been received, which was clearly more than had been estimated right before the epidemic. By 23 August 2020, some 3,100 individuals had applied for temporary support due to the epidemic, which was fewer than expected. Processing times remained on target and were even reduced in some cases. A particularly good result was that applications for basic income support could be processed quickly. Since the end of April, the processing time was less than five working days, and at times during the summer even less than two working days. There was no backlog in the settlement of primary benefits.

In order to streamline the work on benefits, a number of streamlining procedures were introduced in the spring, which was identified as a risk. The Social Insurance Institution of Finland will assess the significance of the streamlined procedure by the end of 2021.

The COVID-19 operation of the **Finnish Red Cross** was in effect from 18 March 2020 to 30 July 2020. A situation centre was established at the headquarters of the Finnish Red Cross to provide nation-wide situational awareness. The districts and departments of the Finnish Red Cross supported the municipalities' social welfare and health care services. At the local level, activities focused on the promotion of wellbeing and practical aid, such as friendship programmes, assistance in running errands and food aid.

Based on a request from the Ministry of Social Affairs and Health, one hundred Finnish Red Cross volunteers answered calls in the nation-wide telephone information service, Corona-info, between 17 March 2020 and 30 June 2020. During this period, the volunteers processed around 10,000 calls and almost 300 chat messages. The Finnish Red Cross helpline received around 2,000 calls between April and June. At the beginning, the calls involved the current COVID-19 situation, health concerns and loneliness.

The Finnish Red Cross provided assistance online in collaboration with MIELI Mental Health Finland through a chat called Sekasin. Between January and October, more than 140,000 contacts from young people were received through the chat service, which was 26% more than the previous year. The number of customers at youth shelters increased by 15%. There was high demand for psychosocial support meetings for young people, in particular.

The Finnish Red Cross was also involved in entry arrangements for quota refugees. The influx of quota refugees almost completely stopped in the spring of 2020. Only 31 quota refugees arrived in Finland between March and August.

By the end of July, some 47,000 calls were received through Corona-info. The highest number of calls, more than 22,000, was received in March and the lowest number in the summer, around 4,000 in both June and July. When the operations were launched, there was little infor-

mation about the virus and the information that was available was constantly changing, making the advisors' work difficult. Initially, it was not possible to anticipate the large number of contacts. Expert support from the Finnish Institute for Health and Welfare and staff training were important. Following the establishment of situation centres in a variety of organisations, the ministries and government agencies were able to name contact persons, which facilitated the work.

The Parliamentary Ombudsman received almost 600 complaints by the end of July. Complaints regarding education involved the entrance examinations and student admission processes of regular universities and universities of applied sciences, among other subjects. Complaints regarding basic education involved issues such as the arranging of school meals during the emergency conditions. A large part of complaints regarding social welfare services involved the ban on visiting the elderly at nursing homes. Complaints regarding supreme government bodies involved issues such as Government communications. Almost all complaints regarding border controls involved cross-border traffic between Finland and Sweden.

The digital leap, i.e. a switch to using online services, was widespread in society. For example, more than 50% more identification events through the Suomi.fi identification service of the Digital and Population Data Services Agency took place in 2020 than during the previous year. There were a total of 154 million strong identification events. The number of individuals using the e-Authorizations service on behalf of another person also experienced a significant increase. The service can be used to, for instance, issue an electronic power of attorney to another person to pick up your medication from a pharmacy.

The possible arrival of a second wave was discussed by the media at the very end of July. The recommendation on working from home was about to be cancelled and indoor events for more than 500 attendees under certain conditions would be allowed starting from the turn of the month. With a host of European countries showing signs of rising infection rates in July, the lifting of restrictions was seen as a risk by many. Finland also saw a slight increase in the infection rates at the end of July.

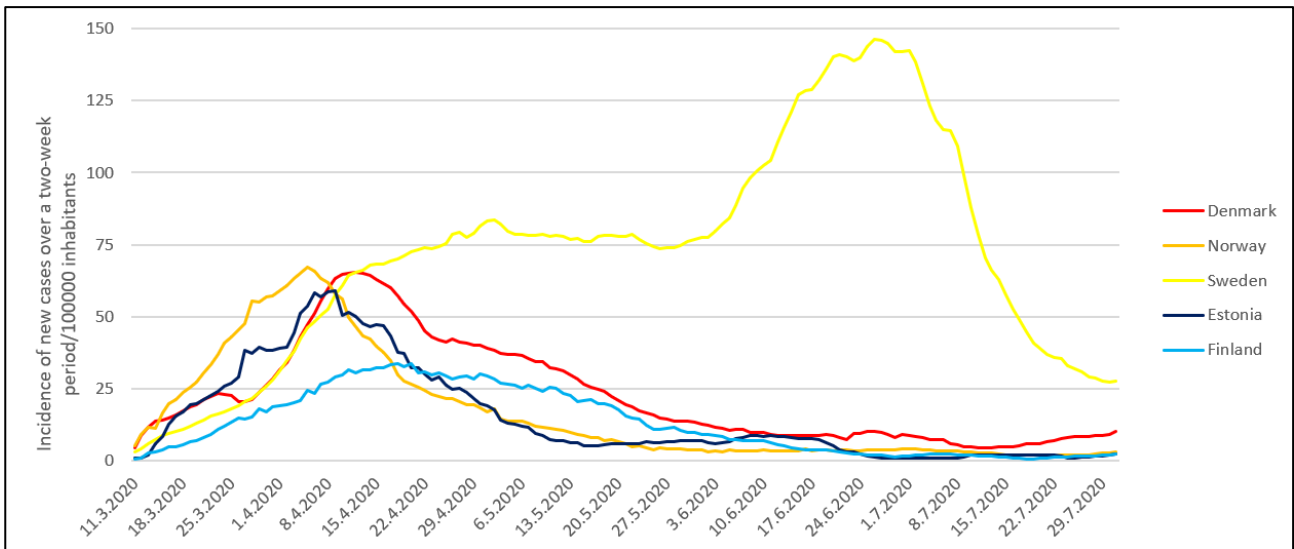


Figure 2. The incidence over a two-week period in Denmark, Norway, Sweden, Estonia and Finland relative to population. The figures are not fully comparable due to, among other things, different testing practices. The incidence in the other countries was about double that of Finland in the early days of April, after which the incidence started to decrease in Norway, Estonia and Denmark. In Finland, the incidence peaked in mid-April, at which time the incidence in Norway and Estonia was falling below Finland. (Source: ECDC, figure: the investigation team)

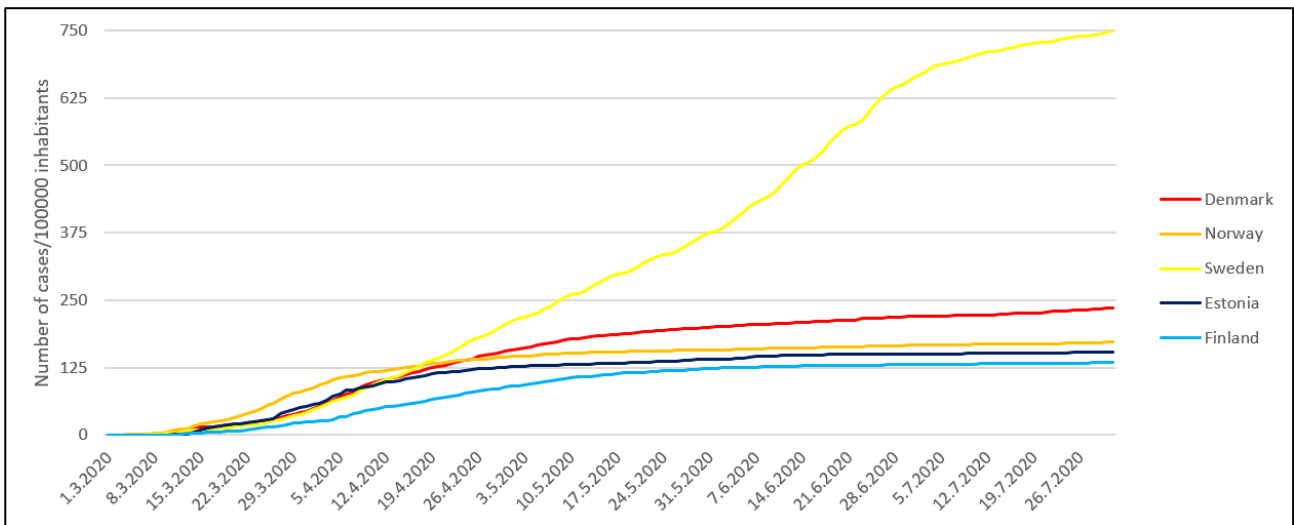


Figure 3. Number of cases detected in Denmark, Norway, Sweden, Estonia and Finland in relation to population. The figures are not fully comparable due to, among other things, different testing practices. At the end of July 2020, the total number of cases compared to Finland was 15% higher in Estonia, 28% higher in Norway and 75% higher in Denmark. In Sweden, the number of cases was more than five times higher than in Finland. (Source: ECDC, figure: the investigation team)

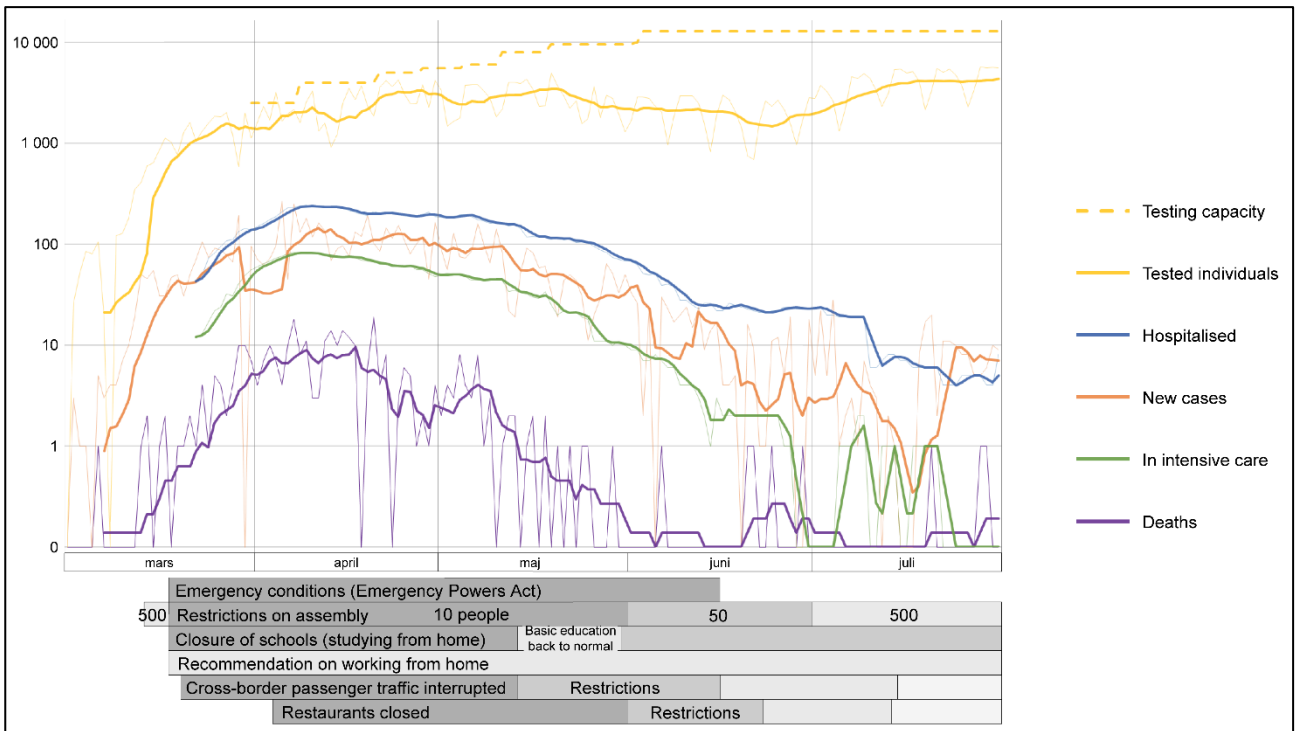


Figure 4. Moving average of the daily number of tested, infected and deceased individuals from the beginning of March to the end of July. The increase in the number of hospitalisations and patients in intensive care, new cases and deaths levelled off during the second week of April. The scale is logarithmic. (Source: the Finnish Institute for Health and Welfare, figure: the investigation team)

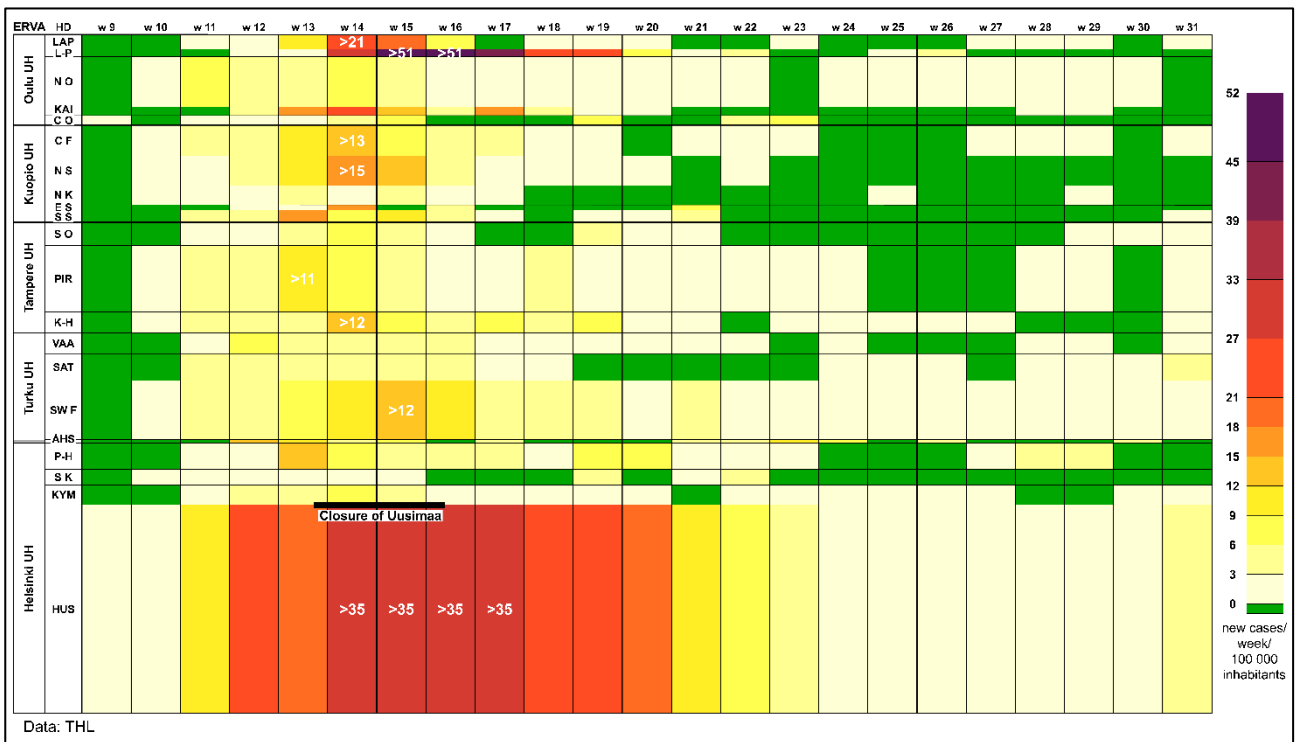


Figure 5. New cases per week in relation to the population by hospital district. The surface area corresponds to the population. There were large regional differences. (Source: the Finnish Institute for Health and Welfare, figure: the investigation team)

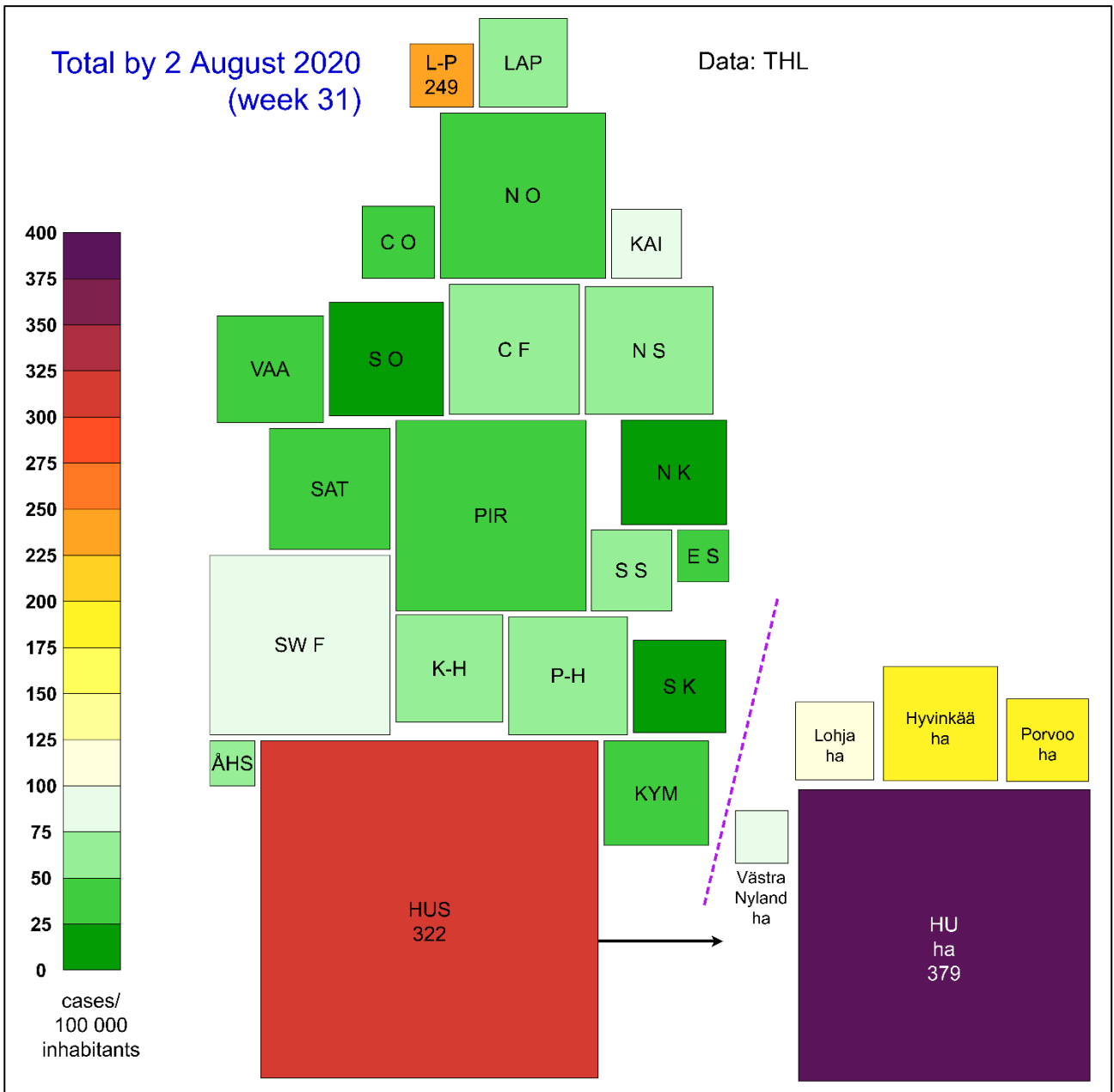


Figure 6. Total number of cases by hospital district at the end of week 31. The sizes of the squares represents the populations of the hospital districts. The Hospital District of Helsinki and Uusimaa, divided into hospital areas, is at the bottom right. There were large regional differences. (Source: the Finnish Institute for Health and Welfare, figure: the investigation team)

1.2 Consequences

The number of deaths and infections in Finland were clearly lower relative to the population than in most countries in Europe and the rest of the world. According to data from the Finnish Institute for Health and Welfare, 333 people died of COVID-19 in Finland between January and July 2020. Most of them were elderly, as the median age of the deceased was 84 years. Of the deceased, 90% had one or more pre-existing chronic disease. Immediately preceding their death, 41% of them were in a social welfare unit providing care 24/7, 38% in a primary health care unit, 19% in a specialised health care unit and the remaining 2% at home or elsewhere. The overall mortality rate did not increase in Finland, however.

There were 7,500 confirmed cases over the same period, but not all individuals with or without symptoms were tested. Around 850 people were hospitalised during this period, of whom 240 were in intensive care. Some of those infected have suffered or will suffer from subsequent ramifications from the disease, such as cardiac, pulmonary or neurological damage, the significance and connections of which to COVID-19 will become clear at a later point in time. One-fourth of the patients did not speak Finnish as their first language. In the spring, many patients felt that they did not receive sufficient help and support in their recovery.

There were significant problems with the availability of health care equipment and supplies. Drastic measures had to be taken at the highest levels of government to ensure the availability of personal protective equipment. There was also a lack of laboratory testing capacity. Prioritisations had to be made in health care, which caused treatment queues to become longer.

The restrictions and closures had many social consequences. For example, exclusion and inequality increased. Those who were already doing well coped the best and those who were already worse off suffered. For example, pupils who were already doing poorly at school and received little support from home suffered the most from distance education. Infections were more widespread among immigrants, who typically live in more crowded conditions, work in the service sector, have different social interactions, different social status and poor language skills, and typically live in cities. Some elderly persons also became more lonely than before. The situation was particularly difficult for many of those infected and those who suffered from COVID-19. Many of them faced people's fear of the disease and even the inducing of guilt. COVID-19 patients were forced to stay in isolation.

Common social problems that led to the need for help included relationship issues, mental health problems, substance abuse, domestic violence and financial worries. However, the number of suicides did not increase.

The Finnish economy experienced a sharp decrease in the spring of 2020, but the situation improved during the third quarter of the year. According to Statistics Finland's data for the early spring of 2021, GDP decreased by 2.8% in 2020. The collapse during the second quarter was 4.7% compared to the previous quarter, but this was offset by the growth during the rest of the year. The worst forecasts in the spring of 2020 on a steep decline were not materialised. The decrease in GDP and foreign trade remained well below the average in the euro area.

Among the service industries, the hotel and catering industry showed the weakest performance: production adjusted for working days decreased by 35% in the fourth quarter of 2020 compared with the same period in 2019. In contrast, production adjusted for working days in the transport and storage industry decreased by 18% during the same period. Performance in the field of arts, entertainment and recreation was also poor, with turnover adjusted for working days being 24% lower than the previous year. Production decreased by 55% in the accommodation industry, 30% in the food services industry and 27% in waterway transport.

COVID-19 did not treat all households equally, which is reflected in social benefits. Unemployment benefits paid increased by 38% to EUR 5.0 billion. Consumers' confidence in the economy plummeted in the spring of 2020, with consumption falling sharply. During the summer, the expectations regarding economic development in the coming months quickly returned to the previous levels.

General government finances were already showing a deficit, and now plenty of more debt was incurred. General government deficit increased by more than ten billion euros to EUR 13.4 billion, compared to EUR 2.7 billion the previous year. According to a forecast by the Ministry of Finance, the situation in local government will temporarily ease off in 2020 and 2021, as the central government will provide strong support to local government. As a result of the general government debt, there will be no similar buffers for a potential next crisis. Access to more debt is not always self-evident during a crisis.

Direct effects on the economy included workplace closures, sick leave days, quarantine of those exposed to the virus, the resources used to treat the sick and lost earnings. There was no huge wave of bankruptcies, thanks to corporate subsidies, tax reliefs and the temporary Bankruptcy Act. In the spring of 2020, most of the businesses forced to lay off their employees were operating in the hotel and catering, manufacturing, transport and education industries. The crisis was also particularly harsh on sectors such as events and culture, which is not clearly evident from the statistics. However, many businesses managed to increase their turnover.

The employment rate plummeted in the spring of 2020, but soon rose again. The number of laid off employees was at its highest in May 2020 (170,000), before levelling off to around 60,000 in the autumn. Before the crisis, there were some 20,000 laid off employees. Layoffs were an effective means of providing flexibility in the labour market, and better than dismissals.

The employment expectations of Finnish businesses plummeted in April 2020, especially in the service industry. The expectations had recovered by August, but experienced another downswing in the main branches in the autumn of 2020. The employment rate decreased the most in the retail sector, as well as the service-focused social welfare sector and hotel and catering industry. Employment increased in the supply of energy and in specific commercial service industries. The average number of employed persons between January and October 2020 was 37,000 fewer than the previous year.

2 BACKGROUND

2.1 Virus and disease

Coronaviruses are divided into four genera, of which the viruses that cause diseases in humans are Alphacoronaviruses or Betacoronaviruses. There are four commonly occurring coronaviruses that usually cause mild respiratory symptoms in humans. These are the human coronaviruses 229E, OC43, HKU1 and NL63. The incubation period of these viruses is 2–5 days. Typical symptoms include a runny nose, cough, a sore throat and fever. Gastrointestinal symptoms are also possible. Sometimes these viruses also cause severe lower respiratory tract infections. On seasonal variation, it is known that the coronaviruses more typically occur in the wintertime, but they are also present to a lesser extent in the summer.

In 2002–2003, the threat of a pandemic was caused by the novel coronavirus SARS-CoV-1³². First detected in Southeast China, the virus spread quickly. The virus originated in horseshoe bats, from which it was transmitted to civet cats and then to humans. Infections were detected in Hong Kong, Singapore and Canada, for example. Approximately 8,000 individuals worldwide got the disease, of whom almost 10% perished. The outbreak was successfully suppressed. The control of SARS-CoV-1 was made easier by the fact that the virus was not transmissible until the infected individual had started to show symptoms.

Another coronavirus that causes severe infections is MERS-CoV³³. It was first identified in 2012 in Saudi Arabia where the disease is still endemic. The virus caused a hospital outbreak in South Korea. Over the course of the little less than ten years, 2,500–3,000 cases have been diagnosed. The mortality rate has been high: 35% of the individuals with the clinical infectious disease have perished. MERS-CoV was originally a bat virus, but it was transmitted to humans by dromedaries, or the camels with one hump.

The cause of the new pandemic, SARS-CoV-2, is similar to SARS-CoV-1, and structurally similar to the coronavirus isolated from bats or pangolins. WHO, in particular, has attempted to determine the origins of the virus. According to a report published by WHO in March 2021³⁴, it has not been possible to trace the virus to any specific live animal market in Wuhan. There were also disease clusters at other markets, and some of the infections were not connected to any market. Despite extensive testing, the virus has not been detected in any of the products from the suspected market. Neither could the virus be found in the 80,000 samples taken from wild animals, cattle and poultry in China.

Mutations of the traced virus were detected at an early stage, which proves that the virus was probably spreading already in November or early December 2019. The exact same virus has not been found in bats or pangolins, which is why it is suspected to have most likely spread through another intermediate animal host. The animals most susceptible to the virus are minks and cats.

The control of SARS-CoV-2 is hampered by the fact that the virus can be transmitted already during the incubation period, i.e. before the onset of symptoms. The virus mostly spreads through droplet transmission, although contact transmission is also possible. Airborne transmission via small aerosol particles of less than five micrometres is also proving possible, especially in the case of closed indoor spaces with defective ventilation. Dry indoor air can reduce

³² SARS, *Severe Acute Respiratory Syndrome*; CoV, *coronavirus*.

³³ *Middle East Respiratory Syndrome coronavirus*.

³⁴ *WHO-convened Global Study of Origins of SARS-CoV-2: China Part, March 2021*.

the size of droplets by desiccating them and thus increase the generation of aerosol particles. Aerosol particles remain in the air for longer than larger droplets.

Humans secrete particles of different sizes into the air when their mouth is open. According to some studies, a human can secrete up to 1,000 droplets per second from their mouth when speaking. The number of droplets and their range increase when the person is shouting or singing. It is widely agreed that such droplets and thus the risk of infection can be reduced by using a face mask. Cloth face masks were extensively used already during the pandemic caused by an influenza virus, the Spanish flu, a hundred years ago. WHO has issued a recommendation on wearing a face mask.

A SARS-CoV-2 infection does not nearly always lead to the person falling ill. It has been estimated that clearly more than half or even up to 80% of those infected with the virus do not show any symptoms. The incubation period for the disease after infection is 2–12 days. Infected persons may spread the virus further for one or two days prior to the onset of symptoms and one to two days after their symptoms have subsided. In addition to the secretions from the airway, the virus is also present in excrement.

The disease caused by SARS-CoV-2 is called COVID-19³⁵. COVID-19 is an acute respiratory infection. The disease may present itself as anything ranging from nearly asymptomatic to a life-threatening, severe illness. The symptoms vary as the disease progresses. Typical symptoms include headache, loss of smell and taste, nasal congestion and a runny nose, cough, shortness of breath, fatigue, muscle pains, a sore throat, fever, nausea, vomiting and gastrointestinal symptoms, such as diarrhoea. It is not possible to deduce merely based on the symptoms whether the respiratory infection is caused by SARS-CoV-2 or another type of virus or bacteria. The loss of smell and taste that, according to some studies, has occurred in 40–85% of those infected, gives special reason to suspect a SARS-CoV-2 infection, however.

Already at an early stage, it was noted that the symptoms of some patients with COVID-19 persist for a long time after the acute stage of the disease. According to a study done in the United States, a little over one third of the patients did not feel fully well 14–21 days after the infection. The most common persisting symptoms included fatigue, loss of smell and taste, shortness of breath, muscle pains, a sore throat and cough. Of these, fatigue and the loss of smell and taste occurred in more than one in every ten patients. Individuals who had the mild version of the disease have also reported persisting symptoms. It has been subsequently observed that the symptoms of some patients may continue for up to nine months.

Severe life-threatening infections often involve organ damage, the effects of which can be long-lasting or permanent. In the case of a respiratory infection, the problems usually involve the respiratory tract. After pneumonia, for example, it is not uncommon for a person's respiratory capacity to remain affected for several months. However, in the case of COVID-19, central nervous system problems were detected already at the early stages of the epidemic. Several reports on the adverse neurological and psychiatric effects of COVID-19 were published during the spring of 2020. The symptoms were mild in most cases, such as dizziness or headache, but some cases of encephalitis were also reported. The nonspecific central nervous system symptoms were called by a new name, brain fog. In late June 2020, an article by British scientists published in *The Lancet* reported strokes and mental health changes in elderly patients. The persisting symptoms of COVID-19 have been called *long COVID* and *PASC or Post-Acute Sequelae of SARS-CoV-2 infection*.

³⁵ *Coronavirus disease 2019*.

No effective antiviral agents to combat the diseases caused by coronaviruses have existed, nor was there a vaccine until the COVID-19 vaccines introduced in late 2020 and early 2021.

The most effective way of preventing a coronavirus infection is to prevent contact with infected individuals. Isolation is a procedure that has been used to control infectious diseases for a long time. As isolation is not always possible due to the need to maintain the basic functions of society and citizens, the control measures are a combination of various actions. Good hand hygiene and social distancing have been part of the control measures from the very beginning. People need to wash their hands with soap or use hand sanitizer sufficiently often; exactly how often an individual needs to clean their hands depends on how active they are, i.e. how often they get in contact with other people or objects. The social distancing recommendations have varied from one metre to two metres. In the United States, the recommendation has been 6 feet, i.e. approximately 1.8 metres. The physical distance between people recommended in Finland in 2021 was more than two metres. The varied recommendations are the result of non-uniform practical implementation methods.

Face masks are the third part of the combination of preventive measures. Wearing a face mask reduces the amount of droplets an individual generates. If all people wear face masks in the correct manner, it is thought to significantly reduce the amount of droplets and thus the risk of infection. Understandably, there was no research data on the impact of face masks on the prevention of COVID-19 in the spring of 2020. The face mask recommendations in different countries were based on the precautionary principle, although the WHO pandemic preparedness and response plan states that the use of face masks can be recommended in the case of a severe pandemic.

Another question is whether a face mask will protect the individual wearing it. It is general knowledge that using a surgical face mask in health care activities is part of efficient protection measures. There were special concerns regarding the adequacy of personal protective equipment at the early stages of the pandemic.

Attention should be paid to efficient ventilation in indoor premises.

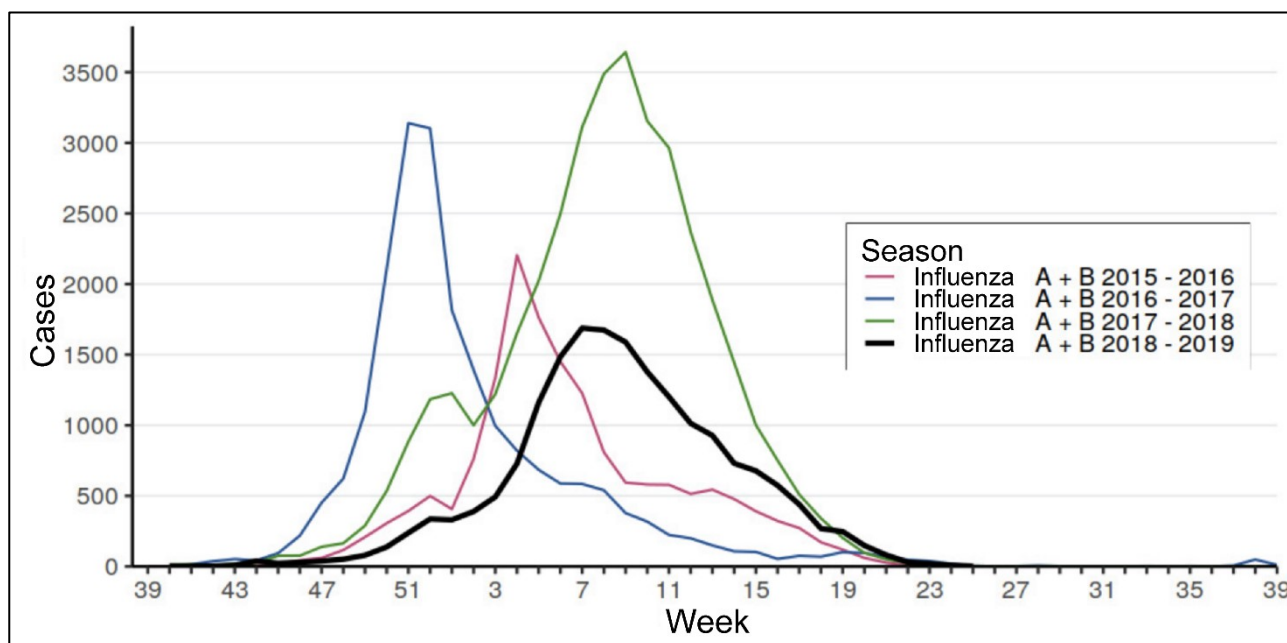


Figure 7. As an example of seasonal variation, the figure shows the seasonal variation of influenza in Finland in 2015–2019. (Figure: Ikonen, Niina et al. 2019 *Influenssakausi Suomessa, viikot 40/2018–20/2019: Seurantaraportti*)

2.2 Circumstances

According to a panel of experts named by WHO³⁶, the five key reasons that promote the spreading of infectious diseases that are transmissible from animals to humans, i.e. zoonoses, are the growing human population, urbanisation, global travel and contacts between people, as well as intrusion of humans into natural habitats. The last-mentioned increases new type of contacts between humans and animals.

Close transport connections, busy air traffic in particular, bring the whole world together in a manner which allows infectious diseases to travel to many locations, including Finland, in the span of a few hours. There are plenty of direct flight routes between Finland and China, but in this case the disease mainly spread into Finland through Central Europe at first. Later, the connections to China were no longer significant, as the virus was present in all European countries. Terrestrial routes to Finland's neighbouring countries were less significant from the perspective of the spreading of the disease, except for some significant local effects at the border between Finland and Sweden. Due to the remote location of Finland, the main points at which the virus entered the country were ports, a couple of airports and some terrestrial border crossing points.

Finland's financial buffers were small already before the crisis. According to the COVID-19 scientific panel of the Finnish Government, Finland's starting points were better than before the economic depression in the 1990s, however. The need to cut government spending was not as urgent, as the low interest rate level allowed borrowing and the management of debts in the longer term. This mitigated the impact of the crisis on individuals.

The spreading of the virus was easier to control because Finland is a sparsely populated country. Social interaction is less frequent in Finland than in many other countries. The trust of the Finnish population in the authorities and the administration is fairly high, and Finns generally follow regulations and instructions reasonably well. However, Finns did not have any collective experience of a widely spreading infectious disease from the past few decades, which meant that it took some time for them to understand the situation and learn the new procedures.

Finland's strengths include good telecommunications networks and otherwise good readiness to work and study remotely. People were able to replace their leisure trips abroad with trips within Finland and spending time at their summer cottages or aboard their boats, for example.

Democracy, equality and the traditions of a constitutional state also assisted in securing the basic rights during the crisis. On the other hand, these same principles slowed down the introduction of more drastic measures. Legislation needed to manage the situation existed, but many of the details were not suitable for the new situation at hand. The conventional law drafting processes are too slow for the requirements during a crisis.

The Finnish administration is multi-levelled and fragmented for many different reasons, and several attempts to change the structure of the administration have been made. As a general rule, the goal has been to clearly define the powers of the different authorities and organisations.

³⁶ WHO's Independent Panel for Pandemic Preparedness and Response.

2.3 Key actors

Parliament exercises its legislative power, i.e. processes legislative proposals submitted by the Government. Parliament's Constitutional Law Committee issues statements on the constitutionality of legislative proposals submitted to it. The measures implemented in Finland due to COVID-19, including the required legislative changes, the implementation of the Emergency Powers Act and the supplementary budgets, caused an exceptional workload to Parliament.

The President of the Republic of Finland manages the country's foreign policy in cooperation with the Government and acts as the commander-in-chief of the Finnish Defence Forces. The President of the Republic is involved in the declaration of the country facing emergency conditions pursuant to the Emergency Powers Act. The Cabinet Committee on Foreign and Security Policy (TP-UTVA) meets with the President of the Republic as necessary.

The Government is a body exercising general administrative powers and a decision-making body consisting of the government plenary session and the ministries. The head of the Government is the Prime Minister. The Government managed the measures implemented in Finland due to COVID-19.

In addition to specific matters that are separately determined, the government plenary session makes decisions on other matters the importance of which to public policy or financial importance calls for such decision-making. The government plenary session makes decisions on, for example, commissioning decrees pursuant to the Emergency Powers Act and decrees on extending the validity period of such commissioning decrees. In addition to the Prime Minister and the ministers, attendees of the government plenary session include the Chancellor of Justice.

The Government may issue resolutions, most of which are political statements, to provide the central government with instructions and guidelines. These are preparatory decisions in nature. The final decisions are made by the authority which prepares and processes the matter. Resolutions do not have any immediate legal effects on citizens.

The Government may discuss matters at informal meetings. In terms of the measures implemented in Finland due to COVID-19, the most important informal meetings were the informal Government meetings convened by the Prime Minister. No formal decisions are made at these meetings. Attendees of these meetings include the ministers, the Chancellor of Justice, the State Secretary to the Prime Minister and the Director of Government Communications. Meetings with other compositions were also convened and experts were utilised to implement the measures required due to COVID-19 in Finland.

The Government had been appointed just a short while before the start of the state of emergency, in December 2019. Orientation of some of the ministers to the crisis management procedures was still unfinished: for instance, some of the ministers had not yet completed their national defence course or attended preparedness exercises. However, many of the ministers had already completed these, and all of them were supported by public officials.

The Prime Minister manages the Government and oversees the implementation of the Government Programme. The PM coordinates the Government's preparation and consideration of matters to be decided by the European Union. The Prime Minister is the leader of the government policy and reconciles the views of the different ministerial groups regarding the government policy. The Prime Minister is also responsible for the coordination of the work done by the Government and Parliament. The Prime Minister had a central role in the management of the measures implemented due to COVID-19 in Finland.

The duties of a **minister** include, on one hand, activities in the ministry the head of which they are or the duties of which they have been assigned to handle and, on the other, Government activities. The Constitution and the Government Act include regulations on the division of the Government's power of decision in matters falling under the Government's responsibility and administrative matters between the government plenary session and the ministries. In addition to public officials, the ministers are assisted by the State Secretaries and special advisors. The responsibilities of a minister involve both political and legal responsibility. During the crisis, there were nineteen ministers in the Finnish Government. The measures implemented due to COVID-19 in Finland and their preparation caused the ministers different kinds of workloads, depending on their duties.

There are a total of twelve **ministries** in Finland. Each ministry, within its proper purview, is responsible for the preparation of matters to be considered by the Government and for the appropriate functioning of administration. Ministries collaborate in the preparation of matters whenever necessary. Responsibility for organising such cooperation rests with the ministry primarily responsible for the matter at hand. The head of a ministry is the minister and the ministry's senior public official is the permanent secretary. There may be several ministers in a ministry. In the case of the measures implemented due to COVID-19 in Finland, the aim was to utilise the principle of competent ministry, i.e. each ministry was responsible for the preparation and management of measures included in its area of responsibility.

PMO assists the Prime Minister and the rest of the Government. In relation to the measures implemented due to COVID-19 in Finland, it is responsible for the maintenance of the Government's situational awareness (the Government Situation Centre), manages the Government's joint preparedness measures and security, and coordinates the management of incidents in general and the implementation of the Emergency Powers Act. Government communications, a department in PMO, coordinates communications at the Government level.

Due to the emergency conditions, PMO became the key law drafting body in terms of the decrees of the Emergency Powers Act. PMO has arranged scenario exercises for the central government. For various reasons, the exercises have been on hold since 2019.

The Ministry of Social Affairs and Health is responsible for public health security and is therefore a significant part of the measures implemented in Finland due to COVID-19. Its area of responsibility includes general planning, steering and monitoring of the control of infectious diseases. The ministry has an Advisory Board on infectious diseases, an expert body in the control of infectious diseases. The ministry's area of responsibility also covers the promotion of health and social wellbeing, the prevention of diseases and social problems, social welfare and health care services, and pharmaceutical service.

In 2017, the Ministry of Social Affairs and Health hosted a peer review coordinated by WHO³⁷ which covered public health security as part of society's preparedness systems. The evaluation also included a self-assessment by a team of Finnish experts. The final report specified a total of 66 priority actions. The evaluation included a section on the national preparedness and response plan against multi-hazard national public health emergencies. The peer review and the national self-assessment gave this aspect an excellent score (5/5). The report provided some action recommendations, however. According to the recommendations, it was important to ensure that a proper level of emergency preparedness is retained regardless of the

³⁷ *Joint External Evaluation of IHR Core Capacities of the Republic of Finland: Mission report, March 2017.*
Joint External Evaluation of Finland: enhancing health security through a comprehensive whole-of-government approach.

implementation of a reform of the health care and social services system. Finland was also encouraged to engage in international collaboration in preparedness planning for cross-border health threats while respecting the specificities of national health system. Furthermore, planning of continuity in terms of the private sector should be better taken into account in the preparedness planning and measures to mitigate disturbances in global markets that could affect the supply of critical equipment or medicines should be investigated.

The meetings of the permanent secretaries and heads of preparedness are permanent cooperation bodies of the ministries. The meeting of the permanent secretaries supports the Government in leadership matters. In case of an incident, the meeting of the heads of preparedness supports the Government. Chaired by the head of preparedness of the Government, the attendees of the meeting of the heads of preparedness include the heads of preparedness of the different ministries. In most of the ministries, the head of preparedness handles the duties in addition to their principal duties. In addition to the heads of preparedness, the attendees of a meeting of heads of preparedness include representatives of the Secretariat of the Security Committee, NESAs, the Office of the President of the Republic of Finland and the Defence Command.

A meeting of preparedness secretaries is tasked with preparing and coordinating the matters to be discussed by the meeting of heads of preparedness. In addition to the ministries, attendees of the meeting of preparedness secretaries include representatives of the Social Insurance Institution of Finland, the Bank of Finland, the Defence Command, NESAs and the Secretariat of the Security Committee. The preparedness secretaries work in the ministries, often part-time. Each ministry is responsible for its own preparedness, and the practices vary. In addition, each administrative branch carries the responsibility for the orientation of its own employees into the branch's preparedness and crisis management practices.

The Government established the **COVID-19 Coordination Group** in February 2020. At first, it consisted of the permanent secretaries and heads of preparedness of the ministries responsible for the COVID-19 situation. In early April, its composition was expanded to include the permanent secretaries of all ministries. The heads of preparedness were no longer included in the Coordination Group from this point forwards. The Coordination Group was tasked with the coordination of actions involving COVID-19 at the Government level and the preparation of matters for the Government to turn into policies.

The Security Committee is a permanent cooperative body assisting the Government and the ministries. It can also act as an expert body in case of an incident. Its members include the permanent secretaries of specific ministries and the directors of several security authorities. The committee has a full-time secretariat operating under the Ministry of Defence. Duties of the committee include assisting in preparedness operations, monitoring changes influencing the security arrangements, monitoring preparedness of the administration and coordinating larger matters concerning preparedness. Development of the central government exercise operations is part of the coordination duty. The committee is responsible for the coordination of the central government preparedness exercise (VALHA). The exercise is arranged once during each government term. Its purpose is to allow senior officials in central government and their supporting officials to exercise working during severe incidents and emergency conditions. The exercise plan is prepared through cross-administrative cooperation by the meetings of the heads and secretaries of preparedness and separate working groups.

The 2016 VALHA revealed areas requiring development in the preparation and implementation of the decrees of the Emergency Powers Act. As the result of cross-administrative cooper-

ation in preparation, PMO issued in 2017 instructions on the implementation of powers pursuant to the Emergency Powers Act. The scenario used in the VALHA that was started in early 2020 was a disruption of financial systems. The exercise was discontinued in March due to the first wave of COVID-19.

The Finnish Defence Forces annually arrange national defence courses which aim at providing civilians and military persons in leading positions an overview of foreign policy, security policy, the overall national defence arrangements and the arrangements used in different parts of society, as well as emergency preparedness and its development under normal conditions, during an incident and during emergency conditions. The target group of these courses consists of civilians and military persons working in leading positions and other essential positions.

The Finnish Institute for Health and Welfare acts as the national expert body for the control of infectious diseases, and it supports the Ministry of Social Affairs and Health and the Regional State Administrative Agencies, maintains epidemiological monitoring systems, as well as controls and supports local and regional control of infectious diseases. The institute carries out research on infectious diseases, implements surveillance and investigates the emergence and occurrence of infectious diseases, develops related diagnostics, surveillance and control methods, disseminates information regarding infectious diseases and provides the general public with recommendations on preventing infections and the spreading of diseases. The institute has a defined role in provisions for the vaccination program, carries out surveillance on the impact of vaccinations and investigates adverse effects to vaccines and vaccinations.

The Finnish Institute for Health and Welfare acts as the competent authority responsible for performing epidemiological surveillance of infectious diseases and reporting infectious diseases to the European Union, and as the contact point for WHO's International Health Regulation (IHR). This means that the institute monitors for health threats 24/7 and is ready to prepare a risk assessment of any health threats detected in Finland or globally. As the contact point, the institute is ready to initiate and coordinate the prevention of identified threats and the required international communications.

WHO's IHR portal and the European Commission's EWRS portal³⁸ are the key channels for receiving and communicating information. In addition to the Finnish Institute for Health and Welfare, information on alerts in the IHR and EWRS portals goes to an on-call officer at the Ministry of Social Affairs and Health. The institute also maintains direct connections with the hospital districts and municipalities, among other parties. In addition to the on-call system, the institute is responsible for the collection of information regarding infectious diseases. The institute also maintains and distributes information about situational awareness regarding health threats. An epidemic meeting is arranged every week to distribute a status report for the authorities. Information about the status with infectious diseases is communicated to the general public through infection news.

The Finnish Institute for Health and Welfare receives up-to-date information from ECDC working groups and provides ECDC with information about the status of infectious diseases in Finland. ECDC maintains situational awareness, communicates information, provides recommendations and participates in risk assessments on infectious diseases, outbreaks and national health emergencies as necessary.

In the 2010s, the Finnish Institute for Health and Welfare underwent a process of adapting its operations and finances, as the result of which its expert operations were significantly cut

³⁸ Early Warning and Response System.

back. The reform was the result of a government policy to switch the focus from basic research to regional and local activities and publicly available research funding. The cutbacks involved the research and control of infectious diseases, among other areas. Some competent personnel left the institute as a result of the reform, and some seasoned infectious disease experts retired.

The National Emergency Supply Agency (NESA) is tasked with developing cooperation between the public administration and businesses in matters involving the security of supply. It must secure the production of necessary goods and services, handle compulsory and security stockpiling, and maintain the supplies in the state emergency supply stockpiles. The goal is to secure economic activities necessary for the livelihood of the population, the economy and national defence, as well as all related technical systems.

There are six **Regional State Administrative Agencies** in Finland. They handle duties from several sectors in their operating areas, promoting regional equality. Their tasks include the coordination of regional emergency preparedness operations and related cooperation arrangements, as well as the promotion of security planning in regional and local government. In Åland, the Government of Åland and the State Department of Åland handle some of these duties.

The occupational health and safety functions of the Regional State Administrative Agencies oversee compliance with OHS regulations at workplaces. As comes to infectious diseases, the agencies supervise emergency preparedness operations of the hospital districts, disease control activities and the implementation of national plans and decisions made by the Ministry of Social Affairs and Health. Each agency must have a physician in charge of infectious diseases in a public service employment relationship. The agencies make the administrative decisions utilising the expertise of the relevant hospital district, the specific catchment area and the National Institute for Health and Welfare. The agencies may make decisions on the closing of social and health care units, educational institutions, day-care centres and apartments and other similar facilities, as well as on prohibiting general meetings and public events. In a specific municipality, these decisions are made by the body responsible for the control of infectious diseases in the municipality.

Regional national defence courses arranged by the Regional State Administrative Agencies focus on preparations for incidents and emergency conditions at the regional and local level. The covered preparedness matters include operations of the Finnish Defence Forces, civil defence, security of supply, communications and traffic. The courses are realised in collaboration with the Finnish Defence Forces.

All agencies have cross-administrative regional preparedness committees established based on a guidance letter from the Ministry of the Interior in 2012. The operations of voluntary regional emergency preparedness and security forums are based on the activity of the parties involved.

In the spring of 2020, there were 310 **municipalities** in Finland. Pursuant to the Constitution of Finland, their administration is based on the autonomy of the population. The sizes and resources of the municipalities vary a great deal. The municipalities take care of many public administration functions and services that have an immediate effect on the everyday lives of citizens, such as education, day-care centres, cultural, youth and library services, water supply and sewerage, and rescue services. The municipalities are responsible for the arrangement of social welfare and health care services. They may produce the social welfare and health care services on their own or form joint municipal authorities to produce the services. A municipi-

pality also has the right to purchase social welfare and health care services from other municipalities, organisations or private service providers. The municipalities played an important role in the implementation of the measures pertaining to COVID-19.

There are 20 **hospital districts** in Continental Finland. Each municipality must be part of a hospital district to ensure proper arrangement of specialised health care. The joint municipal authorities for hospital districts guide and support the municipalities and social welfare and health care units with their medical expertise in the control of infectious diseases, regionally develop the diagnostics and treatment of infectious diseases, and investigate epidemics and outbreaks in collaboration with the municipalities. A hospital district must prepare to control and manage exceptional epidemics, as well as ensure that the control of infections associated with health care is developed in the social welfare and health care units in its area. The joint municipal authority for a hospital district must have a physician in charge of infectious diseases in a public service employment relationship.

The specific catchment areas (ERVA) have been created for specialised medical care in such a manner that each specific catchment area includes a university providing medical training, which in practice means a university hospital. Each hospital district is part of a specific catchment area. The main duties determined for the specific catchment areas in the control of infectious diseases mainly include acting as an expert and performing rare examinations. In practice, during the COVID-19 crisis the specific catchment areas acted as a health care communications hub between central government and the different regions. Åland is excluded from the scope of the specific catchment area arrangement.

The media plays an important role in terms of the psychological resilience of the population. The news media communicated information about the COVID-19 situation and the decisions made by the Government and the authorities, as well as instructions from experts on how to limit the number of infections. Furthermore, the media monitor the exercise of power by decision-makers and the operations of the authorities. The Finnish Broadcasting Company Yleisradio also has a duty to support the operations of the authorities. In international comparison, Finns have strong trust in the news media.

Non-profit organisations or the “third sector” have several duties and roles in society. Among other things, they enable free civic action, produce agreed services, support the authorities, represent the interests of a specific group of people or provide consulting services. Organisations act at the local, regional and national level. In some cases, there are agreements on collaboration between the authorities and municipalities. The organisation network plays an important role in the building of the psychological resilience of the population. The activities of organisations are governed by the Associations Act³⁹.

Private individuals or the “fourth sector” is the primary group of actors in society. Private individuals are becoming more and more important influencers of security through their choices and actions as the members of their families and social networks. Combined with an attitude that improves security, the skills and knowledge of an individual form the basis for the psychological resilience of the population. Finland understood well the fact that the success of the measures to control COVID-19 depended on how the citizens would act and behave. Keeping contacts at a minimum, social distancing and proper hygiene to reduce infections were especially emphasised. The restrictions also attempted to keep private individuals from moving between different regions. The citizens’ ideas about the measures to control the virus were monitored with the Kansalaispulssi survey, for example.

³⁹ 503/1989.

2.4 Regulations, orders and instructions

According to the **Constitution of Finland**⁴⁰, each person has the right to life and security, among other rights. Finnish citizens and foreigners legally resident in Finland have the right to freely move within the country. Everyone has the right to leave the country. Finnish citizens must not be prevented from entering Finland. Everyone has the right to earn their livelihood by the employment, occupation or commercial activity of their choice.

The Åland Islands have autonomy. The administration of municipalities must be based on the autonomy of their residents.

Provisional exceptions to the basic rights and liberties may be provided by an Act or by a Government Decree to be issued on the basis of powers given in an Act for a special reason and subject to a precisely circumscribed scope of application. The exceptions must be necessary because of emergency conditions, as provided by an Act, which pose a serious threat to the nation. When applying Acts, international commitments binding on Finland and generally recognised rules of international law must be followed. The grounds for provisional exceptions must be laid down by an Act. Government Decrees concerning provisional exceptions must be submitted to Parliament for consideration without delay. Parliament may decide on the validity of the Decrees.

Matters within the authority of the Government are decided at plenary meetings of the Government or by the ministry to which the matter belongs. Matters of wide importance or matters that are significant for reasons of principle, as well as matters whose significance so warrants, are decided by the Government in a plenary meeting. Matters to be considered by the Government must be prepared by the appropriate ministry.

The Emergency Powers Act⁴¹ specifies as *emergency conditions* the following, among others: a serious threat to the livelihood of the population or the foundations of the national economy which causes a material danger to functions necessary for a functioning society, and a dangerous infectious disease that has spread into an extensive area and is comparable to a catastrophe in terms of its effects. According to a Government proposal⁴², a dangerous infectious disease that has spread to an extensive area may refer to a disease that has widely spread in the world but has not yet reached Finland.

During emergency conditions, the authorities may be provided with more extensive powers than during normal conditions, as specified in the Emergency Powers Act⁴³. The powers must be necessary and proportionate to the conditions. They may only be exercised if the situation cannot be managed through the authorities' regular powers. Such powers will enter into force through a Government Decree called a *commissioning decree*. The decree must specify which of the powers pursuant to the Emergency Powers Act may be applied and what is the regional scope of application.

The commissioning decree must be submitted to Parliament for processing without delay. Parliament will decide whether the decree will be left in force or whether it must be repealed in part or in full, and whether it will remain in force for the specified period or a shorter period. Once Parliament has reached a decision, the regulations in the commissioning decree may be applied. In urgent cases, a Government Decree may stipulate that the application will

⁴⁰ 731/1999.

⁴¹ 1552/2011.

⁴² HE 2/2008.

⁴³ The powers are laid down in Part II of the Emergency Powers Act (sections 14–122).

start immediately. Such a decree must also be submitted to Parliament so that the Parliament can decide whether the decree will remain in force.

If the emergency conditions persist, a Government Decree may be used to extend the validity period of the regulations on powers. Such a decree is called a *continuing decree*, which can be issued for a specific period. The continuing decree must be submitted to Parliament for processing immediately.

If a Government Decree or a ministerial decree, i.e. an *implementing decree*⁴⁴, is issued on the application of powers introduced with a commissioning decree, it must be submitted to Parliament for processing immediately. Parliament will decide whether the implementing decree must be repealed.

The Emergency Powers Act also includes regulations on the emergency preparedness of central government and municipalities. Emergency preparedness plans and advance preparations for operations during emergency conditions, as well as other measures, must be used to ensure that all duties will be handled as well as possible also during emergency conditions. The preparedness operations will be managed and supervised by the Government and each ministry within its own area of responsibility. The ministry is also tasked with coordinating the preparedness operations in its own area of responsibility.

According to the **Communicable Diseases Act**⁴⁵, the general planning, steering and monitoring of the control of infectious diseases are the responsibility of the Ministry of Social Affairs and Health. *The ministry* is responsible on the national level for preparing for disruptions of health care or for their risk, and for leadership during such incidents. *The Finnish Institute for Health and Welfare* is the national expert institution in the control of infectious diseases. *The Regional State Administrative Agencies* coordinate and monitor the control of infectious diseases in their respective areas. Each State Administrative Agency must have a physician in charge of infectious diseases.

The National Supervisory Authority for Welfare and Health (Valvira) monitors the legality of the control activities on infectious diseases and provides relevant guidance, especially in matters that are fundamentally important or far-reaching or pertain to the remit of several Regional State Administrative Agencies or to the whole country.

The hospital districts guide and support municipalities and social welfare and health care units in the control of infectious diseases and prepares for the control and management of exceptional epidemics. Each hospital district must have a physician in charge of infectious diseases.

Municipalities organise the control of infectious diseases in their areas as part of their public health work. Each municipality must have a physician in charge of infectious diseases, who must investigate the nature of a suspected or diagnosed infectious disease and its distribution, as well as take the necessary measures to control the spread of the disease.

The Regional State Administrative Agency may order a health examination to be organised in its region for individuals at a specific locality or place if such an examination is necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected as a generally hazardous communicable disease.

⁴⁴ Issuing a decree to apply powers implemented with a commissioning decree is not always necessary. For example, the powers to ensure the sufficiency of medicines and appropriate pharmaceutical service pursuant to section 87 of the Emergency Powers Act, which were the first powers applied during the crisis, were applied pursuant to a decision by the Ministry of Social Affairs and Health.

⁴⁵ 1227/2016.

In the event of a widespread risk of infection, the municipality may make decisions on the closing of social welfare and health care units, educational institutions, day-care centres, apartments and other similar facilities, as well as on prohibiting public meetings and events in its area. The measures must be essential, however. The Regional State Administrative Agency may make the corresponding decisions when such decisions are needed for an area covering several municipalities.

The physician responsible for infectious diseases in the municipality or hospital district may make decisions on quarantining individuals. An individual placed in quarantine is entitled to sickness allowance on account of an infectious disease to compensate for the loss of earnings.

The province of Åland has autonomy as stipulated in the Act on the Autonomy of Åland⁴⁶. Åland has legislative powers in respect of matters such as education, health care and business operations with specific exceptions specified in the Act. The State has legislative powers in respect of matters concerning infectious diseases in humans and preparedness in case of emergency conditions, among others. An opinion must be obtained from Åland before the enactment of any act of special importance to Åland. Letters and other documents between addressed to officials in Åland must be written in Swedish.

According to the Government Act⁴⁷, ministries collaborate in the preparation of matters whenever necessary. Responsibility for organising such cooperation rests with the ministry primarily responsible for the matter at hand. According to the Government Rules of Procedure⁴⁸, the permanent secretaries' meeting and the meeting of the heads of preparedness are permanent forums for cooperation. The meeting of the permanent secretaries supports the Government in leadership matters. In case of an incident, the meeting of the heads of preparedness also supports the Government.

According to the Rules of Procedure, Government plenary sessions consider and make decisions on matters such as the declaration of emergency conditions as laid down in the Emergency Powers Act⁴⁹. The plenary session also makes decisions related to the reintroduction of border checks at internal borders and the temporary closing of border crossing points.

The area of responsibility of PMO includes the Government's general situational awareness, emergency preparedness and security, general coordination of the management of incidents in general, and general coordination of the declaration of emergency conditions as laid down in the Emergency Powers Act and the issuance of the related commissioning decree.

Minister's Handbook⁵⁰ contains instructions on leadership during an incident. It states that decisions called for by an incident are made by a government plenary session, the relevant ministry or other competent authority. Within the Government, PMO is responsible for the general coordination of incident management. In practice, informal cabinet meetings have also proven an efficient means of ensuring the flow of information and ensuring that there is discussion on the further actions in the different administrative branches.

⁴⁶ 1144/1991.

⁴⁷ 175/2003.

⁴⁸ 262/2003.

⁴⁹ 1552/2011.

⁵⁰ Minister's Handbook [In Finnish; The Prime Minister's Office. *Ministerin käsikirja*. Publications of the Finnish Government 9/2015.]

The International Health Regulations (IHR) are regulations prepared by the World Health Organization (WHO)⁵¹. The main goal is to provide a public health response to the international spread of disease in ways that avoid unnecessary interference with international traffic. During border checks, the authorities may require information on the passenger's arrival route, destination and contact details in order to investigate exposure. Upon entry, a passenger may be subjected to a non-invasive medical examination, vaccination or other preventive measures, or they may be required to provide proof that such measures have already been carried out. These measures may only be performed in order to assess and prevent a public health risk. A medical examination, vaccination or any other preventive measures cannot be carried out without the passenger's consent, which must be based on carefully informing the passenger.

The IHR, international treaties and EU regulations have had a significant impact on Finland's emergency preparedness measures.

A Government guideline⁵² (2017) on the enforcement of the powers pursuant to the Emergency Powers Act describes the decision-making procedure in the Government. In addition to emergency preparedness legislation, the guideline also covers the special characteristics of the emergency preparedness legislation concerning Åland and how international and EU commitments must be taken into account.

The guideline describes emergency conditions, how emergency conditions are declared and the related preparations. It describes the Government's interaction with the President of the Republic of Finland and the role of the government plenary session. It also covers the introduction of additional powers, statute drafting, commissioning decrees, continuing decrees, implementing decrees, the ending of emergency conditions, the role of the competent ministry in the preparation and presentation, as well as the parliamentary process. The annexes to the guidelines provide detailed templates for the commissioning, implementing and continuing decrees and their agenda cover pages. The annexes also include a simplified description of the procedure for the application of the Emergency Powers Act. Issued in 2017, the guideline states that the contingency and emergency preparedness plans of the different ministries will be updated to reflect the approach described in the guideline. It also states that a more detailed specification of the incident management model is underway. The Preparedness Unit of PMO is responsible for this work.

The Security Strategy for Society (2017) is a Government resolution that presents the preparedness principles of the Finnish society. Each administrative branch is responsible for the implementation of the strategy, and the Security Committee monitors the implementation and coordinates cooperation measures together with the ministries' heads of preparedness.

The strategy presents the vital functions of society and the strategic tasks of the administrative branches, which create a foundation for the preparedness and response planning of the regions, municipalities and other organisations. The cooperation model in Finnish emergency preparedness is comprehensive security, which covers all levels and actors of society. Preparedness measures listed in the strategy include preparedness planning, continuity management, advance preparations, training and preparedness exercises. To realise these measures,

⁵¹ The IHR entered into force on 15 June 2007. Finland ratified the regulations in 2005. A total of 169 member states have ratified the IHR.

⁵² Guide to implementation of powers pertaining to the Emergency Powers Act – decision making procedures of the Government. [In Finnish; Ohje valmiuslain mukaisten toimivaltuuksien käyttöönottamisesta – päätöksentekomenettely valtioneuvostossa. The guideline was issued on 6 June 2017.]

cooperation forums, such as preparedness committees, are required at the different levels of society.

One of the seven vital functions described in the strategy is leadership. According to the description, sharing the information provided by warning and foresight systems at an early stage helps to prevent incidents and to mitigate their harmful effects. Successful management of incidents threatening the vital functions of society is based on extensive cooperation.

According to the strategy, the competent authority is in charge of the operations, initiates the measures to manage the incident, is responsible for communications and provides information on the situation. The other actors participate in and support the operations. As a general rule, the organisational structures and operating models established for normal conditions should be used.

At Government level, the competent ministry⁵³ or PMO convenes an extraordinary meeting of the heads of preparedness, as necessary. A working group the composition of which is to be separately specified may also be convened to coordinate the cooperation. Managed by the heads of preparedness, the working group may prepare matters for meetings of the permanent secretaries.

At state leadership level, the competent ministry is in charge of the operations and, if necessary, coordinates the cooperation between ministries. The Prime Minister has a central role in situations where the coordination of operations is important.

According to the strategy, emergency preparedness is always based on risk assessments. The risk assessment on comprehensive security is updated about every three years.

⁵³ According to the Government Rules of Procedure, the competent ministry is the ministry primarily responsible for the matter at hand.

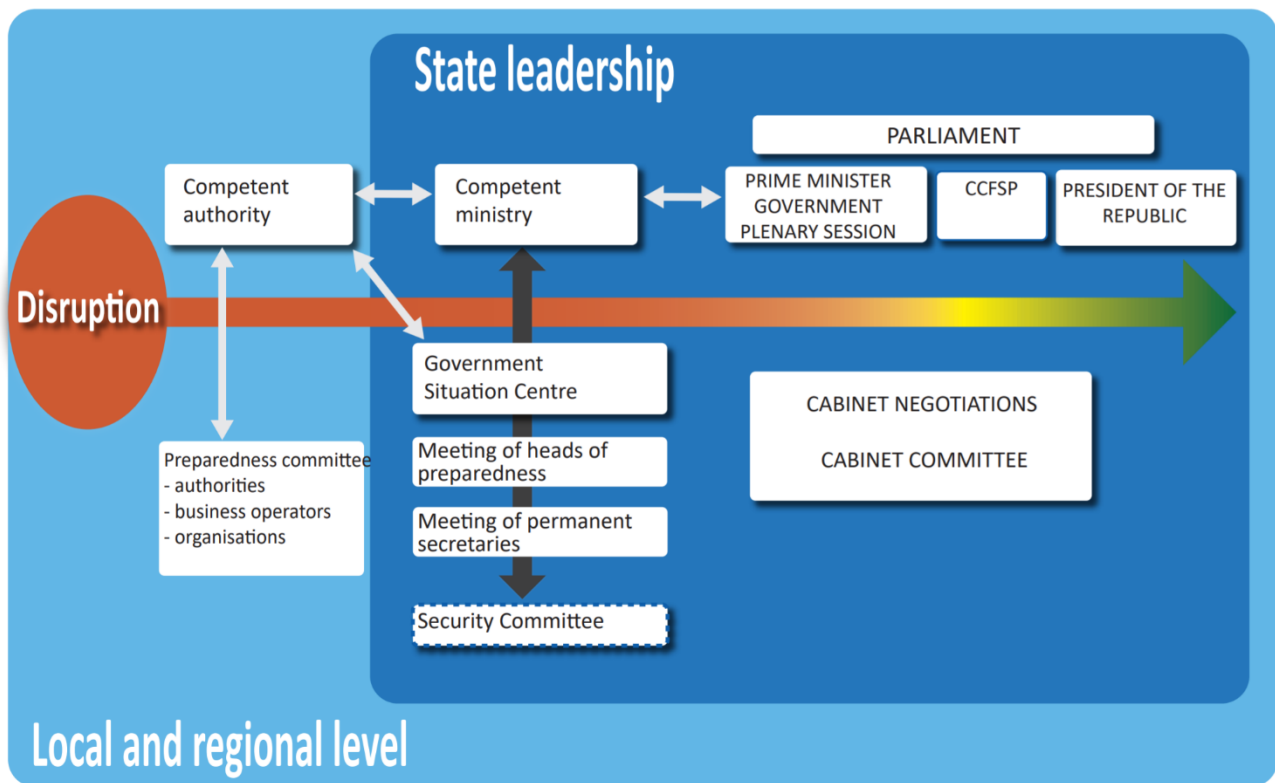


Figure 8. The general functional model for leadership and managing crisis described in the Security Strategy for Society.

The National Risk Assessment (2018) surveys a variety of risks to humans, the environment, property and critical systems and services to which authorities must be prepared during their operations. The risk assessments were based on the EU Civil Protection Mechanism, which obligates member states to regularly assess the risks that may lead to a need to request rescue assistance from the other member states.

In the National Risk Assessment, a pandemic influenza or a similar widespread epidemic has been identified as one of the risks. According to the assessment, a pandemic can threaten almost all vital functions of society, not just the health care system and its functionality. The assessment notes that critical situations occur when a large group of people falls ill at the same time. Vulnerable areas include the command systems, the Finnish Defence Forces, internal security, energy supply, transport and food supply, among others. According to the estimate, a pandemic will have significant effects on society, production and the economy.

The most recent extensive pandemic influenzas have broken out every 10–40 years. The likelihood of an influenza pandemic is assessed as high, but estimating the extent of the risk and the severity of the pandemic in advance has not been possible.

The assessment does not seem to have been able to identify, assess and name all the cascade effects of a widespread and long-lasting pandemic that significantly disrupts the functioning of society. The assessment failed to adequately identify the effects of a pandemic on the vital functions.

The national preparedness plan for an influenza pandemic was updated in 2012⁵⁴. The plan was prepared by a cross-administrative working group. Its purposes were to guide the preparedness of the health care system for a pandemic at all levels of government and to support preparedness in other administrative branches.

According to the plan, the preparation for an influenza pandemic will also substantially enhance Finland's preparedness to fight any large-scale global epidemic. The emergency preparedness plan is based on the assumption that 35% of the Finnish population could be infected during the first wave of the pandemic, which lasts about 8 weeks. Of these, 11,000–36,000 individuals could be hospitalised and 3,500–9,000 could die. Such a pandemic would be more severe than the Asian flu pandemic of 1957 or the Hong Kong flu of 1968 (also known as the 1968 flu pandemic), but much less severe than the Spanish flu of 1918 (also known as the Great Influenza epidemic).

The emergency preparedness plan contains detailed preparedness guidelines for the health care sector and provides a knowledge base for other administrative branches to update their own plans. The planning takes into account that 25–35% of the workforce may be absent from work due to the illness for 1–2 weeks. These absences would be spread over a period of approximately 2–3 months. The prerequisites for a temporary switch to working from home should be clarified in all appropriate sectors.

The plan is based on WHO's pandemic phases, which divide the evolution of a pandemic into 1–6 phases. The classification of the pandemic alert phase depends on factors such as the number of cases, the size of disease clusters and the severity of the disease.

The plan emphasises that banning travel within a country in general is not useful in a case where the situation causing the pandemic threat occurs in only one part of the country. The plan refers to WHO's emphasis that the main response will take place at the national level within each country, with measures involving international transport being of limited significance. The plan states that the screening of passengers arriving in Finland from a pandemic risk area to detect symptoms or the identification of those at risk by means of a form to be filled in during transport are not useful measures. Information on the disease, infection risks and procedures should be distributed at airports and border crossing points, for example.

With regard to personal protective equipment, the plan states that health care facilities should always have an emergency stockpile consisting of at least the personal protective equipment they will require for 3–6 months during normal conditions and other essential health care supplies. Non-damaged supplies with outdated labelling should be kept in the emergency stockpile.

The role of PMO is to ensure cooperation between all administrative branches during the pandemic preparedness and response. All the financial, legal and other prerequisites for the preparedness operations must exist. Municipal, regional and national emergency preparedness plans must be updated to cover pandemic preparedness. The plan states that emergency preparedness plans will be tested through preparedness exercises, primarily targeting those functions that are problem areas for cooperation between the administrative branches or other identified development areas. Command and control in the event of a pandemic will be determined in accordance with the State's civilian crisis management principles. According to the plan, in the event of a severe incident, the Ministry of Social Affairs and Health will estab-

⁵⁴ National preparedness plan for an influenza pandemic 2012. [In Finnish; Kansallinen varautumissuunnitelma influenssa-epidemiaa varten 2012. STM:n julkaisu 2012:9.]

lish a national command centre and a situation management system to support its control activities. The Ministry of Social Affairs and Health may appoint a pandemic coordination group and make use of the pandemic division of the Advisory Board on Communicable Diseases, whose experts will assess the severity of the pandemic threat or pandemic.

The annexes to the plan provide task lists for operations during the different phases of a pandemic. The task lists are intended to assist in the preparation and updating of the regional and local emergency preparedness plans. As follow-up measures, the plan notes that ministries are responsible for ensuring annually that the national pandemic plan for their administrative branch is up to date. In addition, the key authorities are tasked with assessing the need to replenish the emergency stockpiles of respiratory protective equipment and other health care supplies in cooperation with the hospital districts.

A working group to discuss material preparedness⁵⁵ was established in 2013. The working group was tasked with assessing the personal protective equipment needs of social welfare and health care workers during a pandemic. It surveyed the situation of existing stockpiles and made national and regional procurement proposals on the level of material preparedness. The working group included representatives of the Regional State Administrative Agencies, the physicians in charge of infectious diseases in the hospital districts, Association of Finnish Municipalities, the Finnish Defence Forces, the Finnish Institute for Health and Welfare, the Finnish Institute of Occupational Health, the Finnish Medicines Agency and the Ministry of Social Affairs and Health.

The preparation was based on the national influenza plan that had been updated in 2012 and an updated global pandemic preparedness guide published by WHO in June 2013. In addition, WHO and the EU required their member states to have national influenza pandemic preparedness plans.

The report includes calculations of the number of FFP3 respirator masks and surgical face masks required in the social welfare and health care sector. The working group estimated that in order to protect health care workers performing aerosol-generating procedures on patients requiring intensive care during the first wave of a pandemic in the entire the country, a total of 400,000 FFP3 respirator masks would be needed. The same number of eye protectors would be needed as respiratory masks. Outside of intensive care, in routine inpatient care, outpatient units and home care, approximately 3.7 million surgical face masks would be required if all patients showing symptoms and the nursing staff would wear masks.

According to the working group, the most affordable way to realise the procurement of the FFP3 masks and eye protectors would be through joint procurement of the hospital districts, in cooperation with NESAs. The procurement process was due to take place by the beginning of 2015. According to the report, NESAs had a sufficient stockpile of surgical face masks, and no procurement process was needed in this respect. The working group's calculations covered both public and private social welfare and health care units.

The report on material preparedness does not provide any recommendations to increase the stockpiling of medicines, as there are sufficient statutory stockpiling obligations for pharmaceuticals. There is no similar legislation covering medical equipment and supplies.

⁵⁵ Working group report on material preparedness for a pandemic, [In Finnish; Materiaalisen pandemiavarautumisen tarpeita selvittävän työryhmän raportti. STM:n raportteja ja muistioita 2013:38.]

2.5 Other reports

The investigation team commissioned a special report⁵⁶ from media monitoring company Meltwater on pandemic-related media coverage in the Finnish media during the monitoring period of 1 January to 31 July 2020. The report examined the publicity received by three different topics: the declaration of emergency conditions and the invocation of the Emergency Powers Act, the closure of Uusimaa and the debate on the wearing of face masks.

The purpose of the analysis was to assess the success of the communications by the authorities and key public actors. The starting point was the assumption that during a crisis, communications by the authorities should be clear, unambiguous and coherent. The analysis also studied which authorities were most visible in the media and what were the reactions of the news media. The analysis did not cover the reception or comprehension of the communications, but the spreading of messages was examined by analysing social media. The data consisted of news and articles published by 20 selected digital media sources.

According to the analysis, the communications by the authorities on the emergency conditions, the Emergency Powers Act and the closure of Uusimaa were largely successful. Most of the messages were clear and consistent. The media coverage was neutral and informative. The news mainly reported on the measures and their impact on people's daily lives, as well as sought clarification to some unclear details. Consistent reporting was improved by the fact that the measures were largely supported by the political opposition and criticism at the measures was limited. The news coverage of both the invocation of the Emergency Powers Act and the closure of Uusimaa was strongly personified in the Prime Minister. This was mainly due to the fact that information on these subjects was communicated through press conferences, and the Prime Minister was the central figure at these press conferences.

Media coverage on the wearing of face masks differed in many ways from the other two studied topics. The matter was complex, as conflicting views were expressed in public and many actors spoke about face masks. The party that most visibly spoke against the wearing of face masks was the Ministry of Social Affairs and Health, and the parties that most clearly recommended the wearing of face masks were the scientific panel and End COVID-19 Finland. Representatives of the Finnish Institute for Health and Welfare expressed contradictory opinions in public, in some cases almost simultaneously. Opinions from within the Finnish Institute for Health and Welfare were almost evenly divided between those recommending the wearing of face masks, those questioning the benefits of face masks and those who primarily recommended protective measures other than face masks. In addition, the different individuals publicly rejected and criticised each other's opinions, which further added to the confusion.

The debate on face masks continued throughout the spring and summer. The media criticised the authorities' unclear guidelines, but the media coverage was also confusing at times. In the case of both the media coverage and the expert opinions, it was sometimes unclear whether the person was talking about the protective effect of face masks on the wearer or on the people around them, whether it a question of the face masks used by ordinary citizens in their everyday life or the personal protective equipment used by health care professionals, i.e. homemade cloth face masks or surgical face masks, whether it a question of official recommendations or the personal opinions of the individual experts, and whether the problem was that Finns would not be able to wear the masks properly or that the masks were of no use. There were also some reports on mask practices in other countries and the changing WHO

⁵⁶ The decision to commission the report was based on section 24 of the Safety Investigation Act of Finland (525/2011).

recommendations, which made the situation even more unclear. During the spring and summer, it was not possible for the general public to come to any conclusion based on the public media coverage on whether or not the authorities were recommending the wearing of face masks.

The first phase report of the crisis follow-up group⁵⁷ describes the Government policies made and provides some background for them. The report predicts that the epidemic will continue long into 2021. The restrictions can only be lifted if the population is tested, infected people are traced using the mobile app and the groups at risk are effectively protected. The goal with the hybrid strategy (the trace, isolate and treat principle) aims at preventing the spreading of the virus, securing the adequacy of the health care resources and protecting those at risk.

Decisions on restrictive measures are made on the basis of an overall assessment, taking into account the epidemiological and social impact of the different options and the legal framework for the decisions. When lifting restrictions, the most vulnerable groups must be taken into account. The impact of the lifting of the restrictions should be monitored and the opportunity to reintroduce the restrictions should be retained.

The decisions on restrictions made by the Government on 16 March 2020 were based on international data and modelling, which estimated that intensive care capacity, in particular, would remain insufficient for a period of several weeks.

The situation improved as a result of the restrictions, such as the closure of Uusimaa, but possibly with the disadvantage of prolonging the epidemic and causing the risk of a new wave. It was estimated that the restrictions bought some more time to improve emergency preparedness. The easing of the epidemic allowed partial lifting of the restrictions. The risk of the epidemic starting again was deemed high, which is why lifting the restrictions completely was not considered a viable option. Complete suppression of the epidemic was not deemed realistic. It was estimated that the development of vaccines would take one to two years at best, and might take several years, and major problems with the availability of vaccines were to be expected.

The impact on the economy was found to be high. It is difficult to distinguish between the role of the restrictions and the role of other factors in the decline in economic activity. General government finances were expected to grow, and future economic growth would not be sufficient to restore general government finances in the foreseeable future. There was a high degree of uncertainty in the assessment of economic development.

The restrictions were found to have caused a backlog in health care services, partially because service reductions were introduced too soon. Overall, the restrictions on mobility and the reduction of services were considered to have wide-ranging effects, particularly on the wellbeing of disadvantaged individuals and the elderly. Social problems were expected to increase and exhaustion of health care workers was seen as a risk.

The report found that the policy selected by Finland has been based more on recommendations than the policies of many other countries. There have been relatively few legislative

⁵⁷ Crisis follow up group, first phase report. The consequences and plan for hybrid strategy on how to manage the epidemic. [In Finnish; Exit- ja jälleenrakennustyöryhmän 1. vaiheen raportti. Koronakriisin vaikutukset ja suunnitelma epidemian hallinnan hybridistrategiaksi. Valtioneuvoston julkaisuja 2020:12, 4 May 2020.]

amendments. Compared to many other countries, much attention has been paid to the compatibility of the measures with fundamental and human rights. Given the good situation, Finland's measures are attracting plenty of interest.

The second phase report of the crisis follow-up group⁵⁸ focuses on economic recovery after the pandemic. The concept of psychological resilience of the population is emphasised. In order to maintain the resilience, sufficient financial resources must be available to ensure the wellbeing of the population. In turn, the securing of the financial resources requires an increase of the employment rates, structural reforms and an improvement of research, development and innovation operations, among other measures. Structural reforms should not be slowed down due to the crisis; instead, they are needed even more than before.

The report relies strongly on digitalisation. Sustainability and green technology are also prominently featured in the report. One detected problem is that, due to the poor economic development, Finland's financial buffers were small already before the crisis.

The report divides the rise from the pandemic into three phases:

1. Maintenance phase: Assisting people, communities and businesses during the acute phase of the epidemic and preventing disadvantages.
2. Follow-up phase: Repairing damage, boosting confidence, stimulating the economy, preventing a second wave.
3. Reconstruction phase: Towards the long-term goals (sustainable development, including fiscal sustainability). The maintenance, follow-up and reconstruction phases are partly overlapping (incl. structural reforms).

As other assessments, the report estimates the negative impact of the crisis to be the worst on people who are already vulnerable. Psychological resilience of the population requires systematic monitoring of the impact on wellbeing, taking into account the effects of decisions, especially on the most vulnerable groups. In terms of democracy, resilience was found to be at a high level, but there is a risk of increasing feelings of exclusion and extremism. Social participation may be limited to a small but active group of people.

The epidemic has highlighted the importance of emergency preparedness planning and preparedness exercises in the promotion of public health security. As the epidemic recedes, a broader review of legislation and the security of supply is needed to utilise the lessons learned during the crisis in practice. Preparedness planning should be launched at the same time as the follow-up measures, and the plans should be updated in collaboration by the ministries and the different administrative branches.

According to a Government publication on the **economic policy strategy** for recovery from the COVID-19 crisis⁵⁹, the problem is that the risk of falling ill cannot be eliminated in the short term, making a return to normal economic life impossible. Secondly, the chances of recovery for already disadvantaged countries are low. There is the risk of a phenomenon similar to the euro crisis.

Although restrictions have stopped the spread of the epidemic, the restrictions and fear are reducing economic activity. The restrictions also have other disadvantages in addition to the economic effects. Non-urgent health problems go untreated, mental health and substance

⁵⁸ Crisis follow up group, second phase report. Post-crisis management and reconstruction. [In Finnish; Exit- ja jälleenrakennustyöryhmän 2. vaiheen raportti. Koronakriisin jälkihoito ja jälleenrakennus. Valtioneuvoston julkaisuja 2020:17, 1 June 2020.]

⁵⁹ Strategy on economic policy in corona crisis. [In Finnish; Vihriälä, V. et al. (2020) *Talouspolitiikan strategia koronakriisissä*. Valtioneuvoston julkaisuja 2020:13. Finnish Government: Helsinki.]

abuse problems and domestic violence increase and wellbeing of the elderly deteriorates. The disadvantages caused by school closures are significant.

The first duty of the economic policy is to reduce the disadvantages caused by the restrictions. The focus in Finland and the countries to which Finland is compared has been on safeguarding the corporate sector's ability to operate. The report finds the measures useful but insufficient. A more comprehensive support system which targets small and medium-sized enterprises, in particular, is needed. As the crisis continues, the focus should be on supporting the survival of the most valuable parts of the corporate sector. Particular concerns regarding the increase of general government debt are voiced.

The report divides economic policy during the COVID-19 crisis into the following three phases:

1. Minimising damage during phase at which the epidemic is being controlled, first and foremost by supporting businesses.
2. Implementing fiscal policy that supports demand after the lifting of the restrictions.
3. Repairing damage to the economy and stabilising general government finances once the economy has started to grow again.

The third phase requires decisions on a “pain package” consisting of cost cuts, tax increases and structural reforms. Raising the employment rate and stabilising general government finances are the keys. The fact that the crisis was a shared experience may assist people in reaching a consensus on the measures to be taken. It is estimated that reflationary measures could be introduced in late summer 2021.

Finland is expected to survive the crisis because of its functional society. People trust institutions and the administration is efficient and fair. Finland is also an innovative information society. In terms of controlling the epidemic, the results are excellent.

A Government report providing **an overall assessment of the COVID-19 measures**⁶⁰ covered the effects of the measures taken by the Government on people's health, society and the economy. The impact on fundamental rights has been the key in the decision-making process. On the one hand, some rights have been restricted, such as the freedom of movement, while on the other, some rights have been safeguarded, such as the right to health and health care. While the recommendations on reducing contact, for instance, have had a negative impact on the wellbeing of the elderly, they are estimated to have reduced outbreaks and mortality in institutional care.

As in the case of the other reports, the adverse effects of the restrictive measures were estimated to affect individuals who were already disadvantaged. Other detected problems included polarisation of education due to the switch to distance education and an increased need for multidisciplinary services in future due to the partial closure of social welfare services. Another problem is increased inequality in dealings with the authorities as a result of the partial closure of services.

The economic effects were found to be significant in many industries, but the effects between the industries vary. The epidemic and the restrictions have caused problems especially in the hotel and catering, service, tourism and culture industries. With regard to the economic ef-

⁶⁰ A compilation of impact assessments submitted by the ministries on 25 September 2020. Prime Minister's Office, strategy unit, October 2020. [In Finnish; Valtioneuvoston kokonaisarvio COVID-19-toimien vaikutuksista.]

fects, the report emphasised the difficulty of assessing to which extent the reduction in economic activity was caused by the presence of the virus and its impact on the behaviour of people and to what extent by the restrictions.

The hybrid strategy (*test-trace-isolate-treat*) was judged to have worked well during the spring and summer of 2020. An increase in the testing capacity was possible. However, the instructions on isolation and quarantine were considered unclear, which put an extra strain on social welfare and health care workers. Testing and the placing of employees in quarantine have resulted in extra costs for municipalities and other employers.

Overall, the report estimates that the various restrictions reduced the number of infections and slowed down the spread of the virus.

A memorandum on the core of the Government during a crisis by the Finnish Innovation Fund Sitra⁶¹ considers that the events progressed very quickly at the early stages and procedures were applied without following any predetermined programme. The report emphasises that the decision-makers initially had reservations about whether the situation was as serious as the Finnish Institute for Health and Welfare stated at the end of February. The President of the Republic was concerned about the situation. Initially, the slowness of WHO's response and the contradictory nature of the information provided made it difficult to react to the situation. In addition, the EU was deemed to have remained rather invisible at the initial stages. Finland is assessed to have fallen asleep as it came to the EU's joint procurement of personal protective equipment, but this did not cause any major harm.

Problems identified by the report include lack of updated emergency preparedness plans and the absence of preparedness exercises. The Sitra report tells the story of how the preparedness for a crisis caused by a pandemic had been overshadowed by other threats in decision-making. According to the report, there was a lack of trust between senior public officials and political steering. The fragmentation of government was seen as having caused problems with the flow of information within the Government and between government agencies.

The Sitra report recommends raising the threshold for the invocation of the Emergency Powers Act. However, the Uusimaa closure was seen as a turning point, i.e. the point when the attitude towards the severity of the crisis changed and the general public became more concerned.

The Government's approach, which focused on the chairpersons of the five government parties, was considered functional as a whole. The communications were deemed unclear, however. For example, the difference between recommendations and statutory provisions was sometimes unclear. Furthermore, when the application of the Emergency Powers Act ended in the summer, a large proportion of citizens were unaware of how the system works and who makes decisions on which matters. The wording of the instructions and recommendations issued by the Government to the general public and the lower levels of administration was found to be confusing. There were also legal problems with the instructions and recommendations.

As specific "crises within the crisis", the Sitra report lists the disarray at the Helsinki Airport, as well as the problems with the procurement of personal protective equipment, corporate

⁶¹ The core of the Government in crisis. The strain on Finnish decision making in COVID-19 pandemic. [In Finnish: Mörntinen, M. (2021) *Valtioneuvoston ydin kriisitilanteessa. Covid-19-pandemian paineet suomalaiselle päätöksenteolle*. Sitra: Helsinki.]

subsidies and the recommendations regarding face masks. In addition, distrust between businesses and political decision-makers was observed. The mobile contact tracing app was deemed a success, however.

Referring to the exchange of messages between the President of the Republic and the Prime Minister during the discussion about the COVID-19 task force, the Sitra report recommends clarification of crisis management. The report presents critical assessments regarding the work of the COVID-19 Coordination Group.

To improve law drafting, it is suggested that more resources should be allocated and people should be reassigned to promote cross-administrative skills. Another recommendation is taking action in the ministries to promote the clarity of communications.

As Finland's success factors, the report lists the widespread readiness to work remotely, the substitution of summer holidays abroad with spending time at summer cottages and other domestic destinations, as well as the ability of Finns to maintain physical distancing in the sparsely populated country. Democracy, equality and the principle of a constitutional state have also helped to slow the spread of SARS-CoV-2.

A report by Deloitte on the Finnish Government⁶² concludes that the measures taken by the Government in the spring achieved a good result, especially from the perspective of health. The report also estimates that Finland suffered relatively little from the economical viewpoint during the spring. The ability to take quick and timely decisions under the uncertain conditions, the ability to maintain the capacity to act and the prioritisation of the crisis over other activities were seen as successes. The epidemiological knowledge base was considered to have been good and the invocation and cancelling of the Emergency Powers Act was considered a success. Cooperation between the Government and the opposition was also found to be fluent. In addition, public communications were deemed successful in conveying the seriousness of the situation and in influencing the progress of the epidemic.

Regardless of the several successes, the report highlights a number of areas that require development, such as the need to ensure the efficiency of informal cabinet meetings and to improve the preparatory work, as well as the need to further develop the organisation, leadership and the division of responsibilities and powers. The crisis management models were not considered appropriate for the situation in the spring, and new bodies were established. The report emphasises the need to review the structures and plan the roles and responsibilities of the different administrative branches, working groups and individuals in the event of a crisis. The organisation under normal conditions should be further developed so that the same structures could be used also during a crisis. Changing of the organisational structure during a crisis introduces more problems. For example, the role of the COVID-19 Coordination Group and the COVID-19 Operations Centre remained unclear. Leadership responsibility should be strongly vested in PMO.

Cooperation and communications must be improved, both within the Government and between the Government and other actors. Although the report found that the communications with the general public were successful, it recommends the organisation and implementation of consistent, strategic and coordinated communications.

⁶² Assessment on the Government's implementation of crisis leadership and adoption of Emergency Powers Act during corona crisis. [In Finnish; Deloitte (2021) *Selvitys koronakriisin aikana toteutetun valtioneuvoston kriisijohtamisen ja valmiuslain käyttöönoton kokemuksista*. Valtioneuvoston selvitys 2021:1.]

A review of legislation will be necessary in the future. There was no optimal legislation to support the crisis management in the spring. The report finds that the invocation of the Emergency Powers Act was the right solution, but the Act did not provide optimal tools for the control of a pandemic in particular. It should be considered how the Emergency Powers Act and the Communicable Diseases Act can be developed to make them more suitable for the control of a pandemic. The suitability of legislation in general for pandemics and other types of crises should also be assessed. Extensive preparedness and training are needed.

In the spring, the Government focused on ensuring the capacity of the health care sector. The report finds, however, that the efforts to ensure the adequacy of health care supplies, such as personal protective equipment. This is one of the development areas identified by the report. The private sector could have been utilised more and at an earlier stage in the manufacture of personal protective equipment, for example. The economic aspect was more strongly introduced into the decision-making process later in the spring, through the crisis follow-up group, for example. The report did not deem the economic aspect to have been emphasised at any point.

The scientific panel⁶³ provided assistance in matters involving the assessment and mitigation of the adverse effects of the crisis, the dismantling of the restrictive measures and the reconstruction of Finland. The panel assessed that the global evolution and spreading of the virus in Finland are difficult to assess. The exceptional situation was expected to continue well into next year, depending on the development of vaccines, among other matters. In any case, restrictions aimed at reducing human contact would be required for a long time. The scientific panel decided to recommend the wearing of masks in all situations posing a risk.

In terms of the behaviour of the general public, the reluctance of young adults to comply with the restrictions and instructions was identified as a problem. Of the restrictive measures, school closures were found to be ineffective in preventing the spread of the virus, based on international evidence.

The scientific panel was of the opinion that the economic and social effects were wide-ranging. Finland was in a better position at the start of the crisis than at the start of the economic depression of the 1990s, as the need to cut government spending was not as urgent because the low interest level allowed borrowing and the management of debts in the longer term. This mitigated the impact of the crisis on individuals.

The scientific panel emphasised the need to ensure the resilience of society. The key to preparing for the second wave was a functional testing system. The report also mentions access to information as a key element in supporting the psychological resilience of the population. Quick decisions have been necessary during the COVID-19 crisis. The scientific panel is of the opinion that reliable statistics to support decision-making could not be produced. There was a delay in the collection of data. Reliable indicators, functional registers, forecasting models and the refinement of expert assessments are needed. A further problem with health care registers was the slow transfer of data to national registers. Some of the work had to be done manually.

The scientific panel emphasises the slowness of the financial and research permit instruments used in the field of science. This slowed down access to the permits and funding required for

⁶³ Report by the COVID-19 scientific panel of the Finnish Government 1 June 2020. The scientific panel provided support to the follow-up group chaired by State Secretary Martti Hetemäki. [In Finnish; COVID-19-kriisin haitallisten vaikutusten ehkäiseminen kestäväan kehityksen periaatteiden mukaisesti. Tiedepaneelin vastaukset valmisteluryhmän kysymyksiin.]

research on patient samples, among other measures. For example, adequate resources for autopsies in the case of the threat of an infectious disease had not been allocated. Autopsies can provide essential information for understanding the cause of disease and the mechanism of death. Establishing mechanisms to eliminate such delays is necessary in the future.

SOSTE Finnish Federation for Social Affairs and Health regularly publishes a Social Barometer⁶⁴. The Social Barometer is a comprehensive survey based on expert assessments by social welfare and health care directors, social workers, the management of the Social Insurance Institution of Finland (Kela) and the management of the Economic and Employment Offices (TE Offices). The barometer based on a survey carried out in May 2020 was published on an accelerated schedule on 3 July 2020 in cooperation with the Finnish Institute for Health and Welfare.

The barometer examines the impact of the measures taken in response to the COVID-19 pandemic from the perspective of the social welfare and health care sector. As the situation progressed so quickly both in Finland and worldwide, there was no time to properly consider the consequences of the restrictive measures. The result was a situation where the individuals who were already vulnerable were the most affected by the restrictions. These included the most vulnerable children who did not receive adequate parental support, the elderly, individuals in a weak labour market position, individuals with mental health and substance abuse problems, and individuals with pre-existing financial problems. The report raises the question of who is responsible for repairing the damage caused by the restrictive measures.

The restrictive measures increased the need for food aid. Loneliness and isolation caused mental health and substance abuse problems to worsen as services were closed down, cancelled or converted into remote services. The elderly were at risk of reduced functional capacity as a result of prolonged immobility.

Neighbours, friends and loved ones did what they could to help the weakest individuals. However, they were often hampered by the imposed restrictions, such as the recommendation of not being in the same room with any individuals at risk, such as those over the age of 70.

Even though experts are of the opinion that the overall wellbeing of the population has improved compared to previous years, the responses do not describe a reduction in the differences in wellbeing between the different population groups. In fact, the differences have become even more pronounced in some cases.

There were many positive experiences of using remote services in the social welfare sector, services supporting employment, multidisciplinary services and support services for family carers. However, the new online services introduced under the exceptional circumstances were not sufficient on their own to support the customers. According to the social workers, some customers would have benefited more from face-to-face services. According to the results, the elderly, unemployed persons over the age of 50, partially disabled people, the long-term unemployed, immigrants and some individuals with mental health and substance abuse problems had the most difficulty in using the new remote services.

The epidemic increased the need for help, especially among families with children and people with mental health problems. Between March and May, families with children were affected by the distance education arrangements and the parents working from home, as well as the

⁶⁴ Social Barometer 2020 [In Finnish; Eronen, A. et al. (2020) *Sosiaalibarometri 2020*. SOSTE Finnish Federation for Social Affairs and Health: Helsinki.]

parents' concerns about their livelihood. Among the factors causing inequality, long-term unemployment and indebtedness were more pronounced than in the previous year. These were clearly linked to the consequences of the economic downturn triggered by the pandemic.

The epidemic has shifted the focus of employment services to remote services: many services have been cancelled or changed into telephone or online services. Meanwhile, more people need the services and the needs of older customers, in particular, cannot be met at the same level as in the past.

The responses to the Social Barometer indicate a serious increase in financial problems as a result of the pandemic. Many social workers reported problems with cooperation with the Social Insurance Institution of Finland (Kela), which is responsible for basic income support.

A study by the **University of Helsinki**⁶⁵ examined the trust of Finns in the media and opinions of the general public regarding the success of the COVID-19 communications in the spring of 2020. According to the survey, the key news sources for Finns during the COVID-19 crisis were news media websites and mobile apps, TV news, as well as the live press conferences of the Government and news specials on TV. These were perceived as clearly more important sources of information than the websites of government agencies, for example.

The already relatively strong trust of Finns in the larger national media increased even further during the COVID-19 crisis. A total of 90% of the respondents considered the reporting of the Finnish Broadcasting Company (Yle) on the COVID-19 crisis to be at least fairly reliable. The second most trusted source of COVID-19 news was the newspaper *Helsingin Sanomat* (76%). The most useful sources of information for Finns during the crisis were researchers and doctors (74%), the Finnish Institute for Health and Welfare (72%), the news media in general (70%) and the Government (68%). Almost two-thirds of all Finns felt confused by the differing recommendations of experts.

⁶⁵ Media and aspects of public confidence: institutions, journalism and media relation. [In Finnish; Matikainen, J. et al. (2020) *Media ja yleisön luottamuksen ulottuvuudet: Instituutiot, journalismi ja mediasuhde*. University of Helsinki: Helsinki.]

3 ANALYSIS

3.1 Event analysis

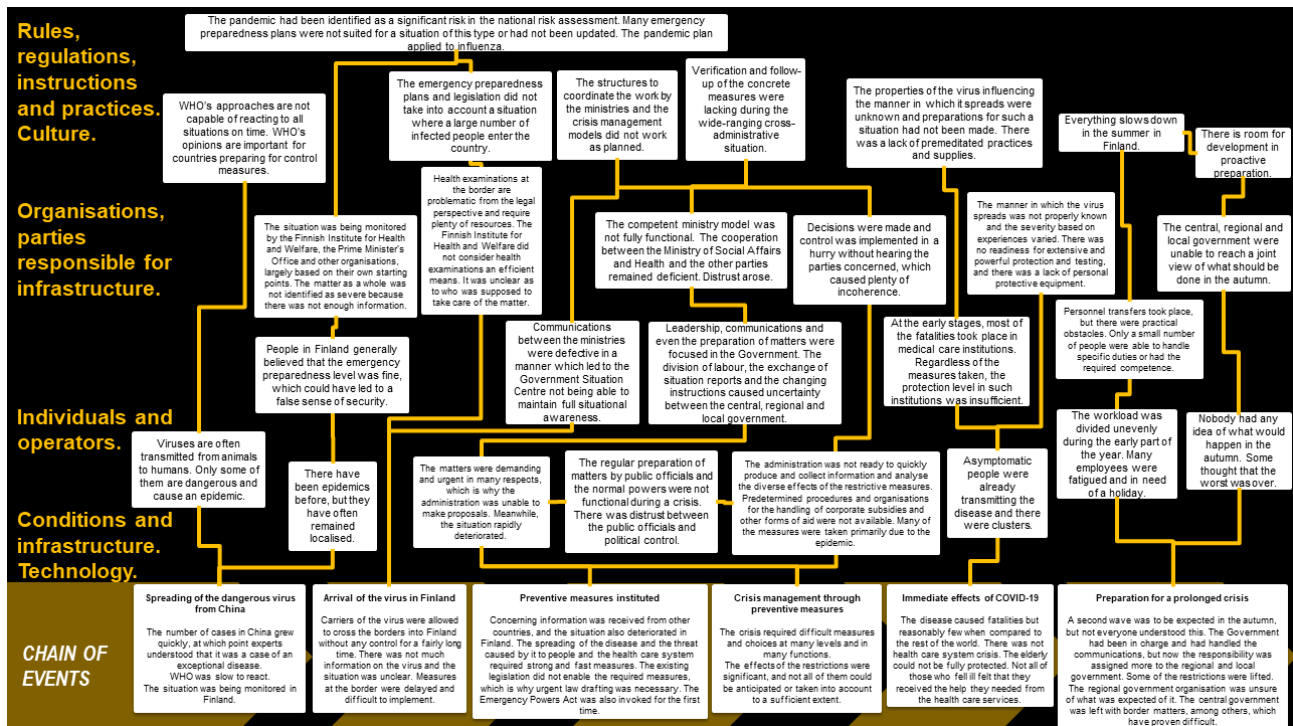


Figure 9. An Accimap analysis diagram prepared by the investigation team.⁶⁶

3.1.1 Spreading of the dangerous virus from China

As far as is known, the virus that caused the crisis was transmitted from animals to humans in the Wuhan area in China. At worst, the virus caused a serious pneumonia to some of the infected individuals. The number of cases rapidly increased locally, at which time the Chinese health authority started to investigate the matter. It soon became apparent that it was an infection caused by a previously unknown coronavirus.

Viruses are often transmitted from animals to humans. Only some of them are dangerous and cause an epidemic. Human to human transmission is not possible for some of the viruses, and there are also major differences in how effectively the virus spreads and how severe the symptoms are.

It is known that there must be preparedness to control serious diseases, in particular. In their part, international health care sector organisations ensure that such preparedness exists. In this case, the first possible party to address the issue was the Chinese health authority. Other key actors included the World Health Organization (WHO), the United States Centers for Disease Control and Prevention (CDC) and the European Centre for Disease Prevention and Control (ECDC). In the case of a global threat, WHO is the most important actor, and information provided by WHO is also monitored in Finland. The primary authority monitoring diseases in Finland is the Finnish Institute for Health and Welfare, but some other actors also monitor diseases due to their area of responsibility or duties.

⁶⁶ Rasmussen, J. & Svedung, I. (2000) Proactive Risk Management in a Dynamic Society. Karlstad, Sweden: Swedish Rescue Services Agency.

WHO issued an early warning regarding the virus at the very end of 2019. ECDC published its first risk assessment a little over a week later. The situation was similar to some previous outbreaks which had not expanded into a pandemic. Between 22 and 23 January 2020, WHO considered whether the situation met the definition of a Public Health Emergency of International Concern but decided against it, which is why the most active global control measures were somewhat delayed. The definition was given a week later, but at that point the virus had already spread extensively, also into Finland. WHO's procedures were slow, which is why Finland or other countries should not rely solely on information or classifications provided by WHO when preparing for threatening outbreaks.

There have been no outbreaks of especially severe infectious diseases in Finland in the past decades. The worst outbreaks have been influenza epidemics, and Finland has learned to cope with them fairly well with the help of vaccines, among other measures. There was also confidence that the country's health care system had developed to such an extent that it would be able to control new situations as well. A couple of years prior to the crisis, a pandemic had been deemed as one of the key risks to Finnish society. However, it was described in many plans and emergency preparedness measures as a manageable influenza outbreak. Finland had a partially unjustified sense of security, and the quickly growing threat was not immediately identified. The Finnish Institute for Health and Welfare quickly launched campaigns directed at the general public on how to cough and wash your hands properly. Even though there was no specific information regarding the virus, these instructions are applicable for the control of infectious diseases in general. The early start of communications to the general public and the fact that the situation was reported by the media slowly made citizens aware of the virus.

The parties that monitored the spreading of the virus in Finland were engaged in a dialogue, and their shared view of the threat was slowly formed. No clear point at which a specific risk level, such as a level that would start implementation of the national pandemic plan, can be identified. Difficulties were caused by the fact that there was no information on the properties of the virus, among other required information. Furthermore, there was uncertainty regarding the infection rates reported by many countries. It was estimated that the actual numbers of infected individuals were higher than those reported. It was impossible to obtain any specific information because the number of infections kept increasing and the testing capacity was just being developed.

In Finland, the Ministry of Social Affairs and Health prepared a pandemic plan in 2012. It defines, in a fairly comprehensive manner, measures to be taken by the different administrative branches during a pandemic. A deficiency of the plan was that it only applied to influenza, which is not the same as an infection caused by a coronavirus. Furthermore, the plan had not been updated after an amendment of the Communicable Diseases Act in 2016. A pandemic was not included in the assessment of the risk to society until in 2018. The plan was not clearly followed at any point. However, it was the best available guiding document on how to control an outbreak. Apparently, the plan was not widely known or trusted, and some parties failed to understand that crisis plans usually need to be applied to the situation at hand.

Possibly the most important stage of emergency preparedness planning is the planning process, as the parties involved in the process get an idea of the whole picture, the operating models are developed and the participants become aware of the contents of the plan. The planning process had been completed a long time ago in this case.

3.1.2 Arrival of the virus in Finland

Carriers of the virus were able to cross the borders of Finland for a fairly long time because there was not much information on the virus and the situation was unclear. Measures at borders were delayed, until the borders were closed in mid-March.

It took some time to realise that a large number of infected travellers were entering the country via airports, ports and land borders. It was a new situation for which provisions had not been made. The background to this was a previous consensus among international public health security authorities on border measures only being able to slow down the spreading of respiratory viral disease. Previously exercises had covered scenarios such as the arrival of individual carriers on a single flight. In Finland, there were no plans on how and where to quarantine a large number of passengers exposed to an infectious disease.

The measures required were complex and difficult. Finnish citizens and permanent residents were urged to return to Finland, and they had to be allowed to return home if they wished. In addition, there is a constant flow of essential goods traffic, including drivers, across the borders, as well as necessary labour force. There are also transfer passengers at the airport. Initially, testing capacity was limited. Furthermore, testing requires a large number of professional staff, specially at the border, and staff is also needed elsewhere. Furthermore, the test results are not immediately available, which means that a seamless approach would have required organised further transport and quarantine accommodation. "Quarantine-like conditions" were also discussed, and people were instructed to remain in quarantine-like conditions by announcements at the airport, for example. In early February, the Finnish Institute for Health and Welfare estimated that only one-fifth of those infected could be detected at the border.

There were also plenty of legal issues to sort out, which only became clear much later. Similarly, the development of practical public health security arrangements took a long time. There was no basis or opportunities for strong measures at local level, and the division of powers prevented strong national steering. Responsibilities were unclear as well. For citizens, on the other hand, it seemed unclear as to which of the restrictions on the crossing of borders were orders and which were recommendations.

In the end, the situation at Helsinki Airport almost reached crisis point, as a large number of passengers arrived for weeks from Central Europe, among other regions, and continued on to various parts of Finland with little guidance or interference. The number of arriving passengers was around 20,000 per day at the turn of February and March and still around 6,000 on 20 March 2020. The situation at the airport could not be properly controlled in March. In many countries, the situation with the disease was more severe than the reported figures suggested, and plenty of people infected with the virus arrived in Finland.

3.1.3 Preventive measures instituted

By the end of February 2020, the threat of the virus spreading had become so concrete that the Government addressed the issue at an informal cabinet meeting and set up the COVID-19 Coordination Group consisting of key permanent secretaries. The coordination group convened for the first time on 4 March 2020. The organisation did not comply with the crisis management model described in the Security Strategy for Society. A variety of organisations started to consider and make arrangements regarding their duties. Citizens were provided information on matters such as the need to assemble a home emergency supply kit, which contributed to better preparedness and an understanding of an impending crisis.

Monitoring of the global situation led to the fact that the need for particularly drastic measures had become clear to the Government and many other parties around 10 March. The Government issued a number of recommendations on the basis of its informal cabinet meetings. Recommendations were also issued by a few other organisations. The Regional State Administrative Agencies issued orders based on the Communicable Diseases Act, but the shared view of the Government was that adequate measures would require the Emergency Powers Act and the declaration of emergency conditions.

The declaration of emergency conditions was quickly made and, as a result, the powers of the Emergency Powers Act were introduced without a significant delay. However, there were some difficulties with the process and the Constitutional Law Committee had to criticise the quality of the drafting of several regulations. This was partially due to incompetence, but also to the urgency and the fact that the threshold for the introduction of strong powers has been deliberately set high in Finland. Shortcomings in the Communicable Diseases Act, the Emergency Powers Act and other laws related to the control of an epidemic meant that legislation had to be prepared in a hurry and under uncertain circumstances. In addition, invoking the currently valid Emergency Powers Act had never been necessary before. During the spring and early summer of 2020, exceptionally many government plenary sessions and presidential sessions took place. The plenary sessions were exceptionally long. The validity of the Emergency Powers Act and the legality of the restrictions imposed pursuant to it in Åland remained unclear throughout the crisis.

Some drastic measures were put in place, but there were problems in their preparation and implementation. To some extent, the problems in preparation arose from the process being bogged down by the procedures of the competent ministry. In these procedures, the responsibility for the preparation of matters is centralised in the Ministry of Social Affairs and Health, which was perceived as keeping too much to itself; interaction with the other administrative branch remained defective. COVID-19 and the related decisions had broad effects that cannot be managed by a single ministry. The Government Situation Centre was not fully able to act as a focal point for information and did not receive all the information needed to achieve proper situational awareness. The communications unit of PMO was not fully able to fulfil its role as the party coordinating communications between the ministries, as the division of labour remained unclear. The Ministry of Social Affairs and Health, in particular, did not consider the concentration of communications to PMO to be wise.

Another problem involving the preparation was that the normal administrative preparation practices were not fast enough for the circumstances. Not enough proposals satisfactory to the Government were completed, which meant that the Government had to hold a large number of informal cabinet meetings and settle practical matters over the public officials' heads. Distrust arose on both sides.

In terms of implementation, problems arose because citizens, other actors and even the authorities supervising the matters did not always know when it was a question of a recommendation or when of an order, or on which legal provision the order was based. The effects of the measures and the need to apply them varied, which required interpretation and practical actions. The implementing bodies were not always sufficiently informed of decisions due to the urgency of the situation and the information was not always available in Swedish. Another problem was that the recommendations and orders changed rapidly. The rapid changes can be considered a positive thing, however, as managing an unclear situation requires constant adaptability.

What was missing from the organisation was a cross-administrative body that would have actively monitored the situation, reacted to it and ensured actions on a daily basis. These problems could be corrected with a pre-planned working group with powers and tools conferred on it by its official status, as well as a rehearsed role. This shortcoming led to difficulties in areas such as the procurement, stockpiling and availability of personal protective equipment.

The communications channels between central government, the different regions and the municipalities were mainly sectoral and divergent, causing a lack of interaction. The possibility for the Government to take action was reduced and slowed down by the fact that powers are highly decentralised in Finland, and this rigid structure is maintained even under exceptional circumstances. The interpretations of the authorities sometimes differed from what the Government had intended, or the legal basis and the precise way in which the measures were to be implemented remained unclear. As a result, strong action was not always taken. There were also concerns about whether the situation in the entire country could be managed as a whole while taking into account the regional differences in the ever-changing situation.

3.1.4 Crisis management through preventive measures

The rapidly evolving situation called for strong and rapid action. The question was which measures were needed to keep the number of infections under control. It was a question of whether to protect the health care system capacity by limiting the number of simultaneous infections or whether to attempt to suppress the disease, i.e. to reduce the number of infections to zero by means of extreme measures at the borders and elsewhere. Approaches in other countries varied, and there were many different views in Finland as well. Finland monitored the international examples, but chose its own path based on existing data. These choices were influenced by what was possible in practice in terms of legislation and powers. Political considerations also had an impact.

Understanding of the virus and its prevention was concentrated in the Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health, which also meant that the preparation of priority measures was concentrated in the Ministry of Social Affairs and Health. The discussion was rightly dominated by the question of how to prevent uncontrolled spreading of the virus. However, it was already understood that the threats and restrictions, if implemented, would affect society in many ways. These effects were not understood to a sufficient extent or assessed in time, however, which led to numerous discrepancies and forced the authorities to take corrective measures. For example, a rapid switch to distance education in schools or a closure of restaurants had never been realised before, and there were no models on how to support the different industries. Moreover, the restrictions were most damaging to individuals who were already vulnerable. These included the most vulnerable children who did not receive adequate parental support, the elderly, individuals in a weak labour market position, individuals with mental health and substance abuse problems, and individuals with pre-existing financial problems.

Online tools could be quickly utilised which meant, for example, a switch to working from home in many professions, distance education and services that reduced the need for face-to-face interaction. This change required technical solutions and a major shift in working practices and the content of operations. Expertise, flexibility and adaptation were required from employees. Society was not properly prepared for the utilisation of digitalisation, however, as there was a lack of secure tools and some of the decision-making in both the public and private sectors required face-to-face meetings. Digital signatures were gradually introduced. The development and deployment of the mobile app that is useful in the fight against COVID-19

was delayed until the autumn, even though many countries were able to start using similar apps already in the spring.

The readiness to tap into all the resources of society, such as those provided by organisations, communities and businesses, was limited. In the case of organisations, activities were organised on the basis of local procedures. As the need for help rapidly grows in an unforeseen situation, there is a risk that the helpers and the people to be helped will not meet. Organisations' expertise and networks with vulnerable groups are the key in surveying the need for assistance and in providing guidance and advice, for example.

Businesses were willing to participate in the crisis management measures, and they offered their assistance and solutions to the authorities. The administration or the authorities were not always able to accept the offered solutions. Furthermore, support schemes to support businesses financially had not been prepared in advance to a sufficient extent. For example, the domestic production of personal protective equipment was successfully launched, but there is a risk that the operations will dry up and cease as competition intensifies.

The normal hearing procedures when preparing decisions were not fast enough, and it was not easy to find functional substitutes for these procedures. The capacity for impact assessment is widely dispersed in society, which means that cross-administrative preparation should have been started as early as possible.

The choosing of effective measures requires knowledge. The virus was new, which is why information was initially limited. Since then, medical research has been carried out worldwide, and the research has been successfully exploited. Lessons have been learned about matters such as the spreading of the virus in clusters and through aerosols, the significance of face masks and social distancing, as well as the methods to treat those who have contracted the disease. The monitoring of these matters has been largely concentrated in the Finnish Institute for Health and Welfare. Many well-founded opinions have been offered by experts working elsewhere, for example, but there has also been a lot of unnecessary or incorrect information out there. The Finnish Institute for Health and Welfare, and by extension the rest of the administration, was not able to accept the support and expertise, which could have been of use to the agency, as it was pressed for resources.

The same applies to restrictive measures more broadly. The best practices for their planning, impact assessments and monitoring were not used. This shortcoming was noticed, which led to Statistics Finland developing accelerated procedures for data collection and production, economists establishing a situation room for monitoring purposes on their own initiative, different parties commissioning reports mainly from the economic perspective and the establishment of a scientific panel and later research reviews to disseminate scientific information. Functional and well thought out solutions could have been better, faster and more comprehensively implemented had they been planned in advance.

Trust of the general public in the Government and the health authorities remained moderately high throughout the review period. It is therefore important that measures to manage the crisis also take into account the civil society, a focus on people and the empirical approach, as well as the building of trust in the current actions by the authorities. The need for new restrictive measures was also determined by the extent to which people complied with the restrictions already imposed.

Successful communications took place during the transition to an emergency conditions. Information about the measures taken under the Emergency Powers Act and other laws, as well

as the severity of the situation, was well communicated through the Government press conferences. Press conferences were arranged often and media participation was organised safely, which ensured that information about the changed situation and changed restrictions was also well communicated. Communication about the Uusimaa closure was successful despite the complexity of the matter.

However, communication about face masks and the assumptions regarding the spreading of the virus was not very successful. There was the impression that something was left unsaid. The benefits of face masks for the general public were denied for a long time, probably due to concerns about the limited availability of masks. Dangers caused by masks were also emphasised without any scientific evidence. It was contradictory that the benefits of masks and the fact that they were needed in health care were emphasised at the same time. There were contradictions between the messages given by the Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health, and also between the different experts of the Finnish Institute for Health and Welfare. The Ministry of Social Affairs and Health attempted to control the communications. Excessive control can jeopardise the credibility of communication, however, if the recipients get the impression that experts are not allowed to voice their opinions. The division of labour between the ministry and the expert authority was not clear.

3.1.5 Immediate effects of COVID-19

The virus caused a total of 333 deaths in Finland between January and July 2020. There were 7,500 confirmed infections, but testing was not comprehensive, especially at the initial stages of the outbreak. These figures are low by international standards, probably due to the functional restrictive measures and the fact that the virus spread into Finland with a delay when compared to many other countries. The seasonal fluctuation that is characteristic of the virus also contributed to a reduction of infections by the summer.

Stricter and earlier restrictions could have reduced the number of infections and deaths, but these measures could have been drastic, difficult to implement and otherwise damaging. The main benefit would probably have been an ability to prevent the virus from entering Finland across the borders to some extent. Most of the deaths occurred in social welfare units where patients are treated 24/7, which means that faster protection of these units, correct local practices and appropriate personal protective equipment could have been beneficial. However, the virus was unknown and the events were occurring at a fast pace. The severity of the situation, the fact that an asymptomatic person could transmit the virus and the spreading of the virus in clusters were surprising. Testing capacity and contact tracing procedures were non-existent at first. The threat was invisible, which is why there may have been an unjustified sense of security in some respects. There was a lack of preparedness for such an eventuality in some areas.

The virus caused concern and fear. Actual need for psychosocial support was particularly evident among the relatives of the deceased. However, there was a widespread feeling among those who had contracted the virus that the health care services did not pay enough attention to them.

3.1.6 Preparation for a prolonged crisis

In the summer of 2020, many of the restrictions were lifted and infection rate was low. However, experts were able to predict already starting in the winter that the virus would spread in waves, just like influenza, and that a second wave – a new increase in the infection rates – could be expected later.

In the spring, Finns had gotten used to the Government actively communicating and managing the situation. During the summer, the regional and local authorities took more control over the situation and were expected to be active and to take appropriate action at the local level. In July, the situation was expectant and, in many ways, unclear. It was not known how the virus would behave in the autumn and what kind of action should be taken locally, whether such action would be taken and whether the Government might have to reinstitute its control.

At the national level, the aim was to resolve at least the border issues, i.e. the conditions under which the external and internal borders could be crossed. Control of the border situation had proved complicated already in March, and the difficult situation continued after the summer.

During the summer, life returned to normal in many respects, which led to an impression that the situation was largely over or that the second wave would be easier to manage on the basis of what had already been experienced. The spring had been very busy for many public officials, as the workload was not evenly divided. Some were forced to work numerous hours of overtime, while others had less work than normal. The administration was only capable of balancing out the workload to some extent. The ample publicity and public criticism, which was sometimes harsh, had added to the workload of some key public officials. It also reduced the willingness of some to speak in public.

The high workload and the ensuing stress caused the need to take a holiday, and summer holidays are extremely important for Finns in any case. Working life in general slows down in Finland every summer, and this was the case also in the summer of 2020. The preparations for the autumn remained defective. As the spring had quickly turned out to be highly stressful, people took the opportunity to take a break as the situation eased in the summer rather than focusing on the control of a potentially protracted crisis.

4 CONCLUSIONS

The conclusions include the causes to the events. A cause means the various factors behind the incident and the direct and indirect circumstances affecting it.

1. In 2019, the SARS-CoV-2 virus that probably originated in a bat was transmitted to humans in China via an intermediate animal host. The virus was also highly susceptible to human-to-human transmission, which is why the virus spread around the world. The virus caused a dangerous respiratory tract infection, COVID-19, in some of the infected individuals.

Conclusion: *Viruses are often transmitted from animals to humans. Rapid identification of the virus is essential to enable the necessary measures to be taken to prevent its spread. If the measures are successful, the virus and the disease will remain localised. This can be better achieved through international cooperation.*

2. WHO is the key global organisation, the decisions of which influence national solutions. Authorities were slow to identify the virus as a global threat to human health.

Conclusion: *WHO is not always able to respond quickly enough to meet the international and national needs.*

3. Finland had a comprehensive national pandemic plan drawn up in 2012. It applied to pandemic influenza and was therefore not fully applicable to an incident caused by a coronavirus. The plan had not been updated in recent years, nor its implementation practised, so the plan was not applied in time.

Conclusion: *The planning process itself is essential to preparedness planning, as it prepares the participants for the crisis in many ways. Emergency preparedness planning, the implementation of the plans, cross-administrative coordination and joint exercises can easily take a back seat.*

4. The virus arrived in Finland across the borders with a large number of travellers. In the spring of 2020, thousands of potential carriers arrived every day. The practical arrangements and legal considerations, among other measures, were especially demanding, which is why it took a long time to get the situation under control.

Conclusion: *Preparedness for restricting cross-border travel was not considered important before in the control of the spread of epidemics. The preparations and exercises had focused solely on preventing individual patients carrying an infectious disease from crossing the border.*

5. Finns grasped the concrete threat caused by the virus during the first two weeks of March 2020, when numerous restrictions and other measures were being prepared. The powers conferred by the Emergency Powers Act were also needed and, despite some difficulties, were made available. Much other urgent legislative work was also needed because applicable provisions were not already available.

Conclusion: *Finland has the capability for quickly making decisions and implementing measures. A political consensus and the fact that it is possible to retain public trust in the measures and leadership contributes to Finland's readiness. The situation would be facilitated by the necessary powers being in place in legislation.*

6. The crisis management of the Government did not fully comply with the model described in the Security Strategy for Society. Responsibilities and leadership were based on the "competent ministry" model, however. There were differences of opinion on competency

and cross-administrative cooperation was lacking. As adequate proposals were not submitted, the Government was forced to carry out detailed drafting during its informal cabinet meetings.

Conclusion: *The planned and exercised crisis management model was not functional enough or sufficiently familiar to the administration to be successfully implemented.*

7. The measures were initially focused on managing the outbreak, but it soon became clear that many other factors were influencing the decisions. The authorities began collecting information in a variety of ways.

Conclusion: *The traditional procedures for acquiring, using and sharing information are not sufficient in a major crisis such as the one we have experienced. The information and competencies available in society need to be broadly utilised.*

8. All of the potential consequences were not always identified or assessed in time in the preparation of restrictions. These caused problems to some children, the elderly, individuals in a weak labour market position, individuals with mental health and substance abuse problems, and individuals with pre-existing financial problems.

Conclusion: *During a crisis, there is a risk of increasing inequality and having those who are already the most vulnerable suffer the worst.*

9. Organisations and businesses quickly adapted their operations. They acted flexibly to reach a common goal. The capacity to harness all the resources of society, including the civil society, organisations and business, was not optimal.

Conclusion: *If existing resources have not been identified in advance and agreements on cooperation have not been made, there is a risk that helpers and those to be helped will not meet, the recovery from the crisis will be slowed down and some of the resources will not be utilised.*

10. It was possible to change many jobs, studies and services in a manner which eliminated the need for physical encounters. This required regulatory changes, the development of technical solutions and a major change in working methods and the content of the activities. The quick development of a mobile app to help combat COVID-19 failed, however.

Conclusion: *The professional skills, flexibility, adaptability and remote working tools of Finns enabled a widespread switch to working from home, distance education and remote services. The ability to rapidly implement technological development projects is necessary in times of crisis.*

11. The situation called for clear communications, and this need was answered with Government press conferences. When the emergency conditions were declared, there was a shared understanding that the situation was serious. Numerous public and private organisations, associations and citizens took action. Ambiguities arose when time was short, unambiguous facts were not available or the coordination of communications failed.

Conclusion: *Open debate between experts and free reporting by the media are cornerstones of democracy. During a crisis, clear and consistent communications about the decisions made by the authorities and the political aims is essential. This is facilitated by good coordination and a clear chain of command. During a national crisis, centralising the management of communications creates clarity.*

12. During the period under investigation, between January and July 2020, a total of 333 people died from the infection caused by the virus. They could not be protected from the unknown virus that rapidly spread in an unforeseen manner. There were a total of 7,500 confirmed infections. Not all of those who fell ill felt that they received the help they needed from the health care services.

Conclusion: *COVID-19 caused numerous deaths and cases of illness, but fewer than in many other countries.*

13. Face masks and other personal protective equipment played an important role in controlling the spread of the virus, first in the health care system and later in the everyday lives of Finnish citizens. The high demand for personal protective equipment was a surprise, leading to procurement difficulties. Communications to the public failed, causing a delay in the general public understanding the benefits of face masks and a crisis of confidence.

Conclusion: *Emergency preparedness planning has taken into account the need for personal protective equipment, but such a high demand and simultaneous difficulties in availability had not been anticipated. Wearing of masks was a whole new concept for the general public in Finland, which is why the capability for a smooth transition into wearing masks and instructions on how to use masks were lacking.*

14. In the summer of 2020, the situation improved due to the restrictive measures and seasonal epidemiological variation, and some of the restrictions could be lifted. During the spring, the largest workload was concentrated to a specific group of people, and exhaustion was noticeable. Sufficient preparations were not made for the second wave that was expected to arrive in the autumn.

Conclusion: *There are not enough procedures in place in the administration to balance out the workload and ensure that competent workforce is available even in a protracted crisis. A protracted crisis requires continuous proactive planning.*

5 SAFETY RECOMMENDATIONS

The recommendations are based on an analysis of the events between January and July 2020. Safety Investigation Authority Finland will monitor the implementation of the recommendations.

5.1 Reform of the crisis management model

The State crisis management model is described in the 2017 Security Strategy for Society (Fig. 8). This planned model was not properly utilised in the management of the COVID-19 pandemic. The model is taught during national defence courses and used in exercises, for example.

In practice, there was no effective actor to actively prepare, implement and follow up matters across the different administrative branches. There was an over-concentration of activities in the competent ministry. Cooperation was slow to start and was too limited in some respects. Furthermore, sufficient attention not paid to proactive preparation. The implementation of the decisions taken at the political level proved difficult at times. The model is somewhat unclear.

The investigation team recommends that

The Prime Minister's Office ensure that the crisis management model is updated so that it can be applied in future crises. The model must ensure that open, proactive and adequate cooperation, preparation and leadership are started on time. In addition, a body with overall responsibility for ensuring that preparations are made and measures implemented and monitored actively is required and must be specified in advance. Clear leadership of and responsibilities for communications are required, so that a clear distinction can be made between political decisions and expert opinions. [2021-S16]

It is important that citizens understand the State's principles of crisis management, which will contribute to the creation of trust in decision-making and psychological resilience to crisis.

5.2 Improvement of the flow of information between levels of administration

The investigation revealed problems with interaction within central government as well as between the central government, the regional authorities and the municipalities. The regional authorities were of the opinion that the decisions did not always take into account the local special characteristics and needs, and there were some misunderstandings as well. Information for situational awareness was widely collected at the local level, and the information was submitted to a variety of locations for a variety of needs. The information was not integrated into a whole or properly refined to support decision-making and interaction. The goal must be to create up-to-date, comprehensive and proactive situational awareness as the basis for decision-making.

The investigation team recommends that

The Prime Minister's Office ensures that a model for the exchange of information between the government, the regional authorities and the municipalities is developed so that situational awareness can be maintained and information can be shared in both directions, and information about decisions and planned measures can be communicated. Such a model requires appropriate and uniform points of contact in all regions. [2021-S17]

During the COVID-19 crisis, regional preparedness committees, the specific catchment areas and regional safety networks proved to be functional points of contact. Organisations and businesses are involved through sectoral agreements.

5.3 Balance of powers during a severe crisis

During the pandemic, there were situations where the Government and central government authorities saw things differently than the regional authorities and municipalities. The differences were probably mainly due to the fact that the perspective and the situational awareness information available were either national or regional/local. Basing locally made decisions and measures on the national situation may be difficult, and the courage to take strong action may be lacking.

It is sometimes difficult for the Government to address regional and local issues that are relevant to national security. Consideration should therefore be given to the right of the Government to provide strong support for the resolution of local and regional problems of national importance.

The investigation team recommends that

The Ministry of Justice prepares a legislative framework within which the Government is able to direct the Regional State Administrative Agencies and municipalities to take consistent and rapid action that nevertheless takes the regional characteristics into account in the event of a widespread crisis. [2021-S18]

Under normal circumstances, powers are clear and deliberately distributed. However, deviations from this procedure are justified in the case of a serious crisis so that practical action can be taken without delay and hesitation. Changes in powers during a crisis should probably be limited to emergency conditions, at which time Parliament and its constitutional committees and the President of the Republic will be involved in the assessment.

Legislation should take into account how the responsibilities of authorities and public officials are determined during emergency conditions and a crisis.

5.4 Development of preparedness

The investigation revealed that the continuity and emergency preparedness plans of many organisations were incomplete and updates had been neglected.

The principal example of this is the national pandemic plan. It was a good plan as such, but it dated back to 2012. Since then, a new Communicable Diseases Act had entered into force, a

WHO peer review on preparedness had been carried out and the threat of an epidemic had been discussed in connection with the national risk assessment. The apparent need to extend the plan to cover diseases other than influenza might have arisen had the plan been updated.

The planning process itself improves the daily work of organisations, making it more aware of crises, generating development ideas and thereby generating capabilities for dealing with a variety of situations. An updated plan is the best to-do list at the onset of a crisis, despite the fact that the actual crisis often does not exactly follow the course of events described in the plan. The well-developed, well-rehearsed plan that is familiar to the parties involved must be applied to the situation at hand.

The investigation team recommends that

The Prime Minister's Office institutes a function, extending across central government, the regional authorities and the municipalities, that regularly reviews the state of preparedness through audits, for example, and supports the organisations in their preparedness work. This will also provide a shared view on the adequacy of the preparedness obligations, performance guidance, resources and strategic goals. [2021-S19]

The COVID-19 epidemic required the participation of society as a whole. The different levels of the authorities and organisations must be involved in preparedness operations to a sufficient extent. Political and other decision-makers must understand the planned procedures, and be able to develop, implement and utilise them. Preparedness operations can be developed by making changes in everyday activities to make them more crisis-resilient.

5.5 Networks for broad utilisation of expertise

The need for information to support decision-making and monitor the situation was great. Statistics Finland developed solutions for the rapid production of data. Economists established a situation room to analyse and publish data on economic developments, in particular. PMO appointed a temporary scientific panel. After the end of the panel's term, scientific articles were published in the form of research reviews. In modelling the spread of the virus, the Finnish Institute for Health and Welfare was assisted by experts from universities. These procedures were developed while the crisis was already underway. Had the measures been planned in advance, they could have been carried out better, faster and with higher quality.

Furthermore, experts in different fields produced a wide range of analyses and opinions on their own initiative, both alone and with their assisting teams. Most of it was probably not new information to those centrally involved in managing the situation. Some of it would most likely have been valuable, however. It may be that the shared opinions of experts from outside the central government contributed to Finland choosing a different approach to the restrictions than Sweden. This meant controlling the infections through restrictive measures. According to some opinions, an even stricter suppression strategy should have been selected. The Finnish Institute for Health and Welfare and Ministry of Social Affairs and Health did not have the capacity required to receive, filter and process the numerous contacts they were offered. The rest of the administration probably also needs to improve its ability to make use of the wide range of information and expertise available.

In practice, there is much more information available than can be utilised when making decisions. The problem is how to efficiently search for, process and interpret information. The system does not include sufficiently many skilled persons to process and interpret data. The utilisation of information is a key capability for foresight.

The investigation team recommends that

The Prime Minister's Office ensures that procedures for networking between public officials and open dissemination and use of data be developed, so that data and the expertise of universities and other expert organisations can be leveraged in the event of a crisis. This requires procedures for secure bidirectional flow of information, also to parties other than authorities. This matter must be included in emergency preparedness plans. [2021-S20]

The aim is to have available for decision-making the best possible expert assessments regarding both the situation and the implications of the decisions under consideration.

The best way to tackle this matter is to create networks in advance. Experts committed to a joint network of authorities and other actors will know what is expected of them and how to communicate with the network. In turn, the authorities will learn how to benefit from the experts and supplement the network with the necessary knowledge and people.

5.6 Capacity for reorganising duties within the administration

The measures to control the virus led to a situation where some of the staff in central government were faced with an extreme workload. Meanwhile, the workload of other staff members was reduced or their work became secondary due to the pandemic response. The workload was unevenly divided, but the key point is that an excessive workload can lead to poor performance and also cause health problems. Such a situation should be avoided and wellbeing at work should be ensured even during a crisis, whenever possible.

The investigation team recommends that

The Ministry of Finance ensures that practices will be drawn up for planned and smooth transfer of personnel within central and municipal government, even in the case of a crisis or disruption that does not cause the need to declare emergency conditions. [2021-S21]

Some transfers of personnel took place, but they had not been planned in advance and some of them caused confrontations.

Successful transfers require prior agreement, instructions, exercises and the resolution of workspace and tool needs.

The different authorities should survey in advance the adequacy and skills of their staff, such as education level and previous work experience applicable to crises. Job rotation, transversal competence and job descriptions are means to ensure adaptability also in case of a crisis or emergency conditions. In a constantly changing, stressful situation that requires flexibility, wellbeing at work, support for coping and rewarding must also be ensured.

5.7 Developing the monitoring of infectious diseases

Information about the novel coronavirus started to spread from China through various channels in December 2019, and the flow of information continued in January 2020. In February and March, it gradually became clear to decision-makers and the general public that the situation in Finland was also serious.

Finland had no recent experience of such a serious infectious disease, which is why attitudes towards the risk were initially varied. The earlier a concrete danger is identified and preventive measures are taken, the better. In this case, there were some delays. Many experts provided their assessments, but it was difficult to make the issue concrete and to assess the real threat.

The Finnish Institute for Health and Welfare is the authority responsible for monitoring the status of infectious diseases. Zoonoses are also monitored by the Ministry of Agriculture and Forestry.

The investigation team recommends that

The Finnish Institute for Health and Welfare enhances its function that daily monitors the spreading of dangerous diseases by establishing a body similar to a situation centre, produces analyses and actively and systematically communicates with, at the very least, the Government Situation Centre, the Ministry of Social Affairs and Health, the Ministry of Agriculture and Forestry, international parties and the scientific community. Furthermore, a widely understood classification system is required to enable decisive initiation of the necessary measures that have been planned in advance. [2021-S22]

In this case, the national pandemic plan included WHO's six-phase scale according to which measures could have been initiated, but that was not what happened.

5.8 Plans on restricting cross-border traffic

During the period under investigation, between January and July 2020, and also after this period, the most difficult aspect in the control of the disease has been cross-border traffic at airports, ports and land borders. Not all cross-border traffic can be interrupted for various reasons, and testing for the virus, continuing of journeys in safe manner and quarantine arrangements have proven difficult. The previously exercised and considered scenarios only involved the entry of individual infected people into the country.

Meanwhile, it must also be possible to cope with other border security matters, such as the threat of large-scale illegal immigration, international and EU commitments must be complied with and critical movements of people and goods must be allowed. During the COVID-19 crisis, it was important to find solutions for the safe entry of seasonal and industrial workers, for example.

The investigation team recommends that

The Prime Minister's Office ensures that a comprehensive cross-administrative plan that takes all aspects into account is implemented to ensure the functioning of border crossing points and the controlled restriction of cross-border traffic, health examinations and border control in times of crisis. [2021-S23]

In a networked world, the effects of crises cross borders. Preparedness requires broad cross-administrative cooperation and the consideration of a wide range of scenarios and effects.

The goal is to ensure that restrictions on cross-border traffic, partial or complete border closures and their impact on activities in society and the population have been identified in the plans.

5.9 Development of centralised procurement

The arrival of COVID-19 in Finland quickly created an advanced need for various types of personal protective equipment, and there were no sufficient stockpiles or manufacturing facilities for such personal protective equipment in Finland. As demand grew globally, availability was poor and operators competed with each other for products. The procurement processes were characterised by exceptional side effects, the management of which required expertise and a host of actions. There was no real international solidarity during the crisis that affected everyone. In March and April 2020, the difficulties in the procurement of personal protective equipment were the main problem in the management of the crisis.

The investigation team recommends that

The Ministry of Economic Affairs and Employment develops procedures and cooperation with key commercial operators so that large, urgent procurements will be made by organisations with networks and expertise in foreign trade. Procurement capabilities are rehearsed by acquiring the materials stored for security of supply through the same diverse channels, and domestically where possible. [2021-S24]

In Finland, decisions will have to be made on the future relationship between national and international preparedness, especially preparedness operations by the European Union. Based on the experiences acquired during the COVID-19 crisis, the level of national preparedness must be sufficient. Hence, it must be ensured that Finland still has the supplies, production and readiness required for emergency preparedness and the security of supply.

5.10 Capability to realise quick digital solution development projects

The Koronavilkku mobile app was developed to detect individuals who have been exposed to the virus. The idea about an app came about quite early on during the crisis when the same idea had been voiced in many other countries. The development work in Finland started rather late compared to the other countries, and the introduction of the completed application was delayed. Apparently, there were problems with at least data protection and security issues. It has been established since that the app did not deliver the expected benefits.

The development of digital and mobile technologies opens up a wide range of opportunities to warn and guide the general public, as well as to meet many other needs, even individual ones, during a crisis.

The investigation team recommends that

The Ministry of Finance ensures that national capabilities for the rapid launch of digital technology projects and access to the application development, data protection and information security expertise required in times of crisis are achieved in Finland. [2021-S25]

Governmental organisations should also be actively involved in international cooperation to develop digital solutions for emergency conditions and crisis management. Functionality in case of a crisis should also be taken into account when developing digital solutions at the national level for public services, for example.

5.11 Rapid access to information on unknown diseases

The novel coronavirus was a new virus, and it has taken a long time to reveal its properties. The increased knowledge has made it possible to develop treatment methods.

Forensic and medical autopsies are performed extensively and to a high standard in Finland. However, the primary goal with both is to determine the cause of death, and a decision on each autopsy is made on a case-by-case basis, which means that necessary autopsies may be left unperformed, and thus some information may remain hidden. The lack of information did not become a major problem in the case of COVID-19 because the virus had spread for a long time in other countries before arriving in Finland, and information could be obtained from these countries. In the case of a disease that evolves in a different manner or under different circumstances, better opportunities to perform autopsies could be helpful. An example of such different circumstances is a major accident caused by a dangerous or harmful substance.

The investigation team recommends that

The Ministry of Social Affairs and Health investigates possibilities to improve autopsy capabilities in the event of a rapidly escalating crisis, with the purpose of gathering information to mitigate the damage. [2021-S26]

5.12 Assisting people in a widespread crisis

The COVID-19 pandemic directly and indirectly affected a much larger number of people than a typical accident. There were 333 deaths and 7,500 confirmed cases during the period under investigation. Approximately 850 people were hospitalised. Not all of those who fell ill felt that they received the help they needed from the health care services.

For many of them, a peer-to-peer network became the most important form of support.

The investigation team recommends that

The Ministry of Social Affairs and Health ensures that the social welfare and health care system is capable of identifying the assistance needs of large groups of people during a variety of widespread crises and responding to the needs in a coordinated manner, regardless of the individuals' places of residence or care. [2021-S27]

In addition to pandemics, the plans must prepare for other crises, such as a large-scale patient data breach that occurred in Finland in 2020.

5.13 Measures that have been taken

The management of the COVID-19 situation continued throughout the investigation period and was still ongoing at the time of the publication of this investigation report. It has required numerous legislative amendments and a host of measures by a variety of organisations. The investigation does not cover any measures taken after the period under review, from January to July 2020.

SOURCES

The investigation team has obtained written investigation materials and performed hearings under the Safety Investigation Act of Finland (525/2011). A total of 83 organisations were contacted. Through hearings and preliminary interviews, information was obtained from approximately 150 people. The organisations that provided information to the investigation team are:

1. Government of Åland
2. State Department of Åland
3. Business Finland
4. Parliamentary Ombudsman
5. Parliament
6. Confederation of Finnish Industries
7. Regional State Administrative Agency of Southern Finland
8. Finavia
9. City of Helsinki
10. University of Helsinki
11. Helsinki Graduate School of Economics
12. National Emergency Supply Agency (NESA)
13. Hospital District of Helsinki and Uusimaa
14. Emergency Response Centre Administration
15. Human Rights Centre
16. Public Service Info
17. Social Insurance Institution of Finland
18. Chemical Industry Federation of Finland
19. Regional Council of Central Finland
20. Kesko
21. Church Council
22. Town of Kiuruvesi
23. Central Organization for Finnish Culture and Arts Associations
24. Association of Finnish Municipalities
25. City of Lahti
26. Regional State Administrative Agency for Lapland
27. Lapland University of Applied Sciences
28. Ombudsman for Children
29. Diocese of Lapua
30. Finnish Transport and Communications Agency (Traficom)
31. Ministry of Transport and Communications
32. Finnish Medicines Agency (Fimea)
33. National defence courses
34. Finnish Hospitality Association MaRa
35. MIELI Mental Health Finland
36. Ministry of Agriculture and Forestry
37. Trade Union of Education in Finland
38. Chancellor of Justice
39. Ministry of Education and Culture
40. Finnish Olympic Committee
41. Ministry of Justice
42. Finnish National Agency for Education

43. Rescue services
44. Pirkanmaa Hospital District
45. Ministry of Defence
46. North Ostrobothnia Hospital District
47. North Savo Hospital District
48. National Police Board
49. Finnish Defence Forces
50. Finnish Border Guard
51. Finnish Food Authority
52. Central Organisation of Finnish Trade Unions
53. Ministry of the Interior
54. S Group
55. National Supervisory Authority for Welfare and Health (Valvira)
56. Ministry of Social Affairs and Health
57. Finnish National Rescue Association (SPEK)
58. Finnish Red Cross
59. SOSTE Finnish Federation for Social Affairs and Health
60. Rectors' Council of Finnish Universities (UNIFI)
61. Radiation and Nuclear Safety Authority
62. Bank of Finland
63. Finnish Security and Intelligence Service
64. Finnish event organisers' federation Tapahtumateollisuus ry
65. Office of the President of the Republic of Finland
66. President of the Republic of Finland
67. Ministry of Economic Affairs and Employment
68. Finnish Institute for Health and Welfare
69. Statistics Finland
70. Finnish Customs
71. Finnish Safety and Chemicals Agency (Tukes)
72. Security Committee
73. Finnish Institute of Occupational Health
74. Ministry for Foreign Affairs of Finland
75. National Audit Office of Finland
76. Government ICT Centre Valtori
77. City of Vantaa
78. Hospital District of Southwest Finland
79. Ministry of Finance
80. Finnish Government
81. Prime Minister's Office (PMO)
82. Non-Discrimination Ombudsman
83. Matriculation Examination Board

A detailed list of references will not be prepared. The investigation materials are archived by the Safety Investigation Authority.

SUMMARY OF STATEMENTS REGARDING THE DRAFT INVESTIGATION REPORT

The draft investigation report was submitted for comments to the Prime Minister's Office, the Ministry of Social Affairs and Health, the Ministry of Finance, the Ministry of Economic Affairs and Employment, the Ministry of Justice, the Ministry of the Interior, the Ministry of Defence, the Ministry of Education and Culture, the Ministry for Foreign Affairs of Finland, the Ministry of Transport and Communications, the Ministry of Agriculture and Forestry, Parliament, the Office of the President of the Republic of Finland, the Security Committee, the Finnish Institute for Health and Welfare, the Office of the Chancellor of Justice, the Regional State Administrative Agencies, the Government of Åland, the Hospital District of Helsinki and Uusimaa, the Association of Finnish Municipalities and the city of Vantaa.

According to the **Prime Minister's Office** the draft investigation report does not pay much attention to legislative preparedness. This was largely because there was no adequate legislation preparedness for the spread of a pandemic in Finland. The shortcomings in the Communicable Diseases Act, the Emergency Powers Act and other laws should be taken into account in the investigation report, and also in the conclusions and recommendations. The report also neglects to consider law drafting competence and the preparation and implementation of the regulations in the Emergency Powers Act. There was little time for the preparation of the regulations in the Emergency Powers Act and limited information about the disease. In addition, the prepared basic solutions were changed at the last minute. Furthermore, there was no Constitutional Law Committee practices on the application of the Emergency Powers Act on which to base the preparation. There are several gaps in the Emergency Powers Act, and in the actual situation, the Constitutional Law Committee made whole new interpretations. The preparation process was highly demanding in many ways. The risk of contracting an unknown disease also affected the individuals involved in the preparation process. It was not possible for the people working at the heart of the fight against the epidemic to meet in person or work together in one room. The question arises to which extent the quality standards can be followed in case of a situation that is much more dangerous and fast-moving than that in the spring of 2020.

Another area requiring further development seems to be the fact that it is unclear during a crisis whether there is a party that could quickly prepare an overall assessment of the situation. During the crisis, the Finnish Institute for Health and Welfare declared that it would not prepare an overall assessment, even on the effects of the crisis on health and society. The role of the Finnish Institute for Health and Welfare in the management of the crisis should be described in more detail in the report.

PMO would like to draw attention to the chronological presentation method of the draft investigation report, which makes the report difficult to read and makes the description of the measures taken by the different actors disproportional. There is also room for improvement in the manner in which the investigation report describes the different actors and the added value they provided to the management of the crisis. Were there sufficiently many forums to ask questions, provide one's point of view and generally discuss the issue?

PMO would like to emphasise the number of government plenary sessions, presidential sessions and informal cabinet meetings arranged, and proposes that these be added to the report, as well as the number of hours spent at informal cabinet meetings, which were clearly higher than normal and indicate how exceptional the year 2020 was.

PMO proposes that the scenario exercises organised twice a year by PMO be added to the investigation report, although these have had to be cancelled for various reasons. The strengthening of PMO's exercise activities could be added to the section on safety recommendations.

One could also add to the draft investigation report that, despite the problems, more than 50 Government proposals regarding the control of the epidemic were submitted to Parliament during the spring session. Due to the shortcomings in the Communicable Diseases Act or other laws, new legislation should have been prepared at a schedule that was far too fast for the regular law drafting process.

As regards the recommendation on communication between the different levels of administration, PMO notes that it could be relevant to include not only public authorities but also associations. The recommendation on the development of preparedness contradicts the current responsibilities for emergency preparedness and the recommendation on border security should be addressed to the Ministry of the Interior.

PMO also proposes several corrections to other details of the investigation report and notes that the conclusions and recommendations of the draft investigation report remain separate from the rest of the report. By reading the first part of the report, it is not possible to understand how the investigation team ended up with these conclusions and recommendations. The reasoning should be explained in more detail.

According to the **Ministry of Social Affairs and Health**, the course of events has been described in a very detailed manner in the draft investigation report. However, there are deficiencies in the description of the role of the COVID-19 Coordination Group, the situation at airports, the legal basis for the measures and their relation to the current status of the epidemic. Thus, the analysis is inevitably superficial.

The Ministry of Social Affairs and Health describes the monitoring, status reports and communications that were carried out in cooperation with the various parties, and proposes a number of additions, clarifications and corrections to the investigation report. As regards the analysis part, the Ministry of Social Affairs and Health describes the unsuitability of the normal law drafting process in a fast-moving and demanding situation with lack of information. There are also weaknesses in the centralised approach of the responsible ministry, as a different approach to preparation would be required to generate cross-administrative proposed decisions. The rapidly changing, unpredictable nature of the situation caused a partially unreconciled contradiction with the requirements of thorough preparation and reflection. Courage was required to make choices, and risk-taking was also necessary in some cases. In the case of emergency preparedness plans and exercises, the legal concept behind the implementation of the measures and the limits of the powers may remain meagre.

It would be a good idea to recognise that, in addition to resources, highly decentralised expertise is a challenge with the decentralised structure of central government, and that there is no legal basis or widely established operating models for the sharing or transfer of knowledge, or for the transfer of powers to other authorities, in central government, as there is in local government.

The Ministry of Social Affairs and Health explains its communication with businesses and how it has highlighted the services available to vulnerable groups in businesses and organisations. Support was provided to organisations. The occupational safety and health authority provided a wide range of services on matters involving COVID-19.

The Ministry of Social Affairs and Health notes that the draft investigation report considers that many procedures and capabilities that deviate from the normal operating procedures

should have been prepared and practised in advance. The preparation of the decisions was a very demanding task, and there was no choice but to rely on the best available knowledge base.

The Ministry of Social Affairs and Health commented on all the conclusions of the draft investigation report. Regarding the problems with cross-border traffic, the Ministry of Social Affairs and Health notes that according to WHO's previous assessments, travel restrictions are not an effective method of managing a pandemic, which proved to be an overly sweeping statement or a partially incorrect assessment. The Ministry of Social Affairs and Health notes as its correction that the consequences of the restrictions were recognised at the early stages of the epidemic, but in the light of the information available at the time, prioritising the control of the epidemic was deemed necessary. However, measures to mitigate and monitor the consequences were immediately taken.

According to the Ministry of Social Affairs and Health, it is difficult to find justification for the claim that some of the necessary resources were not utilised or that there was not the readiness to do so when necessary. Furthermore, the mobile COVID-19 app was completed quite quickly in comparison to the other EU member states, and the process was not simple for any country obligated to comply with the GDPR.

The Ministry of Social Affairs and Health proposes that a figure compiled by the Finnish Institute for Health and Welfare on how Finland has coped with the control of the epidemic in comparison to other countries be added to the report (proportion of those infected and deaths from the population, case death rate, burden on hospitals). Regarding the balancing of workload, the Ministry of Social Affairs and Health notes that the recruitment of new skilled employees was problematic, as preparedness experts in the health care sector, for example, were already fully employed at their own workplaces.

The Ministry of Social Affairs and Health also comments on each of the recommendations, most of which it accepts. The Ministry of Social Affairs and Health emphasises the importance of taking into account existing powers, structures and expertise, as well as the procedures and approaches developed during the crisis. On crisis management, the Ministry of Social Affairs and Health notes that a task force type structure should be considered. A structure that allows for sufficient mandate for the task force and a wide range of contacts with all administrative branches and actors relevant to the crisis would have to be created.

The recommendation on the balance of powers is welcome, but not necessarily sufficient if only limited to emergency conditions. According to the Ministry of Social Affairs and Health, the significance and binding nature of administrative steering is currently not unambiguous. Consideration should also be given to the concrete opportunities for direct delegation of powers between authorities, especially within the central government.

According to the Ministry of Social Affairs and Health, the capacity of the Finnish Institute for Health and Welfare to receive information on international and national health threats is sufficient as such and there are channels for disseminating the information. The dissemination of information has also been boosted. The most challenging issue is the creation of a classification. As regards the recommendation on supporting people, the Ministry of Social Affairs and Health states that it has already initiated measures and taken into account the diverse support needs of the population.

The Ministry of Finance deems the investigation report important and states it will be an important document guiding emergency preparedness thinking and development. The sections

of the investigation report describing the course of events and the background factors emphasise well the exceptional economic measures which created the prerequisites for the success of the crisis management operations. In contrast, the analysis, the conclusions and the safety recommendations completely ignore the economic aspects. The Ministry of Finance considers it important that the investigation report explains how this limitation came to be: was it caused by the method of investigation or another factor?

The analysis and the recommendations also fail to take into account the measures that enabled the even globally exceptionally successful control of the first wave of the pandemic. The risk with ignoring the factors that enabled this success is a failure to identify the necessary corrective measures or resourcing needs to ensure that the preparedness measures and functionalities necessary to cope with future crises are restored to the pre-crisis level or further developed, building on the lessons learned from the crisis.

Managing the impact of the pandemic and limiting the economic damage to the population and businesses has resulted in a massive public debt burden. As part of the preparedness for crises, the debt sustainability of general government finances must be ensured and the necessary financial buffers must be built up in case of future crises.

The safety recommendations in the investigation report focus on internal development of the administration. Less attention is paid to the needs of the population and business to cope with a crisis. The Ministry of Finance emphasises the multi-channel COVID-19 advice service that was built in cooperation by many parties. The service is an example of a successful operating model that has been overlooked in the investigation as a further development need. The Ministry of Finance considers it important to identify and further develop such models created for the population and businesses during the crisis.

In other respects, the Ministry of Finance considers the proposed safety recommendations to be appropriate. The Ministry of Finance also makes a number of detailed observations regarding various parts of the draft investigation report.

According to the **Ministry of Employment and the Economy**, the course of events and the decision-making process are described concisely but accurately in the draft investigation report. However, a timeline could be added to illustrate the course of events and significant dates.

The Ministry of Economic Affairs and Employment draws attention to the fact that decisions and measures relating to the economy and subsistence are only briefly dealt with in the draft report. The key role and involvement of businesses should also be described in more detail in the investigation report and also in the recommendations. The report also covers security issues related to technical matters rather briefly.

The Ministry of Economic Affairs and Employment proposes a number of corrections and additions, as well as provides several comments on the various sections of the chapter on events. Most of them describe the measures and events in the administrative branch of the Ministry of Economic Affairs and Employment and the national emergency supply organisation in more detail than the draft investigation report.

The Ministry of Economic Affairs and Employment notes that the epidemic has a significant impact on business operations. The Government took a number of measures to ensure that businesses could continue their operations during and after the crisis. Meanwhile, several measures to support employment and subsistence were taken. The Government also made several temporary legislative amendments regarding layoffs, the employer/employee cooper-

ation procedure and the right of laid off employees and entrepreneurs to receive unemployment benefits. The administrative branch of the Ministry of Economic Affairs and Employment has had a significant impact on the management of the pandemic's negative impact on employment, industrial and commercial policy and the security of supply.

The Ministry of Economic Affairs and Employment proposes that the investigation report indicate that the Finnish law drafting system adapted to the crisis in an unprecedented manner, demonstrating its flexibility. The Ministry of Economic Affairs and Employment also proposes that the investigation report include information on the monitoring of the 2013 material preparedness plan in the report.

In its statement, the Ministry of Economic Affairs and Employment describes a report prepared by the council of NESAs on the extensive impact of the COVID-19 crisis on the security of supply and the main development areas. There were many development areas.

The Ministry of Economic Affairs and Employment proposes adding in the analysis section of the report a note that the national emergency supply organisation was quite functional but in addition to the successes, some development needs in the national emergency supply system were also observed.

The development measures outlined in the recommendations section are appropriate. As regards the recommendation on procurement capabilities, the Ministry of Economic Affairs and Employment states that each administrative branch is responsible for the security of supply in its own sector. The Ministry of Economic Affairs and Employment would be happy to participate in the development of the procurement process of personal protective equipment under the management of the Ministry of Social Affairs and Health to prevent a similar situation from recurring.

In Finland, decisions will have to be made on the future relationship between national and international preparedness. Global crises must be managed through global action and cooperation. The goal with the work on the security of supply is to ensure that the most severe crises can be dealt with by means of the national resources and measures. It must be ensured that Finland still has the supplies, production and readiness required for emergency preparedness and the security of supply.

The Ministry of Justice has no comments. The ministry states, however, that the recommendation on the preparation of a legislative framework addressed to the ministry will probably require further consideration at a later stage.

According to the **Ministry of the Interior**, the draft investigation report is largely in line with the ministry's views, but the ministry still offers several comments and proposed changes. The report does not properly answer the question of "why did this happen". For example, the impact of the savings measures on the ability of the authorities to prepare for the management of situations has received little attention or assessment.

As regards the crisis management model, the ministry states that the difficulties were caused rather by inappropriate application of the crisis management model or individual omissions than the model itself being non-functional. The model has been successfully applied in many other situations. It is appropriate to utilise some of these good practices also at the Government level, where applicable. In the future, it should be kept in mind that the achievement of preparedness for a crisis takes time and requires substantial resources.

The Ministry of the Interior describes its own preparedness measures at the turn of January and February 2020. The preparations, coordination and policymaking took place within the

ministry's management without the need to set up any new working groups. This was a functional procedure.

According to the ministry, the fact that a deviation from the established procedures was made in law drafting, which was not a functional solution, has not been extensively covered in the investigation. The hastily prepared regulations caused difficulties for the competent authorities. The fact that data communication problems hampered the operations and caused an additional workload to the staff is also neglected in the investigation. The observations regarding communications made in the investigation report were correct. The ministry points out that the pandemic limited the management of EU affairs and international affairs, as well as civilian crisis management. With regard to passenger name records, the ministry notes that wider access to PNR data could be in the national interest. It should also be assessed whether preventing Finns from leaving the country in the event of a serious infectious disease outbreak should be possible.

The Ministry of the Interior emphasises the fact that the implementation of the recommendation on the crisis management system requires proper involvement of the ministries. The clarity of management and operational responsibilities cannot be over-emphasised, and there are also a number of other issues to which attention must be paid during further development. Developing standardised, systematic procedures for communications between the central, regional and local government is justified. Resource requirements and right of access to information must be taken into account in the development, at the very least.

Regarding the recommendation on the management of regional and local government, the ministry notes that corresponding legislation should also be developed in central government. According to the Ministry of the Interior, in the case of regional government, however, it remains somewhat unclear as to how the recommended legislative framework would differ from the current situation. As a general rule, the organisational structures and operating models established for normal conditions are used when managing crises. This fragmentation of decision-making is also reflected as fragmentation of communications, which is why the development of a new crisis communication procedure is necessary.

With regard to the recommendation on the development of preparedness, care must be taken to avoid unnecessary overlapping processes. The preparedness operations are managed and supervised by the Government and the ministries within their own areas of responsibility. Thus, the recommendation cannot just refer to a development task recommended for the responsibility area of PMO. Cross-governmental exercises should be developed.

The recommendation on cross-border traffic requires the preparation of plans for all possible situations, which makes the recommendation impractical. Preparedness plans must be flexible, and adapting them to a variety of situations, including unexpected ones, must be possible. According to the Ministry of the Interior, there are plans drawn up in cooperation with by the authorities for the ministry's administrative branch, and it would be a question of updating them and reallocating resources. The Ministry of the Interior therefore proposes that the recommendation be amended and targeted to the Ministry of the Interior instead of PMO.

According to the **Ministry of Defence**, the investigation report is well structured and clearly presented. The background and events are presented in detail, and the conclusions are clear. The Ministry of Defence proposes one change and comments on one of the conclusions.

The proposed change involves adding a more detailed description on the method of decontaminating personal protective equipment that the Finnish Defence Forces developed to-

gether with other parties. It was observed based on the development work that decontamination and reuse is a viable option to ensure the availability of respirator masks in emergency conditions if availability of the products cannot be ensured by means of import or domestic production.

The opinion of the Ministry of Defence on the recommendation on reforming the crisis management model is that the crisis management model had not been sufficiently practised and the parties involved did not know how to use the mechanisms. It cannot be directly said that the model is non-functional, as it was not fully applied.

The Ministry of Education and Culture proposes some corrections to the draft investigation report in the sections regarding its sector. The ministry also proposes some additions to the text regarding the cultural sector, as the draft report includes very few descriptions of the effects on the cultural sector.

Regarding the conclusions, the ministry notes that at the early stages of the pandemic, decision-making at the Government level did not yet assess to a sufficient extent how differently the pandemic with its associated restrictions and legislation would treat the different functions and sectors of society if the pandemic was protracted. The cultural sector is a case in point. The different effects of crises on the different functions and sectors of society should be better assessed in the future.

As regards the recommendation on the exchange of information, the Ministry of Education and Culture states that each ministry should be able to determine what information is collected to ensure that each ministry has at its disposal the knowledge base it requires to manage the incident. Such development work has already been done in the administrative branch of the Ministry of Education and Culture.

Pursuant to the Emergency Powers Act, the preparedness operations are managed and supervised by the Government and each ministry within its own area of responsibility. Thus, the development of preparedness as set out in the recommendation would have to occur through cooperation with the Government.

In its statement, **the Ministry for Foreign Affairs of Finland** draws attention to the fact that the focus of the draft investigation report understandably lies in operations in Finland. It would be beneficial for the report to highlight more clearly the work done by the Finnish diplomatic missions abroad and the Ministry of Foreign Affairs in advising and repatriating passengers stranded abroad. This was a major effort for the entire diplomatic service.

The investigation report should mention that the pandemic caused a dramatic change in diplomatic relations, the operations of the diplomatic service, the wellbeing of staff working in the Finnish diplomatic missions and trade around the world. The Ministry of Foreign Affairs also draws attention to the fact that the investigation report does not go into much detail about the activities at Finland's eastern border.

The year 2021 has shown that solutions for sufficiently proactive entry policies have not yet been developed. The objectives of the recommendation on cross-border traffic should therefore also include adequate proactive policies and timely communication about future actions to better ensure continuous and uninterrupted operational capacity of the various actors involved.

In addition, the Ministry of Foreign Affairs provides several comments, proposed additions and clarifications to the details of the draft investigation report.

The Ministry of Transport and Communications finds that the draft investigation report contains a praiseworthy and valuable account of the course of events. The ministry does not have any comments regarding the report as a whole.

The Ministry of Transport and Communications notes that PMO is about to start the preparation of crisis management instructions. It is important for the instructions to be public knowledge to provide a clear idea of leadership for both the authorities and the population. Regarding the recommendation on the exchange of information, the ministry notes that the matter should not be discussed merely as a technical system issue. It is first and foremost a question of the organisation of operations.

The Ministry of Transport and Communications agrees with the recommendation according to which the Ministry of Justice would prepare a legislative framework for the control of regional measures. Such a framework would clarify the operations during future crises. The recommendation on the development of preparedness in administration is also useful. The related instructions should start at a general level. More detailed instructions or norms should be based on the obtained experience.

As regards the recommendation on networking between public authorities and the scientific community, the Ministry of Transport and Communications agrees with the objective, but the proposed measure is somewhat vague and difficult to interpret. According to the Ministry of Transport and Communications, the personnel transfers and other reorganisation of activities are already possible within the framework of the existing regulations and practices. The Ministry of Transport and Communications made use of these opportunities.

The Ministry of Transport and Communications also proposes a correction to one detail concerning its own administrative branch.

The Office of the President of the Republic of Finland states that the course of events described in the draft investigation report has, in respect to the President of the Republic, been described in a manner that can be verified from public sources. The Office of the President of the Republic would like to clarify some points concerning the President.

As a general comment, the Office of the President of the Republic notes that the Emergency Powers Act proved to be deficient in that it does not include any provisions on joint action by the Government and the President of the Republic in declaring the end of emergency conditions.

The Office of the President of the Republic has no comments regarding the recommendations.

In the opinion of the **Secretariat of the Security Committee**, the investigation report is largely well-founded and appropriately drafted, but the Secretariat still points out some needs for clarification and reassessment.

The Secretariat notes that in several points, the draft investigation report does not give a true picture of the broad-based nature of the meeting of the heads of preparedness. The composition is broader than the representatives of the ministries, which means that information on the issues discussed reaches a wide range of actors.

The Secretariat draws attention to the paragraphs of the investigation report describing the need for centralised management in case of a crisis. The Finnish crisis management model is based on the principle of competent authority, and other responsibilities have also been defined. The Chancellor of Justice has also expressed the need to rely on a better documented method of preparation and decision-making instead of policies. The requirement on the lawfulness of administration requires that the duties and powers are laid down by law. Powers

cannot be delegated to “central management” or any other party without a legal provision. The sections of the draft investigation report relating to management responsibilities could be clarified and better justified.

The Secretariat notes that the recommendations are sensible and appropriate, but some of them are very general in nature, and therefore their significance and effectiveness can hardly be very high without further clarification. An attempt could be made to assign responsibility for the implementation of the recommendations also to other competent bodies in addition to PMO, which is central to the matters as such. Furthermore, the recommendations and conclusions could place more emphasis on the importance of preparedness planning and exercises.

As regards the recommendation on the reform of the crisis management model, the Secretariat notes that the preparation of a new Security Strategy for Society has already started. The update will be carried out as a parallel planning process, taking into account the interfaces with reports, other strategy work, the update of the National Risk Assessment and the work on the development of crisis legislation.

As regards the recommendation to improve the flow of information, it should be taken into account that it is not just a technical challenge. The practices or rules of the Act on the Openness of Government Activities should be examined, as the opportunities to share confidential and secret information are limited to start with.

The recommendation on the utilisation of a network of experts could be extended so that the utilisation of information and networking would be a common approach for all.

The Secretariat of the Security Committee also proposes clarifications to some details of the draft investigation report.

In its statement, **the Finnish Institute for Health and Welfare** proposes the adding of a description of both the international and national context for pandemic preparedness at the beginning of the investigation report. Describing how international treaties and EU legislation have been developed since the 2003 SARS epidemic would be especially important. Systematically addressing the key role of actors at the EU level in the investigation report would also be useful.

It is important to understand that the restrictive measures that have been implemented in many countries during the current pandemic were generally (and also based on research evidence) considered in previous years, on the basis of a strong international consensus, to be not only ineffective but also so severe in terms of the direct and indirect social and economic adverse effects that they could not be applied in practice. This is why they were hardly ever used as a basis for emergency preparedness planning at the time, especially in the event of a highly contagious viral pandemic. The same reason underlies the problems with the management of cross-border traffic described in the investigation report.

Furthermore, an in-depth description of the concept of risk and the different ways of managing risks would provide additional context for the investigation report. Finland decided to proceed mainly according to the precautionary principle. In addition to protecting the life and health of the population, the operational goal with the control measures was to gain time, but without any clear picture of when and how the country could escape from the vortex caused by the restrictions and the escalation of the epidemic. The objective of the strategy based on restrictions and other active control measures did not become clear until later.

The draft investigation report describes the course of events reasonably comprehensively, but somewhat superficially. The Finnish Institute for Health and Welfare proposes a number of

additions and clarifications to correct this and other sections of the report. According to the Finnish Institute for Health and Welfare, the risk assessment memoranda that the Finnish Institute for Health and Welfare produced for the Ministry of Social Affairs and Health, the meeting of the heads of preparedness and the Government in January and February 2020 are not described to a sufficient extent in the investigation report. The manner in which the Finnish Institute for Health and Welfare started the collection of operational data from the health care sector already in January should also be explained in more detail.

The description of the events during the weekend 14–15 March 2020 is defective. It was extremely difficult to assess the severity and true nature of the novel disease due to the lack of data from other countries. Estimates were published in Finland and other countries without any real understanding of the epidemiology of infectious diseases. The restrictive measures were based on scenarios developed by the Finnish Institute for Health and Welfare. Even professional media showed a lack of criticism of disinformation and self-proclaimed epidemiology experts.

The investigation report mentions the adaptation measures by the Finnish Institute for Health and Welfare. They were meant to switch the focus of operations from basic research towards support for the regional and local actors and generally available research funding, which was a conscious policy decision that would deteriorate specific areas of the operations. The level of expertise in the epidemiology of infectious diseases in the Finnish Institute for Health and Welfare has been retained, however.

The Finnish Institute for Health and Welfare notes that unlike the draft investigation report claims, the pandemic plan was being complied with quite closely between January and March, and compliance with applicable parts of the plan continued also after that. The criticism of the planning and assessment of the effects of the restrictive measures in the draft investigation report seems like an afterthought. The Finnish Institute for Health and Welfare also points out that it stated already in January/February that the virus was likely to start spreading again in the autumn.

The Finnish Institute for Health and Welfare concurs with many of the recommendations in the draft investigation report. As regards the recommendation on expert networks, the Finnish Institute for Health and Welfare notes that the report places too much emphasis on the fact that external experts were not used. Expertise has been successfully utilised. The recommendation seems like a self-imposed attempt of outside experts to influence the core of the authorities' operations without assuming any responsibilities or obligations. The Finnish Institute for Health and Welfare received a huge number of contacts during the crisis. The key issues with the comments were their content and quality, and the lack of resources also played a role here.

The Finnish Institute for Health and Welfare is strongly in favour of the recommendation to boost the disease monitoring function of the Finnish Institute for Health and Welfare. In its conclusions, the Finnish Institute for Health and Welfare states that the expression “numerous deaths and cases of illness” should not be used when describing the number of deaths. COVID-19 caused fewer deaths in Finland than during the annual influenza season on average. Thus, a better wording would be “some deaths”, “a number of deaths comparable to seasonal influenza” or “a fairly large number of cases”. As comes to face masks, scientific epidemiological research evidence on their benefits is still missing.

The Regional State Administrative Agencies submitted a joint statement. The Regional State Administrative Agencies have reviewed the draft investigation report from the perspective of whether their role is described to the appropriate scope and extent. For example, their

role in regional communications, public information service and the provision of guidance to regional actors has not been correctly identified.

The Regional State Administrative Agencies describe the decisions on restrictive and control measures they have made, but these were only a small part of their steering and advice efforts. The agencies were also involved in several working groups. Furthermore, the Regional State Administrative Agencies compiled status reports combining several sectors even though such reports are not prescribed by law.

What is missing from the draft investigation report is a description of how the Regional State Administrative Agencies extensively provided advice to operators and citizens in different sectors and how the Corona-info service was established to meet this need. As regards personal protective equipment, the investigation report is defective at least in its coverage of the occupational health and safety aspect and the personal protective equipment terminology. In terms of the security of supply and preparedness, the Regional State Administrative Agencies point out that these should be developed by taking into account the needs and viewpoints of the regions and municipalities. The investigation report should also address the issue of the competencies and resources of municipalities in decision-making during times of crisis. A number of municipalities made decisions regarding the assignment of powers based on a section of the Emergency Powers Act that had not been invoked.

The Regional State Administrative Agencies consider the draft investigation report to be a comprehensive and thorough report and analysis of the events. The conclusions and safety recommendations are on the right track and will play an important role in the development of future preparedness approaches.

The Regional State Administrative Agencies highlight 13 issues that should be strongly emphasised in the safety recommendations. These concern the opportunity to amend legislation during a crisis, continuous development of the crisis management model, extensive cross-administrative cooperation, clarity of powers, sufficient resources, support from central administration to actors and public officials, the situational awareness process, coordinated communications (including telephone services), a follow-up study on communications, participation in preparation, consideration of the citizen perspective, management of the psychological resilience of the population and information security when working remotely.

The Regional State Administrative Agencies also provide numerous comments and proposed additions to the investigation report, many of which describe difficulties encountered in practice and how the Regional State Administrative Agencies were often left outside and uninformed, but nevertheless had to assume significant responsibility for many matters. It was difficult to respond to the extensive information needs of the various actors and the general population with insufficient information and without any time to prepare. The communications resources were limited.

The Regional State Administrative Agencies do not support the recommendation to develop a legislative framework to better guide the Regional State Administrative Agencies and municipalities during a crisis. The regions have been able to respond quickly to the measures required by the epidemic. The situation with the pandemic varied from region to region. The regions have the best information regarding the necessary measures, and the ministries already have the power to guide their administrative branches. At present, the problem seems to be that the framework required to achieve comprehensive situational awareness is missing.

The recommendation on the development of preparedness must include the need for joint and simultaneous exercises for the Government, the ministries and the regional government.

The development of preparedness must also involve NESAs, the corporate sector and local businesses. Exercises are also required to develop the security of cross-border traffic.

As regards the reorganisation of duties, the Regional State Administrative Agencies state that management and prioritisation are also essential. In the worst cases, those in non-critical duties overloaded the staff working at the core of the response measures with requests for information, statements and meetings that could have been postponed.

In its statement, the **Government of Åland** emphasises that the special status of Åland should have been better reflected in the investigation report. The special challenges faced by Åland would have been better explained had there been a separate chapter on them. The ambiguities regarding the division of legislative powers between Finland and Åland and the rapid pace of decision-making led to a number of difficult situations during the crisis. The ambiguities regarding legislative powers involved, in particular, the coordination of the Finnish Emergency Powers Act and Communicable Diseases Act with the Act on the Autonomy of Åland. During the crisis, it became clear that the division of responsibilities between Åland and Finland under emergency conditions had not been determined in the Act on the Autonomy of Åland.

In its statement, the Government of Åland also emphasises that Åland was not consulted in accordance with the provisions of the Act on the Autonomy of Åland on several occasions during the crisis, and that documents and information were not nearly always available in Swedish.

According to the **Hospital District of Helsinki and Uusimaa**, the draft investigation report is praiseworthy and comprehensive as a whole, and the presentation method is successful. The Hospital District of Helsinki and Uusimaa raises a few points that are not sufficiently emphasised in the report, however.

In the spring of 2020, the health care sector did not yet have a nation-wide situational awareness and management system, although the need to establish such a mechanism had been identified. Since then, such a mechanism has been built around the five specific catchment areas. The mechanism has been found functional, and it has been used throughout the epidemic.

The Hospital District of Helsinki and Uusimaa points out that the organisation and duties of the LOG5 working group are not sufficiently highlighted in the draft report. The working group had many coordination and steering duties, which were not limited to the procurement of supplies. Also, the significance of the Hospital District of Helsinki and Uusimaa for the control of the epidemic that was focused in Uusimaa is not sufficiently emphasised. Extensive development measures were carried out in terms of patient care, information management, communications, laboratory operations, testing and logistics. Experts of the Hospital District of Helsinki and Uusimaa participated in national working groups and responded to numerous consultation requests and requests for information and support. The Government's *test-trace-treat* strategy relied heavily on the testing capacity, diagnostics, treatment capacity and support to municipalities provided by the Hospital District of Helsinki and Uusimaa.

Regarding material preparedness, the Hospital District of Helsinki and Uusimaa states that a key issue affecting stockpiling is the lack of legislation governing material preparedness in the social welfare and health care sector. Such legislation exists for pharmaceuticals.

According to the **Association of Finnish Municipalities**, the Safety Investigation Authority has an important role to play in providing an objective picture of the administration's actions. The level of detail in the investigation report is appropriate and allows for identification of the key development needs on a timeline.

The draft investigation report supports the view expressed by the Association of Finnish Municipalities in different connections that the flow of information regarding the security of public administration should be reciprocal. Despite their important duties, municipalities are still not provided with a centrally compiled situation report, which would allow them to monitor the overall situation. The lack of standardised situational awareness led to overlapping and non-standardised data collection and thus unnecessary burden on the organisations that were already under pressure.

The interpretation of the Association of Finnish Municipalities is that preparedness for emergency conditions has been overly focused on security authorities. In the development of preparedness, care must be taken to ensure that all competent actors are involved in the development of the processes, not only representatives of the central government.

According to the Association of Finnish Municipalities, it would have been necessary to produce a description of responsibilities and the division of responsibilities, as well as the balance of powers, during the crisis. The unclear responsibilities cause concerns for the general population about the quality of the decisions made. Such a description would have forced organisations to pay more attention to the interfaces in comparison to a situation where measures are determined on the basis of sectoral interpretations. For example, the investigation report includes a concerning description of how, during the crisis, the operational working group was tasked with creating models for cross-administrative cooperation. Such models should always be in place.

The Association of Finnish Municipalities deems the recommendations justified, except for the one concerning the balance of powers. Changing the balance of powers as the security situation changes is likely to weaken the ownership of preparedness at the local level. It is possible to organise governance at different levels but in a coordinated manner. Mutual sharing of situational awareness is the key in such a case.

With regard to the recommendation on the flow of information, care must be taken to ensure that the municipalities will not have to rely on the regional networks to obtain information. The central government should receive information about the local situation and the municipalities should have access to the key status information provided by the Government Situation Centre or a corresponding body. The implementation of many of the recommendations should take into account the expertise and needs of the municipalities.

According to the Association of Finnish Municipalities, the success of governance cannot be resolved by strengthening centralised management but within the framework of common administrative structures and open cooperation at both the planning and implementation phases. The emergency conditions and their consequences highlighted the inadequately defined responsibilities and governance relationships. Implementing of the recommendations in the report can significantly improve the resilience of society in the face of different types of crises.

The Association of Finnish Municipalities proposes that in the future, in investigations where the functionality of the municipal interface is the subject of the investigation, an expert on municipal decision-making from the municipal organisation would be appointed to the investigation team.

According to the **city of Vantaa**, the draft investigation report has mainly been written from the perspective of international events and from the viewpoint of the central government, and the measures taken by municipalities are not highlighted to a sufficient extent. In its statement, the city describes the role of municipalities, the important role of large cities in dealing

with the situation, the city's own preparedness status at the beginning of the pandemic and the measures taken in mid-March.

The city notes that the competent ministry model was unclear in terms of the responsibility and that there was a lack of cross-administrative cooperation. In the case of an incident, there should be no arguing or jockeying over powers. From the perspective of a municipality, the decentralisation of powers between several ministries or authorities posed a challenge, causing both overlap and a lack of leadership. There was very little cooperation between the ministries and the municipalities, and the preparation of policies was disconnected from the reality of the control of the pandemic.

The city of Vantaa submitted its status reports to the Government Situation Centre, the Regional State Administrative Agency, the Ministry of Social Affairs and Health and the hospital district, but the city did not receive any information or status reports from the hospital district or the Ministry of Social Affairs and Health. Better exchange of information would have been needed, as the Helsinki metropolitan region had the most difficult situation with the disease. Exchange of information between the municipalities in the Helsinki metropolitan region was mainly rapid and up-to-date, however.

Regarding the airport, the city of Vantaa states that there were several authorities involved and there was no clear authority. Due to the confusing decision-making process, legislative amendments and decisions took an unreasonably long time. The security organisation of the airport also needs to be clarified. The Deputy Chancellor of Justice has stated in a decision that the Ministry of Social Affairs and Health had the main responsibility for ensuring public health security at airports and for coordinating activities. The contribution of the city of Vantaa was significant in taking control of the situation.

The city describes how the legislation that was not suited for the emergency conditions and the situation as such caused difficulties in education and health care services. The problems regarding the personal protective equipment were also apparent in Vantaa: outdated face masks were received, and only a small number of them. The information provided by the Government was in stark contrast with the reality. The emergency preparedness approach of Vantaa, as that of other municipalities, was based on cooperation agreements, which meant that the municipalities' own stockpiles were small. The situation was improved when many municipalities procured personal protective equipment themselves. Preparedness needs to be improved.

Regarding the flow of information, the city of Vantaa states that it needs to be developed amongst the actors active in central government, as well as between the central government, large cities and the hospital districts. All national guidelines should be clear, realistic and feasible. National situational awareness should be coherent and jointly formulated. There is also room for improvement in communications to the public and the production of communications materials.

The large cities and their residents were hit the hardest by the COVID-19 epidemic. Lessons could be learned from these experiences to build future processes, the flow of information, cooperation models, responsibilities and duties.

In summary, the city of Vantaa states that the investigation report is truthful as such, and the conclusions are correct. However, the report does not pay sufficient attention to the important role of the large cities in the control of the situation. Vantaa also stresses that there was insufficient cooperation and exchange of information between the municipalities and cen-

tral government. All parties must be consulted to a sufficient extent, and a proper impact assessment must be prepared. Furthermore, the crisis management model should not be changed in the middle of a crisis, nor should any urgent legislative amendments be made while the emergency conditions are in place. The focus should be on compliance with legal obligations and professional management of the crisis.

The Ministry of Agriculture and Forestry, the Parliamentary Office and the Office of the Chancellor of Justice did not have any comments.