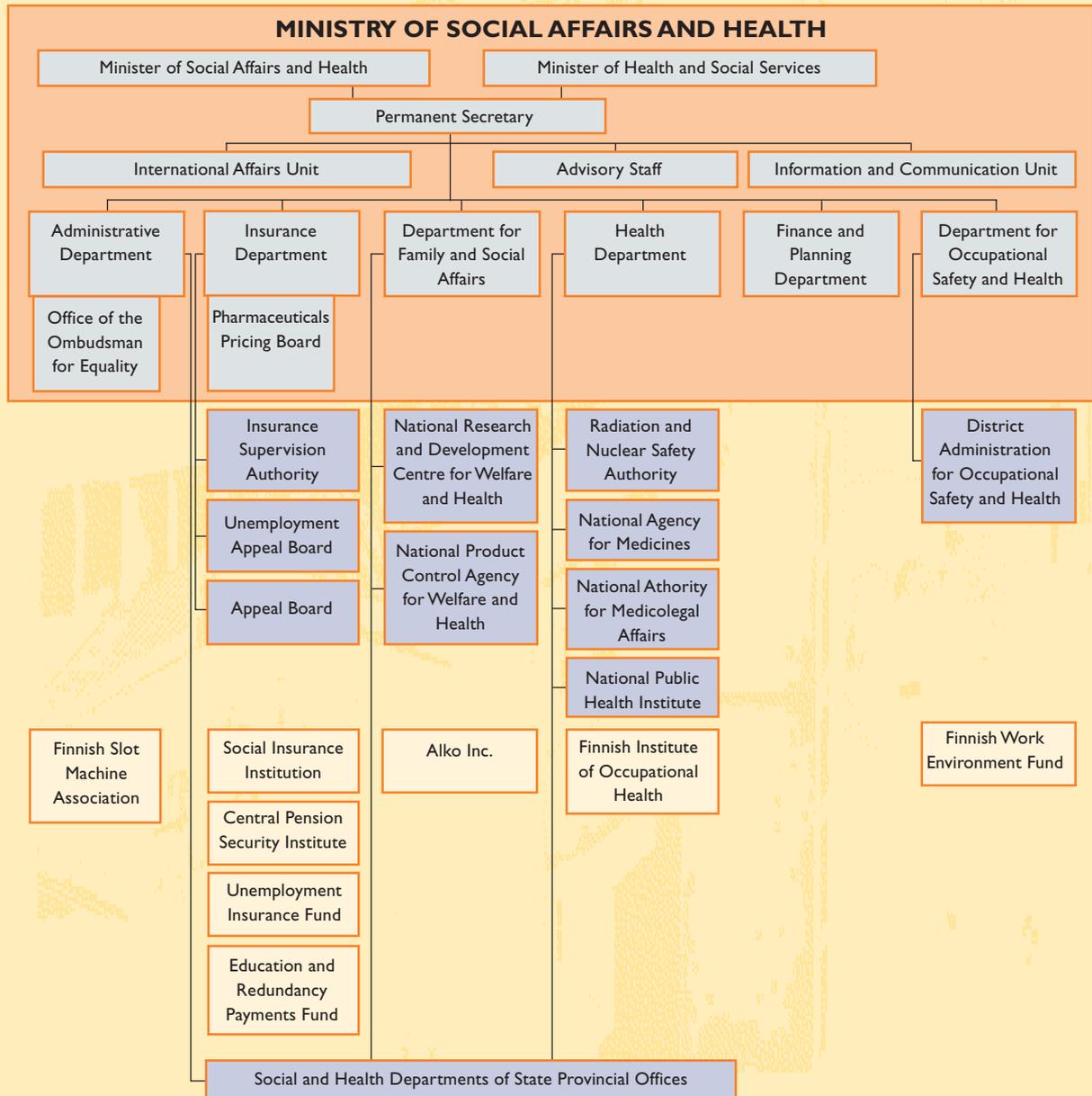


Social Welfare and Health Care Preparedness
in case of Exceptional Situations



Ministry of Social Affairs and Health and related national authorities as of 1 January 2003



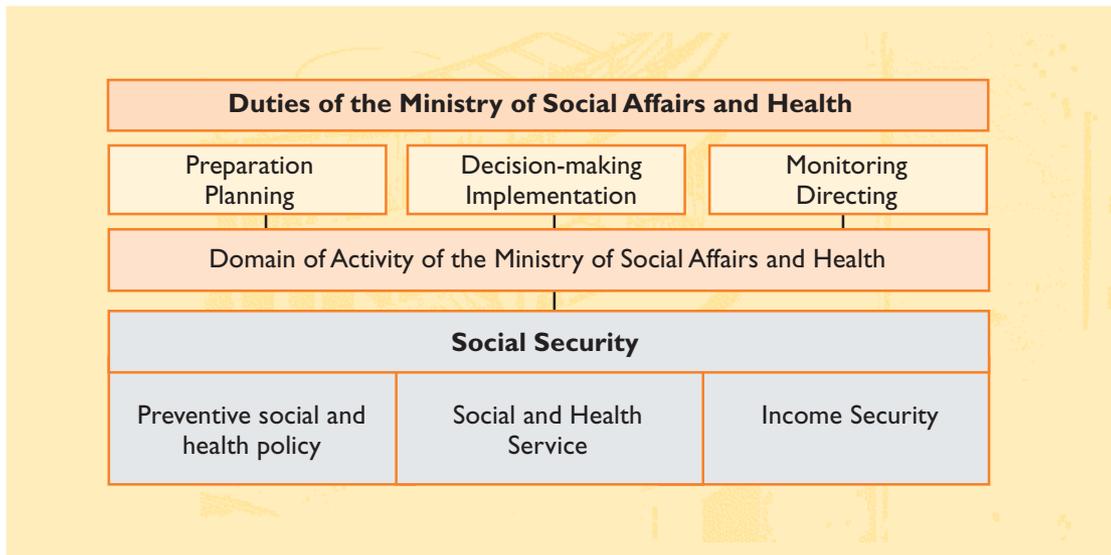
Social Welfare and Health Care

The basic economic, social and cultural rights of every Finnish citizen are safeguarded by Finnish law. According to the Constitution, public authorities must safeguard the access to adequate social and health care services for everyone, and must promote the health and welfare of the citizens.

The Ministry of Social Affairs and Health is responsible for the preparation of legislation within the domains of social welfare and health care, and it also monitors and directs the implementation of the legislation. The monitoring and directing of social welfare and health care at the regional level is the responsibility of the Social and Health Departments of the Provincial State Governments.

A Target and Action Programme for social welfare and health care is drawn up for the Government's four-year term of office by the Ministry of Social Affairs and Health and approved by the Government. The programme includes a decision on municipal resources, which is revised annually in the context of approving the State budget.

The Ministry's administrative sector comprises certain authorities and agencies responsible for carrying out research and development, for compiling statistics and for monitoring activity. These include the National Public Health Institute, the National



Agency for Medicines, the National Research and Development Centre for Welfare and Health, the National Product Control Agency for Welfare and Health, the Radiation and Nuclear Safety Authority and the National Authority for Medicolegal Affairs.

Social and health care services are chiefly funded by tax revenue, consisting of municipal taxes, state subsidies and fees charged to service users. The amount of the state subsidy which a municipality is entitled to is calculated on the basis of its number of residents, the age distribution of the residents, morbidity and certain other actuarial factors.

The municipalities are responsible for organising social and health care services according to the needs of the residents. Legislation does not contain detailed provisions on the extent, content or delivery of these services. The municipality may provide the services either through its own activity, on the basis of agreements with other municipalities, or by purchasing them from another municipality or from a private service provider. The share of private services has increased in recent years in all sectors of activity. The quality of services purchased from private providers must be comparable with corresponding municipal services. This aims at ensuring that a uniform minimum quality is reached within all services financed by public money.

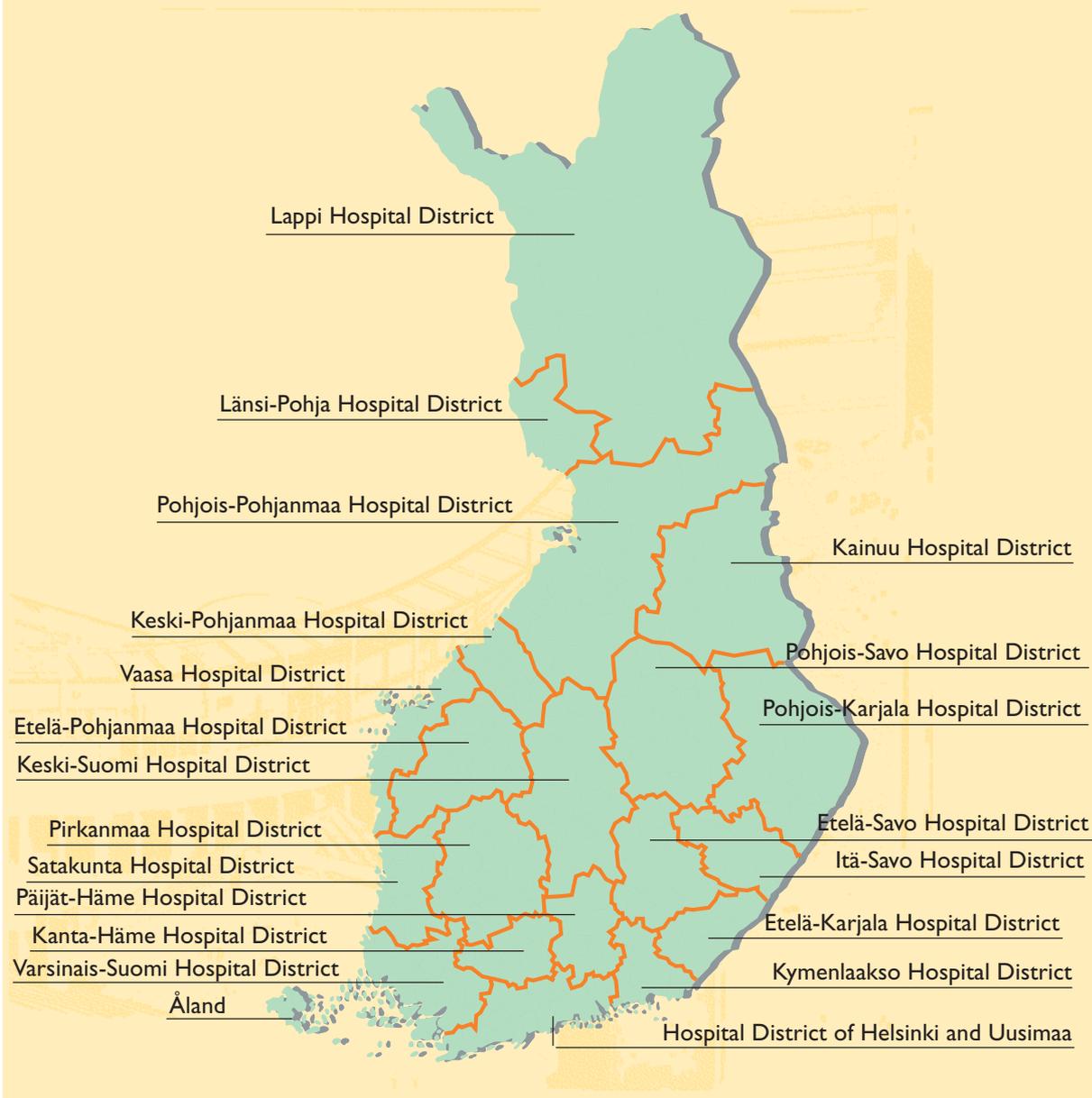
Social Welfare

The purpose of social welfare is to guarantee every individual the right to social security; in other words, the right to basic subsistence during unemployment, illness, disability and old age, among other things, and the right to adequate social and health care services. Social welfare is based on social services, living allowance, social benefits and associated activities aiming to promote and maintain the social security and functional capability of individuals, families and the community.

Municipalities are also required by law to provide guidance, advice and information on social welfare and social security for their residents, as well as to carry on research and development related to social services. Municipalities must also aim to develop the social conditions in their area and to remove social injustices.

In urgent cases, or when circumstances so warrant, the municipality must also provide institutional care and other social services for persons temporarily staying in the municipality, even if they are not residents of the municipality.

Hospital Districts



Municipalities must organise social welfare according to need. In other words, assistance must be available on any day of the week and at any hour, according to the situation. The arrangements for emergency welfare services vary widely. Among other systems, many municipalities are looking for possibilities of arranging emergency welfare services in co-operation with other municipalities in the region. Post-disaster support is often provided by psychosocial support groups set up in connection with health centres.

Quantitatively the most important forms of social welfare are children's day care and geriatric care. Other crucial activities include social work, disability care, services for children and juveniles, substance abuse services and provision of living allowance.

In implementing social welfare, priority must be given to forms of activity which enable independent living and create the financial and other prerequisites for independent coping with activities of daily living.

Health Care

The primary health care of the population is managed by municipal health centres. There are over 250 health centres in Finland, run either by single municipalities or joint authorities formed by several municipalities. According to the Primary Health Care Act, the tasks of health centres include health counselling; general health examinations and screenings; maternity, geriatric and other out-patient clinics; home nursing; ambulance services; such mental health services as can appropriately be provided by the centres and certain other duties as defined by the Communicable Diseases Act and the Act on Welfare for Substance Abusers.

For the organisation of specialised health care, the country is divided into 20 hospital districts, in addition to which the Åland Islands form a district of their own. Each municipality must belong to one of the districts. The hospital district organises and produces specialised health care services for the residents within its geographical area.

By virtue of the Act on Specialised Medical Care, the hospital district must, within its geographical area, ensure the coordination of specialised medical services and, in co-operation with the health centres, plan and develop medical services so that public health care and special nursing care form a seamlessly operating entity. Moreover, in managing its duties the hospital district must co-operate with the municipal social departments in its area to ensure the appropriate delivery of these services.

Specialised hospital care is defined as hospital care which is most appropriately managed by university hospitals, other hospitals of an equal level, or only by designated hospitals among these two groups. The basic factors to be considered here are the medical expertise required by the examination or treatment, the low incidence of the illness or condition, the need for special resources or, related to these, the high cost of treatment, or other particular reasons. For the provision of specialised hospital care the country is divided in five specialised hospital regions, according to a decision by the Government, so that each of the five regions includes a hospital district with a university providing medical education.

Organisation of Preparedness Planning within Social Welfare and Health Care

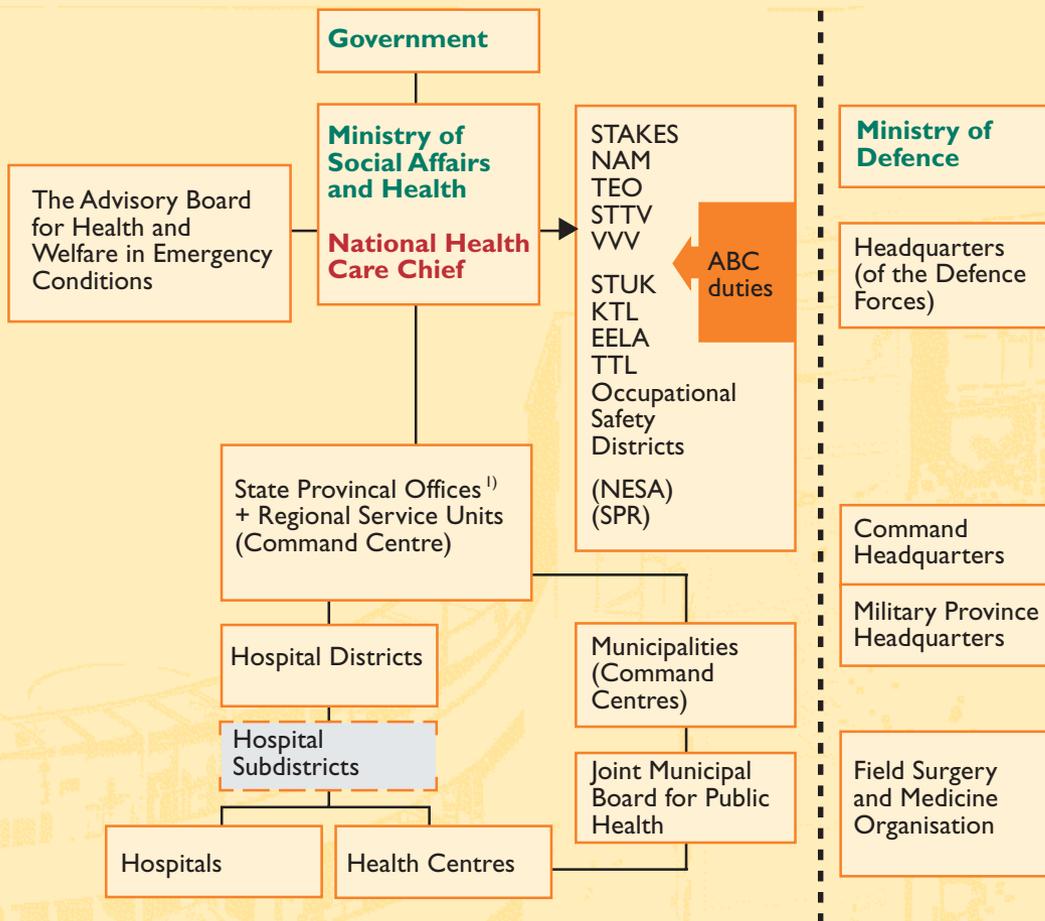
The preparedness planning for emergencies and exceptional conditions within social welfare and health care is directed, monitored and co-ordinated by the Ministry of Social Affairs and Health in co-operation with the Social and Health Departments of the Provincial State Governments.

The highest national official within health care in Finland is the Permanent Secretary of the Ministry of Social Affairs and Health. As the National Health Care Chief, his duties include the directing of preparedness planning for exceptional conditions within the health care system. He must ensure that the necessary plans exist for the management of health care under exceptional conditions and that these plans are co-ordinated with other preparedness planning for exceptional conditions.

The Preparedness Unit within the Ministry provides instructions and training in preparedness planning and preparedness for emergencies and exceptional conditions for the various units within social welfare and health care. The Unit also maintains the crisis management preparedness within the administrative sector.

An Advisory Board for Health and Welfare in Emergency Conditions has been appointed by the Government. The Board is responsible for planning and preparing the management of social welfare and health care in emergency conditions. The Board has set up divisions for the preparedness planning of certain areas of social welfare and health care.

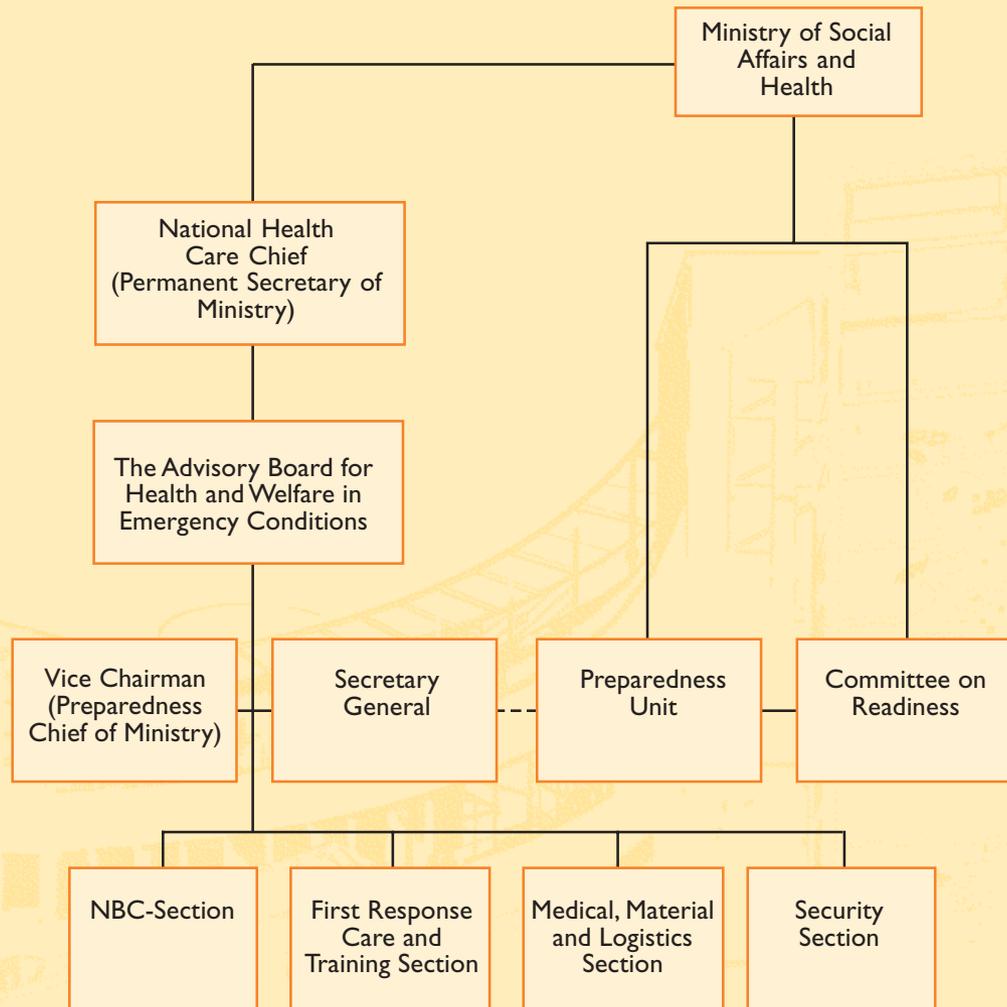
Management of Health Care under Emergency Conditions



NB¹⁾ Privat treatment and research facilities may be included in the management of a Hospital District

STAKES	National Research and Development Centre for Welfare and Health	STUK	Radiation and Nuclear Safety Authority
NAM	National Agency for Medicines	KTL	National Public Health Institute
TEO	National Authority for Medicolegal Affairs	EELA	National Veterinary and Food Research Institute
STTV	National Product Control Agency for Welfare and Health	TTL	Finnish Institute of Occupational Health
VVV	Insurance Supervision Authority	NESA	National Emergency Supply Agency
		SPR	Finnish Red Cross

Composition of the Advisory Board for Health and Welfare in Emergency Conditions as of 11 February 2003



Preparedness Planning

Preparedness planning includes the preparedness for special situations under normal conditions, as well as the plans for managing all duties during emergencies and exceptional conditions. The overall plans are complemented by plans for technical maintenance, maintenance of emergency stockpiles, data security, communication and the security of facilities.

Degrees of Preparedness

Standard Preparedness

is defined as the preparedness for planning, operative capacity and advance arrangements for emergencies and exceptional conditions, as provided for by regulations.

Number of hospital beds

hospitals: 17,500

health centres: 21,500

Intensified Preparedness

- the capacity is increased by 25%
- can be attained within 2 days

Full Preparedness

- the capacity is increased by 50% as compared to the normal volumes
- requires additional space and personnel and the utilisation of emergency stockpiles
- can be attained in 2 - 6 days

Health centres, hospitals and social service units have drafted unit-specific preparedness plans for the organisation of activity and provision of services under all conditions. The hospital districts and State Provincial Offices each have their own preparedness plans, covering their areas of responsibility, which lay down the procedures to be observed during emergencies and exceptional conditions. The preparedness plans of the Ministry of Social Affairs and Health and the specialised units within the sector lay down the principles of organisation of the central government's tasks, responsibilities and actions under various conditions.

Levels of Preparedness Planning

Preparedness plans of hospitals / health centres / social services

- the unit's operation

Municipal preparedness plans

- a combination of sector-specific plans

Preparedness plans of hospital districts / provinces

- organisation of activity within the area

Preparedness plan of the administrative domain of the Ministry of Social Affairs and Health

- operation of central administration and specialised units

Government

- operation of the ministries

By virtue of Section 30 in the Emergency Powers Act, the Government may, in order to safeguard the health care of the population, require a medical care institution or a body maintaining a health centre to expand or modify the operation of its facility, to transfer all or a part of its operation outside its operation area or location, or to arrange operations even outside its designated area, to admit patients to the facility regardless of other regulations on patient admittance, or to cede the facility or a part of it for use by authorities of the state. To the relevant extent, the same applies to pharmaceutical factories and pharmaceutical wholesale businesses, persons licensed to operate a pharmacy, and collectives or private business operators who supply goods or services for use in medical and health care.

According to the Health Protection Act, it is the task of each municipality to promote and monitor the protection of health within its area so as to guarantee a healthy living environment for its residents. The municipal health protection authority must, in cooperation with other authorities and bodies, plan the preparatory and safety measures required for the prevention, identification and removal of health hazards caused by accidents and similar special circumstances.

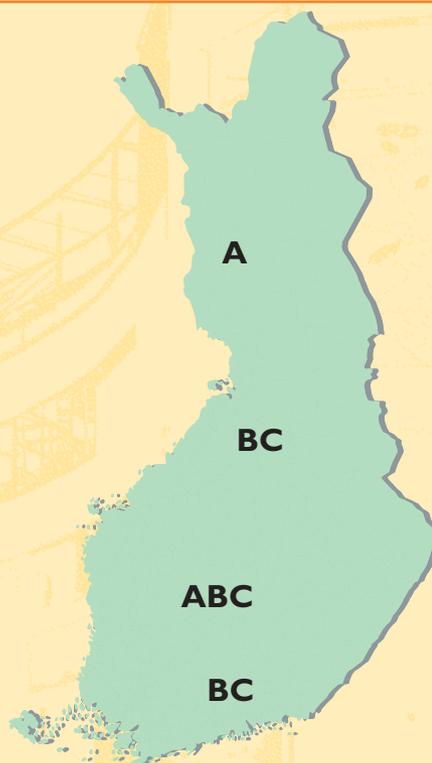
To enhance the monitoring of health hazards and to prepare for threats caused, in particular, by radiation and biological and chemical hazards, special measures are required within both primary health care and specialised medical care. In order to manage these threats an ABC laboratory system has been set up, consisting of three tiers: the local, regional and central laboratories. The monitoring of nuclear and radiation hazards is the responsibility of the Radiation and Nuclear Safety Authority. Regional and central biological and chemical laboratories are directed by state research institutes. Among these, the National Public Health Institute and the National Veterinary and Food Research Institute together are responsible for the planning and arrangement of the monitoring of biological hazards. The Finnish Institute of Occupational Health is responsible for the planning and arrangement of the monitoring of chemical hazards.

ABC Laboratories

Three-Tier
Network of Laboratories:
central administration
regional administration
local administration

A = Atomic
B = Biological
C = Chemical

The central and regional BC laboratories are governed by the National Public Health Institute (BC) together with the National Veterinary and Food Research Institute (B) and the Finnish Institute of Occupational Health (C).



The operative units within health care must ensure that their preparedness plans take into consideration the identification, prevalence assessment and monitoring of biological and chemical threats and hazards, the assessment of health hazards and the carrying out of counter-measures. The units must ensure that co-operative procedures between them and the biological and chemical laboratory networks are in place and that these procedures are agreed and tested. The content and implementation of the procedures are based on a risk analysis and will vary from one region to another.

The preparedness plans of social services include the plans for the provision of care and nursing for the population during special circumstances, such as evacuation. It is important that the security and functional capability of different population segments, such as families, children and senior citizens, is assured during exceptional circumstances. Co-operation with the health care authorities is essential.

In emergencies and exceptional situations the support afforded to the authorities by the resources and expertise of non-governmental organisations is often crucial. For this reason, the preparedness planning of social welfare and health care must also take into account co-operation with non-governmental organisations and must ensure the co-ordination of all plans.

By virtue of Section 16 in the Emergency Powers Act, the Government may control and ration benefits and subsidies for basic subsistence based on statutory insurance or classified as social benefits, and may issue decrees on derogations on the grounds used for determining them and on administering them.

Material Preparedness

The safeguarding of functioning in all circumstances requires the maintenance of sufficient stockpiles of material. The supply of vital medicines is ensured through the Act on Obligatory Storing of Medicines. The purpose of the obligatory storing of medicines is to safeguard the supply of essential medicines under exceptional conditions. The maintenance of obligatory stockpiles is essential for the functioning of the health care system, since the medical provisioning of the country depends on imports to a considerable extent.

The Act on Obligatory Storing of Medicines ensures the adequate supply of the most important medicines for five months. The obligatory stockpiles of medicines required in emergencies are dimensioned to correspond to a 10-month consumption under normal conditions. The Act obligates operational units in health care, pharmaceutical factories and pharmaceutical wholesale businesses to maintain stockpiles of crucial medicines.

Obligatory Storing of Medicines

The Act on Obligatory Storing of Medicines safeguards the supply of the most important medicines.

Pharmaceutical factories

- volume corresponding to the 10- or 5-month consumption of imported medicines

Pharmaceutical wholesale businesses

- volume corresponding to the 10- or 5-month consumption of imported medicines

Hospitals and health centres

- medicines defined as part of the basic medicine selection, volume corresponding to 6 months' consumption
- infusions, 2 weeks' consumption.

Essential vaccines are included within the obligatory stockpiling requirement. The National Public Health Institute maintains a stockpile of ready-to-use essential vaccines up to a volume corresponding to the average 10-month consumption.

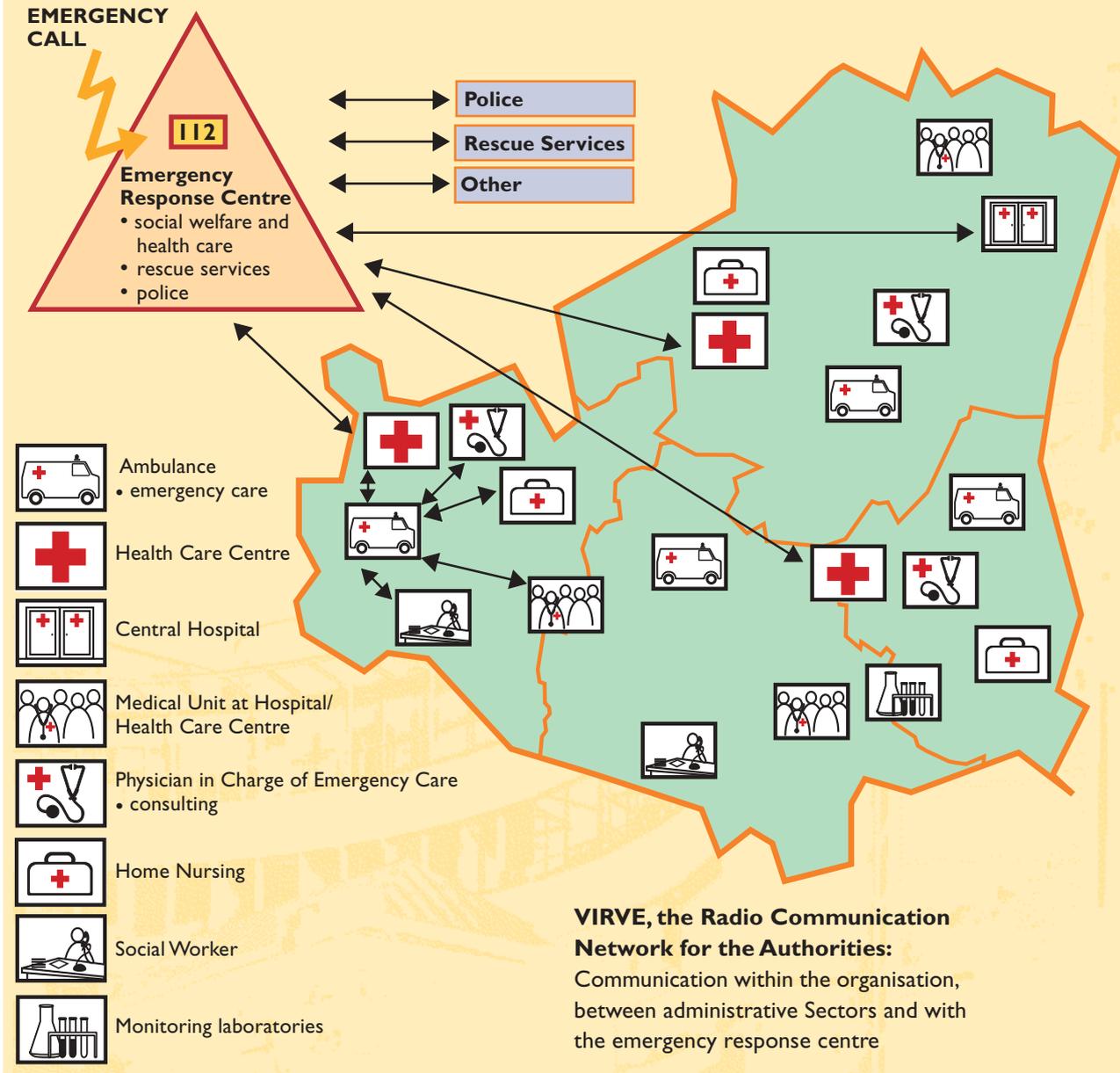
Hospitals and health centres have been instructed to stockpile medical and health care supplies up to a volume corresponding to normal consumption during six months. The stores of spare parts for essential medical equipment should cover the need of 12 months. In addition, supplies of disposable items corresponding to the need of about three months have been purchased as part of the national preparedness stockpiles. This material is mainly located at central hospitals.

The National Emergency Supply Agency is responsible for the capital costs incurred by the obligatory storing of medicines and for the purchases of emergency supplies of disposable items to the central hospitals.

Medical Rescue Activity

The health care operations outside the health centres and hospitals are termed medical rescue activity. This covers the activity of the emergency response centres in dealing with requests for help, emergency health care, ambulance service and the basic life support provided by health centres and hospital emergency units. The hospital districts and health centres together instruct the emergency response centres on the principles of routing

Field of Operations in Nursing and Emergency Medical Services



emergency calls to the area's ambulance service and emergency care units. These instructions on the response procedures within each area form the basic framework for the system's operation.

Personnel

The sufficient quality and number of professionals within social welfare and health care is not considered to form a constraint for the smooth operation of health care during emergencies and exceptional situations.

In conditions of war, the Defence Forces rely on the support of the municipal health care system. The Defence Forces' field surgery and medicine organisation provides specialised treatment only to patients whose condition does not allow transport to civilian facilities.

The Ministry of Social Affairs and Health will reserve the health care professionals required by the field surgery and medicine organisation from within the public health care system. These reservations have been taken into account in the preparedness plans of the operational units of health care.

To safeguard the supply of crisis-specific medicines, the National Emergency Supply Agency has laid in separate preparedness stockpiles managed by the Military Pharmacy.

Special working duties may be imposed on health care personnel in emergencies and exceptional situations by virtue of Section 22 of the Emergency Powers Act.

In recent years, about 1,600 physicians and 1,400 other health care professionals have been reserved for duties specified by the Defence Forces.

Training for duties of social and health care during emergencies and exceptional situations is included in basic education programmes, and is also provided by the Defence Forces and certain educational institutions.

The total number of personnel employed in social welfare and health care within municipalities and joint municipal authorities is about 220,000; about half of them work within health care. 11,000 of these are physicians and 2,000 are dentists.

Additional information:

www.stm.fi

www.stm.fi/english/hao/val/unit.htm

www.ktl.fi

www.nam.fi

www.stuk.fi

www.occuphealth.fi