



Hybrid strategy action plan supplement 1/2021

Measures to prevent the impending
rapid acceleration of the epidemic and
spread of more infectious mutant strains

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Ministry of Social Affairs and Health

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ISBN pdf: 978-952-00-9693-9

ISSN pdf: 1797-9854

Layout: Government Administration Department, Publications

Helsinki 2021

Action plan implementing the hybrid strategy to manage the COVID-19 crisis, update 1/2021

Measures to prevent an impending rapid re-escalation of the epidemic and the spread of more transmissible virus variants

Publications of the Ministry of Social Affairs and Health 2021:13

Publisher Ministry of Social Affairs and Health

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Editor Anne Arvonen

Language English

Pages 57

Abstract

The action plan implementing the hybrid strategy to manage the COVID-19 crisis was updated based on a Government resolution adopted on 22 December 2020. The updated action plan applies from January to May as a response to the continuing global pandemic and the re-escalation of the epidemic in Finland (Publications of the Ministry of Social Affairs and Health 2021:1).

The aim of the action plan is to prevent the spread of the virus in Finland, protect the capacity of the healthcare system and shield and protect people, especially those who are most at risk. To effectively prevent the spread of infections, the measures based on the hybrid strategy must be epidemiologically justified, proactive and sufficiently broad in scope.

New SARS-CoV-2 variants have emerged as a major epidemiological concern. The European Centre for Disease Prevention and Control (ECDC) estimated in its risk assessment of 29 December 2020 that the SARS-CoV-2 variant VOC 202012/01 has increased transmissibility compared to previously circulating variants. As new variants of concern become more common, they can accelerate the epidemic and the growing number of cases may jeopardise the healthcare system capacity.

In response to the risk of a rapid escalation of the epidemic, the Finnish Government recommended an update to the action plan implementing the hybrid strategy on 26 January 2021.

Three levels of measures are introduced in the action plan update. The sets of measures aim to prevent a re-escalation of the epidemic, curtail the spread of the more transmissible virus variants and thereby gain time for the combined effect of COVID-19 vaccinations and seasonality in curbing the epidemic. The measures will be used in accordance with the applicable legislation in each of the situations presented in the plan.

Keywords coronavirus, strategies, recommendations, restrictions, Ministry of Social Affairs and Health

ISBN PDF 978-952-00-9693-9

ISSN PDF 1797-9854

URN address <http://urn.fi/URN:ISBN:978-952-00-9693-9>

Hybridistrategian toimintasuunnitelman täydennys 1/2021

Toimenpiteet epidemian uhkaavan nopean kiihtymisen ja tartuttavampien virusmuunnosten yleistymisen estämiseksi

Sosiaali- ja terveysministeriön julkaisu 2021:13

Julkaisija Sosiaali- ja terveysministeriö

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Sivumäärä 57

Tiivistelmä

Hybridistrategian toimintasuunnitelma päivitettiin valtioneuvoston periaatepäätöksen puoltamana 22.12.2020. Globaalin pandemian jatkuessa ja epidemian uudelleen kiihtyessä myös Suomessa toimintasuunnitelman päivitys tehtiin tammi–toukokuuksi (STM 2021:1).

Toimintasuunnitelman tavoitteena on hybridistrategian mukaisesti estää viruksen leviämistä yhteiskunnassa, turvata terveydenhuollon kantokyky ja suojella erityisesti riskiryhmiin kuuluvia ihmisiä. Jotta tartuntojen leviämistä voidaan tehokkaasti estää, hybridistrategian mukaisten toimenpiteiden on oltava epidemiologisesti perusteltuja sekä ennakkollisia ja riittävän laajalaisia.

Uutena merkittävänä epidemiologisena uhkatekijänä on ilmennyt SARS-CoV-2 virusmuunnoksia. Euroopan tautien valvonnan ja ehkäisyn keskus ECDC arvioi 29.12.2020 julkaisemassa riskinarviossa, että uusi Covid-19 -muunnos (SARS-CoV-2 VOC 202012/01) leviää selvästi nopeammin kuin koronaviruksen aiemmat alatyypit. Yleistyessään uudet virusmuunnokset voivat aiheuttaa selvästi aiempaa nopeammin leviävän epidemian ja lisääntyneen tapausmäärän johdosta vakavasti vaarantaa terveydenhuoltojärjestelmän kantokyvyn.

Epidemian nopean kiihtymisen uhan vuoksi valtioneuvosto puolsi 26.1.2021 hybridistrategian toteuttamisesta annetun toimintasuunnitelmaan täydentämistä.

Toimintasuunnitelman täydennyksessä kuvataan kolme toimenpidetasoa. Kuvattujen toimenpidekokonaisuuksien tavoitteena on torjua epidemian kasvun uudelleen kiihtyminen ja herkemmin tarttuvan virusmuunnosten leviäminen ja siten saada lisää aikaa rokotusten ja vuodenaikavaihtelun yhteisvaikutukselle epidemian hillitsemisessä. Toimenpiteitä käytetään niihin soveltuvan lainsäädännön mukaisesti kussakin suunnitelmassa esitetyssä tilanteessa.

Asiasanat koronavirus, strategiat, suositukset, rajoitukset, sosiaali- ja terveysministeriö

ISBN PDF 978-952-00-9693-9

ISSN PDF 1797-9854

Julkaisun osoite <http://urn.fi/URN:ISBN:978-952-00-9693-9>

Komplettering av handlingsplanen för hybridstrategin 1/2021

Åtgärder för att förhindra att epidemin accelererar snabbt och att nya smittsammare virusvarianter sprider sig

Social- och hälsovårdsministeriets publikationer 2021:13

Utgivare Social- och hälsovårdsministeriet

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Språk engleska

Sidantal

57

Referat

Handlingsplanen för genomförandet av hybridstrategin uppdaterades den 22 december 2020 i enlighet med vad som förordades i statsrådets principbeslut. Handlingsplanen uppdaterades för perioden januari–maj eftersom den globala pandemin fortsatte och epidemin på nytt tog fart även i Finland (Social- och hälsovårdsministeriets publikationer 2021:1).

Syftet med handlingsplanen är att i enlighet med hybridstrategin förhindra spridningen av viruset i samhället, trygga hälso- och sjukvårdens bärkraft och skydda särskilt personer som hör till riskgrupperna. För att man effektivt ska kunna hindra smittspridningen bör åtgärderna enligt hybridstrategin vara epidemiologiskt motiverade, preventiva och tillräckligt omfattande.

En ny betydande epidemiologisk riskfaktor är de nya varianter av SARS-CoV-2 som har upptäckts. Europeiska centrumet för förebyggande och kontroll av sjukdomar (ECDC) uppskattar i sin riskbedömning den 29 december 2020 att den nya varianten (SARS-CoV-2 med beteckningen VOC 202012/01) sprider sig betydligt snabbare än coronavirusets tidigare subtyper. De nya virusvarianterna kan leda till att epidemin sprider sig klart snabbare än tidigare och till att hälso- och sjukvårdssystemets bärkraft allvarligt äventyras när sjukdomsfallen ökar.

Eftersom epidemin hotade att börja accelerera förordade statsrådet en komplettering av handlingsplanen för genomförandet av hybridstrategin den 26 januari 2021.

I kompletteringen av handlingsplanen redogörs det för tre åtgärdsnivåer. Syftet med åtgärdspaketet är att motverka att epidemin accelererar på nytt och att nya smittsammare virusvarianter sprider sig. De föreslagna åtgärderna ska ge tilläggstid för att genomföra vaccinationerna samtidigt som årstidsväxlingarna medverkar till att bromsa epidemins framfart. Åtgärderna ska genomföras i de situationer som beskrivs i planen i enlighet med tillämplig lagstiftning.

Nyckelord coronavirus, strategier, rekommendationer, begränsningar, social- och hälsovårdsministeriet

ISBN PDF 978-952-00-9693-9

ISSN PDF

1797-9854

URN-adress <http://urn.fi/URN:ISBN:978-952-00-9693-9>

Contents

1	Guidelines	7
2	Situation of the COVID-19 pandemic in January 2021	10
3	Finland's epidemiological situation and scenarios in spring 2021	13
4	Levels of measures to prevent rapid epidemic acceleration	17
4.1	Maintenance of the current level of restrictions and implementation of all community transmission phase measures in areas in the community transmission phase	18
4.2	Temporary and large-scale commissioning of community transmission phase measures	20
4.3	Introduction of emergency conditions and restrictions on movement	22
5	Lifting of restrictions pursuant to the levels of measures, monitoring	24
6	Overall impact assessment, communication and crisis resilience of the population	26
6.1	Health, social and welfare impacts	26
6.2	Impacts on basic and secondary education	28
6.3	Socio-economic impacts	30
6.4	Business and employment impacts	31
6.5	Event sector	35
6.6	Communication to citizens and the population's crisis tolerance	35
APPENDICES		
Appendix 1. Legal assessment of action levels		37
A.	Additional measures in the community transmission phase	37
1.1	Decisions on special restrictions recommended for instruction in upper comprehensive school	37
1.2	Decisions recommended for group leisure activities among children and young people and recommendations on special restrictions	39
1.3	Decisions on restrictions concerning the organisation of public events in accordance with the Communicable Diseases Act and recommendations related to gatherings	41
1.4	Recommendations on measures required by legislation related to the monitoring of quarantine and isolation	43
B.	The prerequisites for activating the Emergency Powers Act	45
Appendix 2. Regulation of food and beverage service businesses		47
Appendix 3. Modelling of the timing of strong restrictive measures		51
Appendix 4. Monitoring of SARS-CoV-2 mutant strains		56

1 Guidelines

The Ministry of Social Affairs and Health action plan, issued with the support of the government resolution of 3 September 2020 (MSAH 2020:26), guided the competent authorities responsible for implementing the Communicable Diseases Act in the epidemiologically appropriate use of recommendations and restrictions that aim at impeding the COVID-19 epidemic. As the global pandemic intensified, as expected, during the northern hemisphere's winter season and the epidemic also re-accelerated in Finland, the action plan was updated for January–May 2021, supported by the government resolution of 22 December 2020 (Ministry of Social Affairs and Health 2021:1).

In line with the hybrid strategy, the goal of the action plan is to prevent the spread of the virus in Finland, to safeguard the capacity of the healthcare system and to shield and protect people, especially those who are most at risk. In order to effectively prevent the spread of infections, measures under the hybrid strategy must be epidemiologically justified, ex ante and sufficiently comprehensive.

SARS-CoV-2 mutant strains have emerged as a major new epidemiological threat. In the risk assessment published by the European Centre for Disease Prevention and Control ECDC on 29 December 2020, the new COVID-19 mutant strain (SARS-CoV-2 VOC 202012/01) has been estimated by ECDC to spread significantly faster than the previous subtypes of the coronavirus. Although case mortality does not seem to have increased, the new mutant strain, as it becomes more commonplace, may seriously jeopardise the carrying capacity of the healthcare system due to a clearly faster spreading epidemic and an increased number of cases.

The objective of the sets of measures described in the supplement to the action plan is to combat the re-acceleration of the growth of the epidemic and the spread of mutant strains that are more infectious, thus providing additional time for the combined effect of vaccination and seasonal variation in the control of the epidemic. The measures will be used in accordance with the applicable legislation in each of the following situations:

1. *Maintenance of the current level of restrictions and implementation of all community transmission phase measures in areas in the community transmission phase:* The current restrictive measures must remain at least at their current level until it has been possible to assess the spread of the

mutant strain and the effectiveness of the measures taken to prevent it. It is justified in all areas in the community transmission phase to introduce in full all measures of the community transmission phase to prevent the rapid acceleration of the epidemic.

2. *Control of the fixed-term and large-scale commissioning of measures during the community transmission phase:* On the basis of a statement by the National Institute for Health and Welfare, the Ministry of Social Affairs and Health may, due to the rapid acceleration of the epidemic or the threat of the spread of the mutant strain, direct the regions to adopt the recommendations and measures of the community transmission phase, taking into account the proportionality of the measures. In particular, to mitigate the risk of the spread of the mutant strains, it is justified to commission certain additional measures of the community transmission phase so as to attain the desired rapid and efficient reduction of contacts.
3. *Introduction of emergency conditions and restrictions on movement:* Refers to emergency conditions and the introduction of different levels of restrictions on movement in addition to the above measures. This is an extreme measure and can only be justified if either all the measures described above have proved insufficient and the epidemic status can be proven to pose a threat to the immediate healthcare system capacity being exceeded, or it is otherwise necessary to safeguard the lives or health of the population.

In addition to the above measures, the government may, by decree, impose on food and beverage service businesses at most the restrictions laid down in section 58 a of the Communicable Diseases Act. If it is necessary to impose the maximum restrictions throughout the country, they can be enacted in all provinces. The temporary sections will be valid until 28 February 2021, so the need for regulation on food and beverage service businesses will be assessed in the next few weeks and a new government proposal on restrictions will be submitted to the parliament.

The most urgent task in order to slow down the spread of the mutant strain to Finland is to quickly and efficiently restrict travel and tourism and improve the health security measures at borders. As a result of the threat posed by the spread of the mutant strain, the entry conditions have been tightened by the government decision of 22 January 2021 for the period 27 January to 25 February 2021, for example, so that commuting at internal borders is only permitted if the commuting is necessary for the security of supply and the functioning of society, and certain special groups specifically mentioned are excluded from the restrictions (<https://raja.fi/rajaaliikenneohjeet>). There is a clear reduction in the number of cross-border passengers compared to today. Health security measures at borders will also be strengthened; current instructions are described on the [website of](#)

[the National Institute for Health and Welfare](#). The Ministry of Social Affairs and Health will continue to prepare an amendment to the Communicable Diseases Act to ensure health security measures in cross-border traffic.

The effectiveness of the current measures of the hybrid strategy will be strengthened by means of up-to-date, understandable, sufficiently detailed communication for citizens that explains the background of the measures. In addition, the testing strategy will be updated and its tracing section will be expanded. The National Institute for Health and Welfare instructs the competent authorities responsible for communicable diseases on the implementation of the monitoring of mutant strains. The monitoring will also be extended to private healthcare actors. A further aim is to create a national readiness to detect other virus variants emerging in the future.

In addition to benefits, the epidemic control measures have adverse social, societal and economic impacts, which may be difficult to distinguish from the effects of the epidemic itself. As the crisis prolongs, its impact on society and the population's resilience to crisis becomes more pronounced. The goal is that curbing the epidemic cause minimum long-term adverse effects for people and society as a whole. Efforts have been made to mitigate the adverse impacts with a number of support measures decided by the Government to help people, communities and businesses in the midst of the corona crisis. The Ministry of Education and Culture, the Ministry of Social Affairs and Health and the National Institute for Health and Welfare will investigate what proactive measures are being taken to support children and young people in order to minimise the adverse effects on their functional capacity and well-being.

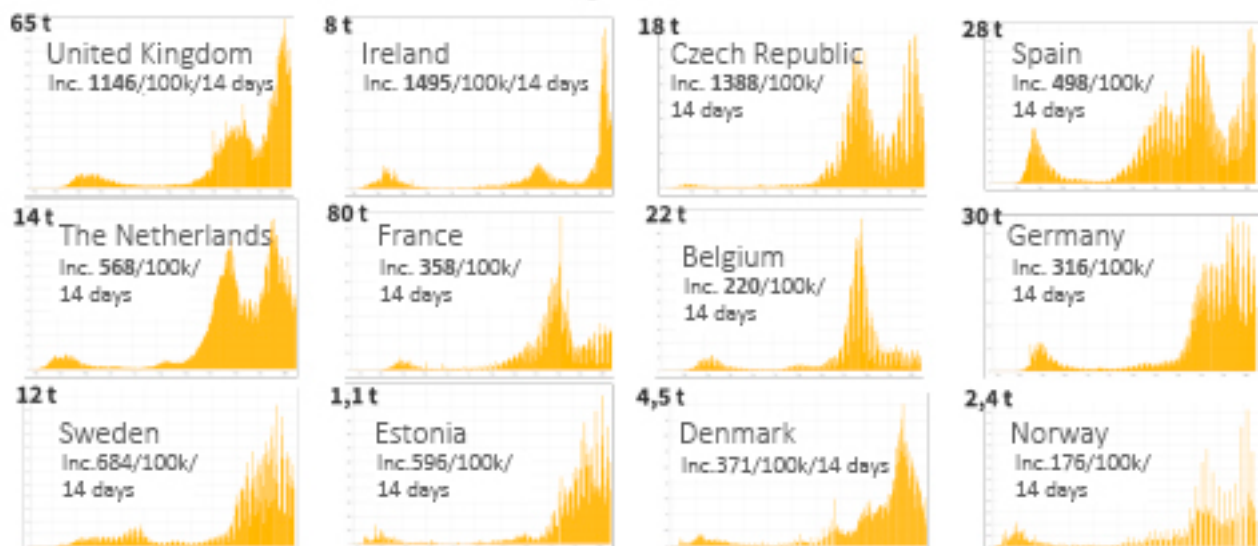
The lifting of a set of measures and its content must be based on versatile and extensive assessment of the effects of the lifting of the restrictions and on a carefully planned substitute set of measures or a justified assessment of the elimination of the immediate threat of spreading, so as to safeguard the prevention of the spread of the epidemic in the new situation. When deciding on lifting restrictions, the most vulnerable groups must be protected and the lifting of restrictions must be phased in such a way that its effects on the progress of the epidemic can be monitored.

2 Situation of the COVID-19 pandemic in January 2021

The global epidemiological situation of the pandemic has not changed significantly compared to the COVID-19 scenario report presented to the government on 10 December 2020¹. According to the World Health Organisation (WHO), over 93 million confirmed COVID-19 cases have been diagnosed during the pandemic by 17 January 2021, of which more than 2 million people have already succumbed to the disease².

So far, almost 21.5 million COVID-19 cases and more than half a million deaths have been reported in the EU. Several countries are experiencing a strong second, third or even fourth clear phase of epidemic acceleration, in which cases have turned to a new rapid growth after a temporary decrease, which may have been strong (Figure 1)³.

Figure 1. Situation in the EU – examples from 16 January 2021



¹ Development of the COVID-19 epidemic in Finland. Short-term scenarios for preparedness. Government 2020 https://valtioneuvosto.fi/documents/10616/0/VN_2020_Covid19_skenaariot.pdf

² WHO Coronavirus Disease (COVID-19) Dashboard <https://covid19.who.int/>

³ ECDC and WHO

The start of vaccinations has brought hope for a gradual shift in the direction of the epidemic, especially in those countries where vaccination is progressing rapidly by summer 2021. However, vaccinations will still not have a significant impact on the epidemiological situation in the coming months.

As a major new epidemiological threat, SARS-COV-2 mutant strains (SARS-CoV-2 VOC 202012/01 detected in the UK, and South Africa's equivalent mutant strain V501.V2) have been identified, which have been found to spread faster than previous SARS-COV-2 virus strains by the current monitoring and modelling studies. According to studies, the rate of spread is 30%–50%, possibly up to 70% faster than before, leading to an increase in the R-value⁴. However, no changes have been observed in the severity, mortality or risk of reinfection with the illness caused by the mutated virus strain⁵. There is still uncertainty about the estimates, as there is limited monitoring data from outside the UK. No changes have been observed in the age structure of the patients⁶.

In addition to the United Kingdom, the same mutant strain B.1.1.7 has also caused a significant proportion of the incidents identified in Ireland in December–January. The acceleration of the Irish epidemic from the current level in Finland to an incidence of 1,200 per 100,000 residents over a two-week period has been particularly worrying, although factors other than the mutant strain have likely contributed to a rapid increase in the number of cases (Figure 1). For example, WHO leader Mike Ryan has considered non-compliance to be an important reason for the acceleration of the Irish epidemic.

By 21 January 2020, a total of 86 cases of COVID-19 caused by the mutant strain have been identified in Finland. Most of the cases are related to travel to the United Kingdom or follow-on infections among people close to the infected. Particularly concerning are, on the one hand, the three cases identified for which, despite careful contact tracing, no travel-related link has been found and, on the other hand, the prevalence of further infections in cases related to travel, which, based on current estimates, appears to be higher than before. The observation is consistent with the increased infectivity of the mutant strain, although definite conclusions cannot yet be drawn from the limited number of cases.

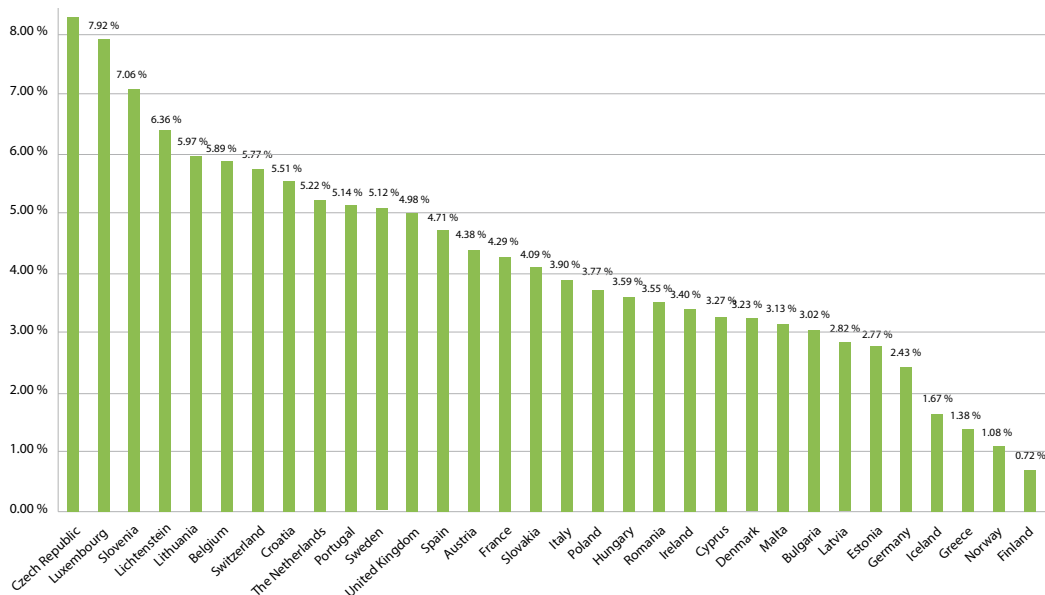
4 56%- Davies NG, Barnard RC, Jarvis CI, et al Estimated transmissibility and severity of novel SARS-CoV-2 Variant of Concern 202012/01 in England. CMMID. Preprint published online 23 December 2020. Updated 31 December 2020. doi:10.1101/2020.12.24.20248822 70% and R 0.4–0.7 ECDC RRA 29 Dec 2020 based on several modelling models, e.g., LSHTM and Imperial College

5 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/949639/Technical_Briefing_VOC202012-2_Briefing_2_FINAL.pdf

6 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952490/Variant_of_Concern_VOC_202012_01_Technical_Briefing_4_England.pdf)

In many EU countries, a relatively significant proportion of the population has had COVID-19 (Figure 2)⁷. The largest share of the population is in the Czech Republic, where 8.3% of the population have already had the disease. In 11 countries, the cumulative number of cases exceeds 5% of the population. Although these figures are likely to be underestimates of the actual proportion of people who have been infected, the majority of the population in the EU countries is still exposed to infection. In Finland, the computational share of those who had the disease is the lowest in EU at 0.72% of the population.

Figure 2. Proportion of confirmed COVID-19 cases in EU country populations as of 16 January 2021

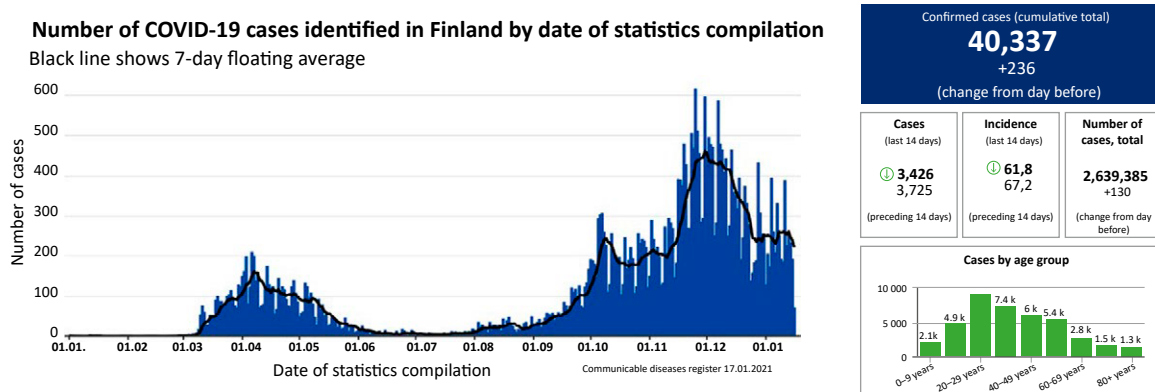


7 Source of the material: COVID-19 situation in the WHO European Region, per 16 Jan 2021 <https://who.maps.arcgis.com/apps/opsdashboard/index.html#/ead3c6475654481ca51c248d52ab9c61>

3 Finland's epidemiological situation and scenarios in spring 2021

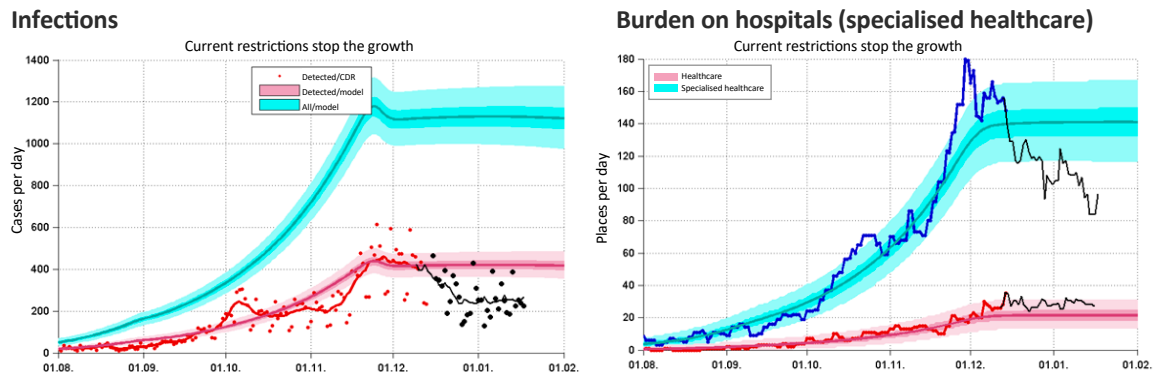
In Finland, the number of COVID-19 cases decreased in the weeks preceding Christmas, so the 14-day incidence is currently around 65/100,000 people (Figure 3). The R-value is currently between 0.7 and 0.9. During the last four weeks, the number of daily cases has stabilised to an average of around 200–300 cases. The decrease in incidence has been particularly clear in the Helsinki and Uusimaa and Southwest Finland hospital districts. The epidemiological situation has fluctuated regionally, and in certain areas case numbers have also increased.

Figure 3. Number of COVID-19 cases identified in Finland by date of statistics compilation



So far, Finland's epidemiological development has corresponded fairly well to scenario 1 presented in the short-term scenario report¹ submitted to the government on 10 December 2020. According to a survey conducted by the National Institute for Health and Welfare and the University of Turku, the additional restrictions that were introduced at the end of November seem to have reduced people-to-people contacts as intended, although the number of cases has not decreased exactly to the level that preceded the clear increase in incidence in November (Figures 3 and 4). The national burden on hospitals has also decreased in December–January, although not in intensive care (Figure 4). At the national level, the load on intensive care has, for over a month, been approximately 30 patients.

Figure 4. Scenario 1 of the Prime Minister's Office's was updated with new, actual case numbers, the restrictions stopped the growth of the epidemic. Source: The National Institute for Health and Welfare's modelling team, Simopekka Vänskä and Anna Suomenrinne-Nordvik, National Institute for Health and Welfare.



The epidemiological situation with COVID-19 is susceptible to rapid indigenous growth of incidence throughout the winter. As stated in the scenario report, the coming of spring and summer may reduce this threat in April–May. On the other hand, the spread of mutant strains to Finland poses a serious new risk of an accelerated epidemic regardless of the season. If the epidemic accelerates, due to either the spread of the mutant strain, reduced effectiveness of restrictions, a change in the behaviour of the population or a combination of these, the risk of overburdening the healthcare system and increased mortality remains very significant. The National Institute for Health and Welfare considers that, based on current information, it is necessary and proportionate to the epidemic threat to enhance the prevention of COVID-19, especially considering the possible impact of the mutant strain.

The epidemiological modelling group of the National Institute for Health and Welfare has examined different scenarios in which a mutant strain that spreads more easily would arrive in Finland or the epidemic would accelerate for other reasons (Appendix 3). As stated in the introduction, the growth of the epidemic is currently at a standstill, which state occurs at a time when the current restrictions have been activated. It has been estimated that these restrictions have reduced all people-to-people contacts by at least 60%.

On the basis of the modelling, it can be assumed that the epidemic will not accelerate if the restrictions specified in the action plan are in force but that it may even decline further, especially if the restrictions are introduced and well respected in all areas where they are needed. However, if the spread of a new, more infectious mutant strain starts in Finland, the situation will change. The virus which is more contagious gradually replaces

previous variants of the virus, and the epidemic will begin to accelerate again. If the current restrictions are in force, the acceleration will not, however, be very rapid, but it will take until March before the number of cases will increase again.

The modelling examined the impact of stricter restrictions (4 weeks, 25% additional reduction in contacts, "lockdown") on the above-mentioned situation, starting as an example either on 18 January 2021 or on 1 April 2021. Epidemiologically, the purpose of such a lockdown is to isolate an uncontrollably circulating virus into small communities, the links between which are cut off when the virus moves so widely in the population that prevention measures cannot be targeted. If the virus does not move significantly, overall cutting of links across the population will not really block anything more compared to targeted actions.

The various scenarios in which the new strain is spreading in Finland are consistent with the fact that the old strain will continue to dominate the epidemic for a few more months, even if the new strain starts spreading. Despite a possible lockdown, the proportion of the mutant strain will increase, as the mutant strain will assume its share of the epidemic in any case according to its characteristics. The current slow decline would become an increasing trend during late winter/early spring due to the more contagious strain, and it is estimated that the level at the beginning of December would be reached in April.

Any lockdown to be implemented in January would certainly steepen the decline of the epidemic, but the rise would begin soon after lifting the restrictions, which would mean that the level at the beginning of December would be reached around May 1. A new lockdown would perhaps be necessary in order not to increase mortality and the burden on the healthcare system more than what would be the case with a lockdown implemented at the beginning of April, *if necessary*, which, however, would stop the growth of the epidemic. Based on modelling, a strong lockdown implemented too early is therefore not an epidemiologically justified means of preventing the acceleration of the epidemic caused by the spread of the mutant strain.

Preventing the spread of the mutant strain most urgently requires effective measures both to reduce the number of passengers to Finland and to further increase the health security measures at borders. The National Institute for Health and Welfare considers that all those travelling to or returning to Finland should be tested and sent to quarantine until a second test, taken at the earliest 72 hours after arrival, is also negative. Preparations must be made for strengthening the legislative basis for health security measures in cross-border traffic.

In addition, preventive measures within Finland must also be intensified. The objective of the action plan is to keep the number of cases as low as possible, but in proportion to the acceptable adverse effects of the restrictions. The goal is that curbing the epidemic cause

minimum long-term adverse effects for people (especially children and young people) and society as a whole. Modelling⁸ by the Ministry of Finance has shown that, from a national economic perspective, it is most advantageous to keep the number of cases and subsequently the burden on hospital care under control during spring 2021. At this time, the time span of the overall assessment extends until the beginning of summer 2021, as by that time the probability of the epidemic slowing down will increase due to seasonal fluctuations and the progress of vaccinations.

8 https://vnk.fi/documents/10616/0/VN_2020_Covid19_skenaariot.pdf/c82d65aa-f0cf-8d8e-987c-b408bf733fd0/VN_2020_Covid19_skenaariot.pdf?t=1607586913049%20

4 Levels of measures to prevent rapid epidemic acceleration

According to the hybrid strategy's action plan, the epidemic situation is divided into three phases: the baseline, the acceleration phase and the community transmission phase. The update of the action plan (Ministry of Social Affairs and Health 2021:1) drew attention to the fact that although the epidemic classification has provided support for recommendations and decisions on infection prevention, the use of the classifications has not been fully harmonised throughout the country. In addition, according to experience, the measures of the acceleration phase may be justified already at the basic level if the national epidemiological situation and that of the neighbouring areas is worsening, and, should a community transmission phase be impending, it is justified to adopt all necessary measures without delay.

The threat of rapid acceleration of the epidemic exists in January 2021, both indigenously and in particular because of infections caused by the mutant strain observed since December 2020, if they can spread in the population. These virus strains originate from cross-border travel. Up-to-date measures for preventing cross-border infections are described on the websites of the Border Guard⁹, Traficom¹⁰ and the National Institute for Health and Welfare¹¹.

This supplement to the action plan describes three levels of measures to prevent the rapid acceleration of the epidemic and a community transmission phase threatening the whole country in different situations:

1. maintenance of the current level of restrictions and implementation of all community transmission phase measures in areas in the community transmission phase
2. control of the fixed-term and large-scale commissioning of measures during the community transmission phase
3. introduction of emergency conditions and restrictions on movement

The transition to level 2 requires a separate government recommendation.

⁹ <https://www.traficom.fi/fi/ajankohtaista/suomeen-saapuvien-matkustajalentojen-rajoitukset-iso-britanniasta-irlannista-ja-etela>

¹⁰ <https://raja.fi/rajaliikenne-ohjeet-korona>

¹¹ <https://thl.fi/fi/web/infektiaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-covid-19/matkustaminen-ja-koronaviruspandemia>

4.1 Maintenance of the current level of restrictions and implementation of all community transmission phase measures in areas in the community transmission phase

At present, in addition to measures relating to border crossing, it is essential to combat the spread of the mutant strain that may already exist in the country, the resumption of accelerating growth of the epidemic and the spread of COVID-19. Thus, the current restrictive measures in the regions at their various epidemiological levels must remain at least at their current level until it has been possible to assess the spread of the mutant strain and the effectiveness of the measures taken to prevent it. The measures required for monitoring the occurrence of the mutant strain are described in Appendix 4.

Of the community transmission phase measures, recommendations for the entire population generally reduce contacts (maintaining physical distance, telecommuting recommendation), reduce the chances of virus infection in everyday life (respiratory and cough hygiene, face masks) and facilitate contact tracing, if necessary (the Koronavilkku application). In areas in the community transmission phase, it is always justified to adopt the maximum telecommuting recommendation of the Ministry of Finance and the most extensive [facial mask recommendation](#) of the National Institute for Health and Welfare. The measures in the community transmission phase are described in the recommendations issued under the [government resolution](#) of 23 October 2020.

The measures requiring regional decision-making are presented in Figure 5. As the rapid regional fluctuations in the epidemiological situation have continued, it is justified, for the time being, to fully introduce all the measures of the community transmission phase in all areas in the community transmission phase in order to prevent the rapid acceleration of the epidemic. In this context, public spaces of responsible parties also refer to recommendations for spaces of private operators open to the public.

It is recommended that adult group activities and participation in them be suspended temporarily; however, special consideration should be exercised with group activities for children and young people under the age of 18.

The restrictive measures and distance learning introduced during the COVID-19 epidemic have had a particularly significant impact on children and young people. The Ministry of Education and Culture, the Ministry of Social Affairs and Health and the National Institute for Health and Welfare will investigate what proactive measures are being taken to support children and young people in order to minimise the adverse effects on their functional capacity and well-being.

Figure 5. Regional measures at different stages of the epidemic (Ministry of Social Affairs and Health 2021:1).

Measure	Baseline level	Acceleration phase	Community transmission phase
Restriction of the use/ closure of public premises	✓ (avoiding close contact)	✓ (limiting number of customers/customer places to half)	✓ (closure of premises)
Restriction/suspension of leisure activities	✓ (avoiding close contact)	✓ (restriction of adults' high-risk leisure activities indoors)	✓ (suspension of adults' group leisure activities)
Restriction of public events	✓	✓	✓ max. 10 persons
Recommendation on restriction of private events		✓ max. 20 persons	✓ max. 10 persons
Distance learning at university level		✓	✓
Distance learning at secondary level			✓
Recommendation to operators to close public premises			✓

The effectiveness of the current measures of the hybrid strategy will be strengthened through communication and by updating the testing strategy, whose section on tracing will be expanded. The dissemination of up-to-date, understandable, sufficiently detailed information on the situation that provides background information for the measures is the cornerstone of communications to citizens. Motivating communication that strengthens empathy and community spirit and fact-based vaccine communication are the primary means of influencing the crisis tolerance of citizens. In addition to positive communications that strengthen coping in epidemic conditions, however, we must also be prepared to explain and justify why more stringent restrictions and even the declaration of emergency conditions and restrictions on movement may have to be considered, if the epidemic starts to accelerate again. In communications, attention should also be paid to the importance of complying with restrictions and quarantine guidelines and to what citizens can do to slow down the spread of the disease.

As the epidemiological situation in a region improves, lifting of the restrictions must be progressively implemented, taking into account the national epidemic situation, the root causes of the regional acceleration of the epidemic, the development of the number of infections and the overall assessment of impacts.

4.2 Temporary and large-scale commissioning of community transmission phase measures

On the basis of a statement by the National Institute for Health and Welfare, the Ministry of Social Affairs and Health may, due to the rapid acceleration of the epidemic or the threat of the spread of the mutant strain, direct the regions to adopt the recommendations and measures of the community transmission phase, taking into account the proportionality of the measures.

The objective of the set of measures is *to combat the re-acceleration of the growth of the epidemic and the spread of mutant strains that are more infectious*, thus providing additional time for the combined effect of vaccination and seasonal variation in the control of the epidemic. In other words, the aim is to combat the threat of a nationwide community transmission phase and to stay as close as possible to the level of infections and burden on the healthcare system presented in scenario 1. The following criteria can be used as indicative support when the National Institute for Health and Welfare assesses the threat of the epidemic developing nationwide into a community transmission phase:

1. Variant B.1.1.7 can be found increasing regionally and quantitatively in such a way that preventing the spread of the epidemic requires immediate measures (on monitoring the mutant strain, see Annex 4) OR
2. The criteria for the community transmission phase are met in about half of the hospital districts (including Åland province) AND
3. Vaccinations have not yet achieved sufficient coverage (for criteria 1–2)

The transition to level 2 requires a separate government recommendation. The measures must be necessary and regionally proportionate.

The necessity for the implementation of the set of measures and its timing are continuously assessed in cooperation with the steering parties (Ministry of Social Affairs and Health, National Institute for Health and Welfare) and regional authorities. In order to ensure uniform criteria and consistency, the initiation of measures will also be guided by a circular from the Ministry of Social Affairs and Health, which describes the justifications for the necessity and proportionality of the measures, the timetable sought, the assessment of epidemiological and overall impacts and the implementation of monitoring. The timetable must take into account the regional possibilities for implementing the set of measures. Decisions will be made and recommendations issued by regional authorities in accordance with the procedure and competence described in the action plan of 22 December 2020.

The set of measures aims at a rapid and strong reduction in contacts for a fixed period at a nationwide level. As part of the set of measures, maximum telecommuting recommendation and the most extensive mask recommendation are introduced throughout the country. Additional measures can be taken to reduce the maximum number of persons allowed for gatherings and to improve the monitoring of compliance with quarantine and isolation in accordance with the Communicable Diseases Act. In particular, in order to reduce the risk of the spread of mutant strains, it may also be justified to recommend other additional measures of the community transmission phase, such as temporary suspension of contact teaching at upper comprehensive school and temporary suspension of leisure activities of children of similar age. However, the transfer of upper comprehensive school to distance learning must be considered a last resort measure.

Recommendations pursuant to the additional measures could be applied either nationally or in separately specified areas. The legal basis and implementation of the additional measures are discussed in more detail in Appendix 1 A. The introduction of any additional measures must be based on epidemiological criteria and their overall impacts must be carefully assessed.

Before restrictions on children and young people, for example before the suspension of group leisure activities, other measures under communicable diseases legislation should be decided (the “adults first” principle). The Ministry of Education and Culture, the Ministry of Social Affairs and Health and the National Institute for Health and Welfare specify the more detailed criteria for group leisure activities for children and young people that must be suspended at level 2 (see Appendix 1.2).

As the introduction and lifting of the set of measures will have extensive social and societal impacts, no restrictions should be lifted until sufficiently reliable conclusions can be drawn on the related epidemiological impacts and until either a gradual lifting of the restrictions or, if the situation so requires, the introduction of emergency conditions and restrictions on movement can be introduced. The easing of the sets of measures is discussed in more detail in section 5.

The recommendations of the set of measures are based on legislation, provisions adopted under it and the provisions in force at the time of the adoption of the recommendations, as well as on epidemiological justifications and an overall assessment of the effects. The action plan and recommendations will be revised if the relevant regulation changes.

4.3 Introduction of emergency conditions and restrictions on movement

This refers to the introduction of different levels of restrictions on movement in addition to all measures of the community transmission phase. This is an extreme measure and can only be justified if either all the measures described above have proved insufficient and the epidemic status can be proven to pose a threat to the immediate healthcare system capacity being exceeded, or it is otherwise necessary to safeguard the lives or health of the population.

The aim of introducing restrictions on movement is to *halt the accelerating growth of the epidemic or the spread of mutant strains* so that it is possible to obtain additional time for the combined effect of vaccination and seasonal variation. This requires emergency conditions and the activation of the Emergency Powers Act or separate legislation prepared under section 23 of the constitution. Interfering with the citizens' freedom of movement, it must be decommissioned as soon as possible after the restrictions on movement no longer are absolutely necessary.

The Emergency Powers Act and the praxis of the constitutional law committee contain fundamental evaluation criteria for the activation of the powers of the Emergency Powers Act. The Emergency Powers Act requires that its powers can only be exercised if the situation cannot be controlled by the authorities' statutory powers. Secondly, there is a high threshold for the activation of powers under the Emergency Powers Act. The activation must not be done on light grounds or just to be sure. In addition, authorities may only be authorised to exercise such powers as are necessary and proportionate to achieving the purpose laid down in section 1 of the Emergency Powers Act. Furthermore, these powers can only be exercised in ways that are proportionate and necessary. In addition, a sustainable justification must be presented, showing that the use of the powers can achieve an acceptable objective (see Appendix 1 B).

In the spring, the constitutional law committee stated that the powers introduced by the Emergency Powers Act were aimed at securing the functional capacity of the healthcare system. According to the constitutional law committee, there were very strong grounds for the action from a fundamental rights point of view. Similarly now, the question of safeguarding the healthcare system's functional capacity can become acute, for example, if the number of infected people starts to grow uncontrollably or exponentially, considering that it can be estimated that after a certain period of time, a certain proportion of the

infected persons will be hospitalised. The control of the disease through contact tracing will also become very difficult if the infections spread strongly. This can further accelerate the epidemic.

Very far-reaching and regionally very comprehensive measures can be taken under the Communicable Diseases Act. Measures taken at national level are also in principle possible, if the competent authorities (under the guidance of the Ministry of Social Affairs and Health) make decisions of the same content throughout the country. In order to be able to commission the Emergency Powers Act, it must be assessed that, in order to combat COVID-19 and to safeguard the carrying capacity of the healthcare system, or for other grave reasons, the situation cannot be controlled by the authorities under their statutory powers and that the powers under the Communicable Diseases Act and, for example, other social and healthcare legislation are not sufficient to control the situation.

The assessment of the impact of restrictive measures and other measures taken on the basis of the powers of normal conditions requires accurate monitoring covering the entire country and different regions before conclusions can be drawn on the use of the powers of the Emergency Powers Act. The commissioning of the powers laid down in the Emergency Powers Act also requires careful assessment of alternative measures and extensive weighing of the benefits and disadvantages.

In this context, restrictions on movement and residence, in particular under Article 118 of the Emergency Powers Act or Article 23 of the constitution, could restrict the movement and residence of the population in a specific, strictly specified area, if this is necessary to prevent a serious danger to the lives or health of people. This could be, for example, about allowing movement in a specific area only to meet essential needs or about moving and staying in a certain area at a certain time. This restriction could possibly be the case in a very strong community transmission phase, in order to reduce contacts and thus the number of infections in a way that enables the securing of the healthcare service system's functioning.

The establishment of emergency conditions and the activation of the Emergency Powers Act do not mean that the valid legislation of normal conditions no longer applies. The use of the Emergency Powers Act does not affect the authorities' competence in normal conditions.

5 Lifting of restrictions pursuant to the levels of measures, monitoring

Everyone has the right to life, and the public authorities must promote the health of the population (sections 7.1 and 19.3 of the constitution). Everyone also has the right to the necessary care and adequate health and social services (section 19.1 of the constitution). Finland is also bound by international human rights obligations, especially the right of people to life (Article 2 of the European Convention on Human Rights), which establish an obligation of action and protection for the public authorities. International human rights treaties also guarantee the right to health (e.g. article 12 of the International Covenant on Economic, Social and Cultural Rights and article 11 of the European Social Charter (revised)). Public authorities must ensure, among other things, the implementation of these fundamental rights and human rights (section 22 of the constitution).

The public authorities must therefore ensure the protection of life and health by all effective and proportionate means available and must base decision-making on the best available information. This is different from the necessity of an individual restrictive measure. As a whole, it is also justified for the lifting of restrictive measures to be managed so that its impacts are anticipated to the extent possible and uncertainties are also highlighted.

Consequently, the public authorities' obligation to prevent the spread of the epidemic and to safeguard the healthcare system's capacity must be taken into account in a consistent manner when assessing and considering the lifting of any measures. For this reason, the significance and impacts of the set of measures as the situation develops must be anticipated in the decision-making process. Based on the spread of the epidemic, the effectiveness of its prevention and of the measures taken to do so, as well as the monitoring of the overall benefits and costs, the authorities are obliged to take the necessary measures to safeguard fundamental rights. Securing the operating capacity of the healthcare system and measures to prevent and slow down the spread of the epidemic are very important objectives from the perspective of the fundamental rights system, and sufficient measures must also be taken to safeguard them, and the necessary measures must be taken swiftly if developments differ from what was forecast. As a starting point, a uniform assessment of the effects of both existing and new restrictive measures requires at least two or three weeks' monitoring time depending on the measure.

Lifting a set of measures and its content must therefore be based on versatile and extensive assessment of the effects of lifting the restrictions and on a carefully planned substitute set of measures or a justified assessment of the elimination of the immediate threat of spreading, so as to safeguard the prevention of the spread of the epidemic in the new situation. The impacts of lifting the restrictions must be monitored, and it is necessary to be prepared to act if the impacts differ from what is anticipated. When deciding on lifting restrictions, the most vulnerable groups must be protected and the lifting of restrictions must be phased in such a way that its effects on the progress of the epidemic can be monitored.

The measures to be applied at the time will be selected on the basis of overall consideration, so that the benefits of managing the epidemic will be as high as possible in relation to the adverse social and economic effects of the measures. On the basis of this monitoring and overall assessment, the restrictive measures may be eased, maintained or reinstated. The functional capacity of the social welfare and healthcare service system is ensured by the available means in all circumstances. The lifting of individual restrictive measures can be supported, for example, with recommendations and targeted restrictions that prevent the epidemic from growing when easing the restrictions.

6 Overall impact assessment, communication and crisis resilience of the population

In addition to benefits, the epidemic control measures have adverse social, societal and economic impacts, which may be difficult to distinguish from the effects of the epidemic itself. Efforts have been made to mitigate the adverse impacts with a number of support measures decided by the Government to help people, communities and businesses in the midst of the corona crisis. As a rule, the support measures have been successful, but they have put significant pressure on central government's financial situation. As the crisis persists, its impact on society and the population's resilience becomes more pronounced, and the sectors that have suffered the most will in most cases have financial difficulties.

The relationship between the measures of the hybrid strategy and post-epidemic care and reconstruction has been discussed in the action plan (Ministry of Social Affairs and Health 2021:1). The following is a brief overview of the impacts of the increasingly strict restrictions in spring 2021 on the well-being of people (especially children and young people), primary and secondary education, business and the development of the national economy. In addition, communication to citizens and the population's crisis resilience are briefly examined.

6.1 Health, social and welfare impacts

Measure level 1.

The closure of schools and restrictions on leisure activities have a wide range of impacts on the learning, well-being and peer relationships of children and young people of upper comprehensive school age. However, the proportion of distance learning varies by region depending on the epidemic situation.

Many elderly people feel that everyday life continues almost as normal. COVID-19 restrictions are understood and their necessity recognised. On the other hand, many people experience loneliness and feel life is monotonous. Keeping in touch with family and friends has become more difficult due to restrictions on the duration of meetings, for example. Relatives find the death of a loved one difficult because of the difficulties in meeting them.

The coping of informal carers is tested during restrictive measures. The statutory holidays of carers cannot be safeguarded equally everywhere. There is a lack of temporary care places in services for the elderly, which increases the burden on hospital care.

Queues in both primary healthcare and specialised medical care are gradually shortened, despite the epidemic. There are considerable regional differences in the shortening of the treatment queues.

Measure level 2.

The share of distance learning in upper comprehensive schools is increasing throughout the country. Schools' ability to compensate for differences in home support will be reduced, leading to greater socio-economic differences in learning outcomes. For children and young people experiencing insecurity at home, adults and environments that are safe are important but also reduced in number due to restrictive measures.

In vocational studies in particular, there is a risk of the studies and graduation being delayed. During distance learning, the problems and support needs of children and young people are partly hidden and may become more severe. Young people in low-income families and members of sexual or gender minorities are more concerned about their own mental well-being than others. Loneliness and the related mental health problems are increasing, physical activity is reduced.

As the restrictive measures intensify, problems emerge for young people at a transition stage who are about to complete their studies and pursue their next degree studies or working life. It should be ensured that these young people do not, after spring 2020, experience a similar situation for the second time in a row.

Tighter restrictive measures may increase the psychological strain on the population. Psychiatric services can be secured to some extent, but an increasing proportion is cancelled or transferred to distance services.

Treatment queues in primary health care and specialised medical care will not be rectified, nor will they get worse, as all hospital districts maintain equal readiness for rapid growth in the need for contact tracing and treatment.

Measure level 3.

The economic problems, interaction challenges and inability to cope of families that are child welfare clients, as well as an increase in domestic violence, increase the need for child welfare. Distance services cannot fully meet the growing needs, which increases service debt. The operating models for the teaching, guidance and support of children and young people that were developed during the first phase of the epidemic can be used to mitigate the risks of distance teaching and social distancing. The majority of children, young people and their parents estimate that distance learning went well in spring 2020.

Restrictions reduce the availability of group psychiatric and other services. Psychiatric services can be secured to some extent, but access to treatment will suffer and established treatment paths cannot be implemented. Distance services are not enough or suitable for everyone. The situation of those with the most severe psychiatric illnesses will get worse. The decline in basic services reduces the availability of psychiatric services, including specialised services. As unemployment and economic insecurity increase, the need for psychiatric services will also increase.

In particular, the care debt for non-urgent care will grow, but more slowly compared to the lockdown in spring 2020, as new forms of distance services have been learned and introduced. If the capacity of intensive care at hospitals has to be increased, the waiting queues for non-urgent care would be extended. However, the increase in the number of queues is not significant in the case of a one-month lockdown.

The closure of social facilities and a suspension of leisure activities are particularly detrimental to the situation of vulnerable people, such as lonely people, mental health and substance abuse rehabilitees, immigrants, elderly people and those with lowered functional capacity. If the lockdown also applied to public services, such as the services of social welfare offices and Kela service points, the impacts would be greater, as the service deficit associated with financial problems would increase. Evictions and rental debts may also accumulate when they cannot be managed. Many elderly people and people with poor functional capacity, as well as many psychiatric rehabilitees, do not know how to or cannot use online distance services. However, if the emergency conditions and restrictions on movement last only one month, the impacts will be relatively small.

6.2 Impacts on basic and secondary education

As a general rule, *basic education* will be organised as contact teaching during the spring term of 2021. However, the temporary amendments to legislation allow that if a decision made under section 58 of the Communicable Diseases Act makes it impossible to arrange teaching safely as contact teaching, the education provider may decide to

switch to exceptional teaching arrangements, such as the use of distance connections, if this is necessary for the provision of teaching. The right of the most vulnerable children to contact teaching will be secured. The exceptional teaching arrangements do not apply to pre-primary-education pupils, pupils in grades 1–3 of comprehensive education, pupils who have received a special support decision, pupils with extended compulsory education or pupils in preparatory education. These pupils are entitled to contact teaching also during exceptional teaching arrangements. A pupil in distance learning also has the right to receive pupil welfare services, support teaching and

part-time special needs education, enhanced support, special support and education in accordance with a plan for the provision of personal education in such ways as can be implemented considering the circumstances.

The majority of teachers have estimated that distance learning in spring 2020 has worked well as a whole.

The teachers mostly felt that their digital and pedagogical competence was sufficient for the exceptional arrangements. At the same time, however, the workload of teachers and principals has increased. However, on the basis of national surveys and studies, it can be assessed that the long distance-learning period of the emergency conditions in spring 2020 divided the pupils: some estimated that distance learning is suitable for them and they felt that they learned at home more efficiently than at school. At the same time, however, the learning deficit and the number of lonely children experiencing anxiety have increased. The negative effects of distance learning seem to have accumulated for the same families and children. Teaching the use of telecommunication has been most challenging for those pupils, who also need a lot of guidance in contact teaching. The concern had increased, especially for the pupils for whom there was concern before the emergency conditions. The ability of parents to help their children in distance learning is also influenced by the flexibility provided by workplaces.

The pandemic caused by the coronavirus will affect the organisation of *upper secondary education* in spring 2021. The fluctuating situation with the disease requires good planning to enable flexible organisation of education. Education providers should actively monitor the development of the epidemic situation and act in accordance with any new regulations, guidelines or recommendations. For providers of upper secondary education, it has been recommended that the entire teaching be switched to distance learning. The recommendation does not apply to essential contact teaching. The arrangements for distance learning will be implemented so as to minimise their negative impacts on the progress of studies and the matriculation examination, for example. However, if the teaching continues for a long time as distance learning only, some students will have an increased risk of delays in or dropping out from their studies. Extensive distance learning

has a particular impact on the progress of studies of students in need of guidance, such as immigrants and students receiving special support. However, it is estimated that the transition to distance learning will mainly go well in upper secondary schools, as it did in spring 2020.

The Ministry of Education and Culture has prepared recommendations on *group leisure activities for children and young people* (Appendix 1.2) if, for example, the activities of children and young people under the age of 18 were also allowed indoors from the beginning of February 2021.

6.3 Socio-economic impacts

The short-term scenario 1 (Figure 4) published in December 2020 assumed that the incidence of infections would be repressed with the strong restrictive measures to a level that would be so low that no significant healthcare system burden would arise. According to the calculation of the Ministry of Finance's department of national economics, the favourable impact of curbing the disease on economic growth in scenario 1 was higher than the negative impact of the restrictions to be introduced, so according to the calculation, the strong slowing of the epidemic, albeit by increasing the restrictions, proved to be the most economically advantageous alternative.

The Ministry of Finance's comprehensive economic forecast published in December 2020 is based on the assumption that more extensive restrictive measures will have to be adopted and maintained at the end of 2020 and early 2021 to curb the COVID-19 epidemic. In the forecast report (Economic review, winter 2020, Publications of the Ministry of Finance – 2020:85), the setting is expressed as follows:

The clear recovery of the economy from the COVID-19 epidemic will move to 2021, as the second wave of the epidemic will temporarily slow down economic growth around the turn of the year. In Finland, the demand for services will remain weak. Exports and industrial production will suffer from the continuation of the global pandemic and will only turn to growth in 2021.

The forecast is based on the assumption that the incidence of COVID-19 outbreaks is pushed to a low level at the turn of the year using strong restrictions. If the incidence starts growing again after the restrictions have been eased, they may have to be tightened again in early 2021. This creates uncertainty for economic operators, which will weaken economic recovery in spring 2021. The introduction of vaccines during the spring will improve economic operators' faith in the future and gradually turn society towards normal times.

Economic recovery will begin with the fading of the uncertainty related to the pandemic in 2021. Accelerating growth towards the end of 2021 will also increase economic growth in 2022.

The latest information on economic and epidemic developments and new restrictive measures suggest that the end of 2020 would have been slightly stronger than predicted, but that the beginning of 2021 would have been slightly more vigorous than predicted. This means that the actual development would appear to fluctuate around the path of the December 2020 forecast of the Ministry of Finance, but the large picture and scale of the development are still in line with the forecast – especially given that the forecast is based on quarterly national accounts. Weekly and monthly fluctuations often level out within a quarter.

The assumption in the Ministry of Finance's December 2020 overall economic forecast about the progress of the disease, the number of people treated in hospital and the restrictive measures to control the spread of the epidemic is based on the short-term scenario 1 published in December 2020 (Development of the COVID-19 epidemic in Finland. Short-term scenarios for preparedness. Government 2020).

It is true that, compared to the baseline of the forecast, increasingly strict restrictive measures will in principle have adverse effects on the economy if they result in the need for hospital care remaining the same as in the baseline. However, as long as the changes in the restrictive measures are similar to those presented in the update of the hybrid strategy's action plan (*Maintenance of the current level of restrictions and implementation of all community transmission phase measures in areas in the community transmission phase*), the baseline of the forecast is a very useful indicator of the economic impact.

Our interpretation is, therefore, that restrictive measures that are slightly more robust or extensive than at present can still fit within the assumption used in the forecast, but the extensive and long restrictive measures on society and economic activity introduced by the Emergency Powers Act would no longer fit there.

6.4 Business and employment impacts

The memorandum "Measures to prevent the impending rapid acceleration of the epidemic and spread of more infectious mutant strains" describes extensions and/or tightening of restrictive measures under the legislation in force. In accordance with the hybrid strategy, the measures are regional and, in line with the decision of the regional state administrative agency or the municipality, target a certain region. The period of validity of the decisions is limited and, for example, decisions concerning restrictions on gatherings are valid for

no more than one (1) month at a time. The restrictions must be lifted as soon as they are no longer necessary. The coordination groups of hospital districts play a key role in the preparation of regional assessments. In the view of the Ministry of Economic Affairs and Employment, the coordination groups base their assessment solely on the development of the situation with the disease. In addition to the decisions, there are various levels of recommendations that can be issued by different parties (the government, National Institute for Health and Welfare).

In the following, the Ministry of Economic Affairs and Employment presents key observations on the impacts on companies and employment and their assessment. We emphasise that this cannot be an actual impact assessment of potential new restrictions, as the impacts can only be assessed on the basis of sufficiently concrete alternatives.

The restrictions on business activities currently in operation are regional in nature and limited in time. This also applies to changes to the Communicable Diseases Act that are being discussed in the parliament and in whose preparation experts of the Ministry of Economic Affairs and Employment have participated. The duration of restrictions is important in assessing the business and employment impacts of regional restrictions. There are differences between the effects of targeted restrictions of a few weeks on the one hand and restrictions of several months on the other hand. This should be taken into account when extending restrictions or considering new or increasingly stringent restrictions.

Likewise, companies' activities are affected by uncertainty about the duration or strictness of the restrictions, as the companies are planning their activities, for example for the summer. It would be important for companies to be able to prepare for the enactment of stricter restrictions. The predictability of decisions and a period of a few weeks for preparations would help companies prepare for changes in the circumstances. The criteria in the proposal for amending the Communicable Diseases Act currently being processed by the parliament give entrepreneurs at least a certain opportunity to assess the likelihood of future obligations and operational restrictions.

In addition to restrictions, the activities of companies are influenced by the general uncertainty of consumers with regard to health security measures and their willingness or unwillingness to use services. The causal link between the restrictions and the difficult economic situation of companies is difficult to assess. For this reason, the existing business support models are based not on the validity of the restrictions but on the difficult economic situation of companies caused by the COVID-19 epidemic. We consider the assessment of the effects of the restrictions on companies and employment important both in advance and in arrears, but these marginal conditions and challenges related to the precise assessment must then be identified.

An effort can be made to assess the impacts of the development of the epidemic on the finances of companies by utilising, for example, card data published by Nordea¹², reports from the Helsinki GSE situation room¹³ or TESI surveys¹⁴. In addition, the impacts of the epidemic situation on companies and the labour market are described extensively in the situation reports compiled by the Ministry of Economic Affairs and Employment, the latest of which was published on 5 October 2020¹⁵.

The data available does not, however, allow for distinguishing between the effects of restrictive measures that are regional and valid at different times on the financial situation of companies in general or companies in certain sectors. As mentioned above, such a breakdown is a considerable challenge to begin with. A readymade template based on, for example, an assessment of the actualised business and employment impacts of existing restrictions is not available for assessing the effects of new or potentially expanding regional restrictions. In our view, regional and local restrictions have been based solely on medical assessments of the development of the disease situation.

As regards the employment impacts of the restrictions, it is possible to monitor the number of unemployed jobseekers regionally, but it is difficult to draw direct conclusions about the impacts of the regional restrictions on employment as well. Monitoring data on the development of employment can be compiled and analysed on a sector-specific and regional basis, and this possibility has been used to produce background information for the Ministry of Social Affairs and Health as part of the preparation of restrictions on food and beverage services (Appendix 2).

The government's proposal for amendments to the Communicable Diseases Act, which is being discussed by the parliament, contains proposals that directly affect business activities, such as provisions on general hygiene practices, the obligation to organise activities so that avoiding close contacts is possible and, ultimately, the closure of customer facilities in the most risky activities (such as gyms, team exercise facilities, saunas, indoor playgrounds, public spaces of shopping centres). While the parliamentary process is still ongoing, the aim of the regulatory solutions is to enable business operations to continue in compliance with health security requirements. The full closure of customer premises is the last resort, and a regional decision on closure is only possible if the criteria laid down in the legislation are met.

12 <https://corporate.nordea.com/api/research/attachment/123149> (2.12.2020)

13 <https://www.helsinki.fi/>

14 https://www.tesi.fi/userassets/uploads/2020/12/20201208_Koronakriisin-vaikutukset-PK-yrityksiin_Kierros_3-FINAL-1.pdf (8 Dec 2020)

15 <https://tem.fi/tilannetietoa-koronakriisin-vaikutuksista> (5 Oct 2020)

The issue of restricting restaurant activities is discussed in a Ministry of Social Affairs and Health memorandum as a separate matter (Appendix 2). The memorandum refers to the need to specify the restrictions that should justifiably be imposed on food and beverage services at the end of February when the current provisions expire. However, the memorandum does not outline any new restrictions on food and beverage services. Consequently, it will not be possible to present impact assessments until the preparation progresses to the level of concrete alternative proposals. In the forthcoming preparation of the government proposal for the amendment of the Communicable Diseases Act concerning restaurants, the Ministry of Economic Affairs and Employment will, for its part, contribute to the preparation of the Ministry of Social Affairs and Health in the normal manner, for example, in the implementation of impact assessments.

The memorandum also discusses an alternative where a state of emergency would be declared and the necessary restrictions on movement would be provided for under section 118 of the Emergency Powers Act. In this respect, it is also not possible to present an assessment of the business or employment impacts of the restrictions before there are concrete options for implementing the restrictions on movement. In our opinion, no monitoring data is available on the closure of the Uusimaa province in spring that could provide indicative support in assessing the impacts of possible restrictions on movement. It can be considered clear that restrictions on movement would potentially have essential impacts on business and employment.

At present, the structure and scope of the restrictions are linked to the regional development phase of the epidemic. The restrictions are mainly implemented through regional and local decision-making. In the view of the Ministry of Economic Affairs and Employment, if the restrictions need to be continued, tightened or expanded, it would be appropriate to seek to gather a situational understanding of regional and sector-specific development of employment and business activities to support decision-making and monitor the situation, as the assessments are currently exclusively medical and related to the development of the disease situation. This would be necessary, because the proposal for the amendment of the Communicable Diseases Act, which is being discussed by the parliament, contains new restrictive measures, whose implementation will be decided at regional level. This would help to ensure that sufficient account is taken of the situation of companies and employment when considering the necessity and proportionality of decision-making. However, taking into account the targeting of restrictions, the temporal scope, other factors affecting companies and employment and other factors, such an updated analysis of the situation would not serve as an actual assessment of the business and employment impacts of restrictions.

6.5 Event sector

Art, culture and physical activity have extensive and researched impacts on well-being. The restrictions will result in people not being able to experience events, concerts, shows and matches and their effects on well-being. It can also be estimated that social interaction will decrease and loneliness will increase as participation in events and meeting other people there are prevented. Maintaining resilience would also be facilitated by the possibility of general events implemented with safe arrangements.

According to the study Rebuilding Europe, The cultural and creative economy before and after COVID-19, creative sectors have suffered the most from COVID-19 after the aviation industry. The situation in Finland appears to be similar. In connection with processing the first supplementary budget for 2021, mitigation of the difficulties caused by COVID-19 will be assessed by increasing state funding for actors in the sector. Parallel to preparing the supplementary budget, the potential development of existing support, such as Business Cost Support II, will be assessed to better meet the needs of the sector. At the same time, other possible support measures will be considered. It would also be important to get a plan on the stage in which vaccination coverage, in combination with the actors' own health security measures, can be considered sufficient to organise public events. It is important to get information as early as possible about easing restrictions, so that event organisers can start planning and marketing events.

6.6 Communication to citizens and the population's crisis tolerance

The intrinsic R-value of the COVID-19 epidemic is 2.4 to 3.0. By means of the restrictive measures and recommendations and compliance with them, the R-value has now been pushed below one. The mutant strain creates clear upward pressure on this, which could lead to a significant acceleration of the epidemic in the future. There is also a similar effect if people get tired of the restrictions and no longer bother to comply with them, or if there is a significant increase in the number of cases arriving across the border. Simply maintaining the current situation for the spring would be an exceptional success among the EU countries, and will probably require more restrictive measures, motivation and encouraging communication.

In spring 2021, the administrative branch of the Ministry of Social Affairs and Health will place special emphasis on implementing communications related to the COVID-19 vaccination strategy and vaccines. The Ministry of Social Affairs and Health has coordinated the implementation of the COVID-19 vaccine communication guidelines,

and the expertise of the National Institute for Health and Welfare, the Finnish Medicines Agency and the Prime Minister's Office has been used in the planning of these guidelines. The administrative branch of the Ministry of Social Affairs and Health supports the communication on COVID-19 vaccines in the service system, municipalities and hospital districts in accordance with its tasks.

The dissemination of up-to-date, understandable, sufficiently detailed information on the situation that provides background information is the cornerstone of communications to citizens. However, as life in crisis conditions continues, this requires both the resilience of citizens and communication that improves crisis awareness. In the spring of 2021, the development of the epidemic may thus require that in addition to positive communication that strengthens coping in the epidemic conditions, the severity of the situation is openly highlighted in the communication. One must be prepared to say out loud that the declaration of emergency conditions and the introduction of possible restrictions on movement will have to be seriously considered if the epidemic starts to accelerate again. Motivating communication that strengthens empathy and community spirit and fact-based vaccine communication together are, however, the primary means of influencing the crisis tolerance of citizens. The slogan *We are an arm's length away from better times* summarises these activities quite appropriately.

APPENDICES

Appendix 1. Legal assessment of action levels

A. Additional measures in the community transmission phase

1.1 Decisions on special restrictions recommended for instruction in upper comprehensive school

Recommendation

Education arrangers may temporarily switch to distance learning in comprehensive school classes 7–9 (see below for the pupils excluded from the scope of application). The Basic Education Act does not allow for a large-scale suspension of the arrangement of education, but it is possible to transition in education to exceptional teaching arrangements if the conditions laid down in the act are met. Regional state administrative agencies restrict the use of comprehensive school facilities by decisions issued under section 58 of the Communicable Diseases Act, and education arrangers may make a decision on switching to exceptional teaching arrangements in this respect under section 20a of the Basic Education Act. The education arranger of basic education has the authority to switch to exceptional teaching arrangements.

Basis for the use of the recommendation:

- **It is a matter of a decision** on restricting the use of an educational institution's premises and a corresponding decision on switching to exceptional teaching arrangements.
 - Responsibility (ACD): Regional state administrative agency (across municipal boundaries) – municipality/body responsible for combating communicable diseases in the municipality (in the municipality's area)
 - Responsibility (BEA): Municipality/municipal body responsible for basic education or education arranger authorised to arranger for basic education
 - Basis: ACD section 58 (restriction on the use of educational institutions)
 - Basis BEA section 20 a (exceptional teaching arrangements)

On the use of the measure:

- Pursuant to the Communicable Diseases Act, authorities must take immediate action when informed of a communicable disease that requires prevention measures or when informed of the risk of such a disease. Taking action and exercising the powers granted to do so are statutory duties of the public authorities – municipalities, joint municipal authorities and the state – pursuant to the constitution and the Communicable Diseases Act.
- Regional state administrative agencies make their decisions independently, following the discretion laid down in the Communicable Diseases Act and taking into account the above-mentioned recommendations. Decisions may be general throughout the region or targeted.
- Municipalities have the possibility to impose more stringent restrictions in their territory by their own decisions if the local situation makes them necessary.
- In the first phase, a regional state administrative agency assesses and decides on restricting the use of upper comprehensive school facilities in its area under section 58 of the Communicable Diseases Act. A precondition for this decision is its necessity in order to prevent the spread of the disease. The communicable diseases authority must cooperate with education arrangers when making the decision, so that teaching can be organised for more vulnerable pupils as contact teaching.
- As a starting point, it is recommended that, if the epidemiological or medical assessment so requires, educational institutions for comprehensive school years 7–9 (with the exceptions stated below) are entirely excluded from the use of contact teaching, unless there is reason to decide otherwise for serious reasons related to the need for contact teaching.
- A state administration recommendation does not oblige education arrangers to switch to exceptional teaching arrangements. Section 20a of the Basic Education Act contains provisions on the conditions that must be met when switching to exceptional teaching arrangements. A prerequisite is a decision to close teaching facilities pursuant to section 58 of the Communicable Diseases Act. A further prerequisite is that the arrangement of contact teaching is not safe, and there is a prerequisite of necessity for making the decision.

- In the second phase, the education arranger, i.e., the municipality's body responsible for basic education, assesses and decides, pursuant to section 20a of the Basic Education Act, on the transition to exceptional teaching arrangements (i.e., distance learning) to the extent that the use of educational institutions' facilities for contact teaching is restricted as described above. In education arranged by the state, a registered association or a foundation, the body specified in section 4 of the act on the administration of education organised by the state and private parties (634/1998) makes the aforementioned decision on distance learning.
- The pupil's right to education must also be safeguarded during the exceptional teaching arrangements in accordance with the Basic Education Act and the provisions laid down and prescribed under it. Therefore, the teaching must also comply with the distribution of lesson hours and the core curriculum.
- Exceptional teaching arrangements do not apply to pupils in pre-primary education and pupils in grades 1–3 of basic education. In addition, pupils who have been granted special support referred to in section 17 of the Basic Education Act, pupils of extended compulsory education referred to in section 25 of the Basic Education Act and pupils of preparatory education referred to in section 5 of the Basic Education Act are excluded from the scope of the regulation and have the right to contact teaching also in grades 7–9.
- The Ministry of Education and Culture and its subordinate administration may issue instructions and recommendations on organising teaching that utilises remote connections.

1.2 Decisions recommended for group leisure activities among children and young people and recommendations on special restrictions

Recommendation:

Municipalities and joint municipal authorities may also issue municipal and regional recommendations for group leisure activities for children and young people over 12 years of age in indoor facilities and forms of activity with a high risk of infection. The recommendations are not legally binding and may also be issued to private operators.

It is possible to recommend that children's and young people's group leisure activities in indoor facilities and forms of activity with a high risk of infection be temporarily suspended and, where possible, implemented remotely. The Ministry of Education and

Culture, the Ministry of Social Affairs and Health and the National Institute for Health and Welfare specify the more detailed criteria for group leisure activities whose suspension at level 2 is recommended. At the same time, municipalities and joint municipal authorities should consider independent decisions to suspend the use of indoor and outdoor spaces under their control and the activities they organise in this respect.

With regard to children's and young people's leisure activities, including basic education in the arts, as well as recommendations on the leisure activities of population groups with limited functional capacity, it is important to seriously consider their socially and culturally negative effects and, on the basis of this, assess alternative means or means mitigating the negative effects of the restrictions in the situation. The Ministry of Education and Culture, the Ministry of Social Affairs and Health and the National Institute for Health and Welfare will prepare an investigation on what proactive measures are being taken to support children and young people in order to minimise the adverse effects on their functional capacity and well-being.

Basis for the use of the recommendation:

- **This is a recommendation/guideline** for the population to refrain from activities that enable close contact and the risk of infection in order to prevent the spread of infections.
 - Responsibility: Municipality/municipal body responsible for combating communicable diseases or, as agreed, joint municipal authority of the hospital district
 - Basis: Sections 6 and 9 of the Communicable Diseases Act (municipality's obligation to prevent and control communicable diseases)
- **These also include voluntary decisions** that temporarily restrict the use of spaces owned and managed by the municipality or the state for customer use, in whole or in part.
 - Responsibility: Municipality/body responsible for the tasks and premises concerned
 - Responsibility: State authorities, other public organisations
 - Basis: general municipal legislation, state agency legislation, including the decree on opening hours and the legislation on the organisation of activities
 - Important: this is about independent and voluntary decision-making that allows the municipality, the state and other public bodies to support the fight against the epidemic within the limits set by the legislation on the use of premises and by the general legislation.

On the use of the measure:

- Pursuant to the Communicable Diseases Act, authorities must take immediate action when informed of a communicable disease that requires prevention measures or when informed of the risk of such a disease. Taking action and exercising the powers granted to do so are statutory duties of the public authorities – municipalities, joint municipal authorities and the state – pursuant to the constitution and the Communicable Diseases Act.
- Based on the experiences of spring 2020, restrictions on leisure activities also have significant social and cultural impacts. With regard to leisure activities of children and young people under the age of 18, long-term restrictive measures exacerbated their problematic situation. Therefore, when a restriction is applied, it is necessary to assess these negative effects and the compensatory measures to be planned to mitigate and combat them.
- The recommendation applies to indoor group leisure activities and forms of activity of persons over 12 years of age in high-risk situations (for example, situations and forms of activity in which close contact and strong voice use at close distances cannot be avoided). The Ministry of Education and Culture and the National Institute for Health and Welfare have issued instructions on defining such group leisure activities.
- Group leisure activities in outdoor areas may continue, subject to limiting the number of participants, arrangements on customer placement or the use of space, or other means so that it is actually possible for participants and parties to avoid close contact with each other.

1.3 Decisions on restrictions concerning the organisation of public events in accordance with the Communicable Diseases Act and recommendations related to gatherings

Recommendation:

It is recommended that regional state administrative agencies consider further restricting the audience to a maximum of six (6) persons or, as a last resort, to prohibit the organisation of events altogether so that events with a maximum of six persons only be allowed for compelling statutory reasons.

Regional state administrative agencies or municipalities make their decisions independently, follow the discretion laid down in the Communicable Diseases Act and

take into account the above-mentioned recommendations. The provisions on events organised in food and beverage service businesses are subject to what is prescribed on the use of these facilities and the number of customers therein.

Municipalities and joint municipal authorities may make recommendations to the population on extending similar restrictions to private events and other gatherings that are not subject to restrictions on public gatherings. The recommendations are not legally binding.

Basis for the use of the recommendation:

- **These are decisions** restricting the organisation of public events and public gatherings. The decisions may limit the number of participants in events or prohibit them in part or in full. Decisions may be general throughout the region or targeted.
 - Responsibility: The municipality or the body responsible for combating communicable diseases in the municipality or, as agreed, the joint municipal authority of the hospital district (necessity in the area of the municipality or joint municipal authority) in its area
 - Responsibility: Regional state administrative agency (necessity across municipal boundaries) in its area
 - Basis: Section 58 of the Communicable Diseases Act (essentiality for preventing the spread of a communicable disease)
 - Note: The decision-making of the regional state administrative agencies is based on the general situation in their region and sets minimum restrictions for the region. Municipal decisions can tighten the restrictions in their own area in a temporally or topically targeted manner.

On the use of the measure:

- Pursuant to the Communicable Diseases Act, authorities must take immediate action when informed of a communicable disease that requires prevention measures or when informed of the risk of such a disease. Taking action and exercising the powers granted to do so are statutory duties of the public authorities – municipalities, joint municipal authorities and the state – pursuant to the constitution and the Communicable Diseases Act.
- Regional state administrative agencies make their decisions independently, following the discretion laid down in the Communicable Diseases Act and taking into account the above-mentioned recommendations. A precondition for these decisions is their necessity in order to prevent the spread of the disease.

- Municipalities have the possibility to impose more stringent restrictions in their territory by their own decisions if the local situation makes them necessary.
- The provisions on events organised in food and beverage service businesses are subject to what is prescribed on the use of these facilities and the number of customers therein. Thus, a decision made pursuant to section 58 of the Communicable Diseases Act concerning the organisation of public events cannot be used to derogate, for example, with respect to the number of on-premises customers from what has been separately provided for under the same act. The number of participants in a public event in a restaurant may therefore exceed the number of this recommendation, but it must not exceed the maximum number of customers applicable to the restaurant, and the specific requirements for the restaurant must also be taken into account.
- If it is necessary to prohibit the organisation of events in their entirety, it is possible to allow only events organised for a compelling legal reason, such as statutory general meetings that cannot be postponed or organised remotely. Even in this case, the meetings may be arranged only in such a way that only the persons are present in one space for whom this is necessary for the purpose of the event, and their number must not exceed the limit set in the decision.

1.4 Recommendations on measures required by legislation related to the monitoring of quarantine and isolation

Recommendation:

It is recommended that municipalities and joint municipal authorities step up their efforts in monitoring the implementation of quarantine and isolation.

Basis for the use of the recommendation:

- **These are systematic procedures** by which the municipality and the joint municipal authority and the personnel acting on its behalf monitor and assess the implementation of quarantine or isolation set for an individual.
 - Responsibility: The municipality or the body responsible for combating communicable diseases in the municipality or, as agreed, the joint municipal authority of the hospital district and the staff working on their behalf with respect to the decisions they have made.
 - Basis: Sections 60–69 of the Communicable Diseases Act

On the use of the measure:

- Provisions on the quarantine or isolation of individuals are laid down in sections 60–69 of the Communicable Diseases Act. Quarantine and isolation are the key securing measures at the individual level and the means necessary to prevent the local spread of an epidemic. A public authority has a duty based on section 6 of the Communicable Diseases Act, and a healthcare professional based on section 15 of the Act on Health Care Professionals, to ensure the effectiveness and efficiency of its measures. Likewise, the provisions mentioned also include an obligation to continuously monitor the implementation of the measures and to assess the need for their continuation.
- Authorities are therefore obliged to ensure compliance with quarantine and isolation, and the guiding and supervising authorities referred to in the Communicable Diseases Act are obliged to guide and supervise compliance with this obligation if necessary.
- As the authority with organisation responsibility, the municipality and joint municipal authority must ensure that the personnel working on its behalf have uniform procedures and instructions for monitoring the implementation of quarantine and isolation as well as for assessing and monitoring compliance, and that this monitoring is implemented.
- The act in force also includes criminalisation of non-compliance (chapter 44, section 2 of the Criminal Code) and the possibility of requesting executive assistance from the police to ensure compliance with quarantine (section 89 of the Communicable Diseases Act). The municipality and the joint municipal authority must ensure criteria and procedures known in advance for situations where any non-compliance with quarantine or isolation gives rise to requests for executive assistance. The procedures should also be agreed with the local police administration. In order to receive executive assistance from the police, the patient information necessarily required by it may be disclosed to the police in accordance with section 89 of the Communicable Diseases Act, section 26 of the Act on the Openness of Government Activities and other regulations on access to information.

B. The prerequisites for activating the Emergency Powers Act

Activation of the Emergency Powers Act would require that the government, in cooperation with the president of the republic, first establish that certain emergency conditions referred to in section 3 of the Emergency Powers Act prevail in the country. In the present situation, as in the spring, the issue would be “a very widespread hazardous communicable disease corresponding to a major accident with a particularly serious effect” referred to in paragraph 5 of the section. If the government, in cooperation with the president of the republic, has established that emergency conditions prevail in the country, a government decree may be issued for the commencement of the application of the provisions of part II of the Emergency Powers Act (decree on the use of powers under the Emergency Powers Act). If restrictions on movement in accordance with section 118 of the Emergency Powers Act are introduced, a government decree (application decree) would be issued on their application. On the basis of the proposal, the parliament will ultimately decide in all cases on the prerequisites for the entry into force of the decree on the use of powers and whether the decree on the use of powers may remain in force in its entirety or in part, its period of validity and whether it must be repealed in part or in full.

The powers under the Emergency Powers Act can only be activated under strict conditions. The constitutional law committee of the parliament emphasises that, pursuant to section 4 of the act, the powers laid down in the Emergency Powers Act may only be used in ways that are necessary in order to achieve the purpose of the Act and proportionate to the objective of their use. The constitutional law committee has considered the provisions of section 4 on the principles governing the exercise of powers to be essential from the perspective of the requirement of proportionality of fundamental rights restrictions, and has stressed that these principles restrict both the activation and the use of the powers. According to the committee, it is also clear that a restriction of fundamental rights cannot be appropriate for its purpose and therefore necessary if, even in principle, it cannot achieve the acceptable objective on which it is based. According to the constitutional law committee, the powers of the Emergency Powers Act must not be activated on a light basis or for the sake of certainty.

The constitutional law committee emphasises the primacy of the legislation of normal conditions and competences that interfere with fundamental rights as little as possible. According to section 5 of the Emergency Powers Act, the application of the Emergency Powers Act must comply with international obligations binding on Finland and generally recognised rules of international law. A report on all these matters must be submitted to the parliament in order to activate the powers. At the same time, an assessment must be made on the cumulative effects of the restrictive measures on society from the perspective of fundamental rights, in particular the overall harm from the restrictions in relation to their benefits. The activation of each power must be justified in terms of its appropriate, material and temporal scope, and the necessity and proportionality of the

power must be assessed – in addition, the overall harm to society caused by the restrictive measures in relation to the benefits achieved with them must be assessed from the fundamental rights perspective.

The restriction of fundamental rights must be necessary and otherwise proportionate to achieve the objective (principle of proportionality). A restriction is only allowed if the objective cannot be achieved by means of less interference with the fundamental right. The restriction must not go beyond what is justified, taking into account the weight of the interest behind the restriction in relation to the legal good to be restricted (see e.g. CLC 5/2009 VP).

The wording of article 23 of the constitution on emergency conditions seriously threatening the nation can be considered to allow sufficient anticipation with respect to the activation of the powers, where there is a sufficiently concrete basis for it. The grounds for the Emergency Powers Act also indicate a more general principle according to which, in a pandemic, measures can already be taken proactively in the event of a threat of a dangerous communicable disease, i.e., a historical spread of the disease is not required (see GP 3/2008 VP, p. 34). In spring 2020 (CLC 9/2020), the constitutional law committee has considered the continuation of the application of the Emergency Powers Act to be necessary and proportionate, taking into account the information on the sudden and clustered spread of the epidemic and the fact that information on the development of the epidemic can be assessed with a certain delay following the development of the epidemic.

The Emergency Powers Act and any emergency measures laid down under section 23 of the constitution will also enable profound interference in the fundamental rights of people. The constitutional law committee has stressed that, even in this case, the general principles of restricting fundamental rights should be taken into account in the activation and use of powers. For example, the temporal and regional necessity criteria for the restrictions must be met. The powers pursuant to the Emergency Powers Act have been formulated broadly. When assessing the options for application, it is primarily necessary to select a means with minimal interference with, for example, the freedom to conduct business and the protection of property of an operator subject to an obligation. Before making a decision under the Emergency Powers Act, the adequacy of the measures of normal legislation for achieving the objective must be assessed. Under section 4 of the Emergency Powers Act, the powers must also be proportionate to the objective pursued by them.

Thus, the content of the restrictive measures must be precise and accurately restricted, and on the basis of the available information, it must be possible to assess and verify their effectiveness in relation to the full but insufficient restrictions already in use so that it can, in fact, be expected that they achieve the intended purpose.

Appendix 2. Regulation of food and beverage service businesses

Current state

Almost all food and beverage service businesses were kept closed to customers from 4 April to 31 May 2020 on the basis of an act provided on the basis of section 23 of the constitution, by means of a temporary amendment to the act on accommodation and food and beverage service business activities.

As a result of the restrictions, the act on supporting the re-employment of food and beverage service businesses and compensation for operational restrictions (403/2020) was enacted, which compensated the food and beverage service businesses for the costs incurred from the restrictions imposed by legislation and encouraged companies in the sector to employ people. In the state's supplementary budget for 2020, €171,000,000 was allocated for this purpose.

The temporary amendment of the Communicable Diseases Act and the government decree issued under it made it possible to open restaurants as of 1 June 2020 in such a way that in order to prevent the spread of communicable diseases, requirements on instructing customers and providing for hygienic measures were imposed on food and beverage service businesses, as were a general distance requirement for customer places, an obligation to plan operations, and restrictions on the number of customer places, opening hours and serving hours.

At the end of the emergency conditions on 16 June 2020, the restrictions on the food and beverage service sector were eased by government decrees for the period June to September, so that the number of customers and the period of serving alcohol and opening hours were not restricted at all from 13 July to 30 September 2020. In October, the alcohol-serving and opening hours of food and beverage service businesses had to be re-restricted, as the epidemic accelerated.

The temporary sections of the Communicable Diseases Act concerning restrictions on food and beverage service businesses were revised by the act in force from 1 November 2020 to 28 February 2021. Section 58a of the Communicable Diseases Act lays down general obligations related to the presence and distance of customers, and in addition to this, a government decree may provide for more detailed provisions on the area in

question concerning the obligations related to the presence of customers and location of customer places in food and beverage service businesses and the requirements related to the number of customer places in a food and beverage service business's indoor and outdoor areas, if this is necessary to prevent the spread of a generally hazardous communicable disease. The committee on social affairs and health has stated separately that the precondition for the power to issue the decree is the spread of a generally hazardous communicable disease in the population of the region. After the beginning of November, the number of customers in the food and beverage service businesses has been, according to the status of the epidemic, limited to a maximum of half of the customer places in different regions (a business whose main food and beverage service business is to serve alcoholic beverages) or to a maximum of three quarters of the customer places (other businesses).

Section 58a(3) of the act provides for the reduction of opening hours and alcohol-serving hours. These restrictions may be provided for by a decree if this is necessary to prevent the spread of a generally hazardous communicable disease and if the measures taken to clean the premises and surfaces of the catering business, the hygiene instructions, arrangement of customer places and other measures are not sufficient to prevent the spread of a generally hazardous communicable disease. In such cases, more detailed provisions on the restrictions on the opening hours of a food and beverage service business between 11 p.m. and 5 a.m. and on the restrictions on serving alcohol between 10 p.m. and 9 a.m. may be issued by government decree, as well as on the types of food and beverage service businesses to which these restrictions will be applied.

According to section 58a(4) of the act, the above-mentioned restrictions laid down in the government decree must be necessary in order to prevent the spread of a generally hazardous communicable disease in each region and in the types of food and beverage service businesses to which the restrictions apply.

In practice, government decrees have mainly been used to impose province-level restrictions on the number of customers, opening hours and alcohol-serving hours, depending on whether the area is at the baseline level of the epidemic, in the acceleration phase or in the community transmission phase. At the moment, almost the entire country is in the acceleration or community transmission phase, in which case the restrictions on customer places are either half or three-quarters of the normal, depending on the type of restaurant. In these phases, the serving of alcoholic beverages must be stopped at the latest at 10 p.m., and the establishment may be kept open for food and beverage service customers until 11 p.m. In the baseline areas, the number of customer places is not restricted, but the serving of alcoholic beverages must be stopped at the latest at 12 a.m., and the establishment may be kept open for food and beverage service customers until 1 a.m.

Assessment of the current state and further restrictions

Risk situations for the spread of coronavirus disease arise in food and beverage service businesses, as people meet each other there. Although the National Institute for Health and Welfare does not actually compile statistics on infections or chains of transmission that have occurred in food and beverage service businesses, the risks have been realised as extensive chains of infections, especially in connection with late evening and night-time alcohol-serving.

There are significant risks of further spread of the epidemic associated with all instances of people meeting and staying in closed indoor spaces for long periods of time. In addition to the risks associated with staying indoors in general, the risks increase especially in the late evening and early hours of the morning, when alcoholic beverages are typically consumed together in food and beverage service businesses or customers may otherwise be intoxicated.

Compared to the some 13,600 food and beverage service businesses in Finland, of which less than 10,000 are licensed for serving alcoholic beverages, the number of COVID-19 infections has been relatively small. However, the parliamentary committee on social affairs and health has emphasised that the prevention of the spread of generally hazardous communicable diseases is based on statistical probabilities and on the advance management of risks. From the perspective of risk management, it is important with respect to different food and beverage service businesses how they are able to manage the formation of contacts between customers. The selected restrictive measures are about the probabilities associated with the behaviour of the population.

The current restrictions on food and beverage service businesses are close to the maximum possible in accordance with the legislation in force. These restrictions on food and beverage service businesses that can be applied under normal conditions, have been discussed twice in the constitutional law committee of the parliament. The committee has considered it possible to impose restrictions as long as such regulation fully fulfils the general and specific conditions for restricting fundamental rights.

As the epidemic situation requires, the government may at most issue a decree on the restrictions on the number of customer places, opening hours and alcohol-serving hours laid down in section 58 a of the Communicable Diseases Act. If it is necessary to impose the maximum restrictions throughout the country, they can be enacted in all provinces.

As the temporary sections are only valid until 28 February 2021, a government proposal on extending the restrictions must be submitted to the parliament in the next few weeks. If the epidemic situation and the risks associated with it have changed significantly,

additional restrictions may be assessed in the proposal, but it will not be possible to close down food and beverage service businesses even in some areas without emergency powers legislation.

According to section 23 of the constitution, such provisional exceptions to basic rights and liberties that are compatible with Finland's international human rights obligations and that are deemed necessary in the case of an armed attack against Finland or in the event of other situations of emergency, as provided by an act, which pose a serious threat to the nation may be provided by an act or by a government decree to be issued on the basis of authorisation given in an act for a special reason and subject to a precisely circumscribed scope of application. However, the grounds for provisional exceptions shall be laid down by an act. Government decrees concerning provisional exceptions shall without delay be submitted to the parliament for consideration. The parliament may decide on the validity of the decrees. If emergency conditions are declared, it may be necessary to revise the legal basis for restrictions on food and beverage service businesses and propose the necessary amendments by means of provisional legislation adopted pursuant to article 23 of the constitution.

Appendix 3. Modelling of the timing of strong restrictive measures

The epidemiological modelling group of the National Institute for Health and Welfare has examined different scenarios in which a mutant strain that spreads more easily would arrive in Finland or the epidemic would accelerate for other reasons. As stated in the introduction, the growth of the epidemic is currently at a standstill, which state occurs at a time when the current restrictions have been activated. It has been estimated that these restrictions have reduced all people-to-people contacts by at least 60%. On the basis of the modelling, it can be assumed that the epidemic will not accelerate if the restrictions are in force but that it may even decline further, especially if the restrictions are introduced and well respected in all areas where they are needed.

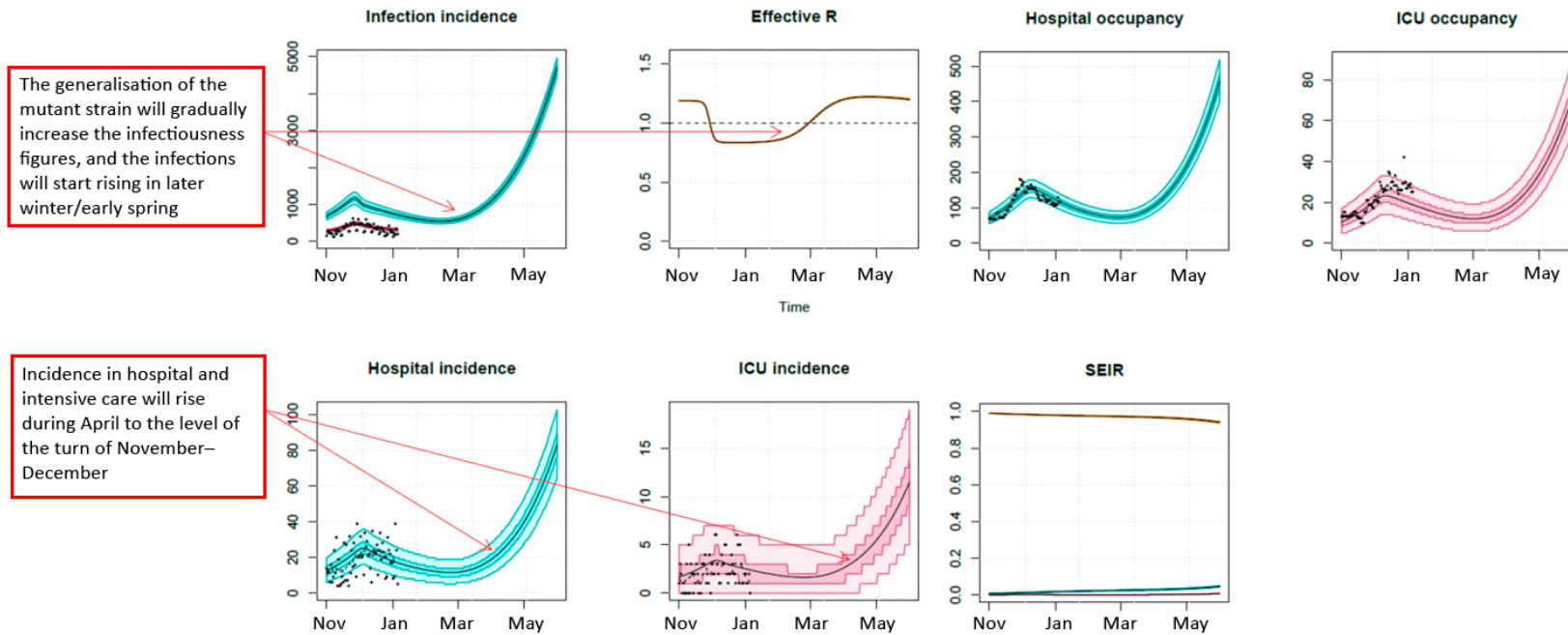
However, if the spread of a new, more infectious mutant strain starts in Finland, the situation will change. The virus which is more contagious gradually replaces previous variants of the virus, and the epidemic will begin to accelerate again. If the current restrictions are in force, the acceleration will not, however, be very rapid, but in this scenario it will take until March before the number of cases will increase again (Figure 1). The scenario does not take into account the impact of vaccination or seasonal variation, which in April and May would probably already help to reduce the risk of infection.

The modelling also studied the impact of stricter lockdown restrictions on the above-mentioned situation, where a more contagious mutant strain is gradually spreading. Two scenarios were examined: An additional 25% reduction in contacts lasting 4 weeks, one starting on 18 January 2021 and alternatively the same, but only starting on 1 April 2021.

Figures 2 and 3 show the additional 25% reduction in contacts starting on 18 January or only on 1 April 2021 and their effects.

Figure 1. The impact of a more infectious strain on the course of the epidemic

Scenario: Current restrictive measures

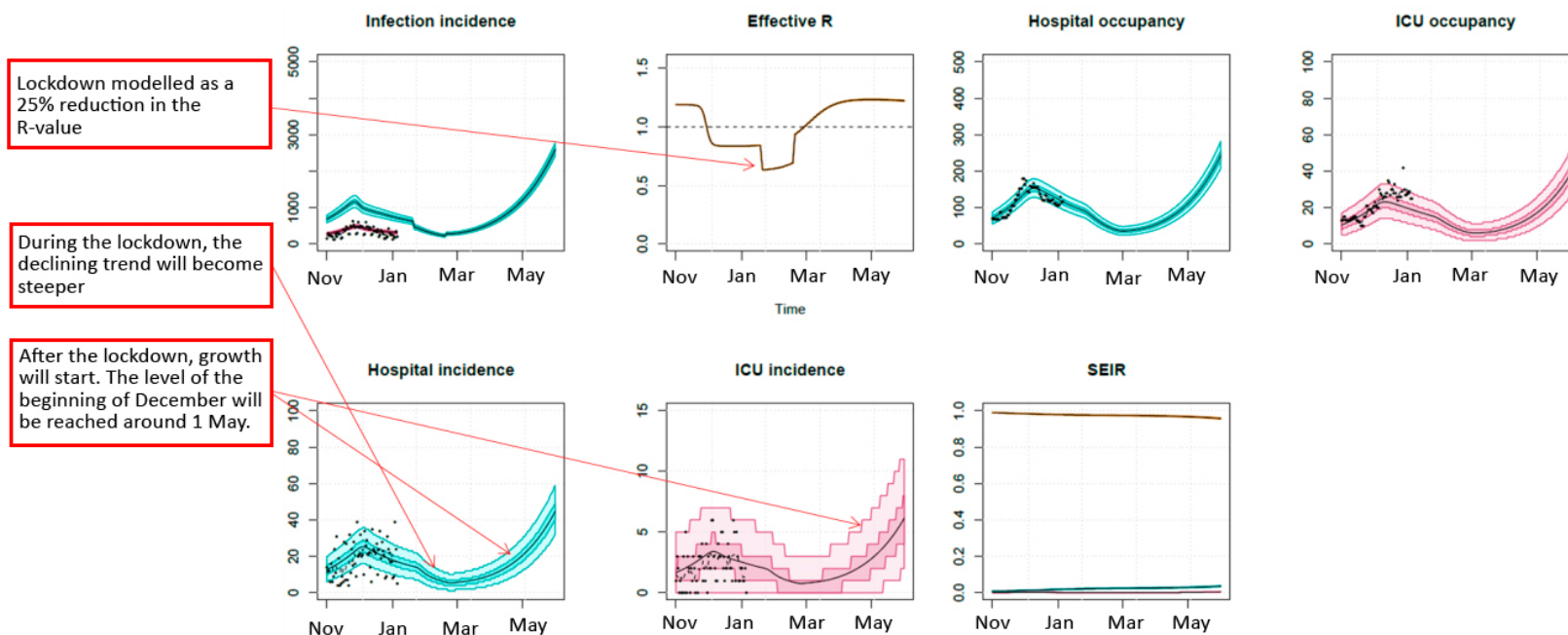


The model is calibrated to the material of 7 January 2021. At the beginning, the R-value of the old strain is 0.85. The mutant has been modelled as a relative increase of 150% to the R-value, not as a separate disease/strain. The model excludes vaccination and seasonal variation. The current restrictions will continue throughout the spring.

THL COVID-19 modelling 18 January 2021

Figure 2. If the lockdown is done on 18 January 2021

Scenario: Current restrictions and a 4-week lockdown starting **18 January 2021**

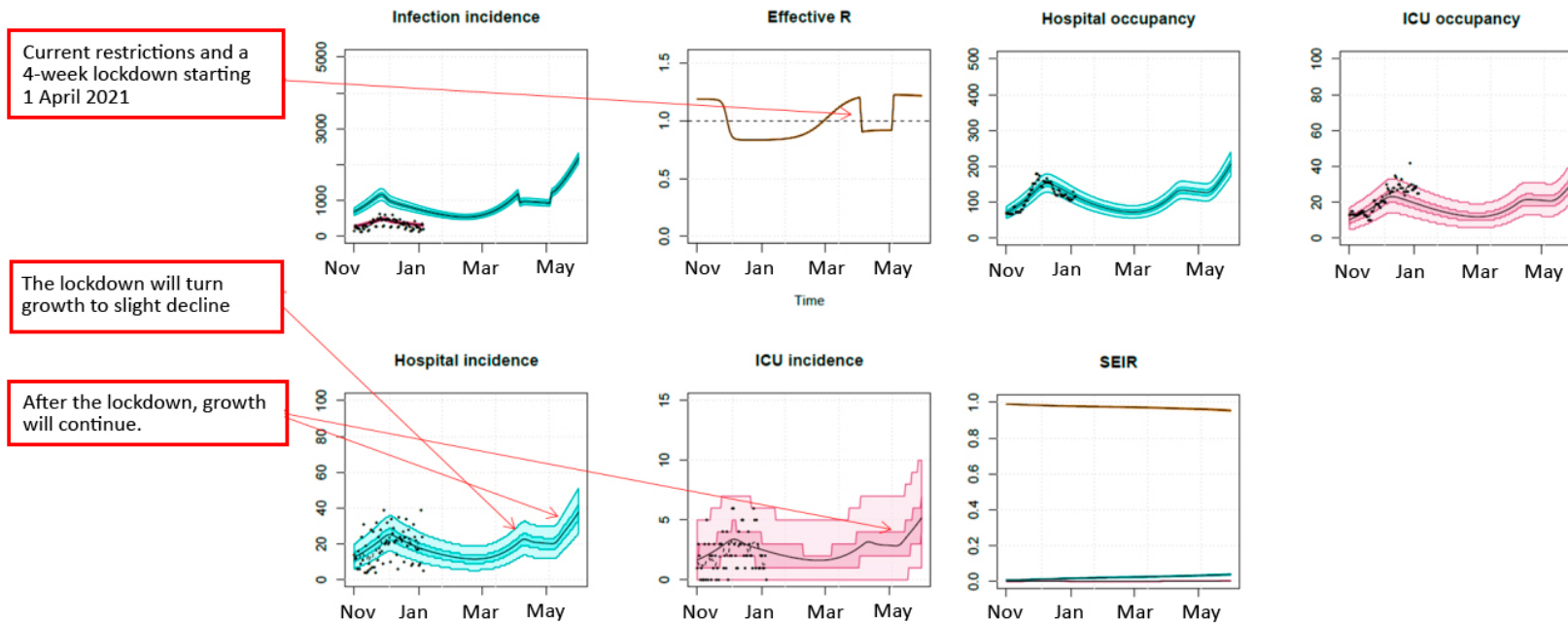


The model is calibrated to the material of 7 January 2021. At the beginning, the R-value of the old strain is 0.85. The mutant has been modelled as a relative increase of 150% to the R-value, not as a separate disease/strain. The model excludes vaccination and seasonal variation. The current restrictions will continue throughout the spring, in addition assuming a 25% decrease of the R-value during lockdown.

THL COVID-19 modelling 18 January 2021

Figure 3. if the lockdown is done on 1 April 2021

Scenario: Current restrictions and a 4-week lockdown starting **1 April 2021**



The model is calibrated to the material of 7 January 2021. At the beginning, the R-value of the old strain is 0.85. The mutant has been modelled as a relative increase of 150% to the R-value, not as a separate disease/strain. The model excludes vaccination and seasonal variation. The current restrictions will continue throughout the spring, in addition assuming a 25% decrease of the R-value during lockdown.

THL COVID-19 modelling 18 January 2021

The various scenarios in which the new strain is spreading in Finland are consistent with the fact that the old strain will continue to dominate the epidemic for a few more months, even if the new strain starts spreading. Despite a possible lockdown, the proportion of the mutant strain will increase, as the mutant strain will assume its share of the epidemic in any case according to its characteristics.

The current slow decline would become an increasing trend during late winter/early spring due to the more contagious strain, and it is estimated that the level at the beginning of December would be reached in April. However, a lockdown/additional restrictions implemented in April (1 April 2021), as necessary, will stop the growth in the epidemic.

An immediate lockdown (18 January 2021) will certainly steepen the decline of the epidemic, but the rise will begin soon after lifting the restrictions, which would mean that the level at the beginning of December will be reached around May 1. A new lockdown would perhaps be necessary in order not to increase mortality and the burden on the healthcare system more than what would be the case with a lockdown implemented at the beginning of April, if necessary.

In other words, implemented too early, a lockdown is not epidemiologically justified.

Epidemiologically, the purpose of a lockdown is to isolate an uncontrollably circulating virus into small communities, the links between which are cut off when the virus moves so widely in the population that prevention measures cannot be targeted.

If the virus does not move significantly, overall cutting of links across the population will not really block anything more compared to targeted actions.

Appendix 4. Monitoring of SARS-CoV-2 mutant strains

In order to prevent the acceleration of the epidemic, efforts must be made to control the entry into the country and the spread of the more proliferating SARS-CoV-2 mutant forms in the population. In order to succeed in this, identification of the occurrence of the mutant strains and the monitoring of any new mutations must be sufficiently current, representative and targeted. This is important in order to boost the fight if the situation so requires. In the monitoring of mutated SARS-CoV-2 strains, the following must be the goal:

1. Detect as precisely as possible cases arriving through border crossing points. The aim is to type all cases.
2. Identify mutant strains from epidemic clusters where the spread appears to have occurred particularly quickly or where contact with a previously identified case of a mutant strain is suspected. The aim is to verify the virus type of these epidemic clusters.
3. Assess the share of mutant strains epidemiologically in the entire country, and identify changes in it without delay. The aim is to produce data through sampling that is continuous, representative, and systematic with respect to time, region and age group.

Another important additional objective of the monitoring is to create a national capability to detect potential other future mutant strains that could change their properties.

The National Institute for Health and Welfare coordinates and instructs the activities

The National Institute for Health and Welfare, as the national body responsible for monitoring communicable diseases, instructs the competent communicable disease authorities responsible for communicable diseases on the implementation of the monitoring of mutant virus strains and coordinates the uniform implementation of its various aspects. The monitoring will also be extended to private healthcare actors.

The National Institute for Health and Welfare instructs on the statutory reporting of the results to the national communicable diseases register and organises reporting at national and regional levels. The department agrees on the division of labour with the competent regional and local authorities, also using subcontracting if necessary.



Internet: stm.fi/en/publications

PUBLICATION SALES:
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ISSN PDF 1797-9854
ISBN PDF 978-952-00-9693-9