Action plan for implementing the hybrid strategy to control the COVID-19 epidemic 2021–22

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Liisa-Maria Voipio-Pulkki, Pasi Pohjola, Satu Koskela, Jaska Siikavirta

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Abstract

Endorsed by the government resolutions, the Ministry of Social Affairs and Health has issued an action plan for the hybrid strategy on 7 September 2020 (STM 2020:26) and its updates on 5 January 2021 (STM 2021:1), 1 June 2021 (STM 2021:21) and 23 June 2021 (STM 2021:24), the latter of which is valid until further notice. In connection with the update, a decision was made to review the action plan during the summer and autumn of 2021. The action plans for the hybrid strategy have guided the authorities responsible for the implementation of the Communicable Diseases Act in the epidemiologically appropriate application of the recommendations and restrictions.

The action plan of the renewed hybrid strategy aims to open up society, promote its openness and provide cross-sectoral support for the post-epidemic measures, and for the conditions for economic growth and recovery. When a minimum vaccination coverage of 80 per cent of the target population is achieved or all members of the target population have had access to two vaccines, national restrictions and comprehensive recommendations will be waived. The regional phasing out of restrictive measures will start earlier, if the regional disease situation allows.

The action plan supports the assessment of the proportionality and necessity of decision-making by regional state administrative agencies and local authorities, combats the risks of the healthcare system being overwhelmed and of the uncontrolled spread of the epidemic, and directs the efforts to achieving the highest possible vaccine coverage. The prevention of the epidemic under the Communicable Diseases Act will primarily take place through local and regional measures. The measures are more limited than before in terms of their subject matter, content, duration and area, and they are targeted and weighted according to the risk potential of what is being targeted. Effective infection tracking and local and regional response measures to prevent the spread of infections are also key to preventing the national epidemiological situation from deteriorating again.

The action plan will be applied simultaneously with the post-crisis and recovery measures related to the epidemic. The action plan is valid until further notice and will be updated as necessary.

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

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Toimintasuunnitelma COVID-19 -epidemian hillinnän hybridistrategian toteuttamiseksi 2021–22

Sosiaali- ja terveysministeriön julkaisuja 2021:31

Julkaisija	Sosiaali- ja terveysministeriö		
Tekijä/t	Liisa-Maria Voipio-Pulkki, Pasi Pohjola, Satu Koskela, Jaska Siikavirta		
Kieli	englanti	**Sivumäärä**	61

Tiivistelmä

Valtioneuvoston periaatepäätösten puoltamana sosiaali- ja terveysministeriö on antanut hybridistrategian toimintasuunnitelman 7.9.2020 (STM 2020:26) sekä sen päivitykset 5.1.2021 (STM 2021:1), 1.6.2021 (STM 2021:21) ja 23.6.21 (STM 2021:24), joista jälkimmäisen toistaiseksi voimassa olevaksi. Päivityksen yhteydessä todettiin, että toimintasuunnitelmaa tullaan tarkastelemaan kesän ja syksyn 2021 aikana. Hybridistrategian toimintasuunnitelmat ovat ohjanneet tartuntatautilain toimeenpanosta vastaavia viranomaisia suositusten ja rajoitusten epidemiologisesti tarkoituksenmukaisessa käytössä.

Uudistetun hybridistrategian toimintasuunnitelman tavoite on avata yhteiskunta, edistää sen avoinna pitämistä ja tukea monialaisesti epidemian jälkihoitoa, talouden kasvuedellytyksiä ja jälleenrakennusta. Kun rokotusten kohdeväestön vähintään 80 % rokotuskattavuus saavutetaan tai kaikilla halukkailla kohdeväestöön kuuluvilla on ollut mahdollisuus saada kaksi rokotetta, valtakunnallisista rajoituksista ja kattavista suosituksista luovutaan. Rajoitustoimien alueellinen asteittainen purkaminen aloitetaan jo aiemmin alueellisen tautitilanteen sen salliessa.

Toimintasuunnitelmalla tuetaan aluehallintovirastojen ja kuntien päätöksenteon oikeasuhtaisuus- ja välttämättömyysarviointia, torjutaan terveydenhuollon ylikuormittumista ja epidemian hallitsematonta leviämistä sekä ohjataan työtä mahdollisimman korkean rokotekattavuuden saavuttamiseksi. Epidemiaa torjutaan tartuntatautilain nojalla ensisijaisesti paikallisin ja alueellisin toimenpitein. Toimenpiteet ovat aikaisempaa rajatumpia niin kohteeltaan, sisällöltään, kestoltaan kuin alueeltaan, ja ne kohdennetaan ja painotetaan rajoitettavan kohteen riskipotentiaalin mukaisesti. Tehokas tartunnanjäljitys ja tartuntojen leviämisen estämiseen kohdennetut paikalliset ja alueelliset torjuntatoimet ovat avainasemassa myös valtakunnallisen epidemiatilanteen uudelleen vaikeutumisen estämiseksi.

Toimintasuunnitelmaa sovelletaan samaan aikaan epidemian jälkihoidon ja jälleenrakennuksen toimenpiteiden kanssa. Toimintasuunnitelma on voimassa toistaiseksi, ja se päivitetään tarvittaessa.

Asiasanat	strategiat, koronavirus, suositukset ja rajoitukset, rokotukset, sosiaali- ja terveysministeriö		
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Handlingsplan för genomförandet av hybridstrategin för hanteringen av COVID-19-epidemin 2021–22

Social- och hälsovårdsministeriets publikationer 2021:31

Utgivare	Social- och hälsovårdsministeriet		
Författare	Liisa-Maria Voipio-Pulkki, Pasi Pohjola, Satu Koskela, Jaska Siikavirta		
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Referat

Social- och hälsovårdsministeriet har med stöd av statsrådets principbeslut antagit handlingsplanen för hybridstrategin den 7.9.2020 (STM 2020:26) samt dess uppdateringar 5.1.2021 (STM 2021:1), 1.6.2021 (STM 2021:21) och 23.6.21 (STM 2021:24), varav den sista gäller tills vidare. I samband med uppdateringen konstaterades att handlingsplanen ska granskas under sommaren och hösten 2021. Handlingsplanerna för hybridstrategin har styrt myndigheterna som ansvarar för genomförandet av lagen om smittsamma sjukdomar i den epidemiologiskt ändamålsenliga användningen av rekommendationer och restriktioner.

Målet med den förnyade handlingsplanen för hybridstrategin är att öppna samhället, främja att det hålls öppet och att sektorövergripande stöda eftervården av epidemin, ekonomins tillväxtförutsättningar och återuppbyggnaden. Då en vaccinationstäckning på minst 80 % av målpopulationen för vaccinationer uppnås eller då alla intresserade i målpopulationen har haft möjlighet att få två vaccinationer kommer de riksomfattande restriktionerna och omfattande rekommendationerna att slopas. Det stegvisa avvecklandet av de regionala restriktionsåtgärderna inleds redan tidigare då den regionala smittsituationen tillåter.

Handlingsplanen stöder proportionalitets- och nödvändighetsbedömningen av regionförvaltningsverkens och kommunernas beslutsfattande, bekämpar överbelastningen av hälsovården och en okontrollerad spridning av epidemin samt styr arbetet för att uppnå en så hög vaccinationstäckning som möjligt. Epidemin bekämpas med stöd av lagen om smittsamma sjukdomar i första hand genom lokala och områdesvisa åtgärder. Åtgärderna är mer begränsade än tidigare både med avseende på objekt, innehåll, varaktighet och område och de riktas och prioriteras enligt riskpotentialen för objektet som ska begränsas. En effektiv smittspårning och riktade lokala och områdesvisa bekämpningsåtgärder för att hindra smittspridningen har en nyckelroll också med tanke på att förhindra en försämring av det nationella epidemiläget.

Handlingsplanen tillämpas samtidigt på åtgärderna för eftervården av epidemin och för återuppbyggnaden. Handlingsplanen är i kraft tills vidare och uppdateras vid behov.

Nyckelord	strategier, coronavirus, rekommendationer och restriktioner, social- och hälsovårdsministeriet		
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Contents

1 Strategic guidelines for the hybrid strategy following an increase in vaccination coverage in 2021–22

Abstract

The objectives of the revised hybrid strategy to manage the COVID-19 crisis are to maintain that society remains open with an up-to-date vaccination programme, avoid serious social and economic consequences, safeguard the capacity of the healthcare system, and protect at-risk groups and the most vulnerable. The Government will ensure the availability of vaccines as well as the coverage and effectiveness of the vaccination programme. The implementation of the revised hybrid strategy will start immediately, and the restrictions and comprehensive recommendations will also be phased out without delay. When a minimum vaccination coverage of 80 per cent of people over 12 years of age in the target population is achieved or all members of the target population have had access to two vaccines, national restrictions and comprehensive recommendations will be lifted. The prevention of the spread of infections and the implementation of the test, trace, isolate and treat strategy, in particular to prevent the serious consequences of infections, will be transferred to the regions for targeted local action. In the targeting of measures, the COVID-19 testing and tracing strategy will be updated to take into account transmission chain risk assessments and the increase in vaccination coverage. As the epidemic and the measures implemented to control it have a wide-ranging impact on society, the need for cooperation between administrative branches is vitally important, both at the central government level and at the regional and local levels. Within the range of means, direction through disseminating information as well as communication are becoming increasingly important in ensuring the highest possible vaccine coverage. The experience gained will be used to further improve our country's readiness and preparedness for future pandemics.

Strategic guidelines

The action plan to implement the revised hybrid strategy aims to open up society, promote its openness and provide cross-sectoral support for the post-epidemic measures, as well as for the conditions of economic growth and recovery. At the

same time, temporary amendments to the Communicable Diseases Act aim to reduce the pressure of infections from abroad.

With the increase in vaccination coverage, people at risk of a serious form of the disease have been increasingly protected, and the risk of uncontrolled transmission of infections and the hospitals becoming overburdened has been substantially reduced. The most significant health risks concern unvaccinated people and individuals who, for one reason or another, do not have adequate protection against the disease. **The proportionality and necessity of the measures implemented to control the epidemic therefore need to be reassessed.**

The application of recommendations and restrictive measures requires a **comprehensive assessment**, in which decisions are weighed in terms of their epidemiological, social and economic impacts and in relation to fundamental rights. The change in policy is based on the fact that measures which affect the whole population or certain functions of society proactively and on a very large scale are no longer epidemiologically and medically justified in relation to their objectives, nor are they juridically proportionate.

The transition to the new approach requires sufficiently undisputed information on the level of protection of vaccination coverage and on the level of control of the spread of infections, as well as on the significant and probable threat to life or health posed by the disease to at-risk groups. This assessment, which will be refined through accumulated experience and research evidence, will have a direct impact on how the overall benefits and harms of epidemic control can be evaluated.

With regard to health security at Finland's borders, measures at borders are determined in accordance with the Communicable Diseases Act. With regard to the internal borders between Finland and the EU, entry restrictions ended in July 2021. Tourism from third countries to Finland will increase with the rise in the number of visitors who have received an approved full set of vaccinations. Entry restrictions at the external borders will be lifted gradually. Entry at Finland's external borders may be restricted even after the vaccine coverage of 80 per cent has been reached, if this is necessary to prevent the uncontrolled spread of the epidemic.

The action plan for the hybrid strategy guides the authorities responsible for the implementation of the Communicable Diseases Act on the epidemiologically and medically appropriate application of recommendations and restrictions, on the content of restrictions and their discretionary application, on a legal basis, and in the powers of the authorities. By its resolution, the Government may support the Ministry of Social Affairs and Health deciding on the adoption of a revised action plan for the hybrid strategy and guiding its full implementation across the Ministry's administrative branch when a

sufficient vaccination coverage has been reached. A minimum vaccination coverage of 80 per cent of the target population is considered adequate, but regional phasing out of restrictive measures may begin earlier if the regional disease situation allows.

At the end of August, it was estimated that a vaccination coverage of 80 per cent of people aged 12 over in the target population can be achieved by mid-October. The Finnish Institute for Health and Welfare will communicate in a timely manner when a vaccination coverage of 80 per cent is estimated to have been achieved.

At the regional and local level, it is a priority to promote the highest possible vaccination coverage and practices maintaining health safety. Any regional restrictive measures must be necessary and proportionate. The measures are more limited than before in terms of their subject matter, content, duration and area, and they are targeted and weighted in accordance with the potential risks affecting the restricted aspect. This also means that the grounds for recommendations and restrictions are primarily medical and epidemiological, and that the social and economic side effects should be smaller and limited. Restrictions should treat different sectors as equally as possible in terms of risk potential.

The practices of this new approach are more in line with the **conventional control of communicable diseases in specific local situations** than with previous large-scale pandemic control. Infection clusters should be quickly suppressed, primarily by local authorities using the basic powers under the Communicable Diseases Act, in a targeted and efficient manner. In that case, the control of the epidemic would be based essentially on the current provisions of the Communicable Diseases Act and only for the necessary and limited parts on the temporary provisions, i.e. on the necessary restrictions concerning food and beverage service businesses. The action plan includes a breakdown of the recommended powers.

The indicators and situation assessment of the national and regional epidemiological situation emphasise monitoring of the effectiveness of the vaccination programme. It is essential to monitor when and how the reduction in serious illness and mortality targeted by the vaccination programme is achieved on a permanent basis. A communicable disease that spreads easily and causes a serious disease requires rapid detection of infections,the tracing of those exposed, and isolation and quarantine measures. In the targeting of measures, **the COVID-19 testing and tracing strategy will be updated** to take into account transmission chain risk assessments and the increase in vaccination coverage.

The principle of prioritising the best interests of the child will continue to guide decision-making. The purpose of considering the position of children, and the principle of prioritising the best interests of the child in guiding the application of measures, is to minimise any adverse effects of the infection-preventing measures on children. The impact assessment should also take into account the wider welfare implications of COVID-19 and the epidemic, which may only become apparent in the longer term.

In order to prepare for a sudden and significant deterioration in the epidemic situation, **a national cross-administrative emergency brake mechanism** will be drawn up. The mechanism would guide regional and local authorities to introduce regionally and substantively more comprehensive measures based on the provisions of the Communicable Diseases Act, both those introduced temporarily for the COVID-19 epidemic and those valid until further notice, provided that they are necessary and proportionate and that the adverse impacts cannot be otherwise prevented. The Ministry of Social Affairs and Health would submit to the Government a proposal for issuing a government resolution on deploying the mechanism and on the corresponding guidance. A clear strategic objective and dismantling criteria would be set in advance for the emergency brake mechanism, including a comprehensive cross-administrative impact assessment.

The **revised guidance** will support the competent authorities in the control of communicable diseases, in accordance with existing legislation in specific local and regional situations. In this context, any urgent **need for extending or amending existing legislation** will be assessed. The preparations for a Finnish COVID pass and the expedited drafting of the necessary legislation were launched in August 2021. Extensive reform of the Communicable Diseases Act will be launched without delay. Initially, the focus will be on the evaluation of the powers under section 58 of the Act and on ensuring that, with view to the principle of legality, they continue to set precise and clearly-defined conditions for discretion and the content of decision-making.

The revised action plan is valid until further notice and will be updated as necessary.

2 Rationale for revising the action plan

The Ministry of Social Affairs and Health last updated the action plan for the hybrid strategy in line with the government resolution issued on 27 May 2021. Since 2020, the action plan has guided the authorities responsible for the implementation of the Communicable Diseases Act on the epidemiologically appropriate use of recommendations and restrictions, the content of restrictions and their discretionary application, their legal basis and the powers of the authorities. The action plan has covered permanent and temporary powers under the Communicable Diseases Act, delegated to both central government and regional and local authorities: the Finnish Institute for Health and Welfare, the Finnish Transport and Communications Agency, Regional State Administrative Agencies, joint municipal authorities of hospital districts, and other joint municipal authorities and municipalities. The action plan has not covered the Government's powers to decide on certain restrictions by legal provisions and administrative decisions. Government decrees have imposed national and regional restrictions on food and beverage service businesses in accordance with the Communicable Diseases Act, and government decisions have imposed restrictions on border crossings.

Recommendations and restrictions under the hybrid strategy may target individuals, communities or the entire population. The measures must be epidemiologically justified and proactive, due to the variability and partial unpredictability of the virus and the characteristics making some virus variants highly infectious. In the action plans to date, the status of the epidemic is divided into three phases: the baseline, acceleration phase, and community transmission phase. The classification of the epidemiological situation has been based on the criteria of these phase classifications and on an overall assessment, taking into account the direction and speed of changes, the population base of the area, and the quality and scope of measures required to combat the detected sources of infection.

Since the last update of the action plan, Parliament has approved temporary amendments to the Communicable Diseases Act concerning health safety at borders. These amendments aim to prevent the spread of COVID-19 infections to Finland from abroad. The provisions are valid until 15 October 2021. People arriving in Finland will be required to show reliable proof of recovery from COVID-19 within the past six months, of full vaccination against COVID-19, or of a COVID-19 test showing a negative result.

The revision of the action plan is based on rapidly growing epidemiological and medical research data, monitoring and anticipation the effects of vaccine coverage, international exchange of information between health authorities, and an expert assessment of the national situation compiled by the Finnish Institute for Health and Welfare. When adequate vaccine protection is achieved, the risk of uncontrolled spread of infection and the burden of hospitalisation will be substantially reduced.

When assessing the timing of the transition to the new approach, it should be noted that among those aged 60 and over, a very high uptake, 92 per cent, of the first vaccination has been achieved in Finland. COVID-19 vaccinations are voluntary in Finland. At present, there are no indications that vaccination coverage would remain significantly below the target achievable on a voluntary basis across the age groups. According to the estimate of the Finnish Institute for Health and Welfare, Finland will have received the supply of vaccines required for a coverage of 80 per cent in the entire target population, including those aged 12 to 15, by mid-September, and the supply for a coverage of 85 per cent by the end of September. The aim is to achieve the highest possible vaccination coverage, at least 80 to 90 per cent of the entire target population. Particular attention will continue to be paid to vaccinations and coverage of population groups, especially vulnerable people.

During the update of the previous action plan, the Government considered that the epidemic situation and the progress of the vaccination programme will require a revision of the action plan content in the summer and autumn of 2021. The content and validity of each revision will be confirmed separately. During the summer, the Ministry of Social Affairs and Health conducted this revision together with the Finnish Institute for Health and Welfare as based on the epidemiological situation, monitoring data on the progress of the vaccination programme and its effects, new variants of the virus, international experience, and accumulated research data. The Ministry has also reassessed the need for remote working and wearing a face covering, as well as the urgent need for extending or amending existing legislation. For example, the Ministry is looking at harmonising decision-making by transferring the powers to make decisions on the restrictions affecting food and beverage service businesses from the Government to municipalities and Regional State Administrative Agencies that decide on other similar restrictions. The preparations for a Finnish COVID pass and the expedited drafting of the necessary legislation were launched in August 2021. Concerning the targeting of measures, the COVID-19 testing and tracing strategy will be updated as soon as possible to take into account the transmission chain risk assessment and the increase in vaccination coverage.

2.1 Epidemiological situation at the turn of August 2021

At the beginning of 2021, the total number of cases of the global COVID-19 pandemic halved in five weeks. In Europe, the trend was initially similar, and mortality from COVID-19 also fell sharply. However, the transmission has since re-accelerated, as the vaccination coverage has not been comprehensive enough in most countries. A situation update of the global pandemic can be found on the ECDC website: https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases and an overview of the situation in Europe at https://ecdc.europa.eu/en/covid19-country-overviews. Weekly epidemiological reports, including reviews of the regional situation, are available on the website of the Finnish Institute for Health and Welfare at https://thl.fi/koronaviruksen-seuranta.

From December 2020, the alpha variant of the virus began to increase its share of the new cases in Finland, accounting for the majority of new cases by the beginning of March 2021. It began to be replaced by the delta variant from the beginning of May, becoming the predominant variant by the end of July. Both variants have been shown in some studies to be somewhat more infectious compared to the previous forms. However, changes in the restrictions, holidays and behavioural changes in the population which have increased contact are likely to be at least as important in explaining the increase in infections in summer 2021 as the prevalence of more contagious variants.

In the EU and the EEA, based on modelling and the estimated reproduction number of the delta variant, 90 per cent of new SARS-CoV-2 infections were thought to be caused by this variant by the end of August. It is possible that the delta variant will increase the need for hospitalisation in comparison to the previously prevalent alpha variant.

The nature of the epidemic changed during the summer of 2021: as elsewhere in Europe, infections have spread rapidly since June, especially among unvaccinated young people and young adults. Chains of transmission traced to leisure events have emerged. In the current epidemic situation, the risk of infection is high unless adequate control measures are taken at the events. The large number of cases has placed a significant burden on primary healthcare and has been reflected in the requirement for health and social care staff. However, due to the increased vaccination coverage, the deteriorating epidemic situation with increased infection rates have not overburdened hospitals to the extent experienced during the epidemic peaks in the autumn of 2020 or spring 2021. During August, the need for specialist healthcare and especially intensive care initially increased, but then levelled off by the beginning of September.

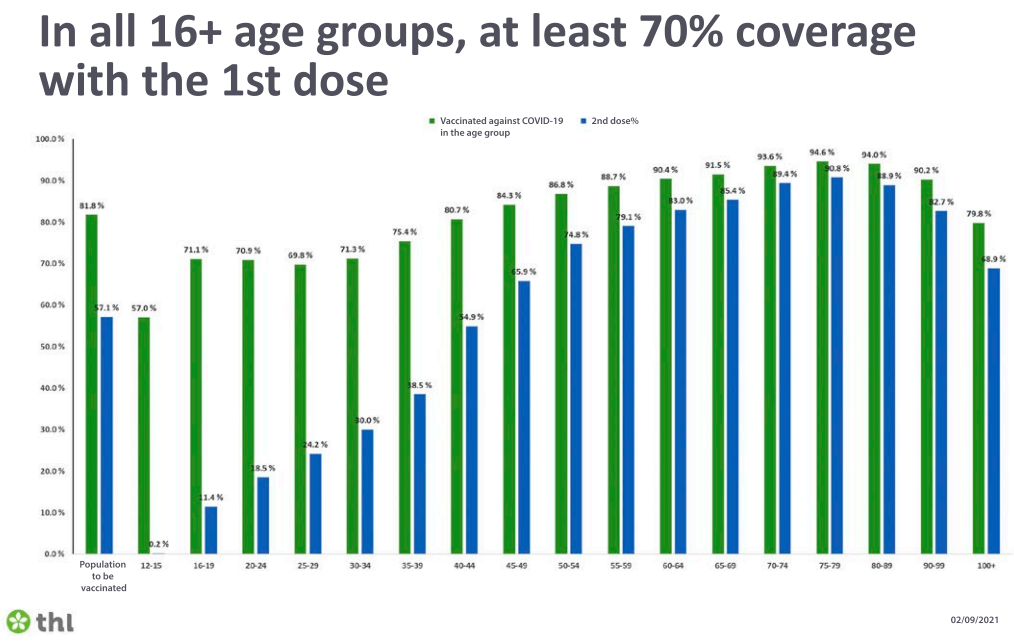
At the turn of August 2021, the number of new COVID-19 cases in Finland seems to have started to decline. In the week starting 23 August, 4,064 new cases were reported, which was about 300 less than in the previous week. The estimated effective reproduction

number is 0.75–0.95 (90% confidence interval). The estimated effective reproduction number for the HUS hospital district is 0.80–1.05. The numbers have fallen due to fewer cases being reported than in previous weeks. The increase in the number of hospital patients has also come to a halt. However, the number of reported cases remains high in Finland, and the epidemic situation may also take a turn for the worse.

During spring 2021, the COVID-19 vaccination programme made good progress in all special catchment areas of the healthcare system. The Finnish Institute for Health and Welfare reports daily on the progress of vaccinations on its website at https://www.thl.fi/episeuranta/rokotukset/koronarokotusten_edistyminen.html. At present, there are no indications that vaccination coverage would remain significantly below the target achievable on a voluntary basis across the age groups. It should be noted that in the younger age groups, the risk of a more serious disease has been largely linked to the same risk factors as in the older age groups. For that reason, nearly all people who are at risk and aged 12 and over were vaccinated at the end of August.

Vaccinations for young people aged 12 to 15, which began in August, have progressed rapidly. About 57 per cent of this age group had already received the first dose of the vaccine by 1 September 2021 (Figure 1). In all age groups over 40, the first dose of vaccine has been received by more than 80 per cent of the people, but for the time being uptake remains lower in the 16 to 39 age group, at 71–75 per cent. The rate of increase in vaccination coverage depends on the availability of vaccines and the possible shortening of the time between vaccinations. The final level of vaccination coverage (two doses) can be assessed by the end of October.

Figure 1.



Vaccines given to date already provide very good protection for the elderly and those susceptible to serious illness who are at highest risk of contracting the disease. This can be seen in the sharp decline in case fatality rate in the general population as well as the low level of incidence in the oldest age groups during the summer (Figures 2 and 3).

Figure 2.

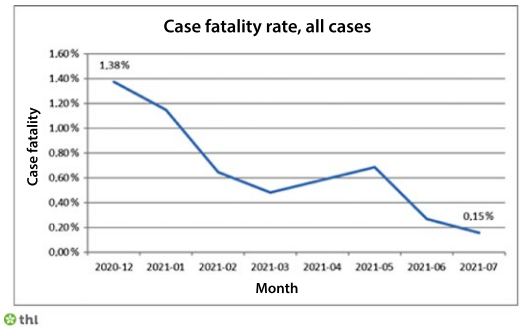
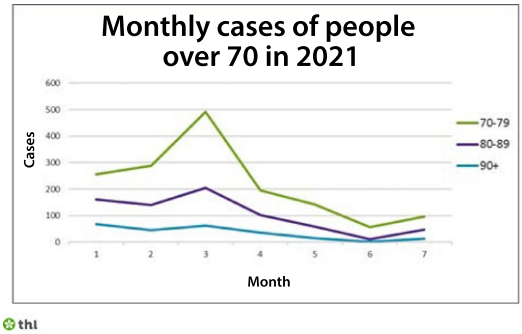


Figure 3.



Whilst vaccination coverage is not yet high enough to allow a complete lifting of restrictions and other preventive measures, a growing proportion of unvaccinated people are young enough not to have predisposing risk factors, meaning that the proportion of serious cases in infections is expected to continue to decrease. Gradually increasing numbers of COVID-19 infections are currently reported among those who have received the first dose of the vaccine. This is normal with the vaccination programme still ongoing

and with a high risk of infection, and can be expected to decrease with the increasing vaccination coverage and the proportion of those who have received two doses of vaccine. Very few serious cases of the disease have been reported among those fully vaccinated.

In some non-Finnish and non-Swedish speaking populations, vaccination coverage has so far been lower than in the rest of the population. There is also some regional variation in vaccination coverage. If vaccination coverage in some population groups or regions were to remain clearly lower than in the rest of the population, this could increase the risk of a prolonged and at times more widespread epidemic. Therefore, special efforts must be made to reach and vaccinate groups whose vaccination uptake threatens to remain too low.

During winter 2021–2022, COVID-19 infection rates may still remain moderately high, perhaps fluctuating in accordance with region and vaccination coverage. There may be several smaller local waves of the epidemic during the winter. Since, based on current information, vaccination is also likely to provide good protection against serious forms of the disease caused by the variants currently present in Finland, the impact on the overburdening of hospitals can be expected to remain relatively small.

COVID-19 vaccines, like the majority of other vaccines, do not provide complete protection against infection, so infections will continue to occur among the vaccinated population. It is also possible that the efficacy of current vaccines will decline at some point in the future. In this case, maintaining adequate vaccination protection for the population would require annual vaccinations in the same way as with seasonal influenza. An assessment of the need, target groups and timing of a possible third vaccination is currently being made.

The most likely scenario is one in which the virus returns seasonally and causes a wave of the epidemic at some level, possibly eventually recurring annually. It is almost certain that a new coronavirus will circulate in the world even after the majority of the world's population has achieved immune protection, either through vaccination or by contracting the disease. The virus will emerge time and time again and may develop into new waves of the epidemic. However, because the population has an immunological memory that is rapidly activated and strengthened during each wave, the majority of the population will not become ill, or will experience a mild form of the disease. For individuals, however, the coronavirus can still cause serious illness and even lead to death. The majority of the scientific community estimates that the vaccination programme will make the disease profile of the virus milder at a population level, a state likely to be maintained either through the strengthening described above or repeated vaccinations. In those countries and regions where the population cannot be vaccinated sufficiently comprehensively and quickly, the same outcome is likely to be achieved gradually through repeated waves of the epidemic.

2.2 Epidemiological baseline scenario

Restrictions and recommendations preventing the spread of the epidemic, the health safety at borders and the progress of the COVID-19 vaccination programme protecting the population will continue to determine the development of the Finnish epidemic in the autumn 2021. The key objective is to keep the epidemic under control until vaccinations significantly reduce the effects of the coronavirus. The order of vaccinations therefore follows a model aimed at preventing mortality and morbidity as effectively as possible and ensuring the functional capacity of the healthcare system. Consequently, the impact of vaccinations on the severity of the epidemic became apparent long before the entire population was vaccinated; for example, signs of a decline in mortality have been visible since mid-March 2021. Additionally, a growing proportion of the non-vaccinated population is young and without any predisposing risk factors, reducing the proportion of serious infections of the cases reported in the summer of 2021. However, the sharp increase in cases has continued to lead to a rise in hospitalisations.

In a webinar on 26 August 2021, the Finnish Institute for Health and Welfare presented scenarios (alternative future developments) based on current data generated through epidemiological modelling for the period between September and December 2021. The scenarios take into account the reduction of seasonal variability and the expected progress of the vaccination programme, and assess the development of infections and the need for hospitalisation in relation to different patterns in the number of contacts.

The change in the number of contacts affects the basic reproductive number R, from which the effective reproductive number R-eff is derived. The latter also takes into account the proportion of susceptible hosts in the population (in practice, the effect of vaccinations). In the scenarios, the baseline values for the reproduction number range from 2.5 in the late summer of 2021 to 4.0.

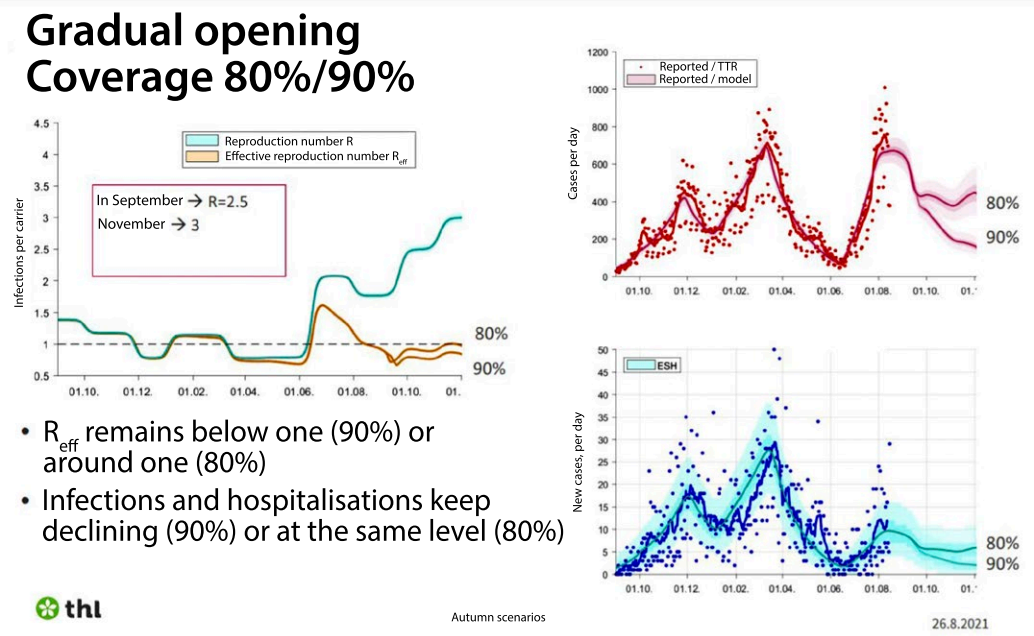
The basic R number of the delta variant of the coronavirus is assumed to be between 5 and 6. This means that if there were no precautions in place in society, one infected person would infect five to six new people. The basic reproduction number depends on the conditions under which it was estimated. If an estimate is made in a large city with a high population density and a high number of social encounters on a daily basis, the R number will be higher than if the same estimate were made in a sparsely populated area. So, in reality, there is no global basic R number, but that too is local. For the same reason, differences can also arise between countries.

In the scenarios, the number of contacts, i.e. the reproduction number R, gradually increases from the present moment to preset levels during September and November. The reasons for the increase are not specified in the model: the opening up of society, the variant situation and the seasonal effect are included in the different R numbers and

the increase. In all scenarios, the model assumes that vaccinations are offered to the current target population gradually from the oldest age groups every 12 weeks until the limit of 80 or 90 per cent is reached. The vaccine efficacy model takes into account the efficacy against infection and reproduction, as well as efficacy against a serious illness of an infected person. Efficacy estimates are based on international research data and observations made in Finland of the vaccinated population. Should the period between the first and second doses of vaccine be shortened, the protective effect of vaccinations could occur somewhat earlier. However, shortening the vaccination interval to less than six weeks may lead to a lower protective effect.

The most probable short-term development is the model where an increase in contacts causes the R number to rise to 3.0 during the autumn, due to the gradual opening of society. Even in this scenario, the spread of the virus is significantly decelerated through people's own behaviour, recommendations and targeted restrictions. In this scenario, where the increase in contacts from R 2.0–2.5 to R 3 would occur gradually during September and October, a vaccination coverage of 80 per cent would be enough to prevent the epidemic from spreading and keep the need for specialist healthcare at the level of early summer 2021. If the vaccination programme is implemented as planned, a 90 per cent vaccination coverage would lead to a sharp decline in infections at the population level, and there would be very little need for specialist healthcare (Figure 4).

Figure 4.



If the rise in contacts to the level of R 3 were to occur earlier in September, the vaccination coverage would need to reach 90 per cent (full set of vaccines) among the targeted population in order to reverse the trend, avoid a new wave of infections in late autumn, and maintain the need for specialised healthcare at the level of late August and early September. It should be noted, however, that even in this case, the effective R number (R-eff) would remain only slightly above 1. The effects of any additional restrictions would be therefore achieved quicker and more easily than during the late summer, when R-eff was well above 1 for several weeks. If the R number dependent on the number of contacts were allowed to rise to 4 in early autumn, which would correspond to the lifting of almost all epidemic control measures, neither vaccination coverage would be enough to prevent a sharp escalation of the epidemic in late 2021 (see the Finnish Institute for Health and Welfare webinar for more information and material.

To summarise the scenarios, it is possible to open up society in the autumn of 2021 without an uncontrolled increase in the number of infections and serious forms of the disease. The sooner the higher vaccination coverage is achieved, the earlier increase in contacts will no longer lead to a significant acceleration of the epidemic during the autumn of 2021.

Scenarios are not forecasts but simplified representations of possible developments at the level of the entire population and with given assumptions. The best possible information on the characteristics of the virus and the effects of vaccinations has been used as a starting point for the scenarios. They take into account current vaccination coverage, its estimated growth rate based on current experience, vaccine delivery schedules for all age groups to be vaccinated, and the efficacy of vaccinations in preventing infection and symptomatic and severe disease. The effect of the under-12 age group has also been taken into account.

It is very important to note that the trends described in the scenarios use a stepwise method for both vaccine coverage and increased contact; in other words, they do not assume that the vaccination coverage target will be achieved first, and only then can opening begin. The scenarios therefore provide direction and support, based on the best available information, for beginning the opening up of society before the target vaccination coverage is reached. At the same time, they show how every effort must be made to achieve the highest possible vaccination coverage.

In the longer term, individuals who have received a full set of vaccines can nevertheless spread the disease. However, epidemic clusters are more likely in areas with low vaccination coverage or in populations such as children under 12 years of age. It is possible, and even likely, that the focus of the epidemic, like many other viruses, will shift to increasingly younger children. It is known that in children under 12 years of age (whose

vaccination does not currently comply with the indications for conditional marketing authorisations granted by the European Commission for various coronavirus vaccines), the acute infection is often mild and has transient health effects. As the epidemic continues, the detrimental effects of large-scale quarantines on children's development will become more obvious, so the need for the control measures and their proportionality will have to be re-weighed repeatedly.

2.3 Legal assessment of the situation

Legal basis for measures to prevent the epidemic

Since May 2020, the objective of Finland's hybrid crisis management strategy has been to prevent the spread of the virus in society, safeguard the capacity of the healthcare system, and protect people – particularly those at risk.

The aim is to effectively curb the epidemic and its adverse effects on people and society, while minimising disruption to people, businesses, communities and society, and to the realisation of fundamental rights. To this end, measures based on communicable disease legislation are taken where they are necessary and proportionate to achieve this objective, and where the overall benefit to the realisation of fundamental human rights and wellbeing outweighs the disadvantages of the measures.

Section 19, subsection 3 of the Constitution imposes an obligation on public authorities to ensure adequate health and social services for everyone and to promote the health of the population. In addition, under section 7 of the Constitution, public authorities must safeguard the right to life and personal liberty, integrity and security. These obligations seek to realise such rights as the right to health and its protection under the International Covenant on Economic, Social and Cultural Rights, as well as similar rights under the Conventions on the Rights of the Child and Persons with Disabilities.

The public authorities must ensure the realisation of fundamental rights and human rights (section 22 of the Constitution). In addition to the fundamental rights mentioned above, this means rights such as equality, freedom of movement, protection of privacy, cultural rights, including the right to primary and secondary education, the protection of property, the right to work and freedom to conduct a business, and the protection of freedom of religion or conscience.

The general criteria for restricting fundamental rights guide the scope and content of the restrictions and the recommendations seeking to restrict people's lives. The requirements concerning the acceptability and proportionality of the restrictions in relation to the objective pursued are essential, as are the precise definition, accuracy and provision of the restrictions by law as regards the limitation of freedoms. Due to the constitutional status of the Committee on Constitutional Affairs, the opinion by the Committee should be taken into account in interpreting the imposed restrictions.

The Communicable Diseases Act requires the authorities referred to in the Act to take immediate action after receiving information on the occurrence of a communicable disease requiring control measures. The measures of the authorities must be swift and anticipate the situation and exercise the powers assigned to the authority without delay, but in accordance with the principles of proportionality, necessity and purpose limitation as well as other requirements of good administration (see Deputy Chancellor of Justice decision No. OKV433/70/2020).

The application of recommendations and restrictive measures requires a comprehensive assessment in which decisions are weighed in relation to epidemiological, social and economic impacts and in relation to fundamental rights. The government resolution of 6 May 2020 stated that as Finland had been successful in curbing the progress of the epidemic, extensive restrictive measures were being replaced with more targeted measures in a controlled manner. In its reports, the Constitutional Law Committee has emphasised the primacy of normal-conditions legislation and of powers that interfere with fundamental rights as little as possible (PeVM 20/2020, PeVM 19/2020, PeVM 17/2020, PeVM 9/2020 vp).

Knowledge on the clinical picture, spreading and means of combating the COVID-19 epidemic has increased rapidly but remains inadequate. Our knowledge of the effects and significance of increased vaccine coverage is constantly being refined. Discretionary application of restrictions and other measures is always based on the best available and appropriate information. Juridically, when restrictive measures are considered, uncertainty and risks can be proactively taken into account, which is also very important for minimising the adverse effects of recommendations and restrictions.

The Communicable Diseases Act and the Occupational Safety and Health Act as well as the corresponding provisions on the safety of learning environments form the legal basis of the action plan. The Constitutional Law Committee has stressed that, even under normal conditions, protecting the health of the population and maintaining the functional capacity of the healthcare system in the context of a pandemic are very important justifications from the point of view of the fundamental rights system, and can justify exceptionally far-reaching action by the authorities, including those interfering

with the fundamental rights of people. However, when preparing restrictions, it must be possible to justify, in substantial detail, the necessity and proportionality of the proposed measures, and to take into account the previous interpretations of the Committee on Constitutional Affairs concerning restrictive measures. The Constitutional Law Committee has also emphasised the requirement of the general prerequisites for restricting other fundamental rights: in particular, the strict and precise nature of the restrictions, as well as the clarity of regulation and the basis on legislation of measures targeting people's normal lives (PeVL 32/2020 vp). The regional and substantive scope of regulation is relevant for the necessity and proportionality of regulation (PeVL 31/2020 vp). The Constitutional Law Committee has also drawn attention to the need to limit the validity period of the fundamental rights restrictions imposed as a result of the coronavirus epidemic to the minimum necessary (PeVL 32/2020 vp). The Committee on Constitutional Affairs emphasises the emphasised the primacy of normal-conditions legislation and of powers that interfere with fundamental rights as little as possible, as well as decision-making that assesses the overall harm to society from restrictive measures in relation to their benefits (PeVM 9/2020 vp.).

The Constitutional Law Committee and the highest supervisors of legality, the Chancellor of Justice of the Government and the Parliamentary Ombudsman, have stressed in their positions and decisions that the authorities must always be able to derive their activities from the clear grounds for competence laid down in the legislation enacted by Parliament in accordance with the rule of law as well as the requirement of exact compliance with law included within it. The legal significance of the matter must therefore be clear in all actions and communications concerning them (PeVL 32/2020 vp, decision of the Chancellor of Justice No. OKV/61/10/2020, decision of the Deputy Parliamentary Ombudsman No. 3739/2020 and 3257/2020). The special position of Åland and its own action plan for the COVID-19 epidemic are taken into account, and if restrictions are imposed, dialogue with Åland will be an integral part of the process.

In the longer term, once vaccination coverage deemed adequate and effective in preventing the spread of the epidemic has been achieved and information on new virus variants does not call into question such adequate protection, restrictive measures will no longer be legally necessary for their main purpose of protecting life and health and the health and social services. Central to this assessment of SARS-CoV-2 virus infection is the stage at which it is no longer justified to impose measures due to a risk of an epidemic, or to direct municipalities and regions to deploy control measures if a significant increase in the hospitalisations is unlikely. At the very least, any stronger measures must be identified, precisely targeted and justified by a concrete threat and/or effects reported among the non-vaccinated population that therefore to be expected to continue, in order to be legally necessary and proportionate.

According to the Constitutional Law Committee (see e.g. PeVL 12/2021), in particular as the epidemic situation continues, preparations should be made for any permanent changes that may be required in normal-conditions legislation. However, it is justified to adjust the temporary amendments only after careful preparation under normal conditions. In connection with the reform of the Communicable Diseases Act, which plays a key role, it should be assessed whether the regulations to be issued and regulations that can be issued are also up to date in future changing situations, or whether there is also a need for other, more detailed normative guidance in terms of anticipation. In normal circumstances, it is legally most sustainable to update other legislation to allow for flexible approaches, in order to take justified action to combat infectious diseases. The timeliness of the regulatory basis must be continuously assessed in the light of the changing situation and information. The task of the ministries in cooperation with other ministries is to identify and assess the needs for legislative changes in their administrative branches and to take the necessary initiatives to make legislative changes.

2.4 Key aspects of impact assessment

The revision of the hybrid strategy is based on a broad consideration and a comprehensive nationwide assessment showing that the use of large-scale and untargeted epidemic control measures is neither medically nor legally necessary nor proportionate once adequate vaccination coverage has been achieved. It is essential that the necessity and proportionality of the measures are linked to the purpose and objective of combating the epidemic. The target level set for this purpose is partly a legal discretion imposed by the obligation to protect fundamental rights and by other legislation, partly a value-based choice, both of which are guided by the information obtained through the impact assessment. The comprehensive weighing that underpins the revision of the hybrid strategy means that local and regional decision-making must also seek to curb the epidemic and its adverse effects on people and society, whilst minimising disruption to people, businesses, communities and society, and to the realisation of fundamental rights.

The measures are shorter in duration and are targeted and weighted in accordance with the risk potential of the restricted area. Based on the authorities' assessments, the aim is to limit the available, proportionate and necessary control measures in terms of their object, content, duration and area. This also means that the grounds for recommendations and restrictions are primarily medical and epidemiological, and that the social and economic side effects should be smaller and limited. However, a relatively short-term but strict restriction may be a more acceptable alternative in terms of overall effects than a longer-term but finely targeted restriction. Restrictions should treat different sectors as equally as possible in terms of risk potential. Based on the expert work of the Finnish Institute for Health and Welfare, the Ministry of Social Affairs and Health will issue a guidance letter

concerning the risk potential, taking into account the social and economic impacts of the measures. The guidance letter will be updated as necessary, based on the experience gained.

Testing and tracing have been one of the most effective ways to control the epidemic and prevent further infections. However, the role and importance of testing and tracing will change as vaccine coverage increases. From now on, actions will be targeted primarily at those areas that are considered to be of the greatest benefit regionally or locally in terms of epidemic management and prevention of further infections. Attention should be paid to the efficiency and effectiveness of testing and tracing, especially in situations where testing resources are limited. In the future, with regard to testing and tracing, the extent to which the measures taken are effective and efficient must be assessed. Through the protection provided by the full set of vaccines, the effectiveness and necessity of measures targeting fully vaccinated people will be reduced. Consequently, infection chains that are severed through testing and tracing will specifically protect those who have not received the full set of vaccines or have not been vaccinated at all. Impact assessments should take into account the local and national epidemic situation and vaccination coverage by age group, especially as vaccine coverage increases. Based on this information, it is possible to target test and trace activities as efficiently and effectively as possible.

In opening up society, the impact assessments of the strategy implementation must continue to focus on the primacy of the principle of the best interests of the child. The impact assessment should also take into account the wider welfare effects of the fight against the COVID-19 disease (including long COVID) and the epidemic, which may only become apparent in the longer term. The effects of vaccination coverage on the prevention of serious diseases differ in various age groups. The impact assessment calculations take into account the increase in vaccination coverage by age group and are constantly updated as this and other follow-up data accumulate.

3 Epidemiological monitoring and evaluation

The implementation of the hybrid strategy is based on monitoring the epidemiological situation, an overall assessment of a diverse set of indicators and a rapid response by the authorities if the situation so requires. The increase in vaccination coverage will change the course of the epidemic, and the monitoring metrics should be changed accordingly. The focus will shift to monitoring vaccination coverage and the effectiveness of vaccinations (serious consequences of infections). The change will be implemented as part of the weekly epidemiological reporting from September 2021.

3.1 Evaluation criteria

The epidemiological monitoring metrics take into account the following variables:

- increase in vaccination coverage by hospital district in different age groups;
- anticipated and realised need for hospital care, including intensive care;
- total number of infections and incidence by age group divided into vaccinated and non-vaccinated groups;
- incidence of the need for specialised care by age group, divided into vaccinated and non-vaccinated groups;
- COVID-19 case fatality rate and mortality relative to the population size;
- effective R number (R-eff);
- number of tests by age group.

The overall forward-looking assessment of the epidemiological situation will also take into account aspects such as:

- international epidemic situation, especially in Finland's neighbouring areas;
- development of antibody levels in the population (seroepidemiology)
- wastewater monitoring;
- information on potential new variants of concern.

A more detailed description of the metrics and data collection will be published in a technical appendix to the Finnish Institute for Health and Welfare's COVID-19 Epidemic Hybrid Strategy Monitoring Report and will be updated as necessary.

Local and regional decision-making and monitoring of the effectiveness of control measures also use information on changes in test positivity as well as information from infection tracing on sources of infection and the number and relevance of quarantines (ratio of quarantined to infections).

The metrics data collection is based on the test and trace system. Therefore, the COVID-19 testing and tracing strategy will be updated as soon as possible to reflect the increase in vaccination coverage and the effective targeting of activities. At the same time, care is taken to ensure that other infection diagnostics are not neglected but rather intensified. The incidence of seasonal influenza and other respiratory infections is expected to increase in autumn 2021, increasing the importance of the targeting and diagnostic relevance of testing.

3.2 Compiling and maintaining the situational picture

The Finnish Institute for Health and Welfare compiles and maintains an up-to-date epidemiological status at national and regional level. For the time being, the COVID-19 status and modelling group appointed by the Ministry of Social Affairs and Health discusses a weekly status report before it is published. The purpose of maintaining a situational picture is to gather information on the development of the epidemic for decision-making, in particular to assess the need for an emergency brake mechanism.

Changes in the overall picture of the monitoring metrics are monitored over periods of one and two calendar weeks. The indicator development will be monitored as trends and in relation to the expected strategic objectives on the basis of vaccine coverage (whether the reduction in serious morbidity and mortality targeted in the baseline epidemiological scenario will be achieved and how it will be maintained). Attention is also paid to the ratio of total infections to older people, unvaccinated people, and infections among the vaccinated population. This provides an idea of the residual risk that may still be associated with groups at risk of severe COVID-19 disease and with unvaccinated individuals. This information and an indicative assessment of national and regional situation management will be included as part of the weekly epidemiological situation report.

The national status and the overall picture of the measures are monitored and evaluated by the Finnish Institute for Health and Welfare, the Ministry of Social Affairs and Health, and the Government's COVID-19 coordination group. The overall picture is regularly reported to the Government. Coordination with the national vaccination strategy will be ensured as part of the monitoring and evaluation of the epidemiological picture. This ensures that decisions taken at regional level form a sensible and uniform whole and

that the control of the epidemic across the board is effective and cost-effective. The focus will shift from the monitoring of measures to the achievement of the above-mentioned strategic objectives. The Government will examine, in particular, the functioning of the hybrid strategy as a whole, the effectiveness of regional action, and the need to introduce an emergency brake mechanism.

3.3 National emergency brake mechanism

As the global pandemic continues, it is justified that, while regional phases of the epidemic are dismantled, a new national emergency brake mechanism is deployed in the event of a sudden and very serious deterioration of the epidemic situation. A description of the mechanism will be prepared cross-administratively.

The emergency brake mechanism means **moving back to national control of more far-reaching measures within the framework of existing legislation.** The Ministry of Social Affairs and Health would submit to the Government a proposal for issuing a government resolution on deploying the mechanism and on the corresponding guidance. The first step could be to move back to a regional epidemic approach, as experience has already been gained about implementing one. For example, regional and local authorities could be instructed, as necessary according to the regional epidemical situation, to introduce local, risk-based restrictions in line with the basic approach at regional level, as well as to deploy specific powers under the temporary provisions of the Communicable Diseases Act if necessary and proportionate and the adverse effects of the situation cannot be otherwise prevented.

The mechanism should be put in place if the effectiveness of the vaccination programme is significantly lower than expected and the epidemic situation takes a clear turn for the worse as a result. An essential criterion for the deployment of an emergency brake mechanism is the very significant threat of serious morbidity, need for treatment and mortality to the population due to a sudden spread of the disease (prevention of large-scale effects on welfare, protection of life and health). Nationwide introduction of the mechanism would be justified mainly in a situation where the healthcare system was at clear risk of overburdening, treatment of other diseases was threatened, or the vaccination programme was incomplete among population groups at high risk of serious COVID-19 disease and death. It is essential that the threshold for the deployment of the emergency brake mechanism is very high and that the measures have a pre-defined, clear strategic objective. This objective will also determine the criteria for dismantling the mechanism.

In the event of deploying the brake, it would be justified to establish in advance a genuinely cross-administrative monitoring and evaluation framework for carrying out

a broad assessment of the measures required, as society's commitment to a purely epidemiological monitoring conducted outside its fields of activity is estimated to be lower than before. The impact of the measures on businesses should be considered, including the need for new rounds of cost support or similar other support measures. Crucially, the necessity and proportionality of the measures are linked in this impact assessment to the purpose and objective of the fight against the epidemic.

4 A new operating model for the regions

In the new operating model, the infection situation and its effects are monitored and the clusters of infection are eliminated primarily by local authorities with powers under the Communicable Diseases Act. The vaccine coverage and the possible needs and actions to increase the coverage are assessed. Test, trace, quarantine and treatment play the key role at the level of individuals. Direction based on the dissemination of information and communication with the target groups are of paramount importance, aiming for the highest possible vaccination coverage.

In local epidemic control, the role of the municipality or the joint municipal authority responsible for combating communicable diseases is more important than before. Restrictive measures must be maintained in the each context of combating the epidemic, as long as their overall benefits to society, taking into account the impact on fundamental human rights, outweigh their disadvantages and are necessary and proportionate. The risk potential assessment model guides the judgment of the necessity and proportionality of actions.

- In principle, the functions of society are not restricted.
- It is not recommended to limit low-risk events and activities.
- Targeted recommendations, with direction through the dissemination of information, should be issued for medium-risk events and activities.
- Only high-risk activities should be restricted by targeted and carefully selective administrative decisions in a specific local situation.

The objectives and uses of the COVID pass, currently in preparation, would be parallel and complementary to the risk-based restrictions, so that any voluntary uptake of a COVID pass would enable people to sidestep restrictions.

4.1 Operational levels of responsibility

The main purpose of monitoring at the central government level is to focus on monitoring the adequacy of the new operating model and its overall effectiveness, as well as assessing the need to introduce an emergency brake mechanism, so that the intensity of monitoring in its current form can be gradually reduced.

In local epidemic control, the importance and role of the municipality or the joint municipal authority responsible for combating communicable diseases are emphasised more than before.

The operational levels of responsibility are as follows:

1. National monitoring, evaluation and direction through disseminating information: the Finnish Institute for Health and Welfare and the Ministry of Social Affairs
2. Regional monitoring and cooperation: hospital district for direction, Regional State Administrative Agencies for coordination and monitoring
3. Local basic work and, if necessary, targeted restrictions: municipality, Regional State Administrative Agency

The general planning, guidance and monitoring of the prevention of infectious diseases are the responsibility of the Ministry of Social Affairs and Health. The Ministry is responsible for preparing for and managing nationwide disruptions to healthcare or their threat. Key tasks of the Ministry include providing the competent authorities with priorities and guidelines and ensuring their ability to operate by means of guidance, legislative drafting and financial preparation. The Ministry also conducts the exchange of information and cooperation at the central government level required in law drafting and in guidance activities, and establishes contacts with the Åland Provincial Government. In accordance with current legislation, restrictions concerning food and beverage service businesses are decided by a government decree on the presentation of the Ministry. Otherwise, the main purpose of monitoring at the ministry level will focus on monitoring the local operating model described in this action plan and its overall effectiveness, as well as assessing the need to implement the emergency brake mechanism described in Chapter 3.

The aim of regional and local action is to curb the epidemic and the spread of infections and, in particular, to prevent the occurrence of serious consequences of infections at the regional and local level. In order to implement the recommendations and restrictions, the Ministry of Social Affairs and Health instructed municipalities and hospital districts to organise their regions for the purposes of considering and making decisions on the recommendations and restrictions in early autumn 2020. This led to the establishment of COVID-19 coordination and cooperation groups with representatives from hospital districts, municipalities, the Finnish Institute for Health and Welfare, and the Regional State Administrative Agencies. In order to take into account the impacts on business life, local Centres for Economic Development, Transport and the Environment are also widely involved in the regional groups. As a result of the amendments to the Communicable Diseases Act concerning restrictions on public transport, the Finnish Transport and

Communications Agency has been involved in the work of regional authorities in the regions since early 2021. The groups meet regularly to assess the regional epidemiological situation and consider what recommendations and restrictions are needed to contain the epidemic. This assessment plays a role in supporting and guiding the decisions of the competent authorities and their coordination. The decisions are justified by regional and local needs and describe the overall assessment of the epidemiological and impact of the measures on society.

Municipalities have been given the statutory obligations and powers to prevent infections and their adverse effects on welfare. The principles described below emphasise the need for effective and short-term management of potential special situations at the local level in a way that minimises the adverse effects on people and society caused by the spread of infections and disease. In their deliberation and decision-making, municipalities can rely on the expert support of the regional COVID-19 coordination group and align their measures in special situations that cross municipal boundaries.

The statutory responsibilities and roles of the authorities and the legal conditions for exercising the recommended powers of the Communicable Diseases Act are set out in **Appendix 1**.

4.2 Principles for targeting measures

The purpose of the Communicable Diseases Act is to prevent communicable diseases and their spread, as well as the harm they cause to people and society. The widespread spread of the disease among population groups may continue to pose a clear risk to the health and overall wellbeing of susceptible people and, through its indirect effects, may lead to wider damage to society. At local level, municipalities and joint municipal authorities monitor the infection situation, and in particular its effects. The spread of infections and their adverse effects can be effectively prevented by introducing measures in line with the hybrid strategy in a timely manner, targeted on the basis of epidemiological effectiveness and appropriateness.

The disease situation and its effects are monitored at the local level

1. Measures implementing the **test, trace, isolate and treat** principle primarily target individuals suspected to be infected and their exposed close contacts. The aim is to break the high-risk transmission chains and prevent the wider spread of the virus in the population.

2. **Targeted recommendations and control measures** are targeted at facilities, events and activities where the risks of spreading the virus can reasonably be considered elevated. As a rule, these measures are adopted at the local or regional level. Restrictions must even then be necessary and proportionate and, where applicable, based on the risk potential (risk hierarchy) model described below.
3. **Recommendations for the entire population** generally reduce contacts (maintaining physical distance, remote working recommendation), reduce the chances of virus infection in daily life (respiratory and coughing hygiene, face masks), and facilitate infection tracing, if necessary (the Koronavilkku application).
4. **Extensive restrictions on the population** may be justified as last-resort measures in order to prevent the threat of a serious spread of the epidemic (national emergency brake mechanism).

It is essential in the local situation to pay attention to unvaccinated population groups, groups particularly susceptible to severe disease, and changes in the need for treatment. The significance and impact of the spread of the disease must be assessed, in particular from a medical point of view, in terms of the risk it poses to the lives and health of individuals, but also to their wider wellbeing, service needs and fundamental rights. Indirect effects on a person's family and friends and their ability to function in society are also relevant. Equally important is the significance of the measures required to control the epidemic (including testing, tracing and other individual-level actions) for the timely availability and accessibility of services.

The overriding principle of the best interests of the child will continue to be taken into account in decision-making. The purpose of considering the position of children, and the principle of prioritising the best interests of the child in guiding the application of measures, is to minimise any adverse effects of the infection-preventing measures on children. The impact assessment should also take into account the wider welfare implications of COVID-19 and the epidemic, which may only become apparent in the longer term.

The premise is that the functions of society should not be restricted. Key importance is placed at individual-level measures in testing, tracing and quarantine / isolation in accordance with the basic powers of the Communicable Diseases Act, valid until further notice. The coverage, depth and breadth of these measures must be proportionate to the monitoring and impact assessment identified above when discretion is used under the COVID-19 testing and tracing strategy. Good patient care and maintaining the working ability of the nursing staff are paramount.

When a specific local situation threatens, authorities need to consider, based on their monitoring and evaluation information, where restrictive measures and direction through dissemination of information should be targeted. Consideration should be given to local and regional characteristics, vaccination coverage data, historical data on sources of local and regional infections, and the effectiveness of any previous control measures and resilience of the population in the region.

Allocation and efficiency of testing and tracing will be improved

Testing and tracing have been one of the most effective ways to control the epidemic and prevent further infections. However, the role and importance of testing and tracing will change as vaccine coverage increases. Attention should be paid to the efficiency and effectiveness of testing and tracing, especially in situations where testing resources are limited. In the future, with regard to testing and tracing, the extent to which the measures taken are effective and efficient must be assessed.

Through the protection provided by the full set of vaccines, the effectiveness and necessity of measures targeting fully vaccinated people will be reduced. Consequently, infection chains that are severed through testing and tracing will specifically protect those who have not received the full set of vaccines or have not been vaccinated at all. Through an increase in vaccination coverage, the proportion of unvaccinated population will decrease, whilst the increasing number of vaccinated people will further reduce infections. In situations where there is a need for extensive testing and tracing, action should be proportionate to the resources available or deployed, with priority given to those areas that are considered to be of the greatest regional or local benefit in terms of epidemic management and prevention of further infections. It is a priority that testing and tracing take into account the local and national epidemic situation and vaccination coverage by age group. Based on this information, it is possible to target test and trace activities as efficiently and effectively as possible. The principles and targeting of test and trace are described in more detail in the COVID-19 testing and tracing strategy of the Ministry of Social Affairs and Health as well as in the specific instructions of the Finnish Institute for Health and Welfare.

For both the current COVID-19 pandemic and possible other similar pandemics, the efficiency and digitalisation of processes in testing and tracing should be improved, including the use of various, cost-effective testing methods according to their potential. With regard to tracing, the various operational and digital opportunities to improve the resource efficiency of operations should be assessed, while at the same time disseminating locally developed and implemented effective methods, practices and electronic tools for wider national use.

With regard to testing methods, for the further treatment of the epidemic, the wider use of rapid testing should be explored, alongside widely used PCR testing. The introduction of new types of testing methods and the role of home testing as part of epidemic management should be assessed, identifying the limitations and reliability challenges associated with home testing.

In specific local situations, high-risk activities are restricted in a targeted manner

If a specific situation arises or threatens to arise at the local level, where the disease is endemic and poses a clear risk to the health and wellbeing of susceptible people and, through its indirect effects, may lead to wider damage to society, targeted enhanced measures should be taken.

It is still difficult to assess the impact of an individual restriction on mitigating and combating the risk of a specific local situation, but measures that significantly reduce close contacts have been shown to be most effective in activities where the risk of transmission through droplets is higher due to the content of the activity or the structural aspects of its organisation.

It is justified to rely on the **risk potential assessment model** in the measures and sets of measures. The assessment model is intended to support the decision-making of the competent authorities in a situation where society is opening up, but where the epidemic situation and vaccination coverage do not yet allow the dismantling of all means of preventing the spread of infections. The assessment of the risk potential determines the probability of the restricted activity to spread the infection among the protected population group, as well as the magnitude of the harm to health and wellbeing harm caused by the infection. This assessment model is based on up-to-date objective epidemiological and medical information, which will be updated as information increases, and will guide and support the necessary and proportionate targeting of dissemination of information, recommendations and decisions.

The risk potential of a public event or meeting is clearly reduced by people not arriving at the event or premises if they have symptoms, by precautions and safe distances being implemented (masks, well-ventilated space, no loud noise, no physical contact and no prolonged side-by-side conditions), and by having designated seats placed at a safe distance from each other. Before, during and after the event, care will be taken to ensure that no congestion occurs when moving from one place to another. A public event or meeting that meets these criteria can be described as low risk in terms of the risk of COVID-19 infection and its spread among the population.

Primarily, only those activities with the most significant overall risk are subject to restrictions, if restrictions based on an administrative decision are necessary. Given the expert knowledge on the potential for infections and the prevention of the spread of infections and serious forms of disease through various means of reducing the risk of infection, it may be justified to limit the selected activities in a weighted and comprehensive way, but in a targeted manner. If the purpose can be effectively achieved in the new situation with a relatively short-term but strict specific constraint, it may be a more acceptable alternative in terms of overall effects than a locally longer-lasting but finely structured partial constraint. In particular, this emphasises not only the precise prioritisation of the restricted areas, but also the comprehensive impact assessment.

Based on up-to-date epidemiological and medical information, certain types of events and forms of food and beverage services could be targeted and weighted for restrictions in each situation. It is not recommended to target restrictions on low-risk activities. Direction through dissemination of information should be targeted at the population groups requiring protection in moderate-risk activities.

Restrictions should be as short-term as possible in terms of both territorial scope and duration, minimising the adverse indirect effects of the measures. Targeting and delimitation is carried out within the framework of the permanent and temporary provisions of the Communicable Diseases Act in force. Restrictions are imposed on activities with similar risk potential, in proportion to their operating environment, with essentially similar content and effectiveness. The objectives and uses of the COVID pass, currently in preparation, would be parallel and complementary to the risk potential assessment model, so that any voluntary uptake of a COVID pass would enable people to sidestep restrictions.

In regional application, it is justified to focus on the local level which forms a predictable functional entity (such as the area of employment and services) where people move in significant numbers. Timewise, it is justified to limit the measures to the shortest possible period of time during which, in the opinion of experts, the desired effects can be achieved.

The importance of communication and direction through disseminating information in anticipating measures and their effect is emphasised. Communication on the legally binding nature of measures is also an important part of this, alongside the medical rationale and epidemiological importance of the measures. The decisions must continue to describe the overall assessment of the epidemiological and social impact of the measures. The effectiveness of the measures must be closely monitored and they must be dismantled without delay if it becomes apparent that they will not achieve the intended objective.

4.3 Legislative basis

Activities will be based on communicable disease legislation, including the restrictive measures contained therein, where they are necessary and proportionate to achieve the objective and the overall benefit to the realisation of fundamental human rights and wellbeing outweighs the disadvantages.

Protecting the health of the population and maintaining the functional capacity of the healthcare system in the context of a pandemic are very important justifications from the point of view of the fundamental rights system, and can justify exceptionally far-reaching action by the authorities, including those interfering with people's fundamental rights. However, when preparing the restrictions, it must be possible to justify in considerable detail the necessity and proportionality of the measures proposed. The Constitutional Law Committee has also emphasised the requirement of the general prerequisites for restricting other fundamental rights, in particular the strict and precise nature of the restrictions, as well as the clarity of regulation and the basis on legislation of measures targeting people's normal lives (PeVL 32/2020 vp). The regional scope of regulation is relevant for the necessity and proportionality of regulation (PeVL 31/2020 vp). In its reports, the Constitutional Law Committee has emphasised the primacy of normal-conditions legislation and of powers that interfere with fundamental rights as little as possible (PeVM 20/2020, PeVM 19/2020, PeVM 17/2020, PeVM 9/2020 vp).

Article 12 of the International Covenant on Economic, Social and Cultural Rights provides for a general right to health and its protection. On the basis of a general comment guiding the interpretation of the convention, the right to health obliges the public authorities to combat dangerous communicable diseases and, in particular, to take preventive measures at population level, to maintain and safeguard adequate healthcare capacity and to protect groups at special risk.

The general criteria for restricting fundamental rights guide the scope and content of the restrictions and recommendations restricting people's lives. Essential aspects to be considered include the requirement for acceptability and proportionality of the restrictions in relation to the objective pursued, as well as the specificity and accuracy of the restrictions.

Knowledge on the clinical picture, spreading and means of combating the COVID-19 epidemic has increased rapidly. In legal terms, uncertainty and risks can be taken into account in a proactive way when weighing restrictive measures, which is also very important for minimising the adverse effects of the recommendations and restrictive measures. The Communicable Diseases Act and the Occupational Safety and Health Act

as well as the corresponding provisions on the safety of learning environments form the legal basis of the action plan.

The roles, powers and contents of the available powers of the authorities under the Communicable Diseases Act are specified in Appendix 1. Amendments to the Communicable Diseases Act will ensure the clarity and adequacy of the legal basis for restrictive measures based on an assessment of risk potential.

4.4 Legal assessment of the situation as vaccination coverage increases

The government memorandum "Guidelines for the controlled lifting of restrictive measures and recommendations related to the COVID-19 epidemic" stated that the implementation of the hybrid strategy will be revised in August 2021. The situation in August has changed since the beginning of the epidemic. With the increase in vaccination coverage, people at risk for a serious disease have been comprehensively protected. The characteristics of the virus, other factors and effective control measures that affect the spread of infections are now better known, and vaccinations compensate for epidemiological differences between regions. When adequate vaccine protection is achieved, the risk of uncontrolled spread of infection and the burden of hospitalisation will be substantially reduced. The proportionality and necessity of the measures in place to control the epidemic therefore need to be reassessed as vaccination coverage increases. It is essential that the development of the epidemic and the impact of changes in restrictions are constantly monitored and evaluated so that restrictions and recommendations can be set or dismantled in a controlled and timely manner.

The powers available under the Communicable Diseases Act to combat a communicable disease of general concern are subject to the fulfilment of the criteria for their necessity and proportionality. Restrictions need to be assessed through an epidemiological, social and economic impact. Necessity means that the intended purpose and objective cannot be achieved without the use of the restrictive measure in question as part of a package of measures. The principle of proportionality means that actions and measures must be proportionate to the aim pursued, and therefore the overall benefits of restrictions to safeguard fundamental rights must outweigh their negative effects on the exercise of other rights.

The protection of life and health is a very important fundamental right that should be safeguarded and that is subject to certain precautions. This assessment, which will be refined through accumulated experience and research evidence, will have a direct

impact on how the overall benefits and harms of epidemic control can be evaluated. The assessment should also take into account the wider welfare effects of the fight against the COVID-19 disease (including long COVID) and the epidemic, which may only become apparent in the longer term.

However, the legal assessment must take into account that the overall advantages and disadvantages of restrictions and their constitutional necessity and proportionality cannot be assessed with daily accuracy and that the impact of an individual restrictive measure on this whole remains difficult to assess. Due to the uncertain situation and the difficult predictability of the nature of the epidemic, it is possible that restrictions will also have to be reinstated or re-tightened if the epidemic situation deteriorates and its effects continue to pose a significant risk to human health and life.

Crucially, both necessity and proportionality are linked in the impact assessment to the purpose and objective of epidemic control and the underlying fundamental rights. The aim is to prevent communicable diseases and their spread, as well as the harm they cause to people and society. The target level set for the realisation of this purpose partly involves the legal discretion imposed by the obligation to protect fundamental rights and other legislation, partly a value-based choice. Both are guided by the information obtained through the impact assessment. The selected measures and sets of measures are subordinate to this purpose and target level. Setting a target level requires the best available up-to-date information on the effects of the epidemic on human life and health.

The target level of epidemic control is not only related to the fight against uncontrolled spread in the population, the burden on social and healthcare services and the consequent adverse effects on health and wellbeing, but also to the curbing of wider adverse effects on society. The risk of uncontrolled spread among the population and the burden of hospitalisation, and the risk of mortality, will decrease significantly as vaccine coverage increases. Nationally, the epidemic situation and the burden healthcare and social services have eased, which has allowed mainly measures targeting individuals to be employed to address the infections. Risks related to border crossings will be managed through an effective health safety procedure, the purpose of which is to prevent the spread of rapidly spreading and potentially dangerous variants to Finland. In the light of the available data, two doses of the vaccination provide the population with effective protection against illness and serious forms of the disease.

The purpose and objectives of the national epidemic control will be substantially different from the previous stages of the epidemic. As vaccine coverage increases, the most significant health risks are to the unvaccinated population and to individuals who, for one reason or another, do not have adequate protection against the disease. However, spread among large parts of the population may nevertheless still have wider welfare effects.

The measures to prevent the epidemic will need to continue in order to avoid health effects on individuals and negative welfare effects at the local level. To this end, measures based on communicable disease legislation will be taken where they are necessary and proportionate to achieve that objective and their overall benefits for the realisation of fundamental human rights and wellbeing outweigh the disadvantages of the measures.

The procedures used in the situation-based approach are therefore more in line with the conventional control of communicable diseases of general concern in specific local situations than with the current large-scale control of a pandemic. The revised model and its legal framework, which is already based on permanent regulation, have been drawn up in advance and proportioned to the acceptable level of risk posed by the protection of the fundamental rights and their mutual weighing as vaccinations progress. The change is therefore based on the fact that proactive measures of large-scale control that impose major restrictions on society are no longer epidemiologically and medically justified in relation to that purpose, nor are they legally proportionate.

For the target groups that need protection, the choice of means does not only include restrictions, but, for example, direction through dissemination of information and communications.

In deploying this revised approach, two things are essential: the time span of the objectives and of the extent of epidemic control, and the size of the risk to health and wellbeing caused by the disease among the protected group. In terms of time, the transition to the new approach requires sufficiently reliable information (epidemiological baseline scenario) on the level of protection of vaccine coverage and the level of control of the spread of infections; in particular viral variants, including the risks of cross-border traffic and variants. With regard to the risks to the group needing protection, the transition requires a sufficiently confident assessment of the significant threat to life or health posed by the disease and the likelihood that these risks will materialise. It is also important that all those in the vaccination target group have had access to adequate vaccination protection.

Although the content and mechanism of the current measures may in themselves be necessary to prevent the spread of infections, they are no longer proportionate in their former form, scale and content. In the current state of epidemic control, they are unbalanced, and their negative impacts on many fields of activity outweigh the health benefits. The whole population is no longer equally exposed to a significant threat to life and health, but the risk is reduced and weighted. The same objective can therefore be achieved with much less strict and/or more targeted measures, taking into account the importance of cross-border health safety measures in preventing the spread of the virus and new variants. However, measures have to be taken during each phase of epidemic

prevention, as long as the overall benefits to society, taking into account the impact on fundamental human rights, outweigh their disadvantages and are necessary and proportionate.

In this respect, too, information on the risks posed by the infection to the target group is essential, as is information on the effects of protection measures. This affects both the extent to which the safeguarding of fundamental rights requires these groups to be protected and the choice of means of protecting them. Measures may be legally affected by, for example, the provisions of the Convention on the Rights of the Child. Particular attention should be paid to the overall wellbeing of the groups requiring protection and to the realisation of other fundamental rights.

In light of the above, the main, legally justifiable approach will involve monitoring the infection situation and its effects and eliminating the clusters of infection, primarily with the help of local authorities with powers under the Communicable Diseases Act. Targeted individual-level interventions in testing, tracing and quarantine, along with treatment, play a key role.

However, in order to protect the health and lives of those without adequate protection, it is still justified for local authorities to have the means to prevent wider spread of the disease in a targeted and effective way, if action targeting individuals is insufficient and the measures can reduce the adverse effects of infections on individuals and on society. However, should the epidemic situation begin to worsen significantly in a way that substantially increases the risk of uncontrolled spread among the population, the risk of a significant increase in the need for welfare services, or the risk to life and health, the option to implement wider regional and national restrictions must be available. In this case, the focus of the legal interests requiring protection will change and return to a comprehensive pandemic response. For this reason, the range of means currently in force under the Communicable Diseases Act, including the provision of temporary measures to combat the COVID-19 epidemic, is of key importance.

5 Impact of the action plan on post-epidemic measures and recovery

5.1 Situational picture of the service system

The COVID-19 epidemic has had a significant impact on the health and social service system and the clients covered by the services. During the epidemic, significant backlogs have formed in care, services and rehabilitation in both basic and special services, both in terms of healthcare and social care.

Data on the primary and specialised healthcare appointments and waiting times are collected for the registers of the Finnish Institute for Health and Welfare. According to statistical reports from the Finnish Institute for Health and Welfare, hospital districts have been able to shorten treatment waiting lists, but it will likely take a long time – even several years – to return to normal. Any escalation of the epidemic would slow down the return to normal even further, as would the hidden and increased need for services.

The COVID-19 epidemic has significantly increased the need for social services. The ability to respond to service needs has been less efficient than the ability to respond to benefit needs. In social services, the best outcomes have been achieved from solving clients' concrete problems, such as the threat of losing their home. The worst outcomes are from responding to the needs of those suffering from disabilities and mental health problems. The switch to remote service provision has lead to the needs of some clients going unnoticed.

The latest expert assessment by the Finnish Institute for Health and Welfare shows that changes in the service system during the epidemic have made it more difficult for people to contact and access the services, especially for those in difficult social situations, such as undergoing mental health or substance abuse rehabilitation, being homeless or needing support to maintain their ability to function. The COVID-19 epidemic has also had an impact on the wellbeing of children, young people and families with children, as well as on the delivery of their services. Support needs have increased. The conditions of primary healthcare services for children and young people have deteriorated in the family health clinics, school healthcare and student healthcare; as during the epidemic, the services have been affected by many staff transfers and, for example, not all health checks could be carried out.

The Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare use a dedicated survey to monitor the effects of the COVID-19 epidemic on the service system. In recent times, the organisation of COVID-19 vaccinations, travel-related health advice, examinations, testing and tracing have placed a significant burden on primary healthcare. In 2021, the number of visits to family health clinics, school healthcare and student healthcare fell on the previous years, and correcting this should be among the key objectives of municipalities, considering the reported decline in the wellbeing of children and young people. Service providers have raised the most concerns about adequate staffing and the rapid decline in the availability of skilled persons in almost all services. By now, long-term observations show that staff are overworked and exhaustion has risen sharply. A survey of mental health services in specialist care has raised concerns about the increase in mental ill-health among children and young people, but also the exhaustion among staff.

5.2 Welfare impact assessment

During the COVID-19 pandemic, the Finnish Institute for Health and Welfare has carried out regular monitoring of the effects of the epidemic and the impact of restrictive measures on society, the national economy, the service needs of the population, the functioning of the service system and the general mood among the population.

Data is collected through **weekly real-time monitoring** of the effects of the COVID-19 epidemic on several areas: population health, wellbeing and living conditions; advice and guidance offered; services and benefits; medical products and equipment, applications and vaccines; and national economy. The information is reported at www.thl.fi/koronanvaikutukset and as weekly reports in Julkari, the shared open repository for the publications of the Ministry of Social Affairs and Health. Data is compiled extensively from various databases (the Social Insurance Institution of Finland Kela, the Ministry of Economic Affairs and Employment, the Police, DigiFinland) and the Finnish Insitute for Health and Welfare's own data resources (such as care registers). Monitoring aims at time series analysis. Time series most often start from 2018 and 2019. Real-time monitoring focuses on the development of the situation, but does not contain in-depth analyses. In the same context, relevant new research or other data (such as the Social Barometer) can also be reported.

Three **expert reviews** of the impact of the epidemic and the restrictions on society have so far been published, assessing the impact of COVID-19 on the service system and on the health and wellbeing of the population. A fourth expert review is planned for publication in early 2022.

Assessment of the availability of health and social services and adequate staffing is carried out through questionnaires sent to the officials responsible for the health and social services provision in municipalities and joint municipal authorities. These surveys provide the responsible authorities' assessment of the situation regarding the availability of services and the adequacy of staffing at the time. The questionnaire is sent separately to those responsible for social care, primary healthcare and specialist medical care. The forms are designed to monitor the situation of each service. A traffic light model (good, moderate, worrying, difficult) is used for reporting, and a summary of any open-ended responses is compiled by region. In addition to the survey, the monitoring includes the latest data from the care registers of specialist care and primary healthcare on the use and availability of services from August 2021. A separate report will be compiled from August 2021 onwards on the access to and staffing for the services for children, young people and families, and mental health services. Surveys and reporting are repeated every other week. The responses are reported by hospital district to the Ministry of Social Affairs and Health, and the report is also submitted to the regional COVID-19 teams, Regional State Administrative Agencies and the National Supervisory Authority for Welfare and Health (Valvira).

Scientific research on the social impact of COVID-19 is being carried out at the Finnish Institute for Health and Welfare in the form of some 30 ongoing research projects. The results are reported expeditiously and also as part of real-time monitoring. Almost all studies are joint projects and involve universities, other institutes of higher education and/or research institutes. Some studies will be completed by the end of 2021 and some will continue, reflecting the ongoing effects of the epidemic. Research on social impacts is likely to continue for years to come. Funding for scientific research comes from several different sources, such as the Budget, the Academy of Finland and the Strategic Research Council.

On behalf of the Government, Statistics Finland carries out a **Citizens' Pulse Survey** on the COVID-19 situation. The survey explores citizens' opinions about topics such as the actions of the authorities, the mood of the respondent, confidence in the future, following the instructions, helping others, and how well they feel they are receiving information. The survey is repeated every three weeks.

5.3 Cross-administrative/multidisciplinary overall assessment

Administrative branch of the Ministry of Education and Culture

The new operating model supports the return of teaching and education to the normal practices that prevailed before COVID-19. This is important because the exceptional teaching arrangements of the prolonged epidemic are reflected in a deterioration of learning, skills and wellbeing. The efforts to remedy the situation will continue for a long time. **The realisation of the overriding principle of the best interests of the child creates the basis for the continuity of education and the realisation of the educational and cultural rights of citizens.** Achieving the highest possible vaccination coverage among the youngest age groups is key to the continuity of vocational education and training, general upper secondary education and the organisation of the matriculation examination.

Provision of primary and lower secondary education will be based primarily on contact teaching. If the local COVID-19 situation so requires, the temporary amendment to the Basic Education Act (687/2021) allows the education provider to switch to exceptional teaching arrangements, if education cannot be provided safely as contact teaching due to a decision made under section 58 of the Communicable Diseases Act. As remote learning has been arranged for a large number of primary school pupils during the COVID-19 epidemic, switching back to exceptional teaching arrangements requires a broad reflection on the necessity and proportionality of action.

Demand for healthcare services in young age groups has increased as the COVID-19 pandemic has prolonged and especially during 2021, emphasising the importance of returning to universities and contact teaching for the benefit of social contacts and mental wellbeing.Various observations and studies have shown that primary school pupils are suffering from a growing lack of learning and wellbeing, which can have long-term negative effects on their learning and wellbeing. The continuation of exceptional teaching arrangements has led to the accumulation, prolongation and worsening of learning and wellbeing problems. The increase in absenteeism and disruptive behaviour is also a concern. With absenteeism, the threat of pupils dropping out has increased, and it has to been possible to reach all absent pupils as the COVID-19 epidemic continues. The need for support has also increased significantly for students who have not generally had problems with schooling.

Although early childhood education and care facilities have been open throughout the epidemic and operations have returned to near normal levels in terms of basic activities, some children continue to suffer from the effects of the epidemic. The months-long

interruptions in the support services that are important to the child can have long-term negative effects on the child's development, learning and wellbeing.

Restrictions have also affected the realisation of **cultural rights** enshrined in the Constitution, as they have severely limited people's opportunities to participate in cultural life. Public events have been subject to strict restrictions for long periods since March 2020, which have severely or partially prevented the theatre and dance performances, opera, concerts and cinema from taking place. The effects have also extended to other stages of the industry's value chains, such as the film distribution and production stage. In addition, there have been indirect effects on, for example, the accommodation services, food and beverage service businesses and transport services. Restrictive measures have also limited the organisation of religious events and, for example, performances in basic art education.

An approach based on a risk potential assessment would generally be a significant relief for the cultural sector. The risk potential assessment model would not completely eliminate the uncertainty arising from possible restrictions, and operators would still have to take into account the possibility of restrictive measures in the planning and organisation of activities. For the most part, however, activities could be organised almost as normal.

Spectator restrictions on ball game league matches starting in the autumn of 2021 and other sporting events can be lifted without compromising health safety. Key measures to improve spectator safety include hand hygiene, wearing a face cover and the rapid introduction of a COVID pass. In the event of a deterioration in the epidemic, necessary, precise and proportionate restrictive measures can be taken in cooperation with the local authorities and the operators.

Administrative branch of the Ministry of Economic Affairs and Employment

For the opening up of society, economic growth and job security, it is justified to lift broad regional restrictions and switch to as targeted and short-term risk-based restrictions as possible, and those only when they are necessary and proportionate to the control of the pandemic. It is essential to ensure that, as a result of a risk-based review, society can be opened up and restrictions lifted. A more detailed assessment of the effects of the measures set out in the hybrid strategy **highlights the need for an overall assessment**, which also takes into account the effects on businesses.

The most significant economic effects arise, on the one hand, from the continued restrictions on business and, on the other, from their dismantling. When restrictions are lifted or relaxed, the operating conditions for companies will improve. It is essential to ensure that the direction of public authorities and the actual decision-making at the local and regional level form a clear and as predictable whole as possible for businesses and citizens. Targeted measures that are more predictable and justifiable than before can have an impact on consumer confidence to use services without compromising health safety.

Moving to a pre-defined risk-based assessment can facilitate long-term planning in companies and increase the predictability of their operations. In determining risk potential, it is also important to take into account the economic effects, especially the impacts on companies. **When assessing the risk potential of activities or industries, it is also worth looking at the number of operators** (companies, employees, customers and citizens) and the turnover of each activity. This would also indicate the magnitude of the economic impact of the measures targeted at the activity in question.

The COVID-19 pandemic has exerted significant negative impacts on the Finnish service industries, especially on the food and beverage service businesses, tourism and events industries. For example, food and beverage service businesses currently suffer from a major labour shortage, as a large proportion of workers have moved to other sectors as a result of restrictive measures. The high-employment event sector has had to reduce its operations by as much as 90 percent from the time before the pandemic. For example, job opportunities provided by the public sector to sole traders in the event sector have decreased significantly, increasing unemployment and business closures.

The situation of tourism companies is best promoted by lifting restrictive measures as the vaccination programme progresses and, in particular, by enabling the opening of tourism to Finland. The outlook for demand varies considerably from region to region. It is essential for the survival of tourism companies that as vaccine coverage increases, Finland will enable competitive and predictable cross-border travel practices.

The purpose of a potential COVID pass should be to enable and support business activities, especially in sectors that have been hit hard by the pandemic. The introduction of a COVID pass could provide a health-safe solution to the restrictions on the number of participants and the use of facilities. The COVID pass would serve as an intermediate solution before the restrictions are completely lifted and society is fully opened. Even if the period of use of the COVID pass remained short, its importance would be particularly significant in the sectors most affected by the restrictive measures. The introduction of the COVID pass would therefore have significant potential to increase economic activity, and consequently employment, in the sectors and areas affected by the restrictions.

It is thought that the COVID pass would be mainly required at events, theatres, cinemas, trade fairs, conferences and sports competitions. In these industries, businesses have about 3,000 sites (according to Statistics Finland's 2019 municipal statistics for sites), with regard to which restrictions were applied on 30 August 2021 to an estimated 1,900 locations.

The economic impact of a new emergency brake mechanism would depend on the measures involved in its deployment. The introduction of these measures should also take into account their economic impact on both companies and public finances, including the possible need for new rounds of cost support or similar other support measures. **The economic impact of the emergency brake mechanism can be examined, for example, by assessing the size of the target population** (companies, workers, citizens and consumers) at the time of the introduction of each measure.

5.4 Relationship with the preparedness readiness reform

In major crises, supporting people requires the service system and operators to have a broad capacity to target, adapt and support activities so that they reach the groups most in need and do it the right way. In the early stages of a pandemic, it was recognised that in major crises, the ability of the social welfare system to function is as crucial as that of the healthcare system. The changes in the ways the service system works, implemented during the COVID-19 pandemic, will provide a solid basis for developing operating models for both current and future crises, based on strong cooperation between sectors and operators.

Legislative amendments to the social and healthcare legislation entered into force on 1 March 2021. They concern the national harmonisation of contingency planning and situational awareness line with the five-region model. The implementation of these provisions has already begun, based on the risks identified in the national risk assessment. A pandemic is one of the prioritised national risk assessment scenarios. The Ministry of Social Affairs and Health has begun updating the national plan based on lessons learned from the COVID-19 pandemic. The creation of a situational picture of healthcare and social welfare was based on this five-region model from the beginning of the pandemic, and has proved its worth even before the provisions came into force.

The overall picture of the national measures is monitored and evaluated by the Ministry of Social Affairs and Health and the Government's COVID-19 coordination group, and it is regularly reported to the Government. The overall assessment of the impacts of the

coronavirus measures, submitted by the Prime Minister's Office, examines the functioning and effectiveness of the hybrid strategy as a whole, and examines the existence of the framework and preconditions for regional activities. This ensures that decisions taken at regional level form a sensible and uniform whole and that the control of the epidemic across the board is effective and cost-effective.

The Prime Minister's Office has commissioned several reports on the functioning of crisis management during the pandemic and its development needs (Safety Investigation Authority OTKES, Deloitte). Based on the recommendations of these reports, the Prime Minister's Office has launched systematic measures to improve crisis management. Government-level monitoring of the epidemic and reporting will be developed and adapted to the changing epidemic situation. The measures also seeks to create the right conditions for effective inter-ministry cooperation as the COVID-19 epidemic progresses, and provide better capabilities for managing, leading and exchanging information on future national crises.

5.5 Relationship with the EU and WHO strategies to control the pandemic

The response to the pandemic and the debate on measures to strengthen future global preparedness continue in the EU, globally and in Nordic and regional cooperation. They create the conditions for opening up society in Finland as well.

Decisions debated at **EU level** on the implementation of the European Council Recommendation 2020/1475 on internal borders and Recommendation 2020/912 on external borders, in particular the use of the emergency brake mechanism, will affect mobility.

The rapid variation in the epidemic situation in different countries requires constant vigilance. The exchange of information between Member States is an important part of enabling cross-border mobility. **It is important for the opening up of societies to assess the epidemic situation in different countries and the interrelationship and relevance of the indicators describing it as vaccination coverage increases.**

The EU vaccine distribution mechanism to third countries is an important tool for improving global health security. The next step in the EU Digital COVID Certificate (DCC) is to extend it to third countries. Combating vaccine resistance at EU level is also important for supporting the opening up of societies.

The advancement of legislative initiatives on the European Health Union will also exert an impact on national action. They aim to improve protection, prevention, capacity and response at the EU level against threats to human health, and to develop the EU's role in global health cooperation.

The WHO emphasises country-by-country assessment, risk-based responses and the controlled opening up of societies alongside vaccination. The WHO has recommended keeping schools open and also monitors the continuity of health services and the impact of a protracted pandemic on public health work and the wellbeing of the population. Monitoring and evaluation of new virus variants of concern is central to the WHO disease monitoring.

The WHO's COVID-19 Strategic Preparedness and Response Plan emphasises the management and coordination of the global pandemic response, vaccination and country-specific response. Despite having stabilised, the number of COVID-19 infections and deaths remains high worldwide, with variation between regions. Global vaccination coverage is growing unevenly: in low-income countries, less than 2 per cent of the population has received two doses of the vaccine. Consequently, in many countries around the world a significant proportion of the population, including at-risk groups, is susceptible to infection. Adequate global vaccination coverage is key to enabling the global lifting of restrictions, international mobility and, for example, tourism.

6 Communication

Moving from the COVID-19 epidemic to something closer to normality, the role of communication in the daily lives of citizens is also changing. Within the range of means, direction through disseminating information as well as communication are becoming increasingly important in ensuring the highest possible vaccine coverage. In addition, as restrictive measures change from the national and regional levels to the local level, communication responsibilities must change accordingly. The main responsibility for communications, along with operational responsibility, is largely transferred to the municipal and hospital district level, and possibly also to the regional level, depending on the restrictions.

National-level communication efforts with the communication departments of municipalities and hospital districts was launched in 2020. Under the leadership of the Ministry of Social Affairs and Health, common policies were built to support the regions in communicating their response to the COVID-19 epidemic. Joint meetings between the administrative branch of the Ministry of Social Affairs and Health and regional communicators compile a situational picture, map the needs for forms of communicative cooperation and share good practices and information between regions. Generic communication material has been produced to implement harmonised communications and to support regional communications, taking the needs of various language groups into account. The needs of Swedish and Sámi speakers to obtain information in their mother tongue and the needs of other language groups are taken into account when producing materials.

All of the above will be continued if the need arises. However, the focus is shifting to managing the existing sources of information. Of the identified potential challenges for effective communication between municipalities and hospital districts, the most important are their different resources allocated to communication. To this end, the centralised maintenance of generic communication material, under the guidance of the Ministry of Social Affairs and Health, will continue to be assigned to the Finnish Institute for Health and Welfare. In this way, we ensure that, despite their communication resources or the lack of them, all municipalities and hospital districts have the opportunity to use pre-produced communication material to convey key messages, including in a situation where restrictions may be reimposed. Needs are mapped by municipalities and materials are processed according to the changing situations. The Finnish Institute for Health

and Welfare will continue its coordination of epidemic and pandemic communication materials.

Communication plays a key role in supporting vaccination coverage, especially when low-threshold vaccination services are taken to where people are. Multilingual encouraging communication is important, as is the contribution of work communities, educational institutions, researchers, civil society organisations, representatives of religious communities and civil society as a whole.

One of the important themes will be maintaining a constant disease and hygiene awareness: reminding people of the basics. The actions and behaviour of every citizen play an important role. For this reason, local control measures during the epidemic are supported by restoring attention to the original cornerstones of communication: coughing and hand hygiene, distances and, if necessary, the use of face coverings being necessary also under post-epidemic circumstances. Material for communication will be further distributed through the digital data bank of the Finnish Institute for Health and Welfare to those who need it.

The administrative branch of the Ministry of Social Affairs and Health supports the service system, municipalities and hospital districts in their efforts to prevent the spread of the virus.

Appendices

Appendix 1. Tasks and powers under the Communicable Diseases Act

Statutory responsibilities and roles of public authorities

Pursuant to the Communicable Diseases Act, state authorities and expert institutions as well as municipalities and joint municipal authorities must systematically combat infectious diseases and be prepared for disruptions to healthcare. They must take immediate action when informed of an infectious disease that requires prevention measures or of the risk of such a disease within their operating area.

Regular roles of public authorities

The general planning, guidance and monitoring of the prevention of infectious diseases are the responsibility of the Ministry of Social Affairs and Health. The ministry is responsible for preparing for healthcare disturbances or their risk on a national scale, and for operating as leader in such situations. The expert institution in the prevention of infectious diseases is the Advisory Board on Communicable Diseases that works in association with the Ministry of Social Affairs and Health. Key tasks of the ministry include providing the competent authorities with priorities and guidelines and ensuring their operating conditions by means of guidance, legislative drafting and funding preparation. In accordance with current legislation, restrictions concerning food and beverage service businesses are decided by a government decree on the presentation of the Ministry.

The Finnish Institute for Health and Welfare is the national expert institution in the control of communicable diseases. It uses its expertise to support the Ministry of Social Affairs and Health and Regional State Administrative Agencies, maintain national epidemiological monitoring systems for the prevention of communicable diseases, and guide and support the prevention of communicable diseases in municipalities, joint municipal authorities in hospital districts and in social welfare and healthcare units (section 7 of the Communicable Diseases Act). In accordance with this task and based on its expertise, the Finnish Institute for Health and Welfare is responsible for assessing the risk of communicable diseases and for supporting and guiding the activities of other health authorities in the measures required by these risks. The Finnish Institute for Health

and Welfare must provide information on the severity and nature of the risks and assess the needs for measures necessary to combat them in accordance with the Communicable Diseases Act, as well as the criteria for the medical assessment of these measures on a case-by-case basis. Statutory measures are based on voluntary testing, possibly mandatory testing, tracing of detected chains of transmission, quarantine, isolation and certain restrictions on the use of facilities and the organisation of events. Some of the measures are issued for guidance and are based, for example, on a recommendation to self-isolate and other recommendations to prevent the spread of infections. For each measure, the Finnish Institute for Health and Welfare must establish criteria to assess in which types of cases the measure is used. Other health authorities, i.e. Regional State Administrative Agencies, hospital districts and other joint municipal authorities as well as municipalities, apply the guidance and recommendations in their own activities.

The Regional State Administrative Agencies coordinate and supervise the control of communicable diseases in their respective areas (section 8 of the Communicable Diseases Act). They control that the hospital districts have sufficient healthcare preparedness for incidents in their respective regions. The Regional State Administrative Agency oversees that prevention work is carried out in accordance with the provisions, and supervises the implementation of national plans and decisions of the Ministry of Social Affairs and Health. The Regional State Administrative Agency must have a physician in charge of infectious diseases in public service employment relationship. In addition, it is within the power of the Agency to make certain decisions. Under section 15 of the Communicable Diseases Act, the Regional State Administrative Agency may order a health examination to be organised in its region for persons in a specific locality or workplace, institution, vehicle or other such location within its operating area, if such an examination is necessary to prevent the spread of a generally hazardous communicable disease. Further, under section 16 of the Act, the Regional State Administrative Agency may order compulsory participation in a health examination if necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous. The Agency also takes decisions under section 58 of the Act to restrict the use of certain facilities (educational institutions, healthcare and social welfare units) or the organisation of events when the need for such decisions exceeds municipal boundaries. The main task of the Regional State Administrative Agency is therefore to ensure that hospital districts, other joint municipal authorities and municipalities comply with their obligations under the Communicable Diseases Act. The Agency is not the authority responsible for guiding the control of communicable diseases in terms of content. However, the supervisory function includes the obligation to guide those under supervision in respect of what is required by legislation, case law and the guidance of the Finnish Institute for Health and Welfare on content. This also applies to the content of other applicable healthcare and social welfare legislation.

The National Supervisory Authority for Welfare and Health guides the activities of Regional State Administrative Agencies in the implementation, coordination and harmonisation of supervision and the related guidance. In addition, the National Supervisory Authority for Welfare and Health monitors the legality of how infectious diseases are controlled and provides relevant guidance in certain nationwide situations.

The joint municipal authority of the hospital district guides and supports municipalities and healthcare and social welfare units with their medical expertise in the control of infectious diseases, develops diagnostics and treatment of infectious diseases at regional level, and investigates epidemics together with municipalities (section 8 of the Communicable Diseases Act). The hospital district prepares for the prevention and treatment of exceptional epidemics and ensures that treatment-related control of infections is developed in the social welfare and health care units in its area. The joint municipal authority of the hospital district must have a physician in charge of infectious diseases in a public service employment relationship. It is the responsibility of the hospital district to refine the picture of the epidemiological situation in the area and to draw conclusions based on it and on the basis of information and instructions from the Finnish Institute for Health and Welfare. In particular, the hospital district must monitor the fulfilment of the application thresholds laid down in sections 58d, 58e, 58f and 58 g of the Communicable Diseases Act and submit statutory notifications to the authorities if the values are exceeded or fall below the threshold. Accordingly, the hospital district must provide more detailed instructions to the municipalities in its area on the content of the measures and implement them with a division of labour agreed with the municipalities. In accordance with its expertise, the hospital district must also ensure that the measures taken to control communicable diseases in its area are harmonised in terms of their content. With regard to actual measures taken at border crossing points, the responsibility for organising and carrying out such measures lies with the municipality of the area where the crossing point is located, as provided in the applicable legislation, the resulting content guidance issued by the Finnish Institute for Health and Welfare and the municipality's discretion in accordance with the law. Possible cooperation and coordination of operations must be agreed with the hospital district. As agreed, the hospital district may participate in the implementation of the measures set out below.

The Regional State Administrative Agency and the joint municipal authorities for hospital districts within the agency's operating area must collaborate in the prevention of infectious diseases. The Regional State Administrative Agency makes the administrative decisions laid down in the Communicable Diseases Act using the expertise of the joint municipal authority for hospital district, the specific catchment area, and the Finnish Institute for Health and Welfare. Regional preparedness and contingency planning for the prevention of infectious diseases are implemented in accordance with section 38

of the Health Care Act (1326/2010), taking into account the operations of occupational healthcare and private healthcare services.

Municipalities are responsible for organising the control of infectious diseases referred to in the Communicable Diseases Act within their area as part of their public health work, as laid down in the Primary Health Care Act (66/1972), the Health Care Act (1326/2010) and the Communicable Diseases Act (1227/2016). A municipality must have a physician responsible for infectious diseases in a public service employment relationship. The physician in charge of infectious diseases at a health centre must explore the quality of a suspected or diagnosed infectious disease and its extent, as well as undertake necessary measures to prevent the spread of the disease. In this Act, the actions to control infectious diseases encompass the prevention, early detection and monitoring of infectious diseases, measures needed to investigate or prevent an epidemic, and the examination, treatment and medical rehabilitation of persons who have an infectious disease or are suspected of having an infectious disease, as well as the prevention of treatment-related infections.

Under section 9 of the Communicable Diseases Act, the municipality has the main responsibility for the prevention of communicable diseases. This task includes, among other things, providing general information guidance to the population in the area and providing more detailed content guidance to the population and other operators when applying measures in accordance with the law. This task also includes the drawing up and sharing of information, including recommendations. Key recommendations include recommendations on avoiding activities that involve a high risk of infection and restricting the use of public spaces for organising such activities, remote working, general hygiene rules, the use of protective equipment and private events. As a communicable disease authority, the municipality also has a duty to direct its own activities, for example, in the use of public spaces, in the organisation of operations, and in the implementation of hygiene practices.

A municipal body or a healthcare professional appointed by it may decide to arrange tests for COVID-19 in a municipality (health examination) for persons arriving in Finland under section 14 of the Communicable Diseases Act. This applies to voluntary testing. In addition, the municipality must arrange any inspections ordered by the Regional State Administrative Agency in accordance with section 15 of the act and carry out any inspections ordered by the agency under section 16 of the Act. A physician in a public service employment relationship responsible for communicable diseases in a municipality or hospital district may make a decision on a mandatory health examination for an individual. The municipality's responsibilities also include carrying out the inspections, testing and advice referred to in sections 16a to 16e of the Act.

Under section 23 of the Communicable Diseases Act, the physician in charge of infectious diseases in a municipality investigates local epidemics and tracks infections. The physician in charge of infectious diseases in a joint municipal authority for hospital district steers the investigations on epidemics and the tracking of infections within the hospital district's area, and collaborates with municipalities to investigate widespread epidemics.

If there is an obvious risk of the spread of a generally hazardous infectious disease or a disease that is justifiably suspected of being generally hazardous, and the spread of the disease cannot be prevented by other means, the physician in charge of infectious diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may, pursuant to section 60 of the Communicable Diseases Act, order a person into quarantine for a maximum of one month. The decision on quarantine can be made for a person who has been found to have been exposed, or is justifiably suspected of having been exposed, to a generally hazardous infectious disease or an infectious disease that is justifiably suspected to be generally hazardous. Each person must be given an individual decision on quarantine and appeal instructions.

The physician in charge of infectious diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order a person, who has or is justifiably suspected of having a generally hazardous infectious disease or a disease that is justifiably suspected of being generally hazardous, to be isolated in a healthcare unit for a maximum of two months, if there is an obvious risk of the spread of the disease and it cannot be prevented by other means. The physician deciding on the isolation must provide the isolated person and the attending personnel with instructions necessary to prevent the spread of the infection.

In addition, the municipality makes decisions under section 58 of the Communicable Diseases Act concerning restrictions on the use of certain facilities (educational institutions, healthcare and social welfare units) and the organisation of events, as well as decisions under sections 58d and 58g of the Act in its own area.

With respect to workplaces, the employer is responsible for the occupational safety of the workplace and employees under the Occupational Safety and Health Act. The employer must take the necessary measures to limit the risk of exposure. The measures at workplaces are based on the assessment of work hazards in accordance with the Occupational Safety and Health Act. The assessment can be supported by occupational safety and health experts, and the assessment must be updated taking into account the COVID-19 situation. Based on the evaluation, the instructions and procedures of the workplace are supplemented and the necessary measures are decided on.

With regard to occupational safety, the Finnish Institute of Occupational Health acts as an expert institution, and the occupational safety and health divisions of Regional State Administrative Agencies act as competent occupational safety and health authorities. The Finnish Institute of Occupational Health and the OSH divisions provide advice and guidance to workplaces. OSH divisions supervise workplaces as OSH authorities.

Authority's powers in case of a temporary mandate under the Communicable Diseases Act

Under section 58c of the Communicable Diseases Act (Measures to prevent the spread of the COVID-19 epidemic), in order to prevent the spread of COVID-19, the operator responsible for managing indoor premises open to the public or intended for the stay of a limited group of customers or participants and outdoor areas with limited space or functionality intended for the use of customers or participants shall ensure that customers and participants can clean their hands and that they are given instructions for maintaining a sufficient physical distance, for cleaning hands and for other similar practices preventing the spread of infections, and the cleaning of premises and surfaces is enhanced in addition to what has been provided elsewhere for the activity concerned.

In addition, the operator responsible for managing the premises shall arrange for customers and participants to maintain as much physical distancing as possible, taking into account the specific characteristics of the activity, and place any customer seats at a sufficient distance from each other.

The decision-making powers referred to in the following provisions will apply in addition to and at the same time as existing permanent regulations where the conditions imposed by the epidemiological situation require decisions to be extended to matters and subjects covered by the temporary regulation.

Under section 58d of the Communicable Diseases Act (Conditions for the use of facilities intended for customers and participants in order to prevent the spread of the COVID-19 epidemic), where it is apparent that measures taken in accordance with section 58c of the Act and other measures already implemented are not sufficient and where it is necessary because the conditions provided in subsection 2 to prevent the spread of the COVID-19 epidemic are met, the municipal body responsible for controlling communicable diseases may issue a decision imposing an obligation in its area on the operators referred to in the subsection according to which the use of premises open to the public or intended for the stay of a limited group of customers or participants must be organised in such a manner as to enable customers, participants and groups to effectively avoid close contact with each other.

The Regional State Administrative Agency may take a similar decision in its area if the measures are necessary in more than one municipality.

The decision may not be taken for more than one month at a time.

On 6 September 2021, the Government issued a government proposal to amend this provision. The proposal seeks to delete the exact definition of close contact as well as the incidence rate used as a criterion for application. In addition, it is proposed that the application criterion for clusters be clarified so that a decision under this section would require the identification of significant clusters in the region that would pose a significant risk of a spread of new infections in the region.

These facilities include indoor premises used for simultaneous stays of more than 10 customers or participants and outdoor areas with limited space or functionality intended for simultaneous use by more than 50 customers or participants, where the organiser is responsible for making the premises available for the activities in question at a given time and the facilities used for exercise or sports and amusement or recreational activities provided in section 58g of the Communicable Diseases Act below, regardless of the number of customers or participants.

The decision is binding on the following operators responsible for the management of the premises and using them in their activities:

1. private entities, foundations and other legal entities, excluding food service business operators referred to in section 1, subsection 2, paragraph 6 of the Act on Accommodation and Food Service Activities (308/2006) and the corresponding legislation of the Åland Islands
2. private traders
3. municipalities and joint municipal boards
4. religious communities
5. bodies governed by public law.

However, the decision does not apply to the activities of educational institutions, early childhood education and care, professional sports or private or family life.

According to section 58e of the Communicable Diseases Act (Measures concerning passenger transport to prevent the spread of the COVID-19 epidemic) the transport service provider and the transport operators acting on its behalf must ensure that the premises and surfaces intended for the use of passengers on the means of transport are regularly cleaned and the cleaning is enhanced beyond the provisions laid down on cleaning elsewhere for the operation in order to achieve and maintain an adequate level

of hygiene and to ensure compliance with other similar practices to prevent the spread of equivalent infections. In addition, passengers shall be provided with an opportunity to maintain an adequate level of hygiene on the means of transport and shall be provided with instructions on maintaining an adequate distance, cleaning hands, using a face covering and other similar practices to prevent the spread of infections on the means of transport. This applies to transport service providers that have an office in Finland or are otherwise under Finnish law, or whose service originates or arrives in Finland or whose service passes through Finland.

Under section 58f of the Communicable Diseases Act (Temporary limitation of the number of passengers to prevent the spread of the COVID-19 epidemic), if it is apparent that the measures referred to in section 58e and other measures already taken are insufficient and if it is necessary to prevent the spread of COVID-19, the Finnish Transport and Communications Agency may adopt a decision limiting the maximum permitted number of passengers that can be taken on the means of transport of the service provider referred to in section 58e, subsection 1, or the transport operator acting on its behalf.

The decision may be taken if the hospital district has reported in accordance with the law that the incidence of confirmed infections per 100,000 inhabitants in the area has been at least 25 during the last 14 days for which data is available and disease clusters are detected in the municipality or hospital district for which chains of transmission cannot be reliably traced and which, according to expert assessment, pose a significant risk of the spread of new infections in the area.

The Finnish Transport and Communications Agency may decide to impose an obligation to limit the number of passengers to no more than half the maximum number of passengers allowed to be received on the means of transport concerned. The decision must only apply to means of transport used for the simultaneous transport of more than 10 persons.

Under section 58g of the Communicable Diseases Act (Temporary closure of premises to customers and participants to prevent the spread of the COVID-19 epidemic), the body responsible for controlling communicable diseases in the municipality may decide that, if it is apparent that measures taken in accordance with section 58d and other measures already taken cannot be considered sufficient due to the specific risk of infection associated with the activity and if it is necessary to prevent the uncontrolled spread of COVID-19, customer, participant and waiting areas open to the public or intended for the stay of a limited group of customers or participants shall be closed to customers and participants.

The facilities that involve a high risk of infection referred to in this provision are further defined in the provision and include exercise or sports and amusement or recreational activities in the following premises:

1. indoor facilities for team sports, group sports, contact sports and other similar sports or exercise, gyms and other similar indoor sports facilities;
2. public saunas and pools in swimming facilities, outdoor swimming pools and spas and the changing rooms adjacent to them;
3. dance venues and premises for choral singing activities, amateur theatre and other similar group activities;
4. amusement parks, theme parks, funfairs and the indoor spaces in zoos;
5. indoor playgrounds and play centres;
6. public spaces in shopping centres, excluding retail business premises and premises for the provision of services and access to them.

A decision may be taken only if:

1. the incidence of confirmed infections per 100,000 inhabitants in the hospital district in the last 14 days is at least 50;
2. disease clusters are detected in the municipality or the hospital district whose chains of transmission cannot be reliably traced and which, according to an expert assessment, pose a significant risk of the spread of new infections in the area; and
3. the number of infections in the hospital district is estimated, according to an expert assessment, to lead to a significant increase in the need for hospital and intensive care, to a material risk to adequate staffing in healthcare and social welfare, to the care of clients or to the treatment of patients, or to other similar overloading of the healthcare and social welfare system.

The decision may not be taken for more than two weeks at a time. The Regional State Administrative Agency may take a similar decision in its area if the measures are necessary in more than one municipality.

The regulation discussed above is valid until 31 December 2021.

Supervision

The Regional State Administrative Agency and the municipality supervise in their areas compliance with the obligations and restrictions laid down in section 58 (public events), section 58, subsection 1 and 2 (basic obligations), 58d and 58g (restrictions on the use of premises) and section 58h, section 1 (plan) and with the decisions concerning them.

The Finnish Transport and Communications Agency and the municipality supervise compliance with the obligations and restrictions and decisions laid down in section 58c, subsection 6, section 58e (basic obligations of passenger transport) and section 58f (restrictions on passenger transport) and section 58h, subsection 2 (plan) of the Communicable Diseases Act.

The municipality, the Regional State Administrative Agency and the Finnish Transport and Communications Agency shall cooperate in supervising compliance with this Act.

The police supervise compliance with the obligations imposed pursuant to sections 58 and 58d of the Communicable Diseases Act and those laid down in section 58c, subsection 2 with regard to the prohibition of public events and public meetings, as well as the obligations and limitations concerning the number of people and the maintenance of distances.

The Police, the Finnish Customs, the Finnish Border Guard, the rescue authorities and the Finnish Defence Forces may provide official assistance to the municipality or hospital district in implementing the measures in accordance with section 89 (Executive assistance) of the Communicable Diseases Act.

In connection with its supervisory function, the Regional State Administrative Agency may coordinate the activities of different authorities as part of the work carried out by the COVID-19 coordination groups, ensuring that they exercise the powers provided by law.

Figure 5. Overview of the authorities' powers.

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