

International Evaluation Group

Report of the International Evaluation

**OF THE NATIONAL
INSTITUTE FOR HEALTH
AND WELFARE**

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Title of report
Report of the International Evaluation of the National Institute for Health and Welfare

Summary

§ THL is an extraordinary institution that any country would be very proud to have as a government agency for public health and welfare and as a source of expertise, evidence, counsel for policy making and the capacity to address Finland's current challenges in health, welfare, inequalities therein, health threats and health and social care delivery as well as unanticipated future challenges. Both THL leadership and staff and the International Evaluation Group also recognize that Finland faces economic constraints and THL's budget will need to reflect such circumstances. The IEG feels that efficiencies can be achieved in THL management and consolidation and that strategic planning with priority setting can properly target other areas for diminished emphasis and activity that can be cost-saving. However we urge the Government of Finland and the MSAH to carefully undertake such cost-saving and restructuring efforts to ensure that one of its component "jewels" maintains its excellence and critical capacity such that it continues to be able to provide the highest level of service to Finland and the health and well-being of the Finnish people.

Key words

Health Promotion, Innovation Policy, Public Administration, Public Health Care, Research and Development, Research Policy, Sectoral Research, Social Policy, Social Welfare, Social Work

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INTRODUCTION

The MSAH invited a team (biographical details in Appendix I) of: Anneli Eteläpelto, Josep Figueras, Johan Fritzell, Johan Giesecke, with Jeffrey Koplan as Chair to conduct an evaluation of the THL, 5 years after the joining of the former institutes of KTL and Stakes. We constitute the International Evaluation Group and will be referred to as the IEG throughout this report. The IEG is solely responsible for the analysis, interpretation and conclusions of this report. The IEG was provided with extensive written documents describing the Institute (Appendix II) and THL staff were very responsive to any and all requests for information and explication, but the report and all its conclusions and recommendations were made independently by the IEG.

MSAH stipulated in a 29 August 2013 communication to the IEG members the following terms of reference for the assignment:

“The evaluation will address the relevance and effectiveness of THL’s activities:

Does THL’s work address the key issues in its field with regard to its role as a national Institute in the area?

Are THL’s objectives and results relevant in this respect with regard to co-operation between research institutes and universities?

Is THL’s approach effective?

The period of the evaluation covers the years 2009-2013 and the future perspective extends until 2020.

There are some crucial new elements in the process of the R&D in Finland the evaluation group should be give attention to. In short these are e.g. as follows:

The economic crisis and austerity measures have impact on R&D activities. R&D in social welfare and health care has lost public financial support in recent years. Quite severe cuts are prospects.

Closer cooperation between R&D institutions and the new consortia are challenging the present Institutes.

The policy relevance of R&D activities is even more keen discussion issue than in an earlier phase. Therefore, utilization an exploration of results are acute challenges as well.

Well-ordered and long-term data collection and data bases are crucial for future R&D and to serve health and well-being in all policies.”

(See Appendix III for more complete Terms of Reference.)

The IEG had two face-to-face meetings at THL in Helsinki:

Meeting I - December 16-17; with presentations from MSAH and Ministries of Finance, Education and Labor along with multiple other stakeholders (see Appendix IV).

Meeting II – January 21-23; with focused discussions (and preparatory written commentary) with multiple units of THL, further discussions with Ministries and with the Permanent Secretary MSAH. In addition, the IEG met a number of professors from various universities and faculties. (see Appendix V)

The IEG and Chair also had periodic discussions with the Chair (Mats Brommels) of a similar evaluation team focused on TTL (FIOH, the Finnish Institute of Occupational Health) to compare process, issues and conclusions.

BRIEF HISTORY

In 2009 KTL and Stakes were joined together to form THL. This report will consider the role, responsibilities and performance of THL. It's antecedent institutes, KTL and Stakes, had extremely productive and accomplished life-spans as independent institutes.

KTL

KTL: The earliest predecessor of KTL was a body called Temporary Serological Laboratory (1911), founded on the initiative of The Duodecim Society of Finnish Physicians (initiative from 1906). The Laboratory was founded under the National Board of Health, in the autonomous Grand-Duchy Finland. It was made a permanent Laboratory in 1915 and renamed as State Serum Laboratory. It continued in this format after Finland became independent (1917). After the WWII, the Laboratory was working within the University of Helsinki (1944-1947), and was reorganized in 1947 under the name of the State Serum Institute, working under the National Board of Health. It was reorganized in 1970, with a new name (Public Health Laboratory), and extended scope of activities, with a mandate to serve as an expert institution and authority to support all health care institutions. It consisted of a central laboratory and a number of regional laboratories.

In 1982, the institute was renamed once more to become National Public Health Institution (KTL, from Kansanterveyslaitos). Its activities were extended to cover health promotion and health surveillance. Under Professor Jussi Huttunen, Director General, the activities were further extended step by step, bringing large projects like the North Karelia project, SETTI (cancer prevention), WHO Monica and Genetics of Diseases in Finland. Later, toxicology and environmental health were added, as well as suicide prevention and bacteriological studies. Finally, after reorganization of the Social Insurance Institution (KELA) and State Alcohol Monopoly (ALKO), parts of their research activities in population health and biomedical alcohol studies were moved to KTL. KTL developed a reputation as a world renowned research institution. The number of employees was about 800 at its maximum. In 2000, Professor Pekka Puska, the leading figure of the North Karelia project, became the Director General after the retirement of Jussi Huttunen.

STAKES

STAKES: The roots of STAKES lie in a reorganization of the Finnish central administration in the late 1980s and early 1990s, when a centralized, supervision and control administrative system was abandoned in favor of a more decentralized and less formal administrative system, using

management by knowledge and information as a major tool. As a part of this reform, the National Board of Health and National Board of Social Welfare were abolished, and a significant part of their activities were rearranged into a new expert institution, STAKES, in 1991. The name STAKES comes from the Finnish official name, translated into English as National Research and Development Center for Welfare and Health. Its purpose was to produce and provide information from research and development work for the health and social service system, and to support development work in the system.

The first Director General of STAKES was Professor Vappu Taipale, who also served as Minister of Social Affairs in the early 1980s. STAKES was merged with KTL shortly after her retirement in 2008. STAKES worked in research of the performance of the health and social service system and on social problems like poverty and social exclusion. All through its existence, STAKES was the official national statistical authority on health and social services, and also in charge of a number of official registers in that field. In the mid-1990s, social research on alcohol and drug issues was moved to STAKES after a reform of the State Alcohol Monopoly (ALKO). That branch of research had gained a good international reputation under the auspices of State Alcohol Monopoly since 1950. The number of employees at STAKES was about 500. After Vappu Taipale, Matti Heikkilä and Mauno Konttinen served short terms as Director Generals just before the merger of STAKES and KTL into THL (from January 2009).

The National Research and Development Centre for Welfare and Health (STAKES) was formed as an expert organization in 1991 with the goal of producing and disseminating policy-relevant research and development work for welfare and health, including social services. STAKES was the official national statistical authority on health and social services, and also responsible for a number of official data registers in that field. The number of employee was around 500 at maximum and Professor Vappu Taipale served as Director General during almost the full history of STAKES.

Stakes was evaluated in 1999 with a follow-up in 2001. The evaluations noted the importance of high-quality research based support for the social and health sectors, i.e. the service system, including public and private provision of services, and for policy makers. Such research included topics like alcohol and drug abuse, the care of older people, social exclusion, social security and the effectiveness of health care services. The reports stressed the external impact of STAKES on these sectors and their high value and priority.

Among the major accomplishments it could be noted that STAKES started data collection on living conditions and use of social and health care services. Stakes had a leading role in Finland for minimum income research, continued the long tradition of successful alcohol research, and became an international well-known player in comparative welfare and social policy research.

STAKES and KTL were joined together in 2009 to form THL. The merger was felt to be useful in that these were two expert institutes with complementary expertise and missions. The mixture of health and welfare responsibilities and epidemiologic/ biomedical and social policy/research skills was seen as likely to strengthen the activities of a new merged institute permitting more intense and broad analysis and a wider perspective on all issues related to welfare and health.

MAJOR ACCOMPLISHMENTS OF THE THL (2009-2014)

The initial challenges of the merged institute, THL, can be summarized as: 1. needing to reorganize the combined elements of the two antecedent institutes, 2. the need for budgetary restraint including decreasing staff size, 3. maintaining the responsibilities and requested products

of the antecedent institutes and 4. taking on new tasks, both assigned by MSAH and requested by other Ministries and municipalities and self-generated.

These challenges have persisted through the first 5 years of THL with progress and achievements in all four areas. Major data collection continued and expanded in both the more medical and the more social areas. Technical competence was demanded urgently for various crises such as influenza outbreaks and increasing concerns regarding environmental hazards. Added emphasis was placed on economic analysis in both health and social areas. Informational management and other internal data systems, including internet access to diverse data, required attention and improvement. Throughout these five years multiple new tasks and responsibilities were assigned to THL, including: support for the KASTE program, expanding capacity in health economics, new focus on immigrants and added focus on children and on lower income families and added roles for addressing alcohol and substance abuse, mental health and gambling. Throughout this period special concern was directed towards marginalized populations, especially those burdened by poverty. Despite having its responsibilities and tasks increased after the merger, budget constraints forced THL to reduce its staff size.

There has not been, however, a formal 5 year analysis, either internal or external, of whether the merger has been successful in meeting the objectives that led to its formation. The closest we could identify to a full evaluation of the success of the merger was a contracted study by the Ministry of Finance via their Productivity Program series of analyses in 2008-2009 entitled "Case description: Merger of STAKES and KTL into THL. The study was done by HVM PublicPartner (a private consultant firm), using Mr. Janne Syrjänen and Mr. Tapio Huomo.

They specify the original goals of the merger as:

- 1) Better Synergy (reaching critical mass, multidisciplinary, closer contacts between social care and health services);
- 2) Strategic Goals (better client-oriented work, easier movement of resources to focal areas, better directing of activities by MSAH);
- 3) Infrastructure (joint infrastructure leads to better quality and saves resources; easier to develop data resources);
- 4) Rationalization: elimination of overlapping work, filling in gaps.; makes possible to meet the demands of the productivity program without excessive harm to the activities of the institutions.

Their evaluation done very soon after the merger and over 4 years ago concluded that all goals were attained with the exception of the first in section 4: much work was still to be done to improve the division of labor within THL.

GENERAL COMMENTS ON THE ROLE AND FUNCTIONS OF THL

THL has a very broad and varied set of assigned roles and responsibilities (note: what we consider core functions and priorities are marked with an asterix*). The roles and responsibilities include:

- addressing the welfare of the Finnish population through policy analysis, data collection and analysis and targeted studies*
- reduce health and welfare inequalities*
- providing evidence for policy formulation*
- data collection (statistics and surveys) ; maintaining a knowledge base for decision-making*

- improving the well-being of the population*
- consulting with multiple branches of government and multiple communities*
- disease surveillance*
- outbreak identification and control *
- disease prevention and health promotion *
- research and analysis on many social policy and health topics *
- training *
- aspects of patient care and institutionalization such as mental health care
- adolescent residential education
- paternity ascertainment
- alcohol level testing

Some of these responsibilities have grown organically over the years to address changes in health priorities and changing welfare needs. Other added responsibilities suggest placement for convenience or the least bad option. In our review we have tried to apply logical criteria as a basis for inclusion in THL and strive for an institute whose components can enhance each other and whose achievements and products can be developed in an efficient and high quality manner.

It should also be noted that THL is a component of the Ministry of Social Affairs and Health, rather than a free-standing Ministry of Health. Thus health issues are set in a context of more general “welfare policies” – including the closely related issues of aging, employment, municipal administration and finances, etc. The “welfare policies” are organized in MSAH into two major sectors: General Social Policy (income transfers, pensions and other social benefits) and Social and health services (“basic services” in Finnish that address health care, care of the elderly and physically and mentally impaired, etc.). THL is located in the latter sector and thus emphasis is placed on its service role as compared to its role in policy analysis, welfare, health and disease surveillance and promotion, prevention and protection for health and well-being matters. Thus THL is a hybrid, combining health and social welfare¹ issues together and thus has a much broader role with more responsibilities than a typical national public health institute.

Many of the issues that challenge THL and the health and welfare community more generally involve matters of balance- the need to strike the right mix of effort and resource allocation between important tasks and roles. We try to address such “balance issues” in this report. The issues frequently overlap as research findings and scientific expertise modify service responses and service needs generate questions best answered by targeted operational, evaluation and policy research.

In evaluating THL, we have considered issues of:

1. The value of combining KTL and STAKES to form THL
2. Administration and management
3. Service functions including serving as a consultant to multiple “masters”/stakeholders
4. Organizational structure and components
5. The relationship of THL and TTL
6. Performance measures
7. Research and science
8. Biomedical and epidemiologic science and service vs. welfare science and service
9. The role of THL vs. that of universities
10. Data collection, dissemination and analysis

¹ We use the term “welfare” in this evaluation as it is commonly considered in the Nordic/Scandinavian countries. In the Nordic sense, welfare is an overarching multidimensional concept that includes, among other items, income, social cohesion, health, and employment. It certainly includes social determinants of health. Thus we use welfare in a very different sense than the usual Anglo-American usage which has connotations of financial support of marginalized groups. The Nordic use of “welfare” is closer in meaning to the Anglo-American term “well-being.” Though the latter is more vague, often emphasizing psychological aspects of life, and often focuses on individuals rather than populations or communities.

11. The role of and need for experts
12. Recruitment and retention
13. Budgetary reductions and revision of funding mechanisms for strategic research

ISSUES

1. Evidence of added value through the merger of KTL and Stakes to form THL:

Specifically what was accomplished that could not or would not have been done under the 2 separate institutes?

While we would like to offer an opinion on this question, we have not seen an analysis after 5 years of operation that provides an answer or significant examples of “the whole being greater than the sum of the parts” (see description above of a very early analysis done under contract to the Ministry of Finance). Nevertheless, most staff that we interviewed felt that there was more collaboration and joint projects since the merger.

2. Administration and Management:

Staff complain that their administrative burden has been markedly increased in the past few years and that this reflects demands both external and internal to THL. Such “paperwork” is said to slow responsiveness, make managers and technical staff less efficient and generally decrease the effectiveness of the organization. This view was mirrored in discussions with MSAH officials and academic leaders. Decision-making at THL is perceived as “slow” and requiring passage through multiple levels of a bureaucracy.

The relative allocation of trained managers centrally and in the divisions and units was unclear and the optimal distribution of such managers requires a specific study. Such a study should consider internal and external management training programs and the role and training of scientist-managers in management and administration. Our impression is that contemporary approaches to good management could be improved and need attention.

Many elements of the modern workplace (whether governmental or private sector) management system are either absent, not obvious or only recently instituted – e.g. employee work plans, overall strategic plan for a given time period, a set of institutional and divisional priorities and deliverables, an accompanying detailed approach to meeting these goals including measurable outcomes for all units and staff.

All of these elements directly relate to ensuring an efficient and high quality performance of planning, evaluation and policy functions of THL. We also note that the costs of administration have markedly increased over recent years.

Another major managerial issue involves the “consultancy” role of THL (see next section).

3. THL as a consultancy:

One of THL’s major roles is to provide expertise, data, analytic assistance, scientific evidence for policy, targeted short-term studies and other elements of a consultancy. Requests for such assistance are generated from multiple sources: often the MSAH but also other Ministries such as Education, Agriculture, Finance, etc. In addition, individual municipalities in Finland make such requests as do many organizations and NGO’s. Some of these requests include extra-budgetary funding for the tasks requested.

These requests seem to be increasing in number and complexity even as THL's budget is being reduced and there is danger of losing talented staff.

Many of these requests are communicated staff to staff, with some being cleared up the organizational tree at THL to a department or divisional level. A few are brought to the Director General's attention. There is no central registry of the requests, no record of who asked for help, why they asked, what specific deliverables did they desire, who received the request and who approved it, the desired time frame for deliverables, the eventual delivery date, a measure of satisfaction by the recipient with the results, etc. Thus it is very difficult to consider the work-load, any prioritization, performance, client satisfaction, etc.

Given increasing demands and expectations, diminishing funding and challenges in retaining and recruiting needed expertise in multiple disciplines, priorities will need to be established and some requests will need to be deferred or denied.

4. Organizational Structure and Components:

While we have not had the time or depth of knowledge to draw specific conclusions, we have the impression that there may be some duplication of effort on some topics – e.g. substance abuse/tobacco/alcohol and also some programs might thrive more if given closer organizational proximity to complementary programs, e.g. nutrition, health promotion, health behaviors, participation promotion. For example, while drug and alcohol abuse can be seen as having a home on both the welfare and health sides of THL, it would seem more efficient and effective and a demonstration of the joining of KTL and Stakes to have these activities more closely linked programmatically and organizationally.

Some responsibilities of THL seem peripheral at best to the central mission of the institute. Not only does the joining of these functions not provide a tangible benefit greater than the sum of the parts but it may distract the staff from their priority functions and hinder collaboration between the units that really could benefit from sharing experience and expertise. There is no obvious rationale for the inclusion of these responsibilities in THL, e.g.

- State Residential schools
- State Psychiatric hospitals
- Forensic Psychiatry
- Alcohol breath testing
- Paternity testing

Similarly, “health care for prisoners” would be an added responsibility for THL that would be inconsistent with its overall strengths and mission.

5. The relationship of THL to TTL (FIOH):

Whether to incorporate occupational health within a broader public health institute has been an ongoing area of action, discussion and controversy in many countries. England and Canada have not included occupational safety and health within their national public health institutes, despite their recent reorganizations and opportunity to do so. The US Centers for Disease Control and Prevention (CDC) incorporated the previously autonomous National Institute of Occupational Safety and Health but continues to deal with political fallout from this reorganization. China's CDC has had occupational health as one of its major units since its establishment. Advantages of joining occupational health with other public health components include:

- a. Environmental health, often already in a national public health institute, as it is in THL, shares many scientific issues and disciplines with occupational health and they can each benefit by institutional proximity.
- b. A problem that begins in one sector, e.g. an infectious disease outbreak or a bioterror event or an increase in a type of cancer or injury, can shift its emphasis to occupational health (examples include the US anthrax bioterror event, dealing with influenza in health care and elderly facilities, new chemical etiologies discovered for cancers, etc) thus making it essential to have both sectors involved in addressing the problem and crafting a solution.

An argument that is used against joining an occupational health unit to a public health institute is that the former is deeply embedded in a culture of labor – management conflict and thus considerable political overtones. Some argue that this can be distracting for the larger institution. Others argue that political tension is intrinsic to all public health and social policy issues and occupational health shouldn't be viewed as any different than issues of environmental health, reproductive health, tobacco use, etc.

Thus the merits of merging TTL (FIOH) with THL are beyond the scope of our THL evaluation task. However such an organizational link certainly needs careful consideration with particular emphasis on the local context and local values and needs.

6. Performance measurement:

Many of the units offer incomplete metrics of performance, e.g. having scientific publications and/or articles in the press or media coverage as the desired end outcome rather than measures of influence or impact closer to actual achievements in politics, in the people and in the communities of Finland. This represents an over-reliance on “process” rather than “outcome” measures. We feel that THL and THL staff should have a higher awareness of external social impacts and their importance in an expert organization such as THL. We suspect that such outcomes are occurring and that THL staff are aware of them but THL needs to recognize the importance of such measures and document them.

7. Research and science:

THL has performed very high quality research and its achievements are recognized around the world. Its scientists serve on major international committees and they publish in the most prestigious and cited scientific journals. In these matters, THL “punches above its weight”, performing as well or better than national agencies from countries with much larger populations and budgets. This should be a source of great pride for Finland. Such accomplished research and science has much value to the institution beyond the individual publications and findings. Top quality researchers provide scientific credibility to THL, promote intellectual rigor and high standards for the whole institute, enhance the public's confidence in THL in its consulting role and enhance the quality of its data collection and analysis. It must be emphasized that such scientific stature takes a long time to build (decades) but can be diminished rather quickly and not easily reinstated.

However, THL plays a very important role as a government service institute and as such, the vast majority of the research must be applied or have high societal relevance, i.e. focusing on real priority problems that challenge the Finnish population and society at large. Thus the high quality research should not be unlimited in scope and not “investigator initiated” in the unbridled conventional sense. Being “applied” does not diminish the importance of such research nor the

need for high quality investigators and studies. And when well done such research can still be accepted by and published in the best journals. Much of the analysis and research done by THL in both health and welfare topics provides excellent examples of the best applied science directed at a major local AND global health problem. Such studies have generated results that were highly relevant to Finland but also the rest of the world and those results were used to profoundly impact health risks and improve the health of the Finnish people. However, THL researchers could better communicate to policy makers and the general public how their work has a positive impact on the health and welfare of the individuals and communities of Finland.

8. “Health” research and programs vs. “Social” research and programs:

While we agree that balance is necessary between the biomedical/epidemiologic health activities and the social policy and social science activities of THL, it is unclear that there is currently an imbalance. It is natural that individuals working in either area would feel their side is under-resourced and overburdened, there is no hard evidence, of which we are aware, that supports an imbalance. It is also natural that the MSAH would under routine circumstances have a disproportionate number of its requests be on the social side, including needs for policy (“policy relevant”) and evaluation research. In addition the boundaries between welfare and health are often minimal. Substance control policies (alcohol, tobacco and drugs), health promotion of well-being and health, disease prevention and support for informal help and social networks go well beyond care and services.

Most of the key challenges identified both in Finland and in the European Union do have broad social characteristics which emphasize the intrinsic interrelationship among social sectors, including health.

THL is well positioned to address crises that affect both the social and health sides of its mission. One can expect periodic health crises, disasters, challenges that are not routine and require extraordinary experience and expertise to manage properly. Thus the social policy side needs steady investment and attention and the health side needs the same, the former for the efficient and effective provision of policy advice, promotion and prevention as well as care and services and the latter for the outbreaks, pandemics, toxic exposures, natural disasters that may be uncommon but that will occur and wreak havoc and if mishandled will lead to preventable deaths and disability and profound loss of confidence in the government.

Economic crises and their related social impact also have a profound and lasting impact on the welfare of a population and thus the social policy and science role of THL must address such threats as well.

It should be noted that the nature of the work on and products of social policy issues are often less visible and more embedded in the welfare system than the more quantitative and discrete efforts on the public health side.

9. Research –THL vs. Universities:

As in countries throughout the world with the most effective national public health and welfare institutes, THL and Finnish universities share characteristics: considerable existing productive collaborations, different roles and research directions and opportunities and some overlap in research efforts. Many THL scientific staff have academic appointments at universities throughout Finland (Helsinki, Tampere, Kuopio, etc.). There are many collaborative projects being done jointly by the universities and THL. Of course, there is always merit in more such collaborations. The differences between the research efforts of THL and the universities include: THL research is

applied and should have very limited basic or theoretical elements. University investigators are encouraged to choose from the full spectrum of research and are usually rewarded for work done on the more basic/theoretical end. THL scientists understand their service function and the pressure to do the research quickly and efficiently. University scientists have competing tasks – teaching, meeting with students, administration and committee work, etc. – and cannot approach external requests or new priority applied research in as timely a manner as a high performance government agency, such as THL. There seems to be general agreement among all parties that THL is far better suited to operate and maintain large data sets (see below) than universities.

Universities can complement THL research but cannot replace it without a certain loss in timeliness, responsiveness and in many public health and welfare questions possible quality.

10. Data – collection, dissemination and analysis:

THL plays a huge role in collecting data on health and welfare broadly writ through surveys and studies. This data is invaluable for planning, trend prediction, evaluation, problem identification, etc. At the same time, some of the data is likely more useful than other parts. Once data sets begin to be collected they can assume a life of their own and persist unevaluated long past their presumed initial value. It is unclear that such scrutiny of data priority is regularly undertaken by either the MSAH or THL.

Finland, similar to other Nordic countries, has a great competitive advantage in the international research arena given its resources in high quality long-term population based registries. Large, well collected, informative data sets are global goods and in particular, local goods. There is great value in making such data available, raw but cleaned, to the full community of potential users. While we appreciate the high skills within house in analyzing and interpreting such often complicated data, we also stress the importance of user-friendly and integrity assured timely data access. We were given the impression, particularly from our academic sources, that such data was not easily or quickly available for their use and that this situation did not serve the generation of knowledge by a broader set of investigators or the general public well.

11. The Role of and Need for “Experts”

In some parts of the world, the value of subject matter expertise is being questioned. In such places, policy and decision makers increasingly downplay the value of evidence, the counsel of experts and usefulness of data. Such a trend is both unwise and dangerous whether the topic is the impact of unemployment, a threatening epidemic, unhealthy behaviors or climate change. There is no good substitute for expertise whether the task is acquiring new knowledge, applying existing knowledge or asking the key questions of what don't we know but need to learn. Decision making and policy setting in the Nordic countries continues to reflect a high value for evidence, data and science and have resisted any dilution of an evidence based process. THL's strengths include being a repository of varied and relevant expertise. Such expertise has been valued and used for decades and needs to continue to be an important asset for Finnish government and society.

However, the valuing of expertise should not inhibit consideration of what kinds of expertise are needed, how to match such needed expertise to changes in demands and responsibilities and the increased needs for scientific disciplines, such as economics, education and evaluation science.

12. Recruitment and retention:

The combination of budget cuts, discounting of and threats to the scientific mission, increased expectations, work load and responsibilities, increased politicization of investigations and studies, erosion of mission and an uncertain future all undermine staff retention and new staff recruitment.

Often in such circumstances the most talented and productive staff are the ones to leave and the hardest to recruit. Such workforce losses would lead to loss of product quality, loss of institutional stature, less satisfactory evidence for policy and decision making and the overall loss of a valuable resource for the Finnish government and people. Such loss of talented and hard to replace staff is already occurring.

13. Budget reduction and revision of funding mechanisms for strategic research

Given significant Finnish government fiscal constraints, THL will likely see reductions in its budget. This process reinforces the need for increased managerial efficiency, elimination of duplicative efforts, efforts to streamline organizationally and greater emphasis on core THL functions and priorities.

The revision of THL research funding such that the current THL research budget will be reduced with these funds transferred to the Prime Minister's Office and the Finnish Academy for a competitive bidding process has the potential to introduce any of the following:

- Improved products due to the competitive process.
- Less timely and useful products due to new researchers with different demands and scientific culture (more theoretical, less applied).
- More opportunities to introduce political considerations into what should be objective science-based studies.

RECOMMENDATIONS

1. While governmental budget cuts seem inevitable given the current and projected financial situation, we urge that care is taken to minimize damage to the institute's effectiveness and value and eventually its public stature in Finland and globally.
2. Re-assign to other parts of government, NGO's and/or universities, units of THL that are peripheral to its core functions and distract from its appropriate priorities.
3. Upgrade management processes and organization at THL to contemporary levels of performance and expectation.
4. Performance measures should be instituted for professional staff and operational units. Such performance measures should not only focus on scientific output but also reflect social and policy impacts in accordance with the statutes of THL.
5. External requests from MSAH and other Ministries and local and central branches of government should be directed through a central THL office, where they can be recorded, monitored and tracked. This will permit a clearer knowledge of the workload, what has been requested, by whom and when due as well as permit adequate follow-up – what was the quality of the performance and product, was the recipient satisfied, how might future efforts be improved. Such a system would also facilitate balancing the workload and addressing issues in priority order.
6. THL and its researchers should communicate better to the MSAH, other stakeholders and the public how their studies and analyses provide direct and substantial benefits regarding the health and welfare of the Finnish people.
7. The government should both affirm and take steps to demonstrate its support for science, high quality research, evidence-based policies and decision-making and the value of expertise at THL.
8. Consider establishing an advisory body jointly comprised of THL and MSAH leaders, along with appropriate external members, that periodically review the balance at THL of its responsibilities for:
 - a. Research and service
 - b. Social/welfare and health/biomedical/epidemiologic programs

c. Focus on applicability of its research and programmatic efforts to Finland as well as Global impact

9. Consider early dissemination of and access to THL large data sets as a priority responsibility to the broader academic community. A memorandum of understanding between the THL and the Academy of Finland or a representative university, e.g. the University of Helsinki, might be considered.

Acknowledgements

We appreciate the full cooperation of THL leadership and staff in our evaluation as well as the participation and ready availability of the Permanent Secretary of the MSAH , other MSAH staff and representatives of other Ministries, NGO's, academic leaders, and other clients and partners of THL. We thank the present and former Director General Juhani Eskola and Pekka Puska, as well as Research Professor Jussi Simpura, for their access and support.

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APPENDIX I. BIO-SKETCHES OF EVALUATION TEAM

Jeffrey Koplan (Chair): Dr. Jeffrey P. Koplan is Director of the Emory Global Health Institute and Vice President for Global Health at Emory University. He is also a Co-founder and President of the International Association of National Public Health Institutes (IANPHI). A former director (1998-2002) and 26-year veteran of the U.S. Centers for Disease Control and Prevention (CDC), Dr. Koplan began his public health career in the early 1970s as a member of the CDC's Epidemic Intelligence Service. He has worked on many major public health issues, including infectious diseases such as smallpox and HIV/AIDS, environmental issues such as the Bhopal chemical disaster, and the health toll of tobacco and chronic diseases around the globe. He has extensive international experience including assignments in Bangladesh, India and Trinidad and Tobago. He has collaborated with Chinese health officials since his first visit to China in 1979. His work has included US-CHINA bilateral projects, World Bank missions and World Health Organization consultations. He is an honorary professor and senior advisor to the China CDC. He is a Master of the American College of Physicians, and a member of the U.S. Institute of Medicine. He has written more than 220 scientific papers. He is a trustee of The Robert Wood Johnson Foundation and The China Medical Board. He chairs the Visiting Committee to the School of Public Health of Harvard University is on the Board of Advisors, the Health Policy Institute, Beijing University and serves on the Independent Monitoring Board, Global Polio Eradication Initiative and as the Chairman of the Wellcome Trust's Population Health Expert Review Group.

Anneli Eteläpelto, PhD (psychology) is a Professor (adult education) at the Department of Education, University of Jyväskylä, Finland. Before that, she was the Professor of educational psychology, University of Helsinki. She started her career at the department of Psychology, University of Jyväskylä and she has worked 15 years as a researcher at the national Institute of Educational Research. She has been the member of the Science Council of Jyväskylä University since 2005 and acted in several research evaluation tasks in national and international contexts. She has been a visiting scholar at the Institute of Adult Learning Singapore and a member in ESF (European Science Foundation) research program on Learning in Humans and Machines. She is the founding member of EARLI-SIG Learning and Professional Development. She has been a Senior Research Fellow of Finnish Academy and leader of many research projects funded by the Academy of Finland and Finnish Work Environment Fund. She has been the head of University Alliance Finland research cluster of excellence 'Work, Learning and Welfare'. She has supervised 16 Doctoral dissertations (PhD), and acted as an external examiner in ten PhD-thesis. She has widely published (180 publications together) in international and national refereed forums, edited and co-edited books on professional and work-related learning, identity, agency, creativity, expertise development, and social aspects of learning and education. She is currently leading a research project 'Promoting professional agency in education and health care work' (PROAGENT).

Josep Figueras is the Director of the European Observatory on Health Systems and Policies and head of the WHO European Centre on Health Policy in Brussels, Belgium. In addition to WHO, he has worked in collaboration with all major multilateral organizations such as the European Commission or the World Bank. He has **been** lecturer and head of the MSc in Health Services Management at the London School of Hygiene and Tropical Medicine, and he is now visiting professor at the Imperial College. His research focuses on comparative health system and policy analysis.

Johan Fritzell, Professor in Social Gerontology, at ARC at Karolinska Institute Medical University in Stockholm, Sweden, since January 2014. Before that, he was Professor of Sociology at the Centre for Health Equity Studies (CHESS) at Stockholm University. Earlier, he has been member of the Governmental Swedish Welfare Commission, and worked also as Research Director at the Institute for **Futures** Studies at Stockholm University. His research focuses on determinants, distribution and trends of welfare and health.

Johan Giesecke, Professor, Chief Scientist and Head of the Office of the Chief Scientist at ECDC, Stockholm, Sweden. He is also an Adjunct Professor of Infectious Disease Epidemiology at the Karolinska Institute Medical University in Stockholm. From a background as an infectious disease clinician, he trained in epidemiology at the London School of Hygiene and Tropical Medicine. Before joining ECDC, Professor Giesecke was Sweden's State Epidemiologist for 10 years.

APPENDIX II. BACKGROUND DOCUMENTS AND MATERIALS

- Health Brings Welfare 2020 Welfare Brings Health
The Strategy of the National Institute for Welfare and Health 2011-2020
 - Financial Facts 2012 – National Institute for Health and Welfare, THL
 - Ministry of Social Affairs and Related Authorities
Brochures I eng (2011); Publisher: Ministry of Social Affairs and Health, Finland
Tampere University Press, Tampere 2011
- THL and FIOH in the Finnish Research and Development Field. Report for International Evaluation Groups of the National Institute for Health and Welfare (THL) and the Finnish Institute of Occupational Health (FIOH/TTL) (29 pp)
ISBN 978-952-261-435-3 (pdf)
http://www.ttl.fi/en/publications/Electronic_publications/Documents/THL_and_FIOH.pdf
- Policies for well-being and health
Pekka Puska; For Sitra Book (in press)
 - Welfare, Health and Equality Survey for 2012-2015
Ministry of Social Affairs and Health, Finland
 - Health Care in Finland
Ministry of Social Affairs and Health Brochures 2 eng (2013)
website:www.stm.fi/en/publications
 - THL – Expenditures For IEG, 15.1.2014
Prepared by Markus Syrjänen, Head, Planning Unit, THL
 - Performance agreement between the Ministry of Social Affairs and Health and the National Institute for Health and Welfare 2012-2015; Performance targets for 2014
Ministry of Social Affairs and Health, Helsinki 2014; Drafted, 20 December 2013
 - Operating plan of the National Institute for Health and Welfare 2014
Draft 18 December 2013; National Institute for Health and Welfare (THL)
 - Effective Expert Agency Committed to Protecting Health and Welfare
National Institute of Health and Welfare (THL); website: www.thl.fi
 - Knowledge for Health and Welfare
National Institute for Health and Welfare (THL); website: www.thl.fi
 - Evaluation of the Department of Environmental Health, National Public Health Institute
Helsinki, April 2007; Erik Dybing, Robert Maynard, and Harri Vainio
 - Follow-up Evaluation of STAKES; Helsinki November 2001
Jorma Rantanen, Antti Karisto, Liisa Rantalaiho, Bjorn Smedby, Karin Tengvald, Jaakko Tuomi, Jaakko Virkkunen, Alan Walker, Suvi Lehtinen

Report of the KTL Evaluation Panel on Chronic Disease Prevention and Health Promotion, 2000-2007; Professor Daan Kromhout (Wageningen University, The Netherlands), Professor Markku Koskenvuo (University of Helsinki, Finland), Sir Michael Marmot (University College, London, UK), Professor Hilikka Riihimäki (Finnish Institute of Occupational Health, Helsinki, Finland), Professor Martin McKee (London School of Hygiene and Tropical Medicine, United Kingdom), Professor Jari Tiihonen (University of Kuopio, Finland)

- International Evaluation of the Department of Molecular Medicine
26 September 2007; National Public Health Institute Finland
Professor Albert Hofman (Erasmus MC, Rotterdam, The Netherlands), Professor Alan Wright (MRC Human Genetics Unit, Edinburgh, UK), Professor Mart Saarma (University of Helsinki, Finland), Chancellor Eero Vuorio (University of Turku, Finland)
- Report of the KTL Evaluation Panel on Infectious Disease Surveillance, Control and Research 2000-2007; Professor Christopher Bartlett (Royal Free and University College Medical School), Dr. Jukka Mattila (Mehiläinen, Helsinki), Professor Seppo Meri (University of Helsinki), Professor Elizabeth Miller (Centre for Infections, Health Protection Agency, London), Professor Ville Valtonen (Division of Infectious Diseases, Helsinki University Hospital), Professor Hans Wigzell (Karolinska Institutet, Stockholm)

APPENDIX III. TERMS OF REFERENCE

Scope of purpose of the evaluation

The task of the evaluation is to assess how THL succeeds in implementing its mission to promote and protect health and welfare, facing present and future challenges. The evaluation should be future-oriented, reflect the challenges for development in health and welfare, and make recommendations for the further development of THL's activities.

The evaluation will address the relevance and effectiveness of THL's activities:

- Does THL's work address the key issues in its field with regard to its role as a national institute in the area?
- Are THL's objectives and results relevant in this respect and will regard to co-operation between research institutes and universities?
- Is THL's approach effective?

The period of the evaluation covers the years 2009-2013 and the future perspective extends until 2020.

There are some crucial new elements in the process of the R&D in Finland the evaluation group should give attention to. In short these are e.g. as follows:

- The economic crisis and austerity measures have impact on R&D activities. R&D in social welfare and health care have lost public financial support in recent years. Quite severe cuts are in prospects.
- Closer cooperation between R&D institutions and the new consortia are challenging the present institutes.
- The policy relevance of R&D is even more keen discussion issue that in an earlier phase. Therefore, utilization and exploitation of results are acute challenges as well.
- Well-ordered and long-term data bases are crucial for future R&D and to serve health and well-being in all policies.

Another area of changing operational environment of THL is one of its main objects of activity, the system of social and health services in Finland. The whole system is presently undergoing a thorough reform, parallel with an overall reform of structures of local (municipal) administration. The support for and assessment of the reforms is already felt in the workload of THL, and will be felt also in the near future. This and other reforms in the service system in particular have led to increasing demand by the ministry (MSAH) for THL expert services. THL has also received some new extensive tasks, e.g. in the field of forensic medicine and psychiatry.

Objectives of the evaluation

The evaluation should focus on the following issues (see the next page), but the evaluation group may choose to evaluate also other topics relevant to the purpose of the evaluation.

1. Policy relevance and results

- a) Have the strategic goals and allocation of resources of THL been in accordance with its legislative mandate and the relevant strategic national objectives set by the Government and Ministry of Social Affairs and Health?

- b) Have the policy relevance of THL's objectives and the results of THL been adequate and applicable in respect of the needs of stakeholders and THL's clients, such as:
 - national authorities and policy makers,
 - local authorities,
 - health and social service professionals,
 - civil society and NGO's,
 - private service providers,
 - international organizations in the field (UN, WHO, EU etc.) and
 - the great public.
- c) Are the strategic goals of THL adequate in respect to the work of other R&D institutes and universities?
- d) Does THL's work respond to its goals, with respect to the quality of information and methods of influencing and in view of the future needs of the development activities?
- e) Is there a need for having THL as a separate institution in the future?

2. Operational efficiency and relevance in innovations and quality

- a) Are THL's processes and practices appropriate, innovative and efficient for its various tasks?
- b) Are THL's processes and innovative, of good quality and efficient? Is THL's role appropriate in relation to the other agents in the field and does THL make good use of partnerships?
- c) Are THL's processes and practices innovative, appropriate and efficient in disseminating its outputs? Is THL's role appropriate in relation to other agents in the field and does THL make good use of partnerships?
- d) Are the knowledge and competence of THL and its personnel adequate and sufficient for the current and forthcoming needs?

APPENDIX IV. VISIT ONE (16-17 DECEMBER 2013) – MEETING PARTICIPANTS

Presentations to International Evaluation Group (IEG)

- General Director, Raimo Ikonen
- Ministry of Labour and the Economy,
- Ministry of Education and Culture,
- Prime Minister's Office,
- Ministry of Finance, Veli Auvinen, financial adviser),
- Ministry of Agriculture and Forestry, Veli-Mikko Niemi, Director,
- Ministry of Environment, Laura Höijer (Research Director)
- MSAH, Päivi Sillanaukee (Permanent Secretary and General Director)
- Kuntaliitto Association of Finnish Local and regional Authorities, Tarja Myllärinen (Director)
- Evira, Finnish Food Safety Authority, Matti Aho (Director General)
- Valvira, National Supervisory Authority for Welfare and Health, Marja-Liisa Partanen (Director General)
- Valvira, National Supervisory Authority for Welfare and Health, Katriina Rautalahti (Director)
- Lääketeollisuus, Pharma Industry Finland, Jussi Merikallio (General Manager)
- Soste, Finnish Society for Social and Health, Riitta Särkelä (Director)
- EK, Confederation of Finnish Industries,
- SAK, Central Union of Finnish Trade Unions, Ilkka Kaukoranta (Economist)
- Akava, Confederation of Unions for Professional and Managerial Staff in Finland
- STTK, Finnish Confederation of Professionals, Riitta Työläjärvi (Expert)
- Academy of Finland, Jarmo Wahlfors (Director)
- Tekes, Finnish Funding Agency for technology and Innovation, Pekka Kahri (Director)
- Sitra, Finnish Innovation Fund,
- HUS, Hospital District of Helsinki and Uusimaa, Aki Lindén (Managing Director)
- RAY, Finnish Slot Machine Association
- Council of the THL, Ilkka Niiniluoto (Professor and Chair)
- Osmo Soininvaara, MP, Member of Council of THL
- Kela, Social Insurance Institution of Finland, Mikael Forss (Director)
- UNIFI, Kalervo Väänänen (Professor, University of Turku)
- UNIFI, Liisa Savunen (Executive Director)
- ARENE, Päivi Huotari (Lecturer, Lahti University of Applied Sciences)
- Pekka Puska (Director General)
- Health Protection, Juhani Eskola (Director General Elect)
- Health and Social Services, Marina Erhola (Assistant Director General)
- Welfare and Health Policies, Marja Vaarama (Assistant Director General, Welfare and Health)
- Welfare and Health Promotion, Erkki Vartiainen (Assistant Director General)
- Economic and Human Resources, Kari Saarinen (Administrative Director)
- Present at the session on horizontal activities in addition: Jussi Simpura (Research Professor, Contact person for IEG at THL)
- Päivi Hämäläinen (Director, Department of Information Statistics and Registers)
- Päivi Väyrynen, (Director, Department of Communications)
- Jutta Immanen-Pöyry (Head, International Affairs)

APPENDIX V. VISIT TWO (22-23 JANUARY 2014) – MEETING PARTICIPANTS

Presentations to the International Evaluation Group (IEG)

VETO – Health, Functional Capacity and Welfare

- Seppo Koskinen, Research Professor
- Tommi Härkanen, Research Manager
- Tuulia Rotko, Development Manager
- Suvi Parikka, Researcher

YTMO – Environmental Health

- Hannu Komulainen, Director of Department
- Hannu Kiviranta, Head, Toxicology and Chemical Exposure Unit
- Timo Lanki, Head, Environmental Epidemiology Unit
- Tarja Pitkänen, Researcher, Water and Health Unit

TITO – Information Department

- Päivi Hämäläinen, Senior Specialist, Director of Department
- Nina Knape, Development Manager
- Aleksi Yrttiaho, Development Manager
- Viveca Bergman, Development Manager
- Heikki Virkkunen, Senior Medical Officer

LAPO – Children, Young People, and Families

- Reija Klemetti, Senior Researcher
- Päivi Lindberg, Development Manager
- Reija Paananen, Senior Researcher

MIPO –Mental Health and Substance Abuse Services

- Mauri Marttunen, Research Professor, Director of Department
- Timo Partonen, Research Professor
- Noora Berg, Researcher
- Nina Tamminen, Senior Planning Officer
- Tuuli Lahti, Senior Researcher

THL: State Reform Schools, State Psychiatric Hospitals, forensic Psychiatry

OIKE: Forensic Medicine, Health Care for Prisoners

- Riitta Kauppila, Senior Medical Officer
- Jaana Suvisaari, Research Professor
- Jukka Kärkkäinen, Development Manager
- Matti Salminen, Director responsible for State residential special schools

KATO –Chronic Disease Prevention

- Antti Jula, Research Professor
- Kari Kuulasmaa, Research Professor
- Jaana Lindstrom, Research Manager
- Eero Kajantie, Researcher
- Markus Perola, Research Professor

PARO –Alcohol, Drugs, and Addictions

- Pekka Hakkarainen, Research Professor, Director of Department PARO
- Pia Mäkelä, Senior Researcher
- Teemu Gunnar, Head of Laboratory
- Antero Heloma, Senior Medical Officer
- Saini Mustalampi, Development Manager

ROKO –Vaccination and Immune Protection

- Outi Vaarala, Research Professor, Head of Immune Response Unit
- Hanna Nohynek, Chief Physician, Head of Vaccine Programme Unit
- Jonas Sundman, Senior IT Systems Analyst
- Ulrike Baum, Statistical Researcher

TATO –Infectious Disease Surveillance and Control

- Mika Salminen, Research Professor, Director of Development
- Markku Kuusi, Head of Infectious Disease Surveillance and Response Unit
- Saara Salmenlinna, Research Manager
- Jari Jalava, Laboratory Manager
- Teemu Mottonen, Senior IT Systems Analyst

STAO –Social and Health Policy and Economics

- Laura Kestilä, Senior Researcher
- Pasi Moisio, Research Professor
- Johanna Lammi-Taskula, Senior Researcher
- Timo Seppälä, Research Manager

PALO –Service System (Health and Social Services)

- Markku Pekurinen, Research Professor, Director of Department
- Ilmo Keskimäki, Research Professor
- Anu Muuri, Research Manager
- Pia Maria Jonsson, Senior Specialist
- Pasi Pohjola, Development Manager

Ministries

- Anne Nordblad, MSAH
- Anni-Riitta Julkunen-Virolainen, MSAH
- Sirpa Sarlio-Lähteenkorva, MSAH
- Tuulia Hakola-Uusitalo, Ministry of Finance
- Heikki Räisänen, Ministry of Labor and Industries

Professors

- Tellervo Korhonen, Public Health Science, University of Helsinki
- Pekka Rissanen, Health Economics, University of Tampere
- Juho Saari, Welfare Sociology, University of Eastern Finland
- Mirja Satka, Social Work, University of Helsinki
- Juha Teperi, Health Sciences, University of Tampere

APPENDIX VI. RDI BACKGROUND REPORT, THL

http://www.ttl.fi/en/publications/Electronic_publications/Documents/THL_and_FI_OH.pdf