



Tampere University



Terveyden ja
hyvinvoinnin laitos



SUOMEN AKATEMIA

Crises preparedness and governance of COVID-19 pandemic in four regions in Finland - *Preliminary results and lessons learned*

Liina-Kaisa Tynkkynen, PhD, Docent
Assistant Professor
Tampere University, Faculty of Social Sciences

Acknowledgements: Laura Kihlström, Soila Karreinen, Marjaana Viita-aho, Moona Huhtakangas, Ilmo Keskimäki

Resilience, crisis preparedness and security of supply of the Finnish health system (RECPHEALS)

Consortium PI Professor Ilmo Keskimäki

WP1: Crises preparedness and health system resilience – lessons learned from COVID-19 pandemic

- PI: Assistant Professor Liina-Kaisa Tynkkynen

WP2: Moving beyond COVID-19 – crises preparedness and identification of crises scenarios

- PI: Docent Pauli Rautiainen

WP3: Understanding the effects of different crises scenarios on health system resilience

- PI: Professor Samuli Pekkola

WP4: Building a general resilience and crises management model for the Finnish health system

- PI: Professor Nina Helander

Finland and Norway Avoid Covid-19 Lockdowns but Keep the Virus At Bay

Tight controls on travel and borders—and political consensus—helped the Nordic nations fight the pandemic

How Finland kept Covid in check

Country has one of lowest infection rates in Europe and its economy held up better than others



Helsinki-Vantaa airport in Vantaa, Finland. The co quarantine © Roni Rekomaa/Lehtikuva/AFP/Getty

Richard Milne, Nordic and Baltic Correspondent

Der Spiegel: Finland best at handling pandemic

The index is based on excess mortality, restrictions on people's lives and liberty, GDP performance and vaccination coverage.



LIINA-KAISA TYNKKYNNEN, FT, DOSENTTI

Finland: Europe's quiet success in Covid-19

EURACTIV.com with AFP

Nov 4, 2020



Finland, 'Prepper Nation of the Nordics,' Isn't Worried About Masks

Unlike their neighbors, the Finns never stopped stockpiling after the Cold War. Now Finland sits on an enviable supply of medical and survival gear in the Covid-19 era.

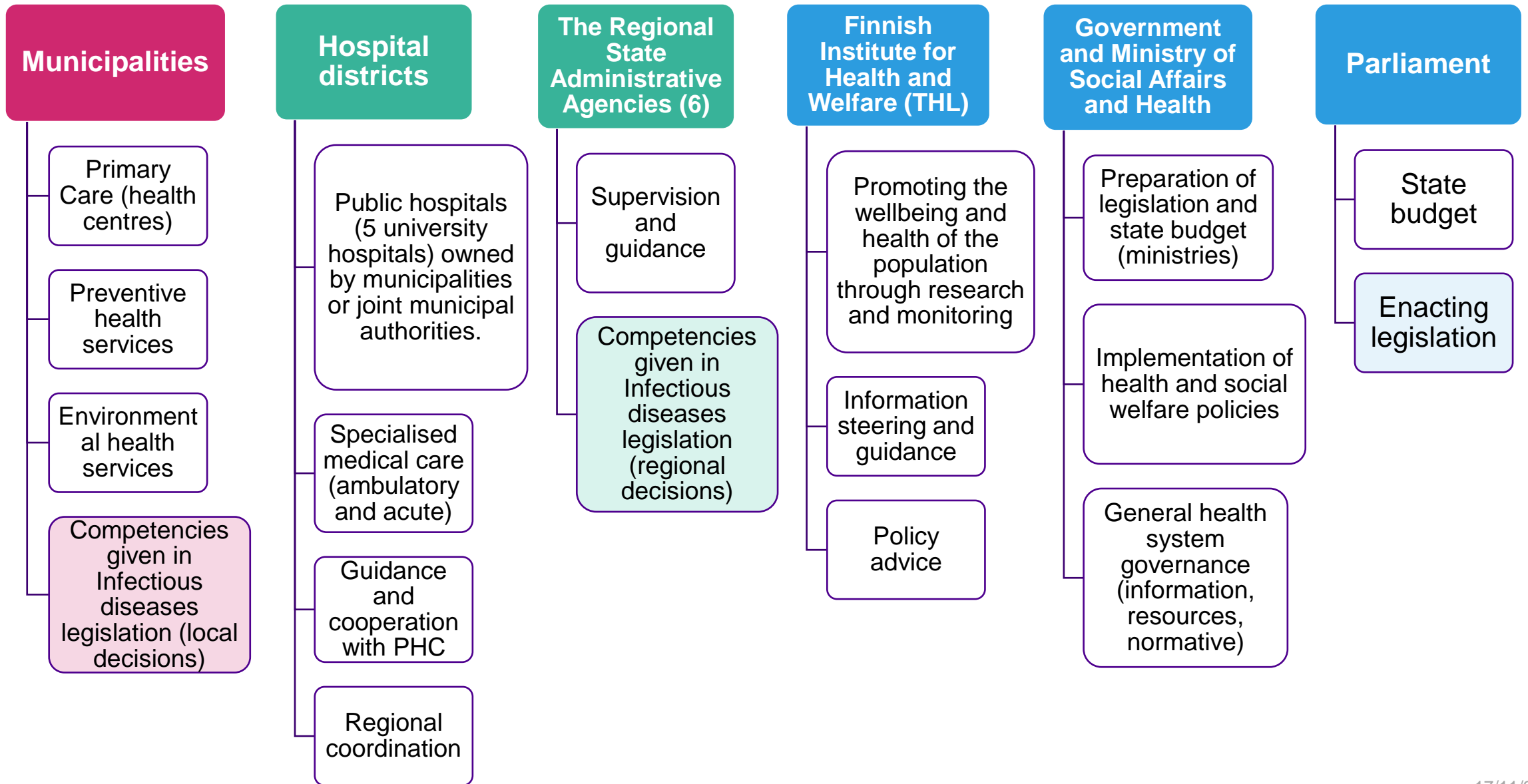
182



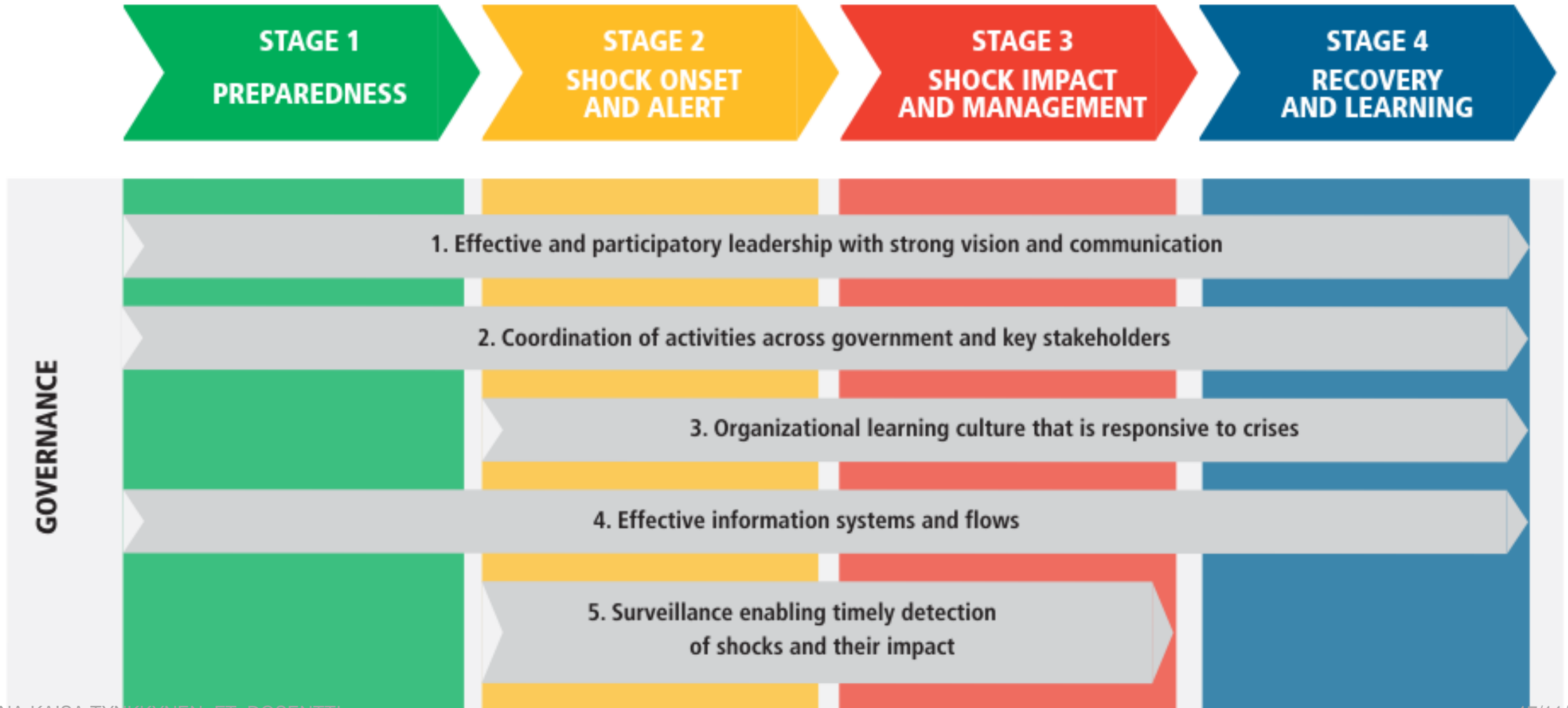
Helsinki-Vantaa airport, Finland, 24 October 2020. In a new video, passengers board inflight meals as a new

17/11/2021 |

The Finnish public health system in a pandemic



Health system governance and system resilience (Steve Thomas et al. 2020)



"CORONA REGIONALISM"

- **Regional and local** actors have played a crucial role in implementing measures and in ensuring their effectiveness during the COVID-19 pandemic
- Yet, discussion on COVID-19 responses often remains at the **national level**



Corona-regionalism? Differences in regional responses to COVID-19 in Italy



Iris Bosa^a, Adriana Castelli^b, Michele Castelli^c, Oriani Ciani^d, Amelia Compagni^e, Matteo M. Galizzi^f, Matteo Garofano^g, Simone Ghislandi^h, Margherita Giannoniⁱ, Giorgia Marini^{j,*}, Milena Vainieri^k

^a Business School, University of Edinburgh, United Kingdom

^b Centre for Health Economics, University of York, United Kingdom

^c Population Health Science Institute, Newcastle University, United Kingdom

^d SDA Bocconi School of Management and CERIGAS Bocconi, Bocconi University, Italy

^e Department of Social and Political Sciences, Bocconi University, Italy

^f Department of Psychological and Behavioural Science, LSE, United Kingdom

^g Local Health Authority of Parma, Italy

^h Department of Social and Political Sciences, Bocconi University, Italy

ⁱ Department of Economics, University of Perugia, Italy

^j Department of Juridical and Economic Studies, Sapienza University of Rome, Italy

^k Management and Health Lab, Institute of Management, Department of Embeds, Sant'Anna Advanced School of Pisa, Italy

ARTICLE INFO

Article history:

Received 21 January 2021

Revised 14 July 2021

Accepted 28 July 2021

Keywords:

Health policy

Health management

COVID-19

Italy

Regional responses

ABSTRACT

The paper discusses the responses to the COVID-19 crisis in the acute phase of the first wave of the pandemic (February–May 2020) by different Italian regions in Italy, which has a decentralised healthcare system. We consider five regions (Lombardy, Veneto, Emilia-Romagna, Umbria, Apulia) which are located in the north, centre and south of Italy. These five regions differ both in their healthcare systems and in the extent to which they were hit by the first wave of COVID-19 pandemic. We investigate their different responses to COVID-19 reflecting on seven management factors: (1) monitoring, (2) learning, (3) decision-making, (4) coordinating, (5) communicating, (6) leading, and (7) recovering capacity. In light of these factors, we discuss the analogies and differences among the regions and their different institutional choices.

© 2021 Elsevier B.V. All rights reserved.

1. Introduction

With over 180 mln confirmed cases and almost 4 mln deaths [1] worldwide, the COVID-19 pandemic, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), has been the worst public health challenge in recent history, placing extraordinary pressure on healthcare systems.

A key and long-standing debate in health policy refers to the effect of decentralisation on health care system performance, which can be exacerbated in times of (health) crisis [2–5]. The degree of decentralisation varies markedly across OECD countries and it is often a way to stimulate efficiency or to provide a more focused set of healthcare services based on needs [3]. In countries with decentralised healthcare systems central governments tend to be

responsible for decisions regarding the overall policy framework of healthcare and for coordination and monitoring, while lower tiers of government have control over decisions regarding the inputs and outputs of healthcare services.

How did decentralised healthcare systems respond to the COVID-19 pandemic? In this paper, we examine the case of the Italian healthcare system and compare the responses provided by a subset of regional governments to the pandemic. In doing so, we employ the analytical lens suggested by Bouckaert et al. [6] and consider seven dimensions of crisis management in the context of a decentralised healthcare system.

In their study, Bouckaert et al. [6] compared the national response of four EU countries (France, Germany, Belgium and Italy) and argued that country-specific responses could depend on differences in institutional arrangements, administrative cultures and state traditions. During the height of the pandemic, several decision-makers and experts called for a strong centralised response to the COVID-19 pandemic. For example, experts from dif-

* Corresponding author at: Department of Juridical and Economic Studies, Sapienza University of Rome, Piazzale Aldo Moro 5, 00185 Rome, Italy.
E-mail address: giorgia.marini@uniroma1.it (G. Marini).

COVID-19 response and governance in Finland

- 23 semi-structured interviews with local and regional managers in four regions in Finland, spring-summer 2021
 - Representatives from municipalities, joint municipal organisations, hospital districts
- Interviews with national actors started in 9/2021 → altogether **the data will consist of c. 50 interviews**
- Themes
 - Preparedness
 - Onset and alert
 - Management of the pandemic response and system governance
 - Cooperation, situational awareness, knowledge management
 - Maintaining essential services
 - Lessons learned



Globaali pandemia ja paikalliset ratkaisut – COVID-19 pandemian paikallinen hallinta ja johtaminen Suomessa

PÄÄLÖYDÖKSET

- Kriisitietoisuus alueilla syntyi median ja henkilökohtaisten verkostojen, ei kansallisen tiedotuksen kautta.
- Koronaviruspandemian kaltaiseen kriisiin ei osattu varautua riittävästi hyvin, mikä näkyi esimerkiksi suojavarusteiden puutteena ja hoitohenkilöstön väsymisenä pitkittyneen kriisin aikana.
- Pandemian myötä alueilla siirryttiin nopeasti kriisijohtamismalliin, mikä mahdollisti uusia toimintatapoja ja edisti oppimista.
- Alueellisen yhteistyön koettiin toimineen hyvin, mutta moniviranomaisyhteistyössä ilmeni pandemian aikana useita ongelmia.
- Moniviranomaisyhteistyön haasteita olivat esimerkiksi epäselvyydet ohjauksessa, viestinnässä ja tiedotuksessa.
- Kansalliselta tasolta tulleet linjat eivät olleet alueille aina lainsäädännön puitteissa mahdollisia toteuttaa.
- Pandemiasta tulisi erityisesti oppia miten varautua tuntemattomaan ja selkeyttää vastuunjakoa poikkeusoloissa.

Laura Kihlström, THL

Moona Huhtakangas, THL

Soila Karreinen, Tampereen yliopisto

Marjaana Viita-aho, Tampereen yliopisto

Vesa Jormanainen, THL

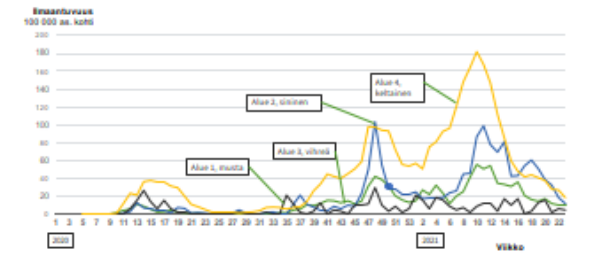
Ilmo Keskimäki, THL

Liina-Kaisa Tynkkynen, Tampereen yliopisto

Tässä julkaisussa esittelemme alustavia haastattelutuloksia COVID-19-pandemian varautumisesta, pandemian aikaisesta johtamisesta sekä terveydenhuollon toiminnan turvaamisesta neljällä alueella Suomessa. Tutkimus on osa Suomen Akatemian rahoittamaa tutkimushanketta Muutosjoustavuus, kriisivalmius ja huoltovarmuus suomalaisessa terveydenhuoltojärjestelmässä (RECPHEALS). Aineisto on kerätty maaliskuu-kesäkuussa 2021 ja siinä käsitellään koronapandemian ensimmäisen vuoden aikaisia tapahtumia Suomessa.

Suomen kansallista varautumista pandemiaan ohjaa tartuntatautilaki, joka jakaa vastuun tartuntatautiin torjunnasta useille toimijoille paikallisella, alueellisella ja kansallisella tasolla. Valtakunnallisesti sosiaali- ja terveysministeriö (STM) vastaa tartuntatautiin torjunnan yleisestä suunnittelusta, ohjauksesta ja valvonnasta, sekä johtaa, valvoo ja yhteensoiittaa sosiaali- ja terveydenhuollon varautumista yhdessä muiden toimijoiden kanssa. Terveyden ja hyvinvoinnin laitos (THL) on valtakunnallinen asiantuntijalaitos, joka tuottaa tietoa sekä ylläpitää valtakunnallisia epidemiologisia seuranta- ja tutkimusjärjestelmiä. Alueellisesti sairaanhoitopiirit toimivat asiantuntijoina, kun taas aluehallintovirastot (AVI) tekevät tartuntatautiin liittyviä hallinnollisia päätöksiä sekä yhteensoiittavat ja valvovat tartuntatautiin torjuntaa. Paikallisella tasolla kunnat ja kuntayhtymät ovat vastuussa oman alueensa tartuntatautiin torjunnasta (Finlex 2016).

Toistaiseksi pandemian johtamista ja hallintaa sekä siihen liittyvää varautumista Suomessa käsitelleet julkaisut tutkimukset ja selvitykset ovat keskittyneet lähinnä kansallisten päätöksentekijöiden ja viranomaisten toimintaan (Deloitte 2021, Mörttinen 2021, Otkes 2021). Tässä julkaisussa esitellään RECPHEALS-hankkeen alustavia haastattelutuloksia, jotka perustuvat terveydenhuollon alueellisten ja paikallisten toimijoiden haastatteluihin. Tulokset tuovat esiin terveydenhuollon toimijoiden sekä kunnan- ja kaupunginjohtajien näkökulmia koronaviruspandemiasta.



Lähde: THL, Vesa Jormanainen

Kuvio 1. COVID-19 tapausten ilmaantuvuus 100 000 asukasta kohti viikoittain tutkittujen alueiden sairaanhoitopiireissä aikavälillä tammikuu 2020 – kesäkuu 2021

”We were prepared but not quite for the right thing nor in the right way”

- Preparedness plans and training formed the basis for the preparedness
- However, preparedness mainly covered different types of crises (short duration, geographically isolated)
- Major gaps in PPEs and health system capacity (ICU)

Päivän lehti 24.3.2020

Sosiaali- ja terveysministeriö avaa huoltovarmuusvarastot

STM:n ylliohaja Päivi Sillanaukee Ylellä: ”Tämä päivä on historiallinen päivä.”



”Most of our preparedness simulations are based on scenarios such as plane crashes or subway sarin attacks. They are these short-lived events in which the police, fire department, emergency department and health care try things together.”

”I guess it was the news from Italy”

Ulkomaat

Italiassa jo toinen koronaviruskuolema – viruksen pelätään leviävän maan pohjoisosassa

Kymmeniätuhansia pohjoisitalialaisia on neuvottu pysymään kotosalla. Useita uusia koronavirustapauksia on todettu myös muun muassa Iranissa ja Etelä-Koreassa.



Italiassa nyt eniten koronavirus-tartuntoja Aasian ulkopuolella: Itävalta lopetti junaliikenteen maahan, ensimmäistä tartunnan saanutta etsitään

Italia on ryhtynyt toimiin hillitäkseen tartuntojen leviämisen maan pohjoisosassa. Itävalta lopetti junaliikenteen maiden välillä.



Oireileva potilas vietiin ambulanssilla sairaalaan Casalpusterlengossa Italiassa lauantaina. KUVA: FLAVIO LO SCALZO / REUTERS

...y, kun viranomaiset kehittivät...
mistuttua. KUVA: REUTERS TV

Quick action *as soon as the seriousness of the situation was realised*

- Quick transition to crisis management models, some of which had been outlined in preparedness plans
- Modes of crisis management constantly evolved, such as in gathering timely information (from pencil and paper to digital information systems)
- Creativity and improvisation

Logistiikkaopiskelijat lähtivät bussilla hakemaan maskeja Espoosta Kainuuseen – muilla keinoin matka olisi kestänyt viikon, mihin ei ole nyt varaa

42 000 maskia saadaan nyt Kainuuseen päivässä, kun rahtina toimituksessa olisi mennyt viikko.



Kajaanissa logistiikkaa opiskeleva Abakar Abbas pääsi yllättäen poikkeuksellisen pitkälle harjoitusajolle. Katso, millaisissa fiiliksissä matkalle lähdettiin aamukuudelta.

Adaptation and learning

- **Digital services** (phone, chat, video calls), and also remote work for health care professionals
- Ability to **redistribute personnel**, even between sectors
 - Day care → elderly care
 - Culture (e.g. library) → food deliveries, phone services
- **Scaling back services** (even more than necessary) in the beginning → after the first spring learning to better absorb pandemic related work in the system
- **New tasks** (testing, contact tracing, vaccinations): **Personnel taken from PHC** with already lacking HR, especially preventive services suffered

Suuret kaupungit haluavat pikaisen muutoksen koronan tartunnanjäljitykseen: laajoista karanteeneista esimerkiksi päiväkodeissa tulisi luopua

Kuuden suurimman kaupungin tartuntataudeista vastaavat lääkärit vaativat tartunnanjäljityksen kohdentamista vain suurimman tartuntariskin tilanteisiin. Kannanotto on lähetetty eteenpäin hallitukselle, terveysviranomaisille ja ministerölle.



Koronajäljityksessä on ongelmia etenkin pääkaupunkiseudulla. Kuvassa koronatestausta Helsingin Messukeskuksessa heinäkuussa. Kuva: Silja Viitala / Yle

”There are municipalities, there is primary health care and social services, there are 20 hospital districts, there are five university hospital districts. And then there are these regional state administrative agencies and their regional competence and of course central government, the Ministry (of social affairs and health) and Finnish Institute for Health and Welfare.”

”The lack of management structure was a clear weakness”

- Many actors with varying competencies → **need for regional coordination** → regional coordination groups organised in autumn 2020
- Collaboration with the responsible Ministry (STM) → many problems identified
 - Communication merely with hospital districts – information lacking in primary care
 - Overriding regional authorities’ competencies
- Siloed national response → **Unclear roles and lack of coordination** between different Ministries and authorities

KORONAVIRUS

Sosiaali- ja terveysministeriö patistaa alueviranomaisia varautumaan koronaepidemian kiihtymisvaiheeseen nopeasti – tiedot saatava perjantaiksi

Ministeriön mukaan on olemassa selkeä uhka epidemian kiihtymisestä syyskuun tautitapausten perusteella.



Koronatestauspiste Torniossa elokuun lopussa. Kuva: Juuso Stoor / Yle

”The real challenge for us will be the availability and sufficiency of health work force”

- Preparedness plans regarding health work force insufficient
- A prolonged crisis has raised concerns on the wellbeing of the personnel
- Competition of workforce → new tasks with better pay have attracted people to transfer from hospitals to municipalities

Politiikka | Sosiaali- ja terveysala

Ministeriö aloittaa ohjelman sote- alan henkilöstön riittävyyden varmistamiseksi: ”Ilmiö on sellainen, joka vaatii nyt toimia”

Perhe- ja peruspalveluministeri Krista Kiuru (sd) toivoo työryhmältä ensimmäisiä ehdotuksia jo ennen joulua.



One explanation to Finnish "success" is probably a good luck

How Finland kept Covid in check

Country has one of lowest infection rates in Europe and its economy held up better than others



Helsinki-Vantaa airport in Vantaa, Finland. The country has the strictest criteria in Europe for visitors from abroad to avoid quarantine © Roni Rekoma/Lehtikuva/AFP/Getty

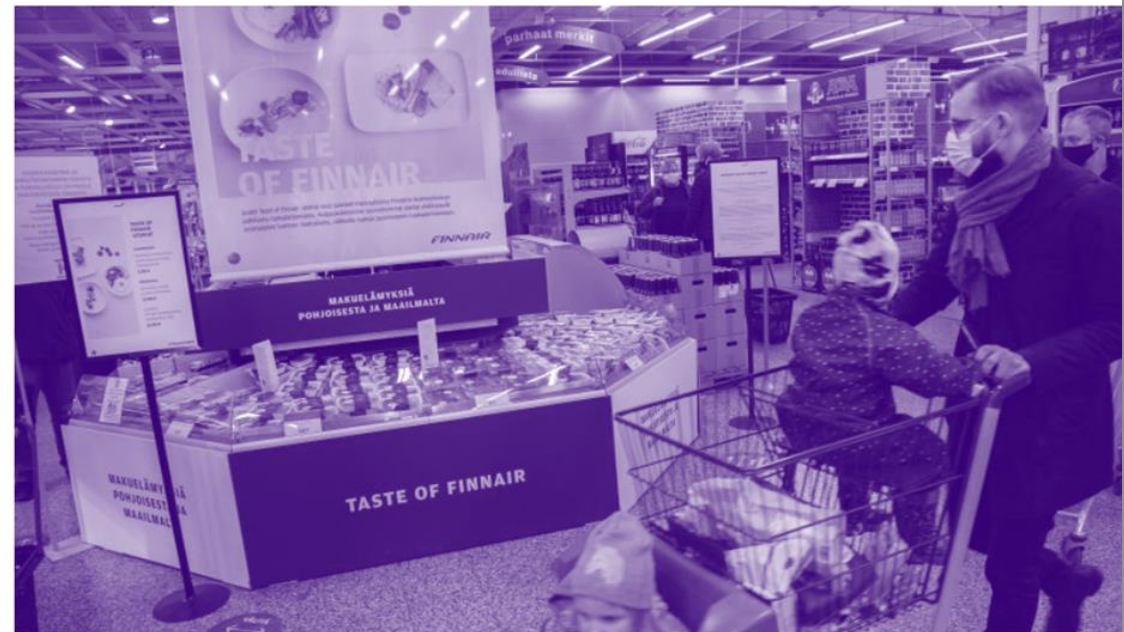
Richard Milne, Nordic and Baltic Correspondent SEPTEMBER 24 2020



Finland: Europe's quiet success in Covid-19

EURACTIV.com with AFP

Nov 4, 2020



Flight meals of Finnish carrier Finnair are sold in the K-Citymarket Tammisto supermarket in Vantaa, Finland, 24 October 2020. In a time when the travel industry is hit hard by the pandemic coronavirus, Finnair sees selling its onboard inflight meals as a new

Other potential explanations

- Public decentralised and hierarchic system → **ability to steer the system and transfer resources through hierarchy and change management models "over night"**
- Supplementary state budgets to deal with COVID-19 related costs in municipalities and hospital districts → **funding secured by the state**
- Local and regional competence and knowledge → **ability to improvise and learn**
- Societal factors such as high level of trust in authorities → **recommendations work as orders**
- Geography, digital skills etc
- Health system capacity and competence of the professionals
- The role of the EU in vaccination roll out
- Taking the crisis seriously at the very beginning

Gov't's €5.5b supplemental budget targets municipalities, education, transport

Finance Minister Katri Kulmuni said that Finland won't be able to avoid spending cuts and tax hikes in the years ahead.



From left: Education Minister Li Andersson, Finance Minister Katri Kulmuni, Prime Minister Sanna Marin, Interior Minister Maria Ohisalo and Justice Minister Anna-Maja Henriksson at the government's press conference on Tuesday evening. Image: Antti Aimo-Koivisto / Lehtikuva

Lessons learned for Finland

Resourcing public health systems, surveillance and research → taking large-scale health emergencies seriously

Strengthening resilience enhancing factors (e.g. coordination, communication, leadership) and health system capacity

Taking care of human resources and building their competence

KRIISINHALLINTA

Suomeen perustetaan suuria kriisitilanteita varten viisi uutta alueellista tilannekeskusta – ministeri: "Seuraava kriisi voi olla ihan muuta kuin pandemia"

Suomen suurimman sairaanhoitopiirin HUSin turvallisuus- ja valmiusjohtaja pitää uudistusta tärkeänä. Koronaepidemian eri vaiheissa kun näytti olevan epäselvyyttä siitä, kuka ohjeistaa ja ketä.



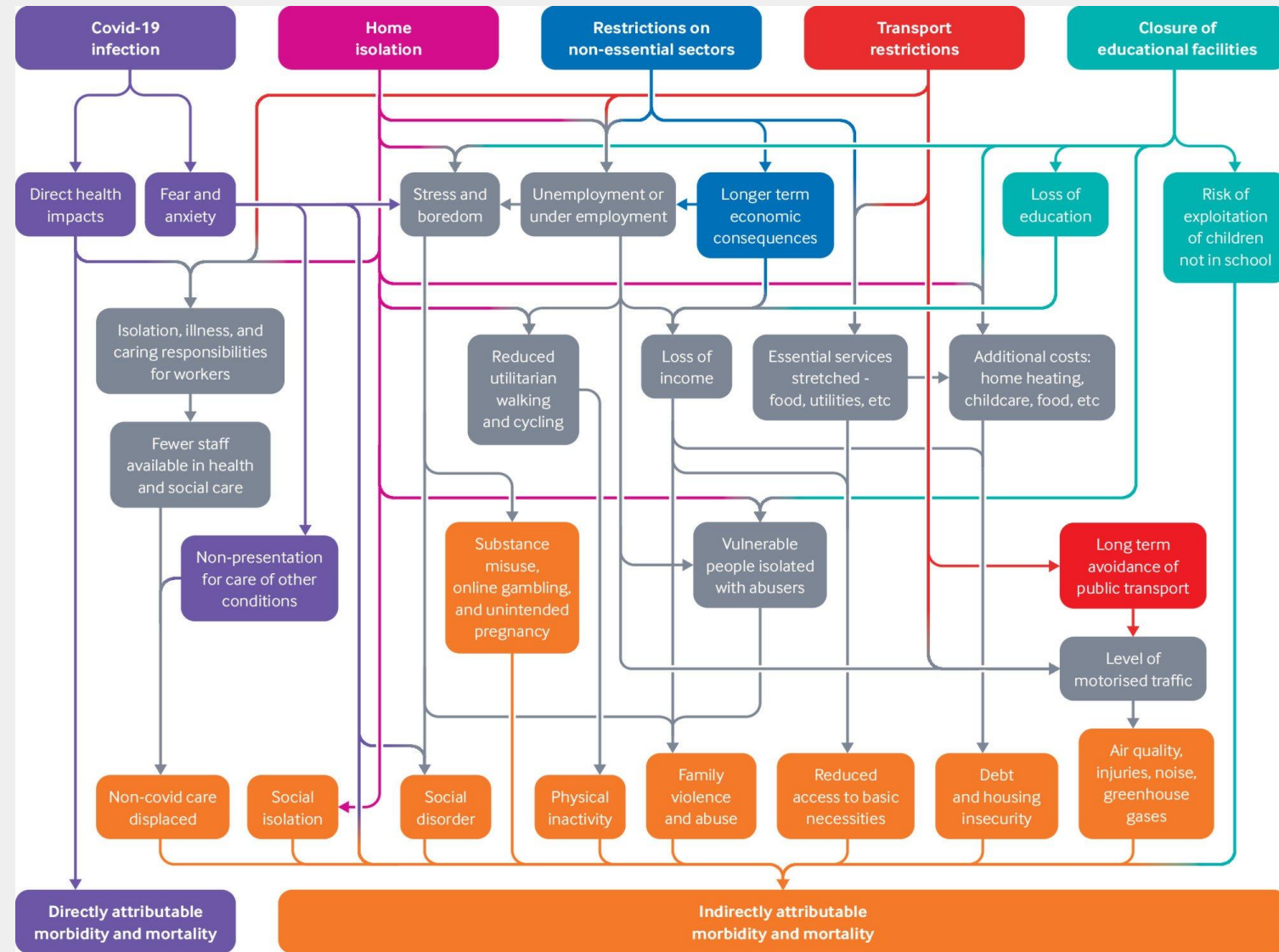
”Into the unknown” – preparing for the future

- Need to build overall preparedness and ability to cope "with anything" not just pandemics
- Ability to imagine impossible futures (vs. "no one could imagine this to happen")
- Identifying the elements in service systems that have strengthened the response



How do we draw lessons?

“This is not solely a specialised health care crises”




Source: Douglas et al. 2020
<https://www.bmj.com/content/369/bmj.m1557.full?ijkey=C7XsvkvsFLHZc73&keytype=ref>

FROM GOVERNING PANDEMICS TO GOVERNANCE OF SYNDEMICS

“Considering the amplification of inequalities, it is the *societal response* —lockdown and social distancing — that will both increase inequalities in exposure to the virus and inequalities in the social determinants of health.”

The COVID-19 pandemic and health inequalities

Clare Bamba ¹, Ryan Riordan,² John Ford,² Fiona Matthews¹

ABSTRACT

This essay examines the implications of the COVID-19 pandemic for health inequalities. It outlines historical and contemporary evidence of inequalities in pandemics—drawing on international research into the Spanish influenza pandemic of 1918, the H1N1 outbreak of 2009 and the emerging international estimates of economic, ethnic and geographical inequalities in COVID-19 infection and mortality rates. It then examines these inequalities in COVID-19 are related to inequalities in chronic diseases and the determinants of health, arguing that we are experiencing a *syndemic pandemic*. It then explores the public health consequences for health inequalities of the lockdown measures implemented internationally as a response to the COVID-19 pandemic, focusing on the likely impacts of the economic crisis. The essay concludes by reflecting on the longer-term public health policy responses needed to ensure that the COVID-19 pandemic does not increase health inequalities for future generations.

INTRODUCTION

In 1931, Edgar Sydenstricker outlined inequalities in exposure to the 1918 Spanish influenza epidemic in America, reporting a significantly higher incidence among the working classes. This challenged the widely held popular and scientific consensus of the time which held that ‘the rich and the poor alike’.² In the COVID-19 pandemic, there have been similar claims made by politicians and the media - that we are ‘all in this together’ and that the COVID-19 virus ‘does not discriminate’.³ This essay aims to dispel this

the longer-term public health policy responses needed to ensure that the COVID-19 pandemic does not increase health inequalities for future generations.

PART 1: HISTORICAL AND CONTEMPORARY

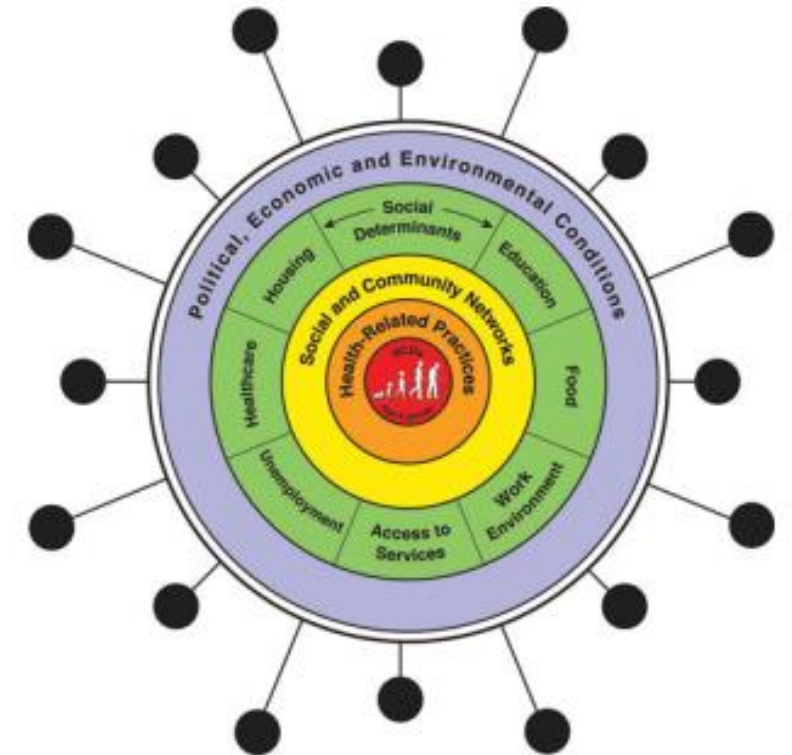


Figure 1 The syndemic of COVID-19, non-communicable diseases (NCDs) and the social determinants of health (adapted from Singer²³ and Dahlgren and Whitehead²⁵).

Thank you! Kiitos!

Acknowledgements:

Laura Kihlström, Soila Karreinen, Marjaana Viita-aho, Moona Huhtakangas, Ilmo Keskimäki

Pictures:

Unsplash, THL, YLE & Helsingin Sanomat, Euractive, New York Times,