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

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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

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.

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.
The Finnish public health system in a pandemic

Municipalities
- Primary Care (health centres)
- Preventive health services
- Environmental health services
- Competencies given in Infectious diseases legislation (local decisions)

Hospital districts
- Public hospitals (5 university hospitals) owned by municipalities or joint municipal authorities.
- Specialised medical care (ambulatory and acute)
- Guidance and cooperation with PHC
- Regional coordination

The Regional State Administrative Agencies (6)
- Supervision and guidance
- Competencies given in Infectious diseases legislation (regional decisions)

Finnish Institute for Health and Welfare (THL)
- Promoting the wellbeing and health of the population through research and monitoring
- Information steering and guidance
- Policy advice

Government and Ministry of Social Affairs and Health
- Preparation of legislation and state budget (ministries)
- Implementation of health and social welfare policies
- General health system governance (information, resources, normative)

Parliament
- State budget
- Enacting legislation
Health system governance and system resilience (Steve Thomas et al. 2020)

**STAGE 1**
PREPAREDNESS

1. Effective and participatory leadership with strong vision and communication

**STAGE 2**
SHOCK ONSET AND ALERT

2. Coordination of activities across government and key stakeholders

**STAGE 3**
SHOCK IMPACT AND MANAGEMENT

3. Organizational learning culture that is responsive to crises

4. Effective information systems and flows

**STAGE 4**
RECOVERY AND LEARNING

5. Surveillance enabling timely detection of shocks and their impact
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.
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
  - Managemen of the pandemic response and system governance
    - Cooperation, situational awareness, knowledge management
  - Maintaining essential services
  - Lessons learned
"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)
"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"
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
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

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Suuret kaupungit haluavat pikaisen muutoksen koronan tartunnanjäljityksen: 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 ministeriölle.
“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
"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
One explanation to Finnish "success" is probably a good luck
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
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

KRIISIHALLINTA

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

Suomen sairaanhoitopäätöksissä on tärkeää, että HUSin turvallisuus- ja valmiovalmistustyöntekijät pitävät uudistusta tärkeänä. Koronaepidemian eri vaiheissa on nähtävissä erilaisia epäselvyyttömiä tilanteita, joten on tärkeää, että ohjeistaa ja vetää.
"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
"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."
Thank you! Kiitos!

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