



6 May 2020

## Government Resolution on a plan for a hybrid strategy to manage the COVID-19 crisis

### 1. Background

The coronavirus disease (COVID-19) has caused a worldwide health, social and economic crisis. The epidemic and its consequences will also cause growing social problems that will affect many sections of the population.

As a result of the coronavirus epidemic, Finland quickly introduced a set of restrictive measures based on recommendations, legislation for normal conditions, and emergency powers legislation. This has resulted in many measures that restrict the fundamental rights of citizens, with the purpose of safeguarding the health and right to life of the population and the functioning of the healthcare system. Effective management of the epidemic was and remains essential, for example to prevent overburdening of the healthcare system and to protect life. When imposing restrictions, various fundamental rights have been weighed against each other and emphasis has been placed on the fundamental right to health and life and the fundamental right to health and social services.

The measures proposed by the Government aim to prevent the spread of the virus in Finland, to safeguard the capacity of the healthcare system and to shield and protect people, especially those who are most at risk. The current measures are, in nature, primarily very general and large-scale restrictions aimed at reducing social contacts. The restrictive measures imposed and the recommendations issued have been effective in curbing the epidemic by reducing social contacts and in protecting risk groups. However, restrictive measures typically have harmful social and economic effects in addition to benefits, and some measures also restrict the exercise of fundamental rights.

The economic, social and health impacts of the coronavirus epidemic and the related restrictive measures are significant and, in many respects, potentially long-lasting.<sup>1</sup> To reduce the adverse effects of the epidemic and the restrictive measures, a

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<sup>1</sup> The Constitutional Law Committee has emphasised (PeVM 9/2020 vp) that the overall harm to society caused by restrictive measures must be assessed in relation to the benefits achieved by them. When deciding on the continuation of restrictive measures, it is therefore necessary to take into account, for example, the epidemiological, social and economic impact of the measures. Both the continuation of the measures and the removal of them will have effects.

number of support measures have already been decided in order to help people, communities and businesses in the midst of the coronavirus crisis.

## **2. Current situation**

In Finland, the growth of the coronavirus epidemic has been halted through restrictive measures and a clear improvement in hygiene behaviour. Although the spread of the epidemic is currently levelling out, there is still a risk that the epidemic will escalate again to a level that would overburden the healthcare system. If healthcare capacity is overburdened, the coronavirus will pose a risk to the life and health of a section of the population that would be avoidable without such overburdening.

As restrictive measures are gradually removed, the development of the number of cases and the burden on the healthcare system must be closely monitored and assessed. It will be necessary to maintain the possibility of reintroducing restrictive measures or deciding on new measures. The virus will still be circulating both in Finland and widely throughout the world, and most of the Finnish population will still be susceptible to infection. This poses the threat of a re-escalation of the epidemic.

Above all, those sections of the population for whom the disease is particularly dangerous must be protected from coronavirus infection. The coronavirus situation has led to significant changes and has imposed a burden on staff not only in healthcare but also in social services, particularly services for the elderly. The infection, which has spread to staff and residents, threatens the implementation of care and nursing as well as client and patient safety in home care, various housing service units, and care institutions. The right of people to life and health, to the essential care guaranteed by the Constitution, and to adequate health and social services may be seriously jeopardised. The public authorities have a general obligation to safeguard the right to life and health and to adequate health services, and, to this end, to safeguard the operational capacity of the healthcare system.

## **3. Moving to a hybrid strategy**

As Finland has so far succeeded in curbing the progression of the epidemic, it is possible to move gradually to the next stage of mitigation. In the hybrid strategy, this will involve a controlled shift from large-scale restrictive measures to more targeted measures and to enhanced epidemic management in accordance with the Communicable Diseases Act, the Emergency Powers Act and other possible statutes. The objective of adopting the hybrid strategy is to curb the epidemic effectively while minimising the detrimental impact on people, businesses, society and the realisation of fundamental rights.

By utilising international recommendations as well as epidemiological monitoring and research data on the progression of the pandemic worldwide and in Finland, and also as the effects of various restrictive measures, a strategy can be formed and, by adhering to its criteria and principles, restrictive measures can be gradually and

safely removed while securing the wellbeing of society and people's health. The experiences and findings of other countries must also be utilised.

The hybrid strategy for managing the epidemic is based on continuous monitoring and the utilisation of accumulated research data. Research data on the coronavirus, the progression of the epidemic and the effects of restrictive measures are constantly accumulating. With this new knowledge and as the epidemic situation changes, decisions and recommendations will have to be updated quickly, if necessary, in order to keep the epidemic under control using the most effective means from the perspective of the overall wellbeing of society.

When decisions on the lifting of restrictive measures are made, the most vulnerable groups must be protected and the lifting of restrictive measures must be phased in such a way that their effects on the progression of the epidemic can be monitored. In its strategic preparedness and response plan, the World Health Organization WHO recommends that there be at least a two-week interval between each decision to lift restrictive measures. In addition to the incubation period, account must be taken of the time required to compile the data needed for the latest update of the situation. For that reason, effective monitoring is likely to require three-week periods between the dismantling of the various restrictive measures. The dismantling of the restrictive measures must be accompanied with a careful monitoring of the development of the epidemic. Tighter restrictions should be made or reinstated if the number of infections increases too much.

The management of the epidemic must take into account the legal framework of the restrictive measures used, the normal powers of the authorities and the possibility to provide for necessary new powers or revisions of powers as well as, where appropriate, the provisions of emergency powers legislation. Under the Constitution and the Emergency Powers Act, temporary exceptions made to fundamental rights in a state of emergency must be necessary, proportionate and in accordance with international human rights obligations.

The lifting of individual restrictive measures may be supported by, among other things, recommendations and targeted restrictions to prevent the epidemic from escalating as the restrictions are lifted. When lifting restrictive measures, it is also important to ensure international coordination, particularly with regard to restrictive measures that have direct or indirect impacts on other countries. In line with the EU's common roadmap, border traffic controls can be lifted in cooperation with neighbouring countries if the epidemiological situation in the neighbouring countries is similar. The lifting of border traffic controls would be implemented in stages and in a controlled manner, from the current restrictions to a normal situation, taking into account not only public health considerations but also security of supply, economic aspects and other societal dimensions in order to minimise negative economic and social impacts.

The hybrid strategy focuses on a "test, trace, isolate and treat" approach, alongside the controlled dismantling of restrictive measures. Broad testing, tracing chains of transmission, isolating those who are ill and quarantining those who have been exposed can play a part in preventing the spread of the epidemic, but these

measures are not enough on their own. The “test, trace, isolate and treat” approach can be enhanced using a mobile application, with the precondition that it is voluntary and ensures data protection. It is important, however, to communicate openly about the uncertainties associated with testing and to provide clear guidelines on how to reduce the risk of infections, isolate those who have been infected and quarantine those who have been exposed.

It will be necessary to continue to adhere to the hybrid strategy for managing the epidemic until it has been brought under control on a global level. As there is still a high degree of uncertainty regarding the coronavirus at present, the strategy should be updated as necessary on the basis of new research knowledge. In the Government’s view, all background information and calculations, including assumptions and parameters, used as a basis for decision-making should be published in line with the principles of open science and research.

Human life and health can be safeguarded by curbing the progression of the epidemic and flattening its inevitable subsequent waves while ensuring the care and attention required to achieve this goal. The goal is therefore to move from the current restrictions to a situation where restrictions and protective measures are targeted at:

- Large public events
- Restaurant operations deemed to be at the highest risk level, particularly nightclubs and restaurants with the largest customer capacities or very confined premises.
- Preventing the spread of the virus from returning to Finland due in particular to travel from higher-risk countries.
- Protecting the elderly and other people belonging to risk groups.
- Maintaining the practices related to hygiene, social distancing and consideration for others adopted during the epidemic. The public authorities will continue to support this by providing guidance to the population.

#### **4. Hybrid strategy roadmap**

The Government’s hybrid strategy roadmap is based on mutually reinforcing elements. Decisions have been made in a way that reconciles epidemiological, legal and other societal aspects of epidemic management in the most sustainable manner possible. The Government will consider the implementation and timing of the individual items listed below in the light of new information and as part of overall political assessment. This consideration is particularly affected by the accumulated knowledge of the effects of previous dismantling measures on the spread of infection, which is why it is advisable to lift the restrictive measures gradually and in a controlled manner.

- The spread of the COVID-19 epidemic has stopped in Finland, but this does not mean the elimination of a serious risk. There continues to be a widespread outbreak of a serious communicable disease, the effect of which is comparable to a major disaster, under section 3, paragraph 5 of the Emergency Powers Act, and the concrete threat it poses still exists. Stopping the spread of the virus when the

immunity of the population is very low means an increase in the risk of a second wave.

- The situational picture allows for the gradual lifting of restrictive measures and the adoption of alternative restrictive measures to reduce societal harm. The measures to be taken at any given time are selected based on an overall assessment, so that the benefit achieved in managing the epidemic is maximised in relation to the adverse social and economic effects of each measure. Based on the monitoring and overall assessment of the epidemic, the restrictive measures may be lifted, maintained or reinstated.
- Information, modelling and forecasting of the progression of the epidemic, as well as assessments of the epidemiological, social and economic impact of each measure, will be used to assist in the preparation of decision-making on restrictive and other management measures.<sup>2</sup>
- Implementation of the “test, trace, isolate and treat” approach is part of the hybrid strategy. All aspects of the test package have been verified and will continue to be verified. The national guidelines of the Finnish Institute for Health and Welfare (THL) have sought to ensure a coherent approach by service system operators in both the public and private sector.
- It is essential to trace the chains of transmission of those who have been infected, isolate those who have been infected and to quarantine those who may have been exposed; in this, a mobile application will be of assistance. The rollout of a mobile application will be accelerated, and the goal should be to launch the application during the summer. In accordance with the Communicable Diseases Act, THL supervises and supports the tracing of infection and the investigation of epidemics in municipalities and hospital districts and conducts epidemic investigations.
- The key task of the operating model is to support the tracing work of municipalities and hospital districts, and at the same time also enable the provision of expert resources for the tracing work of municipalities and hospital districts, both on the part of municipalities and private actors. The Finnish Institute for Health and Welfare will launch the operating model as soon as possible.
- The functioning of the healthcare and social service system will be ensured using the available means in all circumstances. As available means under the Emergency Powers Act, it is considered necessary and essential for this purpose, through a continuing decree, to continue to exercise the following powers with respect to healthcare and social welfare capacity and the authorisation to issue guidance until 30 June 2020:
  - a) Section 86 of the Emergency Powers Act (supervision of health and social care units)

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<sup>2</sup> It is challenging to distinguish between the effects of the epidemic itself and the effects of restrictive measures imposed to slow its progression. Although it is difficult to make precise assessments of the effects of individual restrictions, it is clear from the research literature and assessments made that the restrictive measures imposed have significant economic and social effects.

- b) Section 87 of the Emergency Powers Act (other healthcare supervision)
  - c) Section 88 of the Emergency Powers Act (compliance with non-urgent care deadlines, assessment of the need for social welfare services)
  - d) Section 93 of Emergency Powers Act (deviation from terms and conditions of employment relationship)
  - e) Section 94 of the Emergency Powers Act (restricting right to terminate employment)
- In order for the hybrid strategy to succeed, it is essential that the practices related to hand and respiratory hygiene, social distancing and consideration for others adopted during the epidemic continue, including in public premises and other premises open to the public. Compliance with national recommendations requires that the relevant official guidelines and the communication of them be comprehensively implemented.

## **5. Plan for the lifting and continuation of restrictive measures**

### **Border traffic**

As of 14 May 2020, the statutory restrictions on border traffic will be lifted in cross-border traffic across the Schengen internal borders by allowing employment or commission-related commuting and other essential traffic. The purpose and conditions of the planned stay will be examined during border checks. Border control at internal borders will continue at land borders, ports and airports. The recommendation for shipping companies to suspend the sale of tickets for work-related travel will expire. For the time being, recreational travel abroad is not recommended, and the travel advice issued by the Ministry for Foreign Affairs will be extended accordingly. Everyone has the right to leave Finland and all Finnish citizens have the right to return to Finland. The Ministry of the Interior will prepare a more detailed proposal on the controlled and gradual opening of border traffic to be decided on by the Government. Finland considers it important that the lifting of the restrictions on border traffic be coordinated at the EU level.

### **Restaurants, cafés and bars**

Restaurant, café and bar closures have major economic ramifications that affect one particular sector of the economy. Due to the epidemiological situation that has now calmed down, restaurants, cafés and bars can be gradually reopened as of 1 June 2020, provided that this is supported by the effects of the current lifting of restrictive measures and the assessment of the general epidemiological situation. This requires legislative amendments that would enable imposition of restrictions on, for example, the number of customers and the alcohol serving hours.

Legislative proposals to that effect will be brought for the Government's consideration on 13 May 2020.

The current restrictions laid down in the Act on Accommodation and Catering Business activities and their validity are being assessed every two weeks as required by Parliament.

### **Events and gatherings**

The restrictions on gatherings are based on the epidemiological assessment of the spread of the disease in situations where the number of physical contacts is high. Under the Communicable Diseases Act, the Regional State Administrative Agencies have the power to prohibit public events and gatherings for no more than one month at a time. Large public events with more than 500 people are prohibited until 31 July 2020 in line with the Government's decision.

Restrictions on gatherings are still necessary. Based on the epidemiological assessment and forecast, it is possible to ease the restrictions on the number of persons at public events and gatherings from the current 10 persons to a maximum of 50 from 1 June 2020 onwards until further notice. In addition, as a general guideline, the Government recommends avoiding gatherings of more than 50 persons at private events (such as festive, cultural, recreational, exercise, sports and religious events organised by private and third sector operators) that are not considered public. The situation concerning restrictions on gatherings will be reassessed by the end of June.

Sports competitions and series can be resumed with special arrangements on 1 June 2020. Other special arrangements may also be made when organising public events of more than 50 persons in indoor and enclosed outdoor spaces (such as amusement parks, zoos or summer theatres), provided that safety can be ensured by limiting the number of visitors, maintaining safe distances and providing hygiene instructions.

The activities must take into account the decisions of the Regional State Administrative Agencies concerning public events that are in force at the time and must comply with the current guidelines of the health and other authorities in order to ensure the health and safety of staff and visitors. In all situations, compliance with the guidelines and special consideration for risk groups must be emphasised. So, in new decisions of the regional state administrative agencies and in considering their content and in providing guidance, the agencies will follow the national criteria concerning the conditions arising from the epidemic.

The Ministry of Social Affairs and Health will issue a circular to the regional authorities on implementing the restrictions referred to above in order to prevent the spread of the communicable diseases under the Communicable Diseases Act.

The Ministry of Social Affairs and Health will commission a research-based study on the need for members of the public to use face masks.

### **Use of public spaces, indoor spaces and enclosed outdoor spaces**

The public indoor premises that are now closed (national and municipal museums, theatres, the National Opera, cultural venues, libraries, mobile libraries, services for customer and researchers at the National Archives, hobby and leisure centres, swimming pools and other sports facilities, youth centres, clubs, organisations' meeting rooms, rehabilitative work facilities and workshops) will be opened as of 1 June 2020 in a controlled and gradual manner. The Ministry of Social Affairs and Health and the Ministry of Education and Culture are preparing a circular for the Regional State Administrative Agencies providing guidance on the hygiene and other

requirements necessary to prevent the spread of infectious diseases in public premises and on restrictions on the number of visitors to the premises.

Borrowing of books and other material from libraries will be permitted immediately.

Outdoor recreational facilities will be opened as of 14 May 2020, but observing the restrictions on gatherings.

As concerns indoor spaces and enclosed outdoor spaces, such as amusement parks, zoos and summer theatres, safety will be ensured by limiting the number of visitors, ensuring safe distances and providing guidance on personal hygiene.

### **Education and training**

To minimise the long-term negative impacts of the coronavirus crisis, the controlled dismantling of the restrictive measures must take into account not only epidemiological and public health considerations in general but also social, economic and other societal dimensions, including psychological resilience. The position of risk groups should be safeguarded in all solutions.

Restrictions concerning general upper secondary schools, vocational schools, higher education institutions and liberal education will remain in force until 13 May. As of 14 May 2020, the use for teaching of the premises of upper secondary schools, vocational schools, universities of applied sciences, universities and those of liberal education will be managed in accordance with the measures laid down in the Communicable Diseases Act. The Communicable Diseases Act makes it possible to react quickly and flexibly when the development of the epidemic varies in different regions. Contact teaching can be resumed in a controlled and gradual manner.

However, the Government recommends that universities, universities of applied sciences, upper secondary schools, vocational training institutes, liberal adult education and basic adult education institutes continue distance teaching until the end of the semester. Education providers can decide for themselves the extent to which they will arrange contact teaching as necessary. In the summer, contact teaching will be arranged in line with the guidelines on hygiene and physical distancing.

Restrictions on the organisation of basic education in the arts will remain in force until 13 May 2020, after which their premises will be opened correspondingly for contact teaching. The organisers of basic education in arts will decide independently, within the framework of relevant legislation, on the continuation of distance learning and on the transition to contact teaching. The Ministry of Education and Culture and the Finnish Institute for Health and Welfare have issued instructions on safe arrangements in early childhood education and care and in primary and lower secondary education, which also apply, where applicable, to basic education in the arts.

### **Remote working (telework)**

As a rule, remote work in line with the recommendations has worked out well, and the recommendation will continue to be in force for the time being. Continuing the



recommendation is justified in order to reduce the rate of close contact and the risk of infection. The recommendation will be reassessed after the summer.

### **Visits to and practices in healthcare and social welfare units and protection of population groups at a higher risk of infection**

Based on the individual units' decisions, visits to healthcare and social welfare units have been restricted under section 17 of the Communicable Diseases Act. These restrictions will remain in force until further notice and the matter will next be reviewed at the end of June. It is still possible to allow, on a case-by-case basis, the visits of asymptomatic family members of children and critically ill individuals, family members of those in hospice care and spouses or support persons in the maternity ward.

Detailed instructions on the protection of vulnerable groups and groups with an elevated risk of infection will continue to be in place in order to improve and maintain client and patient safety. These practices are related, among other things, to visits to healthcare and social welfare units. New practices to enable safe social contacts will be promoted in care units, for instance.

Healthcare and social welfare operators must follow the instructions on testing and the use of protective equipment. If necessary, the Ministry of Social Affairs and Health will issue separate provisions to ensure compliance with the guidelines.

The recommended instructions for the protection of population groups at higher risk of infection are upheld and reviewed so that they continue to effectively protect the population against infection. At the same time, it is essential to ensure that the requirements concerning the fundamental and human rights, the functional capacity and the social and economic needs of these population groups are respected and safeguarded.

The recommendation that persons over 70 years of age remain separate from physical contacts with other people as far as possible continues to be in force. The Government emphasises that those who belong to the risk groups should use their own discretion in observing the guidelines.

### **Principles for the timetable of lifting restrictions**

In its strategic preparedness and response plan, the World Health Organization WHO recommends that there be at least a two-week interval between each decision to lift restrictive measures. In addition to the incubation period, it is essential to take into account the time needed to compile the data needed for the latest update of the situation. For this reason, effective monitoring will likely require three-week periods between the dismantling of the various restrictive measures. The dismantling of the restrictive measures must be combined with a careful monitoring of the development of the epidemic. In line with these principles, the interval between the dismantling of the restrictive measures will be at least two weeks.