

Appendix 10 - Country follow-up to ECDC PHEPA recommendations

Following the PHEPA mission conducted in your country, the final ECDC assessment report includes a series of recommendations aiming at supporting your country to improve public health emergency preparedness and response capacity. The next step for you, as per the Article 8 of the Serious Cross Border Threats to Health Regulation (SCBTH)¹, is to develop and present an action plan to the European Commission and ECDC, within nine months of receiving the final assessment report. You may choose to revise an existing plan or develop a new action plan tailored to your country's unique priorities and needs.

ECDC recommends utilizing the WHO approach proposed under the National Action Plan for Health Security (NAPHS)² for developing action plans following the assessments. The NAPHS is a country-led, multi-year process developed by WHO to strengthen health security by accelerating the development of International Health Regulations (IHR) core capacities and including additional capacities as per the SCBTH Regulation to adapted to EU/EEA countries' context. Using a whole-of-government approach, NAPHS brings together sectors, identifies key partners, and allocates resources to address capacity gaps. The framework consolidates technical guidance and prioritizes evidence-based actions for both immediate impact and sustainable capacity development. However, countries are free to define their approach or methodology for developing an action plan.

If your country intends to implement **all** recommendations, submitting the action plan or the NAPHS is sufficient instead of this template. However, in accordance with the SCBTH regulation, it is possible for countries **not** to implement certain recommendations. In this case countries are required to provide a rationale whenever they choose not to follow one or more recommendations included in the assessment report. For this purpose, we are hereby providing a template to track the incorporation of the recommendations in the action plan or the NAPHS.

ECDC can support the design and/or implementation of specific aspects of the action plan through the EU Health Task Force³ upon request.

If you chose to use this template, please complete the table below, for each recommendation:

- Indicate if the recommendation will be addressed in the action plan (Yes/No). Each recommendation is expected to be implemented unless a specific justification is provided.
2. Provide information in the appropriate column based on your response:
 - **If Yes:** For each recommendation, please specify the actions your country will take to address it. As per the SCBTH regulation, these may include regulatory actions (changes or updates to legislation or national policies), training initiatives (capacity-building programs, workshops, or drills aimed at enhancing skills or awareness), and/or ensuring good practices (implementing or expanding practices already identified as effective in your country or elsewhere).
 - **If No:** Should your country choose not to implement a recommendation, a clear and comprehensive justification must be provided. This justification should explain the reasons for not adopting the recommendation, considering national circumstances, constraints, or alternative approaches being pursued. Where relevant, please include any relevant supporting material to clarify your reasoning.

¹ [Regulation \(EU\) 2022/2371 on serious cross-border threats to health](#)

² [National Action Plan for Health Security](#)

³ [EU Health Task Force \(EUHTF\) \(europa.eu\)](#)

To ensure a structured and effective follow-up process, please, submit the action plan, the NAPHS, and/or this completed table to ECDC via preparedness.response@ecdc.europa.eu within nine months of receiving the assessment report.

Member state comment: Following receipt of the Country Report from ECDC, Finland reviewed all the given recommendations. The matrix of *Appendix 10 - Country follow-up to ECDC PHEPA recommendations* was adapted to comprise background information, detailed rationale, and implemented and planned actions for each recommendation. Finland prioritised 15 recommendations (highlighted with a light blue background) out of 61. In the prioritisation, emphasis was put on cross-cutting themes, the five in-depth capacities and recommendations that require specific actions for implementation.

ECDC recommendation		Summary of actions planned
Cross-cutting recommendations		
1	Develop operational plans to clarify coordination structures between administrative levels and sectors, as well as define leadership, roles and responsibilities for cross-institutional/sectoral collaboration.	<p>Background</p> <ul style="list-style-type: none"> • Finland has an all-hazard, whole-of-society approach to security and preparedness. The obligation to prepare <ul style="list-style-type: none"> • comes at EU-level from CER Directive (EU) 2022/2557 • nationally from Emergency Powers Act (1552/2011) • applies to all authorities and critical actors in private sector. • The roles and responsibilities of different actors are defined in: <ul style="list-style-type: none"> • Security Strategy for Society that was updated January 2025 • National Risk Assessment that will be updated in 2026 • sector-specific legislation. • Government Decree on the Preparedness of Wellbeing Services Counties for Disruptions in Social Welfare and Healthcare (308/2023) states that the counties must prepare for disruptions and emergencies in their services. It also states that their preparedness and contingency plans must include: <ol style="list-style-type: none"> 1) levels of preparedness and alert arrangements 2) procedures for collecting and sharing situational awareness data 3) plans to ensure adequate personnel, facilities and material resources and support services 4) plans for cooperation with authorities, private sector and third-sector actors in managing disruptions 5) plans for preparedness training and exercises for social welfare and healthcare personnel 6) plans for public authority communications and crisis communication. <ul style="list-style-type: none"> • The plans must be compatible with the those of preparedness of rescue services, municipalities, and other counties in the collaborative area. • The wellbeing services county must establish situational awareness to ensure service continuity and provide relevant information to preparedness center. <ul style="list-style-type: none"> • The development of situational awareness is carried out jointly by Institute for Health and Welfare (THL), preparedness centers at the collaborative areas and the Ministry of Social Affairs and Health (MSAH). • According to the Act on Wellbeing Services Counties (611/2021), the counties are autonomous entities. They have the responsibility to organise social welfare, healthcare and rescue services and do preparedness planning.

		<ul style="list-style-type: none"> • Please, see risk assessments of wellbeing services counties. • The wellbeing services counties use VALSU portal to compile and maintain preparedness and contingency plans for social welfare and healthcare. • The regional preparedness committees are a forum for exchange of information, discussion and building common understanding in questions related to preparedness. Their activities are planned and coordinated by the Regional State Administrative Agencies and the key actors of whole-of-society security are involved in the work. The committees promote cross-sectoral cooperation in preparedness and security. • Contractual Preparedness Guidelines for Actors in the Social Welfare and Healthcare Sector are compiled to provide continuity and consistency in health emergency preparedness for public and private service providers. The guidelines describe the principles and operating models of contractual preparedness and the stages of contractual process. <p>Actions</p> <ul style="list-style-type: none"> • We take note of the recommendation and consider it, when updating the legislation. • In May 2025 the Government adopted National Objectives for the Functions of the Wellbeing Services Counties 2025–2029. Their objectives for the county-level activities and operating conditions include e.g. implementation of regional and national preparedness and contingency plans. • The following legislative acts contain topics related to preparedness in healthcare: <ul style="list-style-type: none"> • the Act on Organising Healthcare and Social Welfare Services (612/2021) has been amended to include a defined description of management and national leadership in disruptions and emergencies of social welfare and healthcare, as well as of duties and composition of the national preparedness group of social welfare and healthcare (HE 210/2024 vp). The amendments entered into force in August 2025. <ul style="list-style-type: none"> • The amended legislation strengthens preparedness for threats identified in the National Risk Assessment and establishes clearer structures for leadership within the social and healthcare sectors during serious disruptions and emergencies. The reform also reinforces the role of the five collaborative areas in preparedness and contingency planning within social welfare and healthcare. • A National Preparedness Group for Healthcare and Social Welfare was established in September 2025. • the Communicable Diseases Act 1227/2016 – total reform ongoing • the Health Protection Act 763/1994 – total reform ongoing • Emergency Powers Act 1552/2011 – total reform ongoing • Act on Safeguarding Security of Supply 1390/1992 – in the process to turn the National Emergency Supply Agency into a public agency • Government decision on the objectives of Security of Supply (568/2024) was given in October 2024. • The legislation is updated to define the responsible authorities, their roles, leadership, and to emphasize the importance of cross-sectoral collaboration and exchange of information. <ul style="list-style-type: none"> • These responsibilities are already part of the Food Act (297/2021) and Act on the Medical Treatment of Animals (387/2014).
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2	<p>Develop the relevant methodology and an instrument to clarify roles and responsibilities for cross-sectoral risk assessment for acute public health events and emergencies (e.g. standard operating procedures (SOPs)).</p>	<p>Background</p> <ul style="list-style-type: none"> • The concept of <i>public health</i> is not easily applicable into the Finnish context. • The legislation defines the roles and responsibilities of different actors, yet cross-sectoral plans can be made, when necessary. • The Procedures Manual for Regional Risk Assessments (2022) describes the process for preparing a cross-sectoral risk assessment in broad-based cooperation in the counties, as well as a method for assessing jointly identified threats, incidents and disruptions. • Plan for preparedness and continuity management - Guidance for operators in the healthcare and social welfare sectors (2019) supports preparedness planning and contingency measures by giving instructions on drawing up a preparedness plan. The procedures of the organisation's contingency measures and continuity management are documented in the plan. • Finnish Food Authority has a Risk Assessment Unit that makes Risk Assessments in cooperation with industry, research and other authorities. The results of the risk assessments are used to support risk management and decision-making.

		<ul style="list-style-type: none"> • There are some public health emergency specific SOPs in place, regarding e.g. Points of Entry and infection alerts. They have been developed in cooperation by the MSAH and the regional actors. <p>Actions</p> <ul style="list-style-type: none"> • The need for joint One Health risk assessments is acknowledged. Risk Assessment of H5 Avian Influenza in Finland (2025) is an example of cross-sectoral cooperation between THL and Finnish Food Authority. • A Risk Assessment of adenovirus outbreak in the Defence Forces is planned by THL and Center for Military Medicine. This will support the civil-military collaboration and possible risk assessments in future. • The cross-sectoral cooperation works in Finland as people working at the same branch know each other personally and work together on a regular basis. It could be questioned whether the development of SOPs would bring added value to current state of affairs.
3	Develop and conduct inter-sectoral and cross-administrative level simulation exercises.	<p>Background</p> <ul style="list-style-type: none"> • The National Defence Courses organises 4 general and 1-3 specialized courses annually. The national courses last for three weeks, and their participants include administration, politics, Defence Forces, business life, media and third sector actors. The courses facilitate networking of people working with comprehensive security and improve their cooperation. Simulation exercises are part of the course program. • The regional defence trainings (basic, advanced, special and supplementary) are organised continuously by the Regional State Administrative Agency in cooperation with the Defence Forces to promote the overall safety and security of society. Their focus is on regional and local tasks and cooperation. • MSAH organises annually a national preparedness course in social welfare and healthcare in cooperation with the medical services of Defence Forces. The course relates to the work of Advisory Board for Health and Welfare in Emergency Conditions and the participants represent the upper management of social welfare and healthcare organisations and different stakeholders. • Finland has general conscription and each year around 20 000 conscripts do their military training. The Defence Forces operate their own primary healthcare units but otherwise the military relies on public healthcare services. <ul style="list-style-type: none"> • The Defence Forces organises military exercises continuously and due to NATO, also international exercises are arranged in Finland. • The Defence Forces organise both refresher training exercises that are compulsory for the persons belonging to the reserve and voluntary training exercises. • Different administrative branches organise preparedness exercises that the administrative branch of the Ministry of Social Affairs and Health participates, e.g. <ul style="list-style-type: none"> • KYHA - the national cyber threat exercises by Ministry of Transport and Communication, Security Committee and Jyväskylä Security Technology • the annual cyber and digital security exercise Taisto by Digital and Population Data Services Agency • the biennial TIETO to exercise the cooperation between authorities and business community in large-scale disruptions of society by the Digital Pool of National Emergency Supply Organisation, NESAs, Traficom, Police and Defence Forces.

		<ul style="list-style-type: none"> • There are over 100 000 NGOs in Finland and nearly 9 000 of them are related to social and health. They have 1.3 million members, and they operate with half a million volunteers. E.g. the Finnish Red Cross has over 400 local and regional sections. The NGOs actively participate in preparedness exercises and organise them on their own. <p>Actions</p> <ul style="list-style-type: none"> • Regarding preparedness exercises, the flow of information between different sectors should be improved. This has been stated by e.g. the CBRN working group of the Advisory Board for Health and Welfare in Emergency Conditions. There is also need for national-level coordination of preparedness exercises and establishment of a national preparedness exercise calendar would be welcomed. • Several inter-sectoral, cross-administrative simulation exercises have been conducted in Finland: <ul style="list-style-type: none"> • International exercises, e.g.: <ul style="list-style-type: none"> • Rescue Borealis: 5-day simulation training with a CBRN scenario involved healthcare, rescue services and other safety authorities from Finland, Sweden, Norway and Germany, September-October 2025 • LiveX 2025 and 2024: deployment of rescEU medical and CBRN stockpiles • Svalbard Group/ Nordic Health Preparedness: 1-day table-top exercise with a mass casualty scenario focused on decision making, coordination, requesting and receiving international assistance, May 2025 • regional exercises with different themes and preparedness scenarios, e.g.: <ul style="list-style-type: none"> • Regional State Administrative Agencies: Kaakko25 and HÄME24 – cooperation in emergency conditions and civil defence situation, Pohjoinen25, LSS25 and Lappi25 – preparedness for evacuation and population transfers, SÄDE24 – radiation accident, POKA24 and SAVO24 – threat of war, LOUNAIS24 –disruption in electricity distribution • Border Guard: LUKKO25 – instrumentalised migration • National Defence Training Association: homeland exercises, such as Turvallinen Uusimaa 2025, Liminka-Lumijoki 2025 and VIRPI24 – to develop preparedness and resilience for disruptions in municipalities, local organisations and residents • THL: <ul style="list-style-type: none"> • December 2025: table-top exercise on waterborne epidemic with a suspicion of intentionality, with Defence Forces, National Supervisory Authority for Welfare and Health, and municipal authorities • October 2024: internal table-top exercise in order to update the national polio preparedness plan • THL participates in international simulation exercises e.g. WHO EURO’s annual JADE exercise, EFSA-BfR Crisis Preparedness Exercise focusing on risk assessment and vector-borne diseases in October 2025 together with Finnish Food Authority and University of Helsinki, DG SANTE-ECDC-EFSA SkyShield Avian Influenza SimEx in December 2024 • WHO Emergency Medical Team (EMT) verification of EMT type 1 (fixed and mobile units) and type 2 (field hospital) takes places in November 2025 in Tampere. The EMTs are maintained by the Finnish Red Cross with financial support from the Ministry of Foreign Affairs.
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4	Revisit the National Action Plan for Health Security resulting from the WHO Joint External Evaluation in 2017 to determine if the activities and strategies it proposes are still relevant today.	<ul style="list-style-type: none"> The update of the WHO JEE is planned.
5	Retest any roles in public health that are redefined as part of the ongoing changes to social and healthcare organisational structures.	<ul style="list-style-type: none"> The redefined roles in public health are tested on a daily basis in social welfare and healthcare services. The work of preparedness centers at the collaborative areas is developed continuously and has improved over time, e.g. regarding the collection of situation awareness. Based on the amended Act on Organising Healthcare and Social Welfare Services (612/202), the National Preparedness Group for Healthcare and Social Welfare was appointed in September 2025. An organising exercise will be held for the group.
6	Ensure that all of the new legislative acts currently under revision are aligned, particularly with regards to the health sector.	<ul style="list-style-type: none"> We take note.
In-depth Capacity 3. Laboratory		
7	Ensure that the transition to the new system for licensing of clinical laboratories is executed without interruption of service. Quality aspects should be maintained to guarantee highest possible quality and safety of operations. This requires sufficient resources, effective transfer of knowledge for the licensing process, and a defined role for THL in the new process.	<ul style="list-style-type: none"> The arrangements for licensing of clinical microbiology laboratories will be covered in the ongoing reform of the Communicable Diseases Act (1227/2016). <ul style="list-style-type: none"> Broad-based discussions with stakeholders (THL, clinical microbiological laboratories, Regional State Administrative Agency, National Supervisory Authority for Welfare and Health, Finnish Association of Private Care Providers) have been held, while preparing the transition and the new legislation.
		<p>Background</p> <ul style="list-style-type: none"> The strengthening of testing capacity during the COVID-19 pandemic is presented in Finland's Pandemic Preparedness Plan for Healthcare and Social Welfare (2024) to the extent that is public.

8	<p>Document how testing capacity was strengthened during the COVID-19 pandemic and ensure that a strategy for scaling up testing in emergency situations is part of preparedness plans. The strategy should also reflect how critical surge capacity can be mobilised during and after the ongoing reform of the country's public health/healthcare system.</p>	<ul style="list-style-type: none"> • During the COVID-19 pandemic, the MSAH appointed a national coordination group for COVID-19 laboratory testing. The group LAB7 represented seven largest public and private laboratories. If needed, the group can be readily re-employed. <ul style="list-style-type: none"> • During the pandemic, the coronavirus testing capacity was increased at its highest to 40,000 PCR and 8,000 antigen tests a day. This allowed even patients with mild symptoms and asymptomatic contacts to be tested. <p>Actions</p> <ul style="list-style-type: none"> • National microbiological laboratory activities – State of play and future - Report of the expert working group (2025) describes the current range of activities in clinical microbiology. The strengthening of testing capacity during the COVID-19 pandemic is presented briefly in the report. • The chapter 8 <i>Laboratory operations</i> of the <i>Pandemic Preparedness Plan of HUS 2025</i> (internal document) describes the scaling up of both clinical microbiological sampling and diagnostics in a pandemic. • The chapter 8.4.2.2 <i>Scaling up testing capacity</i> of the <i>Pandemic Preparedness Plan of HUS Diagnostic Center 2025</i> (internal document) describes operational measures including the use of services of private providers.
9	<p>Describe potential additional sources of testing capacity in the preparedness plan and consider what agreements or contracts could be set in place for preparedness purposes. The plan should also address how obstacles to mobilising extra capacity can be removed; for example, how to ensure safe and accurate human testing in laboratories with no operational licence for such activities.</p>	<ul style="list-style-type: none"> • Please, see recommendation no. 8. • Based on the Act on the Protection of Society's Critical Infrastructure and Enhancing Resilience (310/2025) that implements the CER Directive (EU) 2022/2557, the decision on which actors are classified as critical providers of social welfare and healthcare services in Finland - and whether the clinical microbiological laboratories are included in them, will be done by July 2026. • The National Microbiological Laboratory Activities – State of Play and Future - Report of the expert working group (2025) describes the current range of activities in clinical microbiology and makes proposals for their development, including laboratory preparedness and possible purchase reservation agreements. <ul style="list-style-type: none"> • There is a plan to continue the meetings of LAB7 in order to maintain the cooperation between public and private sectors in questions related to e.g. preparedness and licencing of clinical microbiological laboratories. • In Finland, clinical microbiology diagnostics is a licensed activity. This includes diagnostics carried out to assess the need for patient care and related disease surveillance with reporting obligations. The human testing in laboratories without operational licence did not happen in Finland during the COVID-19 pandemic and it will not be a possibility in future either.
10	<p>Clearly define the roles, responsibilities and legal requirements linked to both biosafety and biosecurity in the revised Communicable Diseases Act.</p>	<ul style="list-style-type: none"> • In addition to Communicable Diseases Act and Decree, biosafety and biosecurity are covered in: <ul style="list-style-type: none"> • Occupational Safety and Health Act 738/2002 and its subordinate regulations • Animal Diseases Act and Decree 76/2021 • Gene Technology Act 377/1995 • Criminal Code 39/1889 • Finland has ratified the Biological and Toxin Weapons Convention in 1972. It entered into force in 1975 (Treaty Series 14–15/75).

		<ul style="list-style-type: none"> The handling of biological agents at work is regulated by the Government Decree on the Protection of Workers from Hazards Caused by Biological Agents (933/2017) and Government Decree on Amending the aforementioned decree (747/2020).
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In-depth Capacity 4. Surveillance

<p>11</p>	<p>Ensure that the amended Communicable Diseases Act:</p> <ul style="list-style-type: none"> – Defines the requirements for the establishment of a primary health-care-based sentinel surveillance system for acute respiratory infections, e.g. by including requirements for wellbeing services counties to nominate sentinel sites and to ensure sample collection and referral to THL. This is necessary to allow for the representative monitoring of respiratory virus circulation in the community. – Includes provisions for rapid and secure access to enhanced clinical information (i.e. more detailed information/data in a timely manner) for addressing critical information needs for decision-making during public health emergencies, e.g. risk factors for severe outcomes, effectiveness of interventions, assessment of disease burden. – Defines clear responsibilities for surveillance and outbreak investigation between THL and the wellbeing services counties, maintaining national standards of quality and national competence for monitoring surveillance system performance. 	<p>Background</p> <ul style="list-style-type: none"> We take note, yet the national legislation is subject to national decision-making. The sentinel surveillance system is already defined in the Communicable Diseases Act (1227/2016, § 33). However, there have been legislative and practical challenges in acquiring the patient consent and samples for surveillance of acute respiratory infections. According to the Act of Secondary Use of Health and Social Data (552/2019), clinical samples cannot be directly utilized for sentinel surveillance purposes. A separate patient consent and samples are needed. Currently, the primary healthcare-based sentinel surveillance system for acute respiratory infections is voluntary for the participating social and healthcare units. According to the policy of current Government, legislative reforms should not entail any budgetary implications. Should the participation in sentinel surveillance system be rendered mandatory, additional budgetary resources would have to be allocated to the wellbeing services counties to support the implementation. The responsibilities for surveillance and outbreak investigation between THL and the wellbeing services counties are defined in the current Communicable Diseases Act (1227/2016), and they are not intended to be changed in the course of the ongoing reform. <p>Actions</p> <ul style="list-style-type: none"> The objective of the EU4Health direct-grant funded FinSurveillance is to create an integrated infectious disease surveillance system that draws on multiple data sources. The system is designed to monitor e.g. the prevalence of infectious diseases, the burden they cause, the risk factors predisposing to severe infections and the effectiveness and cost-effectiveness of vaccination programs. <ul style="list-style-type: none"> The required legislative amendments define both the legal basis for the access to this data and the provisions that enable their continuous linkage through personal identifiers.
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12	Establish an integrated clinical and laboratory sentinel system for the surveillance of mild acute respiratory infections.	<p>Background</p> <ul style="list-style-type: none"> We take note. However, as stated previously, according to the Act of Secondary Use of Health and Social Data (552/2019), clinical samples cannot be directly utilised for sentinel surveillance purposes. <p>Actions</p> <ul style="list-style-type: none"> THL monitors the acute respiratory infections automatically through outpatient care notification register Avohilmo. The register contains clinical diagnoses from both primary and occupational healthcare. Respiratory virus wastewater monitoring is utilised to detect COVID-19, RSV and influenza A and B. In the future, data from National Infectious Diseases Register and Avohilmo are combined in the Surveillance Platform of a FinSurveillance to integrate clinical and laboratory data on acute respiratory infections.
13	Put in place a mechanism for laboratories to report the number of diagnostic tests they perform to enable calculation of proportion positives and evaluation of testing recommendations and surveillance system performance.	<ul style="list-style-type: none"> This recommendation is considered in the reform of the Communicable Diseases Act (1227/2016). In practice, the mechanism is developed as a part of the FinSurveillance project.
In-depth Capacity 6. Health emergency management/ Management of Health Emergency Response		
14	Develop a risk and vulnerability analysis that specifically addresses health sector needs/ issues and complements the NRA. These may be threats that will not necessarily escalate to the national level and that are not included in the NRA.	<p>Background</p> <ul style="list-style-type: none"> The Security Strategy for Society was approved as a Government Resolution in January 2025. It provides a common framework for all actors to implement comprehensive security from their perspectives. The Advisory Board for Health and Welfare in Emergency Conditions is a permanent body operating in connection with the MSAH. The task of the Board is to plan and prepare the provision of healthcare in exceptional circumstances and assess risks and preparedness at national level. <p>Actions</p> <ul style="list-style-type: none"> The Procedures Manual for Regional Risk Assessments (2022) describes the process for preparing a cross-sectoral risk assessment in broad-based cooperation in the wellbeing services counties, as well as a method for assessing jointly identified threats, incidents and disruptions. The risk assessments of wellbeing services counties complement the National Risk Assessment by taking into account the regional risks and vulnerabilities. The regional risk assessments are reviewed following the update of the National Risk Assessment that will take place next in 2026.
		<p>Background</p> <ul style="list-style-type: none"> The Finnish legislation defines the interfaces of different sectors. Each sector is responsible of their own preparedness planning. However, the obligation to intersectoral cooperation is emphasized in legislation.

<p>15</p>	<p>Align health preparedness plans with those of other sectors, clarifying mandates and responsibilities. Technical/ scientific intersectoral coordination and cooperation needs should be formalised and described in operational plans. In particular, counterparts expressed the need for operationalisation of the pandemic preparedness plan.</p>	<ul style="list-style-type: none"> • Administratively the wellbeing services counties are autonomous entities. • Wellbeing services counties are responsible for organising social welfare, healthcare and rescue services in their regions. Even though the rescue services are under the administrative sector and national steering of Ministry of the Interior, in practice social welfare, healthcare and rescue services work together effortlessly. <ul style="list-style-type: none"> • The preparedness plans of wellbeing services counties cover social welfare, healthcare and rescue services. • The Wellbeing Services County Preparedness Guide 2.0 - Contents of Preparedness Cooperation (2024) focuses on preparedness cooperation without taking a stance on the regional administrative and decision-making structures. It describes the responsibilities related to preparedness and contingency planning in wellbeing services counties and how political decision-makers, authorities, experts and service providers work together. <ul style="list-style-type: none"> • The template for preparedness plan of wellbeing services counties – General section provides a practical tool for preparedness planning. • The general parts of preparedness plans of several wellbeing services counties are publicly available online, e.g. Päijät-Häme (2024), Kymenlaakso (2023), Etelä-Savo (2023), Pohjois-Karjala (2023), Länsi-Uusimaa (2023) and Pirkanmaa (2022). <ul style="list-style-type: none"> • MSAH has developed a national VALSU portal, which is a browser-based preparedness and contingency planning platform for social welfare and healthcare. The access to VALSU is restricted, as the complete preparedness plans contain classified information. • The preparedness plans of cities and municipalities contain assessment of risks and threats that are specific to respective regions, cities and municipalities, and they are reviewed regularly. <ul style="list-style-type: none"> • Please, see the preparedness plans of e.g. cities of Paimio (2025) and Järvenpää (2023), municipalities of Sipoo (2024) and Pyhäjoki (2024) • The environmental health risks are assessed in the municipalities. • The human health sector works in cooperation with the environmental health sector, especially in the epidemiological investigations. According to the Health Protection Act (763/1994), the municipal health protection authority must, in cooperation with other authorities and institutions, draw up a plan for preparing for disruptions affecting the living environment and practice them. <ul style="list-style-type: none"> • Please, see e.g. the Environmental Health Preparedness Plan of Päijät-Häme (2024). • The Defence Forces operate their own primary healthcare units but otherwise the military relies on public health services. This has been taken into account in the general and sector-specific preparedness plans. • The Centre for Biothreat Preparedness (BUOS) is a national specialist organisation for management of biosecurity and biological threats. It is a joint project of THL, Defence Forces and Finnish Food Authority, and it formalises intersectoral management, cooperation and communication in the field of biosecurity. <ul style="list-style-type: none"> • The Finnish Biosecurity Network promotes biosecurity and related operating practices in microbiological laboratories operating in Finland. The network has representatives from key actors using BSL-3 laboratories. • The Chemical Threat Centre of Expertise is a collaborative network of experts in chemical threats, coordinated by the Finnish Institute of Occupational Health. The Centre has an on-call service that supports authorities in chemical incidents and it maintains certain analytical capabilities. The network of the Centre includes e.g. Defence Forces,
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		<p>National Bureau of Investigation, Safety and Chemicals Agency, Environment Institute and City of Helsinki Rescue Services.</p> <p>Actions</p> <ul style="list-style-type: none"> • The new Advisory Board for Health and Welfare in Emergency Conditions (PONK) was appointed in February 2025 for a period that last until the end of 2028. The Board has permanent multiprofessional committees, sub-committees and temporary working parties that address different mandates, responsibilities and operational plans. These are: <ul style="list-style-type: none"> • committee on material preparedness • committee on cooperation between authorities <ul style="list-style-type: none"> • sub-committee on large-scale logistics of patients and clients • sub-committee on management of dead bodies • sub-committee on joint social welfare and healthcare resources • sub-committee on preparedness planning and social and healthcare professionals • working party on CBRN preparedness • CER working party • working party on digital safety • The national CBRNE Strategy (2024) was updated in broad-based cross-sectoral cooperation (among others six ministries, Defence Forces, Border Guard, Customs, NESAs, THL). A separate, classified action plan for the use of authorities will be drawn up. • Points of Entry Working Group led by the Border Guard made a plan for controlled restriction of border traffic, health checks and surveillance in a crisis situation (classified document) in 2024. The working group consisted of representatives of Customs, Police, Traficom, MSAH, THL and wellbeing services counties. • At the end of 2024, the MSAH appointed a joint working group with Defence Forces and THL to enhance the prevention of communicable diseases during military service. The group formalises the intersectoral management, civil-military cooperation and communication of health emergencies. <ul style="list-style-type: none"> • A Risk Assessment of adenovirus outbreak in the Defence Forces is planned by THL and Center for Military Medicine. This will support the civil-military collaboration and possible risk assessments in future. • The MSAH holds annually a Preparedness Seminar to update the stakeholders from different sectors on mandates, responsibilities and recent developments in health preparedness. • The implementation and operationalisation of National Pandemic Preparedness Plan for Healthcare and Social Welfare is done by wellbeing services counties and other relevant actors. <ul style="list-style-type: none"> • Please, see recommendation no. 8 for operationalisation of the Pandemic Preparedness Plan in HUS.
	<p>Include the following in the revision of the relevant legislation, Communicable Diseases Act or Act on Organising Healthcare and Social Welfare Services (612/2021): the use</p>	

16	of expertise of communicable disease control staff (THL and/or the physician responsible for communicable disease in the wellbeing services county) within the Situation Awareness Group in the collaborative areas. Public health staff can bring important information to the discussion.	<ul style="list-style-type: none"> We take note. The professional composition of the Situation Awareness Group in the collaborative areas is not a matter that is or will be defined in legislation, yet we recognise the need for including the communicable diseases expertise in the Group.
17	Clarify THL's mandate and role in the relevant legislation, specifically regarding the decision-making process, in order to support evidence-based decision-making when possible (communication and the link between local and national levels). At present, the role of THL in relation to the Regional State Administrative Agencies is not clear.	<ul style="list-style-type: none"> The mandate of THL is defined in the Act on the National Institute for Health and Welfare 668/2008. This recommendation will be considered in the reforms or renewing e.g. the Communicable Diseases Act, Health Protection Act, Act on the National Institute for Health and Welfare and Medicines Act. <ul style="list-style-type: none"> In the reform of Health Protection Act, there is an intention to include health protection expert activities in normal and emergency situations into THL's mandate. THL is an independent expert and research organisation that provides data for decision-making in central governance, wellbeing services counties and municipalities, as well as recommendations in the field of healthcare and social welfare. The mandate of Regional State Administrative Agencies is defined in the Act on Regional State Administrative Agencies (896/2009). They coordinate and monitor social and healthcare service providers, grant licences to private service providers, and coordinate and supervise services together with National Supervisory Authority for Welfare and Health and MSAH and, on the municipal level, with local authorities. The Regional State Administrative Agencies and the National Supervisory Authority for Welfare and Health will be united into Finnish Supervisory Agency, which will start its work at the beginning of 2026. The establishment of a new agency clarifies the supervisory roles and responsibilities at the national level. <ul style="list-style-type: none"> The mandates and task of the new authority are defined in the Act on National Supervisory Agency (530/2025) that enters into force at the beginning of year 2026.
18	Develop an agreed exercise plan for health preparedness at the national level, following the extensive national health reform, the restructuring of THL, the new operational plan and the amended Communicable Diseases Act. Simulation exercises can be different types and engage different levels,	<ul style="list-style-type: none"> We agree. Please, see recommendation no. 3. The MSAH is not an operational unit and THL is primarily an expert and research organisation that provides data for decision-making and recommendations in the field of healthcare and social welfare. According to the Act on the National Supervisory Agency (530/2025), the new National Supervisory Agency shall coordinate regional cooperation in preparedness within collaborative areas. <ul style="list-style-type: none"> It shall be responsible for facilitating regional preparedness by developing regional risk assessments, participating in their formulation and harmonisation, organising preparedness exercises that support regional contingency planning, and monitoring the overall state of regional preparedness and readiness.

	<p>from discussion-led sessions with a narrow focus to large national multisector exercises. The MSAH will most likely be responsible for these activities, but they should also link to a national multi-sectoral exercise programme led by the Prime Minister's Office.</p>	<ul style="list-style-type: none"> • Therefore, the Agency could serve as a suitable entity for the development and maintenance of the national exercise plan for health preparedness. • However, the National Supervisory Agency operates under the Ministry of Finance and hence the development of a national exercise plan would necessitate cross-administrative negotiations. • A preliminary idea was that the VALSU portal could be a site, where the exercise plan for health preparedness could be placed. However, the restricted access to the portal limits its usability.
19	<p>Include cross-sectoral scientific advisory boards – including community representatives – in the preparedness plans. During crises affecting several sectors of society (e.g. pandemics), it is necessary to consider not only health but overall societal consequences in decision-making for risk management.</p>	<ul style="list-style-type: none"> • We are not sure what do the cross-sectoral scientific advisory boards refer to. <ul style="list-style-type: none"> • For example, Advisory Board for Health and Welfare in Emergency Conditions, Advisory Board on Communicable Diseases and National Advisory Committee on Vaccines were actively involved in the cross-sectoral work during COVID-19 pandemic and their role and work is covered in the National Pandemic Preparedness Plan for Healthcare and Social Welfare. • The importance of cooperation between authorities, business community, NGOs and citizens is widely recognised e.g. in the Security Committee and Security Strategy for Society. • The participation of different social, healthcare and environmental health actors in cross-sectoral forums is urged e.g. in the MSAHs Plan for preparedness and continuity management - Guidance for operators in the healthcare and social welfare sectors (2019). • The Lessons of the Pandemic Crisis is an independent, comprehensive government-commissioned assessment that examines the economic, health-related, legal, and social impacts of managing the COVID-19 pandemic from Finnish perspective. <ul style="list-style-type: none"> • Better utilisation of multidisciplinary and local expertise in emergencies has been recognised in the project. The final report of the assessment will be published in 2026.
<p>In-depth Capacity 6. Health Emergency Management/ Emergency logistic supply chain management</p>		
		<p>Background</p> <ul style="list-style-type: none"> • The MSAH holds regular meetings on Cross-sectoral Preparedness for Medical Countermeasures. The potential changes in threats and MCMs are discussed in these meetings. • Based on the Act on Obligatory Stockpiling of Medicines (979/2008), Finland has a unique system that secures the availability of medicines of critical significance, when their standard availability is restricted due to suspension of deliveries or a serious crisis. <ul style="list-style-type: none"> • The stockpiles contain a wide variety of antimicrobials, vaccines, general and local anesthetics, electrolytes, analgesics, cardiovascular, psychiatric and neurologic medicines, cytostatics, veterinary medicines and some antidotes, which are essential in the daily healthcare.

20	<p>Ensure the lists of MCMs are updated over time to take into account the potential changes in threats. When updating the list, the country should also continue including all relevant stakeholders at both national and local levels, where relevant.</p>	<ul style="list-style-type: none"> The National Emergency Supply Agency (NESA) maintains state emergency stocks that contain grain, fuel and raw materials for defence industry as well as certain medical countermeasures e.g. PPEs. NESA's role is to coordinate emergency stocks and to ensure the buffer capacity by establishing stockpiling agreements with sectoral organisations. <p>Actions</p> <ul style="list-style-type: none"> The detailed content of the MCM lists is classified information. The Security Strategy for Society, National Risk Assessment and CBRNE Strategy take into account the changes in the operational environment and the threats affecting it. The list of MCMs is updated based on these threats. A broad-based assessment of emergency stockpiling of crisis-specific medicines (classified) by MSAH was completed in 2025. <ul style="list-style-type: none"> The Advisory Board for Health and Welfare in Emergency Conditions' committee on material preparedness makes further assessment on the emergency stockpiling of crisis-specific medicines, discusses the topic with EU-level actors and coordinates the possible stockpiling with the wellbeing services counties. The Act (979/2008) and Government Decree on Obligatory Stockpiling of Medicines (1114/2008), including the list of 1350 stockpiled medicinal products, are currently under revision at the MSAH. Based on selected scenarios of the National Risk Assessment, THL has created a national database that contains information on medical supplies and machinery that the wellbeing services counties have. The development of data collection and the database is ongoing.
		<p>Background</p> <ul style="list-style-type: none"> The development of the situational awareness of social and healthcare preparedness is being carried out in collaboration by THL, the MSAH, the social and healthcare preparedness centers. <ul style="list-style-type: none"> According to Government Decree on the Preparedness of Wellbeing Services Counties for Disruptions in Social Welfare and Healthcare (308/2023), the wellbeing services counties must establish situational awareness to ensure service continuity and provide relevant information to the preparedness center at the collaborative area. Their plans must be compatible with the preparedness planning of rescue services, municipalities, and other counties in the collaborative area. This coordination is supported by a regional cooperation group with representatives from key sectors. The Healthcare Pool of NESA: <ul style="list-style-type: none"> carries out the investigation, planning and organisational tasks necessary to ensure the material security of supply of healthcare (excluding medicines) and the logistical operations required for it forms situational awareness of the security of supply among its members makes proposals on the implementation of the necessary development projects conducts risk assessments and prepares general contingency plans for the sector guides company- and location-specific preparedness and contingency planning organises preparedness training, seminars and exercises. If needed, the Finnish Medicines Agency (Fimea) can provide situation awareness on the supply of medicines.

21	<p>Continue the development and implementation of tools to ensure monitoring of supply and estimating demand, taking into account the reporting requirements that would be applicable in the case of a public health emergency. NESAs and THL should also ensure that their tools exchange information in order to avoid duplication and to maximise the potential of the data collected.</p>	<ul style="list-style-type: none"> • Fimea has a database that contains the necessary information, which can be used to form a specific situation awareness. • The list of medicinal shortages is published and continuously updated by Fimea. • Since the mandates and fields of operation of THL, NESAs and Fimea clearly differ from each other, there are no overlapping in the situational awareness they form. <hr/> <p>Actions</p> <ul style="list-style-type: none"> • Please, see recommendation no. 20. • The continuous development of security of supply, cooperation between different sectors of society and the situation awareness are emphasized in the Government Resolution on the Objectives of Security of Supply (568/2024) that entered into force in October 2024. <ul style="list-style-type: none"> • The Resolution includes a separate chapter on the objectives and development targets for security of supply in social welfare and healthcare • It also defines the planning, operational activities, strategic work, and governance of the NESAs. • The Government Proposal HE 145/2025 to amend the Acts on Safeguarding the Security of Supply (1390/1992), on the National Emergency Supply Agency and on Security Stockpiling (970/1982) has been submitted to Parliament in October 2025. <ul style="list-style-type: none"> • According to Proposal, the concept of security of supply should be defined and provisions should be laid down to ensure the security of supply. The Government should continue to set general objectives for security of supply, which would define the level of preparedness. An agency-based NESAs should be established, as it would better meet the requirements of the changing security and operating environment and clarify the official status of the Agency. Also, the tasks of NESAs would be defined more clearly. • The proposal is linked to the 2026 budget proposal and the proposed Acts are scheduled to enter into force as soon as possible in 2026. • Based on the needs provided by THL and Defence Forces, the MSAH is establishing an expert working group on security of pharmaceutical supply in late 2025. The group will assess, which MCMs are suitable to Finnish scenarios and estimate their demand. • THL Pharmaceutical Wholesale is responsible for targeted surveying of MCM markets and possible procurement of pharmaceuticals. It also covers the stockpiling and distribution of pharmaceuticals. • Fimea provides pharmaceutical situation awareness and supports THL in the targeted surveying of MCM markets. • NESAs produce cross-sectoral situational analysis to support the assessment of MCM procurement in crisis situations. It also supports resilience, continuity management, investments on pharmaceutical sector, logistical solutions and their development. • THL coordinates the EU-funded JA STOCKPILE - Joint Action on Comprehensive and Sustainable Strategic Stockpiles of Medical Countermeasures Used in Crisis that was launched in September 2025. NESAs participate in the JA. <ul style="list-style-type: none"> • The JA aims to improve the EU Member State capacity to respond to serious cross-border threats to health by developing medical countermeasure stockpiling in nine different working packages.
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22	Map the country's MCMs production capacity in a more systematic fashion, even though NESAs can provide a rather clear picture.	<p>Background</p> <ul style="list-style-type: none"> • The general pharmaceutical production capacity has been mapped in the study Development Pathways of the Pharmaceutical Industry Towards 2030 (2021) by VTT Technical Research Centre. According to the study, Finland's strengths and growth opportunities are built on specialization in niche segment products. • NESAs have assessed The Development of a Finnish Pandemic Vaccine Production (2022). The working group states that Finland prepares for a future pandemic by supporting the EU efforts in vaccine procurement. The working group does not recommend establishing pandemic vaccine production in Finland. • NESAs can conclude production capacity reservation agreements with potential domestic MCM producers. It pays compensation to the producers to maintain their capacity to manufacture e.g. PPEs, to stockpile the materials and to recycle them. <p>Actions</p> <ul style="list-style-type: none"> • The Act on the Protection of Society's Critical Infrastructure and Enhancing Resilience (310/2025) that implements the CER Directive (EU) 2022/2557, entered into force in July 2025. <ul style="list-style-type: none"> • In Finland the Ministry of the Interior coordinates the CER legislation. • The identification of operators that are critical to the security of supply is in progress. • Under the CER Directive, Finnish Medicines Agency acts as the supervisory authority for critical entities such as e.g. manufacturers of basic pharmaceutical products, pharmaceutical preparations and manufacturers of medical devices considered critical during a public health emergency. • The Advisory Board for Health and Welfare in Emergency Conditions has a separate CER working group that focuses on the implementation of CER Directive to Finnish social welfare and healthcare and works e.g. towards identification of critical actors in the MCM sector. • The report by the Ministry of Economic Affairs and Employment Towards tomorrow's security of supply - Report on public-private partnerships (PPP)(2024) assesses the key challenges of the PPPs. It prepares proposals for amendments of security of supply legislation and NESAs' project to develop the PPP system.
	Monitor vulnerabilities related to the dependency on a limited number of producers in third countries in a more systematic way and take	<p>Background</p> <ul style="list-style-type: none"> • The vulnerabilities are unavoidable in many sectors and especially in case of a pandemic. This applies in particular in sectors with scarce European capacities e.g. the production of laboratory materials. • The general tendency to favour EU-based manufacturers has been emphasized e.g. in HERA Training Session on Crisis Procurement in February 2025 and is considered at a member state level. • The MCM procurement capacity of Finland has developed substantially thanks to the rescEU projects.

23	actions to mitigate them. When feasible under applicable competition law, procurement contracts should favour domestic and EU-based manufacturers to de-risk the supply chain.	<p>Actions</p> <ul style="list-style-type: none"> • The aim of the ongoing reform of Act on Public Procurements and Contract Concessions (1397/2016) is to promote market functionality, increase competition and competitive neutrality, and take into account the security of supply in public procurements. <ul style="list-style-type: none"> • It should also promote the use of market surveys and increase the opportunities for companies to participate in public sector tenders. • Finnish Institute of International Affairs and NESAs have examined the Preparedness for geoeconomic risks - Finnish security of supply in the age of new great power competition (2025). The research recommends a comprehensive national de-risking strategy that balances economic openness with national security.
24	Implement more capacity reservation programmes with domestic or EU-based MCMs producers in order to secure manufacturers' ability to deliver to the domestic market in an emergency.	<ul style="list-style-type: none"> • Please, see recommendation no. 23.
25	Ensure that the relevant stakeholders are included in creating the definition of the stockpiling strategy, and that all levels of the healthcare structure can deploy relevant stocks when needed, e.g. that all wellbeing services counties and collaborative areas have access to sufficient stocks.	<p>Background</p> <ul style="list-style-type: none"> • NESAs strategy for 2024-2027 covers the relevant stakeholders and the national stockpiling. <ul style="list-style-type: none"> • Within NESAs, different sectors and pools maintain and develop security of supply and continuity management. The pools, in collaboration with industry, monitor, investigate, plan, prepare and ensure the security of supply in participating organisations. <p>Actions</p> <ul style="list-style-type: none"> • Based on the Government Decree on the Preparedness of Wellbeing Services Counties for Disruptions in Social Welfare and Healthcare (308/2023), the wellbeing services counties and hospitals are obligated to have their own stockpiles of medical supplies. If needed, the national stocks can be mobilised via NESAs. • Based on the amendments of Act on Organising Healthcare and Social Welfare Services (612/2021) that entered into force in August 2025, a collaborative area can decide on the transfer of stocks and other resources between the wellbeing services counties in its area. <ul style="list-style-type: none"> • The MSAH can decide on the transfer of stocks and other resources from one collaborative area to another based on a proposal of national preparedness group for social welfare and healthcare. • Based on the Act on Obligatory Stockpiling of Medicines (979/2008), the healthcare units are obligated to maintain stockpiles that correspond 2-6 months of average consumption of the critical medicines. • Different stakeholders, including the wellbeing services counties, are comprehensively represented in the new Advisory Board for Health and Welfare in Emergency Conditions and its committees (e.g. committee on material preparedness)

		<p>and working parties (e.g. working party on CBRN preparedness) that consider the national and regional stockpiling obligations.</p> <ul style="list-style-type: none"> The new National Emergency Supply Council was appointed in June 2024 until the end of 2026. The Council operates in conjunction with the NESAs. It maintains and develops contacts with key cooperation partners, monitors the security of supply and its development, and makes proposals for necessary measures. <ul style="list-style-type: none"> The Council has members from different ministries, Defence Forces, Centre for Economic Development, Transport and Environment, Bank of Finland and sectors critical to security of supply. THL coordinates the JA STOCKPILE - Joint Action on Comprehensive and Sustainable Strategic Stockpiles of Medical Countermeasures Used in Crisis: <ul style="list-style-type: none"> The Joint Action aims to improve the EU Member States' capacity to respond to serious cross-border health threats by developing various aspects of medical countermeasure stockpiling. The 3-year project involves 25 European countries and 54 organizations.
<p>In-depth Capacity 10. Zoonotic diseases and threats of environmental origin, including those due to climate/ Zoonotic diseases</p>		
<p>26</p>	<p>Document how the cross-sectoral collaboration in the municipalities and wellbeing services counties is carried out to help sustain it over time. While this collaboration is mandated by several laws and decrees, such documentation can help to maintain and strengthen the good collaboration and communication between the animal and human health sectors in peacetime and during crisis.</p>	<p>Background</p> <ul style="list-style-type: none"> THL and Finnish Food Authority regularly hold joint meetings, including those focused on epidemic investigations, avian influenza, and issues related to food- and waterborne outbreaks. Collaboration is carried out on a daily basis and the obligations related to cooperation are described in THL's disease or pathogen specific operational guidelines. The roles of different authorities in epidemic investigations: <ul style="list-style-type: none"> Cooperation between authorities in epidemic investigations Report a suspected epidemic Cross-sectoral collaboration is documented in Publications and reports on food and waterborne epidemics and zoonoses. <p>Actions</p> <ul style="list-style-type: none"> There is no direct MoU or SOP on cross-sectoral collaboration in epidemic investigation. We take note and efforts to promote documentation will be made within the available resources.
<p>27</p>	<p>Establish more frequent and systematic collaboration with the environmental sector to strengthen the One Health approach in related activities.</p>	<p>Background</p> <ul style="list-style-type: none"> There is collaboration with the environmental sector on several different levels: <ul style="list-style-type: none"> At the level of UN between Ministries of Social Affairs and Health, Agriculture and Forestry and Environment in question related to biodiversity and health At the level of the Nordic Council of Ministers in AMR At the level of Prime Minister's Office in political integration, which concerns biodiversity policy At the level of Ministries of Social Affairs and Health, Agriculture and Forestry and Environment in the update and implementation of National AMR Strategy 2024-2028 and in question related to biodiversity

		<ul style="list-style-type: none"> • At the municipality level in wastewater monitoring and waste management • In 2022, 60 citizens were able to participate in Nature Council of Citizens: Contribution to the preparation of the biodiversity strategy and its action plan. • The environmental sector is represented in National Expert Group on AMR and preparation of the National AMR Strategy and Action Plans. • The environmental sector is invited in the annual Nordic One Health AMR meeting and other international meetings, e.g. in 2025 the One Health meetings of Danish EU Presidency.
		<p>Actions</p> <ul style="list-style-type: none"> • The new National Biodiversity Strategy and Action Plan 2035 is to be published in near future. It is compiled in cooperation between different ministries and key stakeholders. • National Biodiversity Working Group (previously IPBES working group) was appointed in 2023. The main task of the working group is to promote the preparation and implementation of national biodiversity strategy and action plan.
28	<p>Improve coordination between the three sectors (human, animal, environmental) by working on joint products and outputs, such as joint risk assessments and joint outbreak investigations. We suggest developing a plan or strategy during peacetime on how to implement these joint activities and how to work in collaboration during crisis. This plan should clarify who would take the leading roles for the different parts of the activity according to the scenario (data sharing, analysis, communication). Small-scale events could serve as opportunities to test and improve these procedures.</p>	<p>Background</p> <ul style="list-style-type: none"> • We take note. • The sector that takes the leading role depends on, whether the main threat concerns human, animal or environmental health. • Examples of joint products and outputs: <ul style="list-style-type: none"> • Hepatitis E surveillance has been made in cooperation between THL, Finnish Food Authority and local health and environmental health authorities • SOPs regarding epidemic investigations of e.g. salmonella, EHEC and legionella • Cross-sectoral collaboration is documented in Publications and reports on food and waterborne epidemics and zoonoses <p>Actions</p> <ul style="list-style-type: none"> • Although no formal plan exists for intersectoral collaboration during crisis, cooperation has been practiced in operational work in recent epidemic responses that have engaged multiple sectors: <ul style="list-style-type: none"> • Risk Assessment of H5 Avian Influenza in Finland (2025) by THL and Finnish Food Authority • The manuscript <i>Securing human health through one health management of a highly pathogenic H5N1 avian influenza outbreak at Finnish fur farms in 2023</i> has been compiled in cooperation between all three sectors and submitted to Eurosurveillance in September 2025. • THL and the Finnish Food Authority have worked together with multiple authorities in connection with the Legionella outbreak related to soil products in 2025: THL and Finnish Food Authority warn of the risk of Legionella in soil products – A few serious cases of the disease requiring intensive care in the elderly in Uusimaa this spring. • The current animal health and food control related duties of Regional State Administrative Agency will be transferred to Finnish Food Authority, when the new Finnish Supervisory Agency starts its work in 2026.

		<ul style="list-style-type: none"> • The aim with centralizing the tasks is to harmonise the supervision of animal health and welfare and food control, as well as to streamline the prevention and control of animal diseases. • Tasks directly assigned to Finnish Food Authority will include e.g. the guidance of municipal animal welfare supervision, the oversight and coordination of animal disease control, and the prevention and eradication of animal diseases. • The Finnish Food Authority will be responsible for guiding the food control activities carried out by the municipalities. • Efforts to promote joint products and outputs will be made within the available resources.
29	<p>Redefine the future direction and role of the Zoonosis Centre, including the potential update of the zoonosis strategy. The new role should be reflected in the National Pandemic Preparedness Plan. If a new zoonosis strategy is developed, the changes in priority areas and the new country structure should be reflected.</p>	<ul style="list-style-type: none"> • The future of Zoonosis Centre is currently under review.
30	<p>Monitor the performance of the de-prioritised activities related to zoonotic diseases and evaluate the impact of the de-prioritisation. Close communication and follow-up with the wellbeing services counties is encouraged to provide any needed support and early identification of challenging aspects.</p>	<ul style="list-style-type: none"> • Due to economic constraints, some activities have been downsized or transferred from THL to wellbeing services counties in 2024-2025. <ul style="list-style-type: none"> • E.g. SOP for Legionella cases has been compiled with and communicated to relevant stakeholders. • E.g. the primary diagnostics of measles was transferred from THL to clinical microbiological laboratories. • Regarding microbiological laboratory work, the surveillance has not been discontinued for any pathogen, but the number of some samples has been cut down. <ul style="list-style-type: none"> • E.g. whole-genome sequencing typing of certain environmental strains will be carried out as paid service. • THL plans to evaluate the Legionella surveillance system to assess how effectively outbreaks are detected, monitored, and responded to in Finland. • The monitoring of deprioritised activities will be made within the available resources.
<p>In-depth Capacity 10. Zoonotic diseases and threats of environmental origin, including those due to climate/ Climate change and extreme weather events</p>		
		<ul style="list-style-type: none"> • The climate change plans of different sectors are based on Government Report on Finland's National Climate Change Adaptation Plan until 2030: Wellbeing, Safety and Security in a Changing Climate. Targets and actions are specified under ten themes that include e.g. National level strategic planning and foresight, Comprehensive security and general security of supply work, Food and nutrition security and Health.

31	Ensure alignment between the many plans related to climate change and streamline their implementation, monitoring, and evaluation.	<ul style="list-style-type: none"> • The preparation of National Adaption Plan included as assessment of sectorial and cross-sectorial risks and vulnerabilities, evaluation of adaption policy, scientific brainstorming, and report on climate and socio-economic scenarios by the Meteorological and Environment Institutes. • The administrative branches make their own plans for climate change adaptation. These plans contribute to the implementation of the National Climate Change Adaptation Plan and support the UN Sustainable Development Goals. The ministries are responsible for the implementation, monitoring and evaluation of the plans in their administrative branches. <ul style="list-style-type: none"> • Climate change in the healthcare and social welfare sector: Climate change adaptation plan of Ministry of Social Affairs and Health (2021–2031) focuses on health protection and adaptation of healthcare. The plan contains objectives and recommendations for measures relating to environmental health, health and social services, social effects, mitigation measures and their repercussions. • The MSAH has set up a cross-sectoral working and a steering group to prepare a National Action Plan to Prevent the Health Harms of High Summer Temperatures. The action plan is to be published in 2026. • There are also more specific sectoral plans, e.g. regarding Possible arrival of new vector-borne diseases in Finland as a result of climate change and human mobility. • The aim of Adaptation to Climate Change in Water Supply (VILSO) -project is to create a free tool for Finnish water supply companies. The tool will allow them to assess climate change-related adaptation needs, search for information and helps them to formulate a plant-specific adaptation plan. • The Arctic Health Group works with research topics that cover the effects of climate change on environmental, wildlife and human health and well-being in the Arctic, One Health, as well as indigenous health and well-being.
32	Ensure that there is equity in funding for implementing activities across sectors (as individual sectors are responsible for prioritising and allocating funding for these activities) to help harmonise implementation approaches between sectors.	<ul style="list-style-type: none"> • The equitable distribution of funding across different sectors does not fall under the administrative jurisdiction of the MSAH.
In-depth Capacity 12. AMR + HAI		
	Ensure adequate resources for addressing antimicrobial resistance (AMR) at the national level and in the wellbeing services counties, particularly given the lack of dedicated funding for AMR activities.	

33	<p>Specific funding might be required to close gaps in AMR surveillance, prevention, and control. Priority projects and possible mechanisms to fund them could be determined by the National Expert Group on AMR. Guidance regarding how to prioritise activities, develop a budgeted operational plan, identify funding gaps and mobilise resources for the implementation, monitoring and evaluation of the National Action Plan on AMR (NAP AMR) for 2024–2028 can be found in the WHO guidance for sustainable implementation of NAPs on AMR.</p>	<ul style="list-style-type: none"> • National Action Plan on AMR – Strategy 2024-2028 includes goals at the strategy level. It covers AMR surveillance, prevention, and control. Based on the NAP goals, separate implementation plans are compiled for each year. <ul style="list-style-type: none"> • National Action Plan on AMR – Implementation 2025 includes priority projects, which are determined and accepted by the National Expert Group on AMR (MTKA) nominated by THL. • National Action Plan on AMR – Implementation 2026 is to be published in November 2025. • The NAP, implementation plans and the opinions of MTKA are recommendations. The NAP is not a resource allocation tool and MTKA does not have a mandate to order government institutions or wellbeing services counties. This arrangement is based on the Communicable Diseases Act (1227/2016). • The AMR work is funded by the wellbeing services counties through their regular operational costs. The AMR is not listed in the current government program and hence there is no dedicated AMR funding in the state budget during this government term.
34	<p>Maintain whole-genome sequencing (WGS) capabilities for the detection of and response to outbreaks of multidrug-resistant organisms (MDROs) and healthcare-associated infections (HAIs). Should the strategy for WGS need to be adapted to changing epidemiology or volumes of specimens, decisions regarding which isolates to prioritise for real-time WGS should be made collaboratively with clinicians, microbiologists, and epidemiologists.</p>	<ul style="list-style-type: none"> • One of the goals of the NAP is to prevent and control the spread of MDR microbes in healthcare facilities, as well as in animal and human populations. The objective is to achieve at least the targets set for Finland in the EU Council recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach (2023/C 220/01). • WGS is an important molecular typing tool used for both outbreak investigation and surveillance. Each year specific priorities will be given for molecular typing that most efficiently uses the available WGS resources. This prioritization is discussed in MTKA, but the final decision is made by THL. • The budgetary restrictions of THL will limit the use of WGS. However, <ul style="list-style-type: none"> • E.g. the spa typing and PVL gene analysis of new MRSA strains, and emm typing of Streptococcus pyogenes strains isolated from blood and cerebrospinal fluid, will be made free of charge at THL also in future. • WGS typing of certain bacteria (e.g. MDR Acinetobacter and Pseudomonas aeruginosa) is carried out in case of an epidemic or severe disease. • THL can decide in cooperation with the customer, which strains will be typed.
35	<p>Further clarify the national strategy and structures for HAI surveillance and IPC activities. The roles of THL, the Finnish Centre for Client and Patient Safety, and wellbeing services counties should be clarified. There should also be agreement</p>	<ul style="list-style-type: none"> • The roles of THL, the Finnish Centre for Client and Patient Safety, and wellbeing services counties will be clarified in the ongoing reform of the Communicable Diseases Act.

	regarding which institutions should lead the implementation of each WHO core component of national IPC programmes, ensuring minimum requirements are met for each core component.	<ul style="list-style-type: none"> In addition to the National Action Plan on AMR (Strategy and Implementation), the handbook Prevention of healthcare-associated infections covers structures for HAI surveillance and IPC activities.
36	Ensure adequate IT resources for sustaining the quality of national AMR and HAI surveillance activities. Both the AMR and HAI data management systems should be updated to ensure interoperability with the IT systems in the wellbeing services counties to ensure efficient and complete surveillance data collection.	<ul style="list-style-type: none"> The problems in the IT infrastructure and especially in the data collection are acknowledged in the NAP, and they will be in focus during following years. Development of the AMR and HAI surveillance is part of FinSurveillance.
37	Ensure antimicrobial consumption (AMC) data is of sufficient quality to inform effective antimicrobial stewardship activities and consider adding the WHO AWaRe (Access, Watch and Reserve) classification of antibiotics for evaluation and reporting of AMC, particularly for hospital sector AMC data. Available data on indications for antibiotic use should be explored and reported, with the goal of providing feedback to prescribers.	<ul style="list-style-type: none"> The challenges in the AMC surveillance are well-known and are acknowledged in the NAP. Finnish Medicines Agency and the Social Insurance Institution (Kela) maintain the Antimicrobial Consumption Situational Overview platform that is designed to support the monitoring of antimicrobial use both at the national level and in wellbeing services counties. Consumption data for authorities has been available since 2019 and it is updated monthly. The overview includes tables and visualizations, whose content and scope can be customized by users. <ul style="list-style-type: none"> A public interface of AMC is planned to be launched in 2026.
Capacity 1. Policy, legal and normative instruments to implement IHR 2005		
38	Specify the role of THL in legislation when it relates to communication and collaboration in non-pandemic	<ul style="list-style-type: none"> The role of THL as a National IHR Focal Point and in communication is specified in: <ul style="list-style-type: none"> the Act on the Implementation of the Legislative Provisions of the World Health Organization's International Health Regulations (2005) (50/2007)

	events and health emergencies, given the organisation's status as the IHR National Focal Point (NFP).	<ul style="list-style-type: none"> the Act Amending the World Health Organization's International Health Regulations (2005) (392/2025) that entered into force 9/2025 the Communicable Diseases Act (1227/2016).
39	Ensure that the revised laws related to public health preparedness and response complement each other and are free from gaps, as several laws are in the process of being revised in parallel. The MSAH could undertake this oversight.	<ul style="list-style-type: none"> We take note. This is part of the daily work that relates to legislative reforms.
40	Revisit the partially mandated multisectoral collaboration for areas of preparedness planning and emergency response to see where areas could be mandated and strengthened.	<ul style="list-style-type: none"> We take note. The multisectoral collaboration in preparedness planning and emergency response is part of the whole-of-society approach to preparedness and will be considered in the ongoing updates of e.g. National Risk Assessment, Act on Safeguarding the Security of Supply (1390/2008), development projects of regional preparedness and national security management, and in the future update of Security Strategy for Society.
Capacity 2. Financing		
41	Establish financing mechanisms to ensure functioning of the IHR core capacities in the national legislation.	<ul style="list-style-type: none"> National legislation covers the IHR core capacities, and their implementation is the duty of THL. The work of THL is funded by the state budget, and establishing alternative funding mechanisms is not deemed appropriate.
Capacity 5. Human resources		
		<ul style="list-style-type: none"> There is a general concern about a worsening shortage of skilled healthcare personnel in the near future due to rapid demographic change. As a consequence, national topical Roadmap for 2022–2027 Ensuring the sufficiency and availability of healthcare and social welfare personnel and Implementation plan 2024–2027 Ensuring the sufficiency and availability of healthcare and social welfare personnel have been compiled. Finland participated in ECDC Assessment of Public Health Workforce Capacity in Prevention and Control of Infectious Diseases in the EU/EEA in 2024. <ul style="list-style-type: none"> Based on the ECDC Country Factsheet of Finland, there are 2.19 IPC nurses (full-time equivalents) per 250 beds in Finland. This is higher than the EU/EEA country median. In the Study on the Anticipated Need for Clinical Nurse Specialists in 2024-2028 (2024) three cooperative areas highlighted the need for clinical nurse specialist trained in Infection Prevention and Control.

42	<p>Map the workforce involved in communicable disease management as an assessment of the country's available resources in the context of preparedness. This work could be undertaken by the MSAH, with other involved stakeholders as appropriate, after the completion of the health reform and restructuring.</p>	<ul style="list-style-type: none"> • According to the study, there were 174 IPC nurses in Finland in 2023. The need for ICP nurses in 2028 is assessed to be 451 in total. • The study makes proposals for developing the knowledge base and organising professional specialisation education, along with the proposals concerning financing needs. • The Ministry of Education and Culture is reforming vocational education so that from the beginning of 2027, two new specialized vocational qualifications in social and healthcare (180 ECTA) will be available. The new degree titles are expert in IPC and expert in sustainable health. • According to the Needs assessment of medical specialists and dental specialists until the year 2035 (2019), 2018 there were 73 working age infectious diseases specialist in Finland. <ul style="list-style-type: none"> • The need by the year 2035 was assessed to be 127 specialists and to achieve the goal, 5.1 infectious diseases specialists should graduate annually. • The number of vacancies in infectious diseases specialist training has been increased accordingly and during the past few years a minimum of 5 doctors have annually started specialist training in infectious diseases. • There are currently 45 doctors in Finland, who have completed the Special Qualification in Infection Prevention and Control. • University-level training in epidemiology and Public Health is offered by: <ul style="list-style-type: none"> • International Doctoral Program in Epidemiology and Public Health at Tampere University • Master's program in Public and Global Health at Tampere University • Master's program in Public Health at University of Eastern Finland offer • Master's program in Global Health and Crisis Management at Laurea University of Applied Sciences • Courses in Global Health and Tropical diseases in Finland at the University of Helsinki • THL offers medical doctors and veterinarians a training period of six months in THL's Unit for Prevention of Health Threats. <ul style="list-style-type: none"> • The training period provides comprehensive skills for practical communicable disease prevention and control work, as well as epidemic investigations. The training period increases the national pool of communicable disease experts. • Since 1996, THL has served as an EPIET and EUPHEM training site and hosted two EPIET fellows and one EUPHEM fellow per each two-year training cycle. To date, a total of 30 fellows have been trained at THL. Currently, eight EPIET and EUPHEM alumni are working at THL.
43	<p>Hold national or regional meeting(s) targeting all county-level personnel to provide further incentive and continuing education on evolving applied epidemiology practices. These could be in addition to the</p>	<ul style="list-style-type: none"> • THL plans, develops and conducts training related to infection control together with Finnish Lung Health Association, Finnish Association for Infection Control, Finnish Association of Hygiene Nurses, Finnish Institute of Occupational Health, universities and universities of applied sciences. The target groups of the trainings are doctors in charge of communicable diseases, communicable disease nurses and other professionals. • Examples of national and regional meetings targeting all-county-level personnel: <ul style="list-style-type: none"> • National Communicable Disease Days, Infection Prevention Days and HUS Day of Infectious Diseases

<p>meetings that THL holds with the Chief Infectious Disease Doctors of the 21 wellbeing services counties, which are good practice to keep everyone informed and connected.</p>	<ul style="list-style-type: none"> • courses on Investigation of Foodborne and Waterborne Epidemics and Detection of Biological Threats, Interruption of Transmission Routes and Protection are held every 2-3 years • THL's weekly epidemiological outbreak meetings: the online meetings includes presentations on current communicable diseases topics and are participated by THL, Finnish Food Authority and Defence Forces <ul style="list-style-type: none"> • aligned with the meeting, a weekly communicable diseases report is distributed to communicable diseases physicians in the wellbeing services counties, to preparedness centers and different authorities • THL's regular meetings with regional vaccination liaison officers support coordination and information exchange: THL also organises online training courses for healthcare professionals on vaccinations, diseases that can be prevented by them, and on the national vaccination program • national and regional medical conventions, conventions for nurses and public health nurses are held annually and have sessions related to communicable diseases, vaccinations and epidemiology.
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Capacity 7. Health service provision

<p>44</p>	<p>Develop operational guidance on how to mobilise surge capacity for increased needs to manage an infectious disease threat or outbreak (e.g. increased needs for contact tracing, epidemiological investigation, quarantine monitoring, etc). The process for providing assistance between collaborative areas should be finalised and operationalised. This work could be undertaken by the MSAH.</p>	<p>Background</p> <ul style="list-style-type: none"> • The wellbeing services counties are responsible for the operational guidance of general surge capacity at their areas. • Strategy for ensuring the sufficiency of intensive care and high-dependency care - Working group proposal for a national escalation plan (2023) describes a four-tier plan to ensure and strengthen the intensive care capacity. The focus is on the availability of competent personnel and on compiling and maintaining a more comprehensive real-time situation awareness. For the purposes of escalation planning and incident management, it is proposed that national definitions are drawn up for the number of actual hospital beds, personnel and equipment in ICUs. • THL has limited surge capacity to manage communicable diseases threats and outbreaks. Nevertheless, it has been utilised e.g. during the pneumococcal epidemics at the shipyard in Turku and in response to the threat of avian influenza in 2023. <ul style="list-style-type: none"> • In food- and waterborne outbreaks, THL can support wellbeing services counties in epidemiological investigations if their own resources are insufficient to manage the situation. • During the COVID-19 pandemic, wellbeing services counties reassigned staff to testing, contact tracing and vaccination duties. <ul style="list-style-type: none"> • Retired healthcare professionals, nursing and medical students assisted with testing and vaccinations. • Private healthcare providers and NGOs participated in organisation of testing and vaccinations. • University of Tampere, University of Eastern Finland and THL organised jointly a free online training for COVID-19 contact tracing. By June 2021 around 7 200 people had completed the training, and the course was re-opened in August 2021. The contact tracers, who were trained this way, increased the capacity of epidemiological investigations. • Accelerated training programs for healthcare staff and students prepared them for vaccination duties. • These mechanisms can also be used in future crisis situations.
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45	<p>Develop prioritisation guidance for the wellbeing services counties medical services for emergencies. This work could be undertaken by the MSAH.</p>	<ul style="list-style-type: none"> In spring 2025, MSAH conducted a survey for healthcare and social welfare professionals on Prioritisation Principles in Healthcare and Social Welfare. <ul style="list-style-type: none"> The professionals found prioritisation a complex and ethically challenging issue that calls for continuous dialogue and common policy approaches. Only some professionals could identify clear prioritisation principles that were based on legislation. Hidden prioritisation was reported as a common practice. Alongside individual rights, a population-level perspective to prioritisation received support from professionals. The survey is part of the groundwork for legislative drafting on the principles of service choices. Same kind of survey was conducted earlier among citizens. The county-level pandemic preparedness plans contain prioritization guidance for downsizing and transfer of non-urgent surgery to non-customary premises and the introduction of reserve hospitals. See e.g. the Pandemic Preparedness Plan of HUS 2025 (internal document).
46	<p>Ensure there is a process in place to monitor available healthcare capacity at the local level.</p>	<ul style="list-style-type: none"> A project led by Prime Minister’s Office examined the current state and development needs of the Anticipation of personnel needs in health and social services (2024). It made calculations on demand and supply of personnel by 2040 and stated that the demographic change increases the need for services and transforms their structure into a more labour-intensive direction. This may lead to a gap between the demand and supply of certain professional groups. The monitoring available healthcare capacity is based on the Act of Organising Healthcare and Social Welfare Services (612/2021). In practice, THL situation awareness platform is used to monitor the availability of different healthcare capacities (e.g. bed places, ICU places, healthcare staff, EMS capacity). The data is provided by the wellbeing services counties on a weekly basis. The strategic situation overview for management of social and healthcare services is an open reporting view that compiles information on the status of social, healthcare and rescue services in the wellbeing services counties. It provides data for strategic guidance and management needs of Government and wellbeing services counties.

47	The recommendations for Capacity 5 – Human resources are also relevant here.	<ul style="list-style-type: none"> We take note.
Capacity 8. Risk communication and community engagement		
48	Develop an operational risk communication plan that incorporates the lessons learned during the COVID-19 pandemic. Operationalise the plans and put the practices and networks/working groups established during the COVID-19 pandemic into sustainable structures.	<p>Background</p> <ul style="list-style-type: none"> During the COVID-19 pandemic, THL established a task force to support multilingual communication and community engagement activities. The group included representatives from Cultural Diversity Team, Health Security, Communications, and NGOs representing various linguistic and cultural groups. THL is prepared to quickly establish a similar group if a situation arises. The goal of the task force is to build and maintain trust, as well as to foster cooperation, community dialogue, and co-development with stakeholders. Identified stakeholders include immigrants and other non-native speakers, vulnerable groups, and groups that require easy-to-understand official communication. The group identifies the language needed for communication, the channels through which target groups can be reached, the types of content that work, and the risk perceptions of different groups. The group has networks that are helpful in disseminating communication materials, especially in situations where the target groups cannot be reached through the organisation's own communication channels. <p>Actions</p> <ul style="list-style-type: none"> The risk communication plan of the MSAH was updated in 2024 (internal document). The lessons learned from the COVID-19 pandemic were incorporated into the process. MSAH will complete the risk communication plan with a segment that is created and shared with the wellbeing services counties and THL. The goal is to strengthen the cooperation in the planning and implementation of risk communication. THL has communications guidelines for special situations. These can be applied in various crisis situations. The guidelines will be updated with a community engagement section based on lessons learned from the COVID-19 pandemic.
49	Clarify the coordination structures between administrative levels and sectors, as well as the leadership, roles and responsibilities in risk communication.	<ul style="list-style-type: none"> Please, see recommendation no. 48. The role of THL's communications in crisis related to well-being and health is defined in the Institute's communication guidelines for special situations. It is also recognized that the management of crisis communications includes identifying communication partners, defining the communication responsibilities of different actors, and coordinating the communications activities with various stakeholders. In a crisis, THL closely collaborates with MSAH, other authorities and wellbeing service counties.
50	Enhance community engagement and social listening capacities to build trust, taking into consideration the variety of communities and	<ul style="list-style-type: none"> The Cultural Diversity team of THL maintains networks (e.g. Expert Group on Cultural Diversity MONET, PALOMA Center of Expertise in Refugee Mental Health Work) and regularly communicates with different minority groups. It also produces research data on immigrants and linguistic and cultural minorities to support decision-making and to influence decision-makers and professionals to increase the understanding in cultural diversity.

	cultural diversity. Trust should be built continuously, including in regular health communications, especially between crises.	<ul style="list-style-type: none"> The research data and existing networks are utilized in the planning and implementation of effective and impactful communications activities. The goal is to continuously build and maintain trust, as well as to foster cooperation, community dialogue, and co-development with representatives of the target groups.
51	Share the lessons on RCCE learned from the COVID-19 pandemic with other countries.	<ul style="list-style-type: none"> THL and MSAH have actively participated in e.g. EPIC11 risk communication trainings, where the lessons learned from COVID-19 have been shared between European countries.

Capacity 9. Points of Entry (PoE) and border health

52	Map and exercise the roles of public health personnel, the function of the legislation and the operational routines surrounding PoE and border health, including the preparedness contingency plans for responsible authorities in at least three points of entry.	<p>Background</p> <ul style="list-style-type: none"> During the COVID-19 pandemic, MSAH appointed an interministerial Cross-border Health Security Coordination Group to prepare the planning, guidance, and implementation to ensure the health security at Points of Entry. The group was functional 7/2020-8/2021. Due to changes in geopolitical situation during the past few years, the PoE and border health have been topical issues and there have been real-life situations, which have tested the functionality of the legislation, operational routines, health emergency preparedness and contingency plans. Infection alert guidelines (internal documents) of the main airports and ports of Finland are regularly updated. <p>Actions</p> <ul style="list-style-type: none"> Finland organised 9-10/2025 a Nordic field training exercise Rescue Borealis focusing on Euro-Arctic cross-border cooperation. The 5-day simulation training had a CBRN scenario and it involved healthcare, rescue services and other safety authorities from Finland, Sweden, Norway and Germany. <ul style="list-style-type: none"> The exercise was a joint effort of e.g. Ministry of Interior, MSAH, THL, NESAs, Radiation and Nuclear Safety Authority, Police, Border Guard, Emergency Services Academy, Defence Forces, North Ostrobothnia wellbeing services county, regional Rescue Department, university hospital and local port. It brought together an operational model from UCPM, rescEU stockpiles and the earlier Barents Rescue cooperation. A plan by the Border Guard <i>Operation of Points of Entry and Controlled Restriction of Border Traffic, Health Examinations and Control in a Crisis Situation (2025, classified)</i> covers the operational routines of different Points of Entry and border health. The Border Guard holds regularly exercises that test new legislation and implementation of preparedness and contingency plans, e.g.: <ul style="list-style-type: none"> LUKKO25 1-3/2025, an exercise in instrumentalised migration, was participated by Police, Customs, wellbeing services counties and Defence Forces. The exercise consisted of a planning exercise and four border security exercises held on the eastern border of Finland. Finland chaired Svalbard Group – Nordic Group for Public Health Preparedness in 2025 and organised in May 2025 an exercise with a cross-border mass casualty scenario. The 1-day table-top exercise had focus on decision-making, coordination, requesting and receiving international assistance.
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53	Incorporate relevant aspects from guidance on travel measures and IHR principles on travel and trade (Art. 2 IHR purpose and scope) in the National Pandemic Preparedness Plan for Healthcare and Social Welfare in section 10.5 'National Health Security on borders'.	<ul style="list-style-type: none"> We take note, yet the recommendation is somewhat ambiguous. The National Pandemic Preparedness Plan for Healthcare and Social Welfare includes <i>sections 10.5.1 Guidance of travellers, 10.5.2 Restrictions on passenger traffic, 10.5.3 Health examinations of persons entering the country and 10.5.4 Cross-border contact tracing.</i>
Capacity 11. Chemical events – No specific recommendations.		
Capacity 13. Union level coordination and support functions		
54	Ensure there is good flow of information and communication across all levels in Finland (e.g. from the EU level across sectors and with collaborative areas and wellbeing services counties).	<ul style="list-style-type: none"> We take note.
Capacity 14. Research development and evaluations to inform and accelerate emergency preparedness		
		<p>Background</p> <ul style="list-style-type: none"> There are several hundred visiting researchers co-operating with THL. They participate in collaborative projects between THL and e.g. universities, conduct research and development work, and are allowed to use the institute resources. Different organisations and networks address the listed barriers in generating knowledge for decision-making and crises management. Some measures to improve research preparedness are presented below. <p>Plans and protocols</p> <ul style="list-style-type: none"> Research Council of Finland is a government agency that funds high-quality scientific research, provides expertise in science and science policy and strengthens the position of science and research. It functions under the Ministry of Education, Science and Culture. The aim of Academy Program Pandemics and Other Crises – Responses and Preparedness (RESILIENCE) is to support and accelerate research into the COVID-19 pandemic and other societal crises and to support the

55	<p>Identify the key barriers (legal, infrastructure, funding, research, collaboration, ownership issues, etc.) in generating knowledge for decision-making and crises management (surveillance, statistics, evaluation, analysis, research studies, literature reviews, etc). Consider how these barriers can be overcome with measures to improve research preparedness; for example, plans, protocols, agreements or legislation.</p>	<p>utilisation of research in society. It supports research on the mitigation of the effects of pandemics, other crises and crisis preparedness.</p> <ul style="list-style-type: none"> • The Strategic Research Council (SRC) is an independent body established within the Research Council of Finland. It funds high-quality research with societal relevance and impact. SRC-funded research seeks concrete solutions to challenges that require multidisciplinary approaches. <ul style="list-style-type: none"> • The digital solutions website Ratkaisuja tieteeestä (Solutions from Science) provides a pathway to results and solutions produced in SRC-funded research. The site helps policymakers and rapporteurs to find the latest research results, policy briefs and experts. • The aim of FinSurveillance is to combine different data sources to create a comprehensive and sustainable infectious disease surveillance system at a national level. It will improve e.g. pandemic preparedness. • University of Helsinki, Faculty of Medicine, Department of Virology is one of the collaborators of EU-funded DURABLE Research Network Against Epidemics. <p>Agreements</p> <ul style="list-style-type: none"> • Finnish Vaccine Research (FVR) has an extensive network of vaccine research experts at research clinics across the country. It studies vaccines and conducts large-scale register studies utilizing the nationwide register data. <ul style="list-style-type: none"> • FVR is a special assignment company. The Finnish state owns 51 % of it and the MSAH is responsible for the company's ownership steering. The remaining 49 % is owned by Tampere University Foundation. • FVR participated e.g. to all phases of COVID-19 vaccine research on children under 12 years. <p>Legislation</p> <ul style="list-style-type: none"> • Act on the Secondary Use of Health and Social data (552/2019) is under revision to enable a favourable operating environment for domestic and international RDI actors, while respecting citizen rights and privacy. • In addition, research legislation as a whole will be clarified and unified.
		<p>Background</p> <ul style="list-style-type: none"> • JURE Just Recovery from Covid-19? Fundamental Rights, Legitimate Governance and Lessons Learnt investigated the COVID-19 pandemic and recovery from it from the perspectives of politics, administration, and law. • WELGO research project develops sustainable solutions for ensuring welfare in future health crises based on lessons from the governance of COVID-19. • Lessons from the COVID-19 Pandemic: Towards Better Crisis Preparedness and Management is a cross-sectoral project report that compiles the lessons learned from the COVID-19 pandemic in Finland and recommendations for future crisis preparedness. It includes a section on wellbeing and prevention of communicable diseases. • THL maintains a list of experts for ECDC National Focal Points and Operational Contact Points, a list of communicable disease physicians working in wellbeing services counties and a list of representatives of clinical microbiology laboratories. <ul style="list-style-type: none"> • These lists can be utilised, when mapping relevant stakeholders to (ad hoc) expert groups. However, a similar list of academic experts would be useful.

56	<p>Map gaps in research preparedness and establish where improvements can be made to preparedness plans to enable better utilisation of resources. This could include mapping relevant stakeholders to facilitate quick formulation of ad hoc expert advisory groups during crisis.</p>	<p>Actions</p> <ul style="list-style-type: none"> • The MSAH is responsible for RDI Growth Program for Health and Wellbeing. The program is promoted jointly by different ministries that have their own set of measures to achieve the objectives set out in the current government program. Other partners involved in the program are national and international businesses, Finnish Innovation Fund, Research Council, Business Finland, wellbeing services counties and higher education institutions. The key program measures include: <ul style="list-style-type: none"> • intensifying RDI cooperation between partners • making the sector more competitive in the international market • marketing Finnish expertise, technology and research globally • strengthening the role of the wellbeing services counties in RDI and promoting the adoption of new solutions • updating the measures to suit the rapidly changing operating environment and technological development. • The Lessons of the Pandemic Crisis is an independent, comprehensive government-commissioned assessment that examines the economic, health-related, legal, and social impacts of managing the COVID-19 pandemic from Finnish perspective. <ul style="list-style-type: none"> • The project focuses particularly on leadership, restrictive measures, and preparedness. It also provides insights into gaps in the existing research and identifies key turning points during the COVID-19 crisis where alternative actions might have been possible. • The multidisciplinary project involves researchers from the fields of administrative science, medicine, economics, law, and political science. • The final report of the project will be published in 2026. • THL and the University of Helsinki are preparing a framework agreement that defines the forms of scientific and operational collaboration between the parties. The aim of the agreement is to strengthen long-term cooperation, improve its quality and efficiency, and enhance the use of resources. <ul style="list-style-type: none"> • THL may utilize the university’s expertise in fulfilling its statutory duties, and both parties may access THL’s data resources and research materials. Similar agreements are also being planned with other universities, e.g. with the University of Eastern Finland. • Future Care Work project 2025-2028 explores the reasons behind labour shortages and high turnover in social and healthcare, how citizen- and employee-driven bottom-up innovations and organizational, AI-based and policy-driven top-down innovations could alleviate the situation. The consortium is led by Finnish Institute of Occupational Health, and partners are Tampere University of Applied Sciences, University of Jyväskylä, VTT Technical Research Centre and THL. • THL is a member of a consortium that applies for EU HORIZON Leveraging artificial intelligence for pandemic preparedness and response funding.
		<ul style="list-style-type: none"> • The Prime Minister’s Office has a Situation Centre that maintains a roster of experts, monitors the media, collects and analyses information from all administrative branches on the security situation, disturbances and threats that can

57	Develop a strategy/ framework/ plan during peacetime for the rapid scaling up of analytical capability and infrastructure during crisis.	<p>endanger the vital functions of society. The Centre distributes coordinated information to the President, the Government and other authorities.</p> <ul style="list-style-type: none"> • The tasks of the Centre are defined in the Act on Government Situation Centre (300/2017). • During COVID-19 pandemic, the Situation Centre regularly consulted the communicable diseases experts at THL and the Prime Minister’s Office held weekly press conferences on topical issues. • THL situation awareness platform is used to monitor the availability of different healthcare capacities (e.g. bed places, ICU places, healthcare staff, EMS capacity). The aggregated data is communicated to all collaborative areas and central authorities in (bi-)weekly meetings for further analysis and consideration. <ul style="list-style-type: none"> • The situation awareness platform is developed continuously in collaboration with the preparedness centers and wellbeing services counties. • During crisis the number of monitored capacities can be scaled up and refined to correspond the situational needs. This has been tested in practice during the adenovirus outbreak in the Defence Forces in 2024. • The build-up and maintenance of analytical capability and infrastructure is part of the daily work of authorities and other stakeholders. In case of an emergency, the existing capability will be scaled up.
58	Consider pre-crisis collaborations with academia/ knowledge institutions with a research preparedness perspective to optimise operational readiness. Formulate collaboration agreements where needed (including leadership, data sharing, authorship, etc).	<p>Background</p> <ul style="list-style-type: none"> • Tampere University, THL and Academy of Finland participate the European partnership on Transforming Health and Care Systems (THCS). THCS supports coordinated national and regional research and innovation programs along with capacity building, networking, dissemination and other key activities to support health and care systems transformation. Finland is represented in: <ul style="list-style-type: none"> • Work Package 4: Methodological and Assessment Framework • Work Package 9: Strengthening ecosystems • University of Tampere, Tampere University of Applied Sciences and Pirkanmaa Wellbeing Services County work together in RDI and education, e.g. at Kauppi University Center of Primary Services. • FIMAR – Finnish Multidisciplinary Center of Excellence in Antimicrobial Resistance Research is a joint effort by experts in biology, medicine, sociology and bioinformatics from five different research groups at Universities of Helsinki and Turku. The integrative approach helps to build a foundation for science-based actions against AMR. <p>Actions</p> <ul style="list-style-type: none"> • Please, see recommendation no. 57 about framework agreement between THL and University of Helsinki. • University hospitals of Tampere, Helsinki, Turku and Kuopio and their wellbeing services counties participate in EU-funded Be Ready – European Partnership for Pandemic Preparedness from January 2026. Through interdisciplinary approach, the project will help to close critical research gaps on pandemic preparedness research, including basic research, diagnostics, therapeutics, vaccines and public health interventions. The Finnish organisations will participate in: <ul style="list-style-type: none"> • Work Package 11: Public Health Research Networks • Work Package 12: Ever-warm EU wide networks of clinical trial sites • Work Package 13: Capacity-building activities and knowledge-sharing

		<ul style="list-style-type: none"> • Work Package 14: Dissemination • The interdisciplinary WeSAFE: Rapid and Portable Field Detection for Chemical and Biological Threats research project, funded by the Ministry of Defence, discovered a new portable, ultrasensitive detection platform for chemical and biological threats. In future, the innovative solution can be utilized for environmental monitoring, public safety, and military applications.
Capacity 15. Recovery elements		
59	<p>Ensure that health organisations are encouraged to implement a process to identify lessons learned following an outbreak/ incident and that these lessons are incorporated into action plans so that they can be effectively acted upon.</p>	<p>Background</p> <ul style="list-style-type: none"> • In Finland, the lesson learned from the First wave of the COVID-19 pandemic in Finland in 2020 were identified and incorporated into action plans of different authorities, including MSAH. The Safety Investigation Authority has followed up of the implementation of its recommendations most recently in spring 2025. • During COVID-19 pandemic, the lessons learned were incorporated into action plans by MSAH: <ul style="list-style-type: none"> • Action plan for implementing recommendations and restrictive measures under the hybrid strategy following the first phase of the COVID-19 epidemic • Action plan for implementing the hybrid strategy to curb the COVID-19 epidemic in January–May 2021 • Action plan for implementing the hybrid strategy to control the COVID-19 epidemic • Action plan for implementing the hybrid strategy to control the COVID-19 epidemic 2021–22 • Preparing the healthcare and social welfare service system for a potential next epidemic wave • In addition, ECDC made an After-action review of the Finnish advice-making process for school interventions during the COVID-19 pandemic. • The 2019, 2023 and 2025 outbreaks of invasive pneumococcal disease at Turku shipyard have been investigated by THL. The case-control study includes recommendations that have been applied to control the 2025 outbreaks. <ul style="list-style-type: none"> • Outbreak of invasive pneumococcal disease among shipyard workers, Turku, Finland, May to November 2019 • Second reported outbreak of pneumococcal pneumonia among shipyard employees in Turku, Finland, August–October 2023: a case–control study • DG SANTE’s Final report of a fact-finding visit of Finland 2024 in order to identify good practices and gaps in policy actions to reduce serious zoonotic risks from mink/ other fur animal farms following the One Health approach describes the lessons learned from the avian influenza outbreak at Finnish fur farms in 2023. <p>Actions</p> <ul style="list-style-type: none"> • Risk Assessment of H5 Avian Influenza in Finland (2025) by THL and Finnish Food Authority utilises experiences gained and lesson learned from the 2023 avian influenza outbreak to support the authorities in decision-making and joint preparedness. • THL is conducting an after-action review of public health response to the 2024 adenovirus outbreak in Finland. The review aims to identify strengths and challenges, reflect organisational processes of different stakeholders during the outbreak response, and gather lessons learned to strengthen outbreak preparedness and response. The findings will contribute in building a framework that can be applied to manage similar events in the future.

		<ul style="list-style-type: none"> • Adenovirus type 7d outbreak associated with severe clinical presentation, Finland, February to June 2024 is a study based on collaboration between THL, Helsinki University Hospital, the Defence Forces and affected wellbeing services counties. It feeds into a Risk Assessment of adenovirus outbreak within the Defence Forces that is being planned by THL and Center for Military Medicine. This will support civil-military collaboration and possible risk assessments in future. • Finland participated in the extensive investigation Stärkt pandemibereskap (Strengthened Pandemic Preparedness) conducted by The Government Offices of Sweden. The investigation was published in April 2025 and it compares the lesson learned about the COVID-19 pandemic in the Nordic countries. • The incorporation of lessons learned also happens via every-day work. Based on the available resources, further outbreak investigations are made by different organisations.
60	<p>Ensure that representatives from all sectors and levels (ministries, THL, regions and counties) are aware of and involved with the development of the operational plan of the national preparedness plan in Finland. This will ensure that priority areas from the whole society are considered and will clarify which sectors are responsible for each area of work and how recovery will be operationalised.</p>	<ul style="list-style-type: none"> • This is a misunderstanding. There is no intention to develop a single national preparedness plan. • If the recommendation refers to operationalisation of Pandemic Preparedness Plan for Healthcare and Social Welfare that guides the contingency planning, pandemic management and recovery at different levels of healthcare and social welfare, the operational plans are developed independently by respective authorities and wellbeing services counties, e.g. updated Pandemic Preparedness Plan of HUS (2025) and Pandemic Preparedness Plan of HUS Diagnostic Center (2025).
<p>Capacity 16. Actions taken to improve gaps found in the implementation of prevention, preparedness, and response plans</p>		
61	<p>Promote the use of a standardised action planning process in the health community to incorporate lessons learned from simulation exercises, after-action reviews and assessments using the action planning process developed in the WHO Joint External Evaluation as an example of good practice.</p>	<ul style="list-style-type: none"> • We take note and efforts will be made within the available resources.