

Globaali pandemia, paikalliset ratkaisut

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Terveysthuoltojärjestelmät eivät ole saaria

Heijastelevat esim.

- Yhteiskunnallisia ja poliittisia instituutioita
- Demografiaa
- Hyvinvointia ja sen determinantteja
- Varallisuutta
- Demokratian tilaa
- Kulttuuria



Globaalin ja paikallisen keskinäissuhde

- Poliittikaideoiden ja –muotien liikkuminen yli rajojen
- Ylikansallinen sääntely ja organisaatioiden informaatio-ohjaus
- Maiden keskinäisriippuvuus



Muilta oppiminen (cross-national learning)

"Health managers can improve their services by sensitively adapting ideas that have worked elsewhere"
-Øvretveit 1998

Ctrl C + Ctrl V ei kuitenkaan toimi

- Terveyspolitiikan toimet/hyvät käytännöt monesti kontekstisidonnaisia ja komplekseja
 - Herkkyys eri konteksteja kohtaan!
- Erilaiset näkemykset siitä, mikä on "paras" tapa toimia
 - Herkkyys erilaisia näkökulmia kohtaan!



**Myös COVID-19 kohdalla
on haluttu oppia muualta**



Finland's response to the coronavirus pandemic – Now updated

Liina-Kaisa Tynkkynen

The Health System Response Monitor (HSRM) has been designed in response to the COVID-19 outbreak to collect and organize up-to-date information on how countries are responding to the crisis. It focuses primarily on the responses of health systems but also captures wider public health initiatives. This is a joint undertaking of the WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies.

Click [here](#) for policy recommendations and technical guidance from the WHO Regional Office for Europe on how to strengthen the health systems response to COVID-19 and click [here](#) for the EU coronavirus response in the area of public health.

THE COVID-19 HSRM FEATURES THE FOLLOWING SERVICES

CROSS-COUNTRY ANALYSIS: TRENDS AND KEY LESSONS



Cross-country analysis of health system responses and key policy lessons, including:

How do the COVID-19 testing criteria differ across countries?
How are countries creating extra bed and ICU capacity?
How are countries keeping the rest of the health system operating?

[Analysis](#)

COUNTRIES



COMPARE COUNTRY RESPONSES



IMPORTANT REFERENCES



FINLAND

POLICY RESPONSES

1. Preventing transmission
LAST MODIFIED: 25/06/2020
2. Ensuring sufficient physical infrastructure and workforce capacity
LAST MODIFIED: 29/05/2020
3. Providing health services effectively
LAST MODIFIED: 18/06/2020
4. Paying for services
LAST MODIFIED: 18/06/2020
5. Governance
LAST MODIFIED: 18/06/2020
6. Measures in other sectors
LAST MODIFIED: 25/06/2020

LATEST UPDATES

- 25/06/2020 - Transition measures - physical distancing
[Read More](#)
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- 25/06/2020 - Physical distancing
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WHO DASHBOARD

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COUNTRY PROFILES

- [Health Systems in Transition Profile](#)
- [State of Health in EU Country Health Profile](#)

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Editors:

KEY LINKS AND ARTICLES

[Key links](#)
published 4/9/2020

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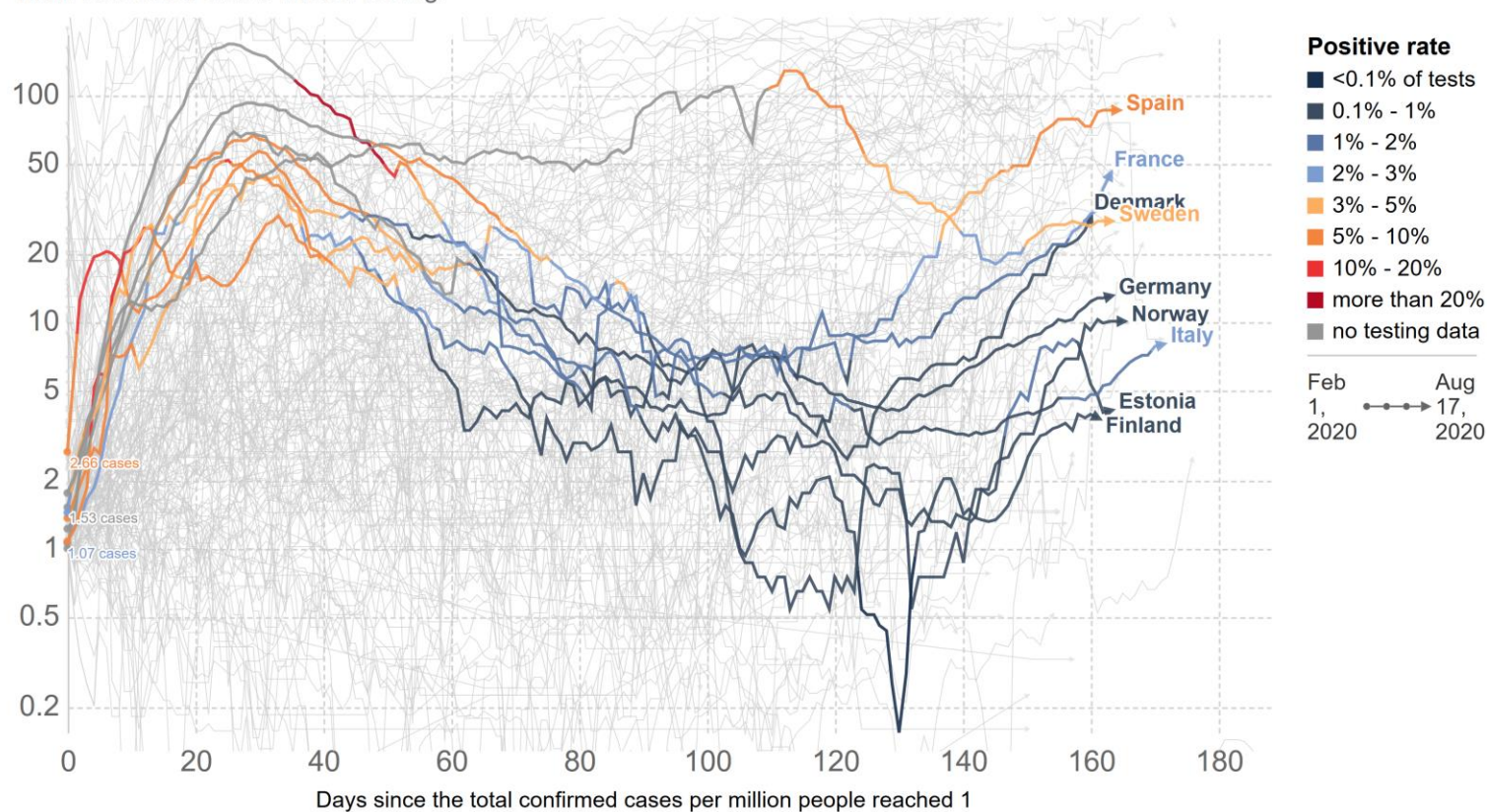
**Globaali
juoksukilpailu,
jota voimme
seurata
reaaliajassa**

**Kukaan ei tiedä
kuinka monta
kierrosta on
vielä edessä**

Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World
in Data



Source: European CDC – Situation Update Worldwide – Last updated 17 August, 10:33 (London time), Official data collated by Our World in Data
CC BY

<https://ourworldindata.org/coronavirus>

”Ruotsin tie” ja ”Etelä- Korean malli”

Robert Sundman: Jos hallitus ei kuvaile riittävästi omaa koronastrategiaansa, joku muu tekee sen kyllä

Epätietoisuus koronastrategiasta muuttuu julkisessa keskustelussa hetkessä huoleksi ”Ruotsin tiestä”, kirjoittaa Ylen politiikan toimittaja Robert Sundman blogissaan.

Koronavirus 8.5.2020 klo 06.45

Kuva: Artti Haanpää / Yle



Kilpailu parhaasta strategiasta ja tieteellisistä läpimurroista

The global race for a coronavirus vaccine could lead to this generation's Sputnik moment

The winning nation could get a jump-start on protecting its citizens and restarting its economy

WP 3.6.2020

NEWS • 27 APRIL 2020

Whose coronavirus strategy worked best? Scientists hunt most effective policies

Researchers sift through data to compare nations' vastly different containment measures.

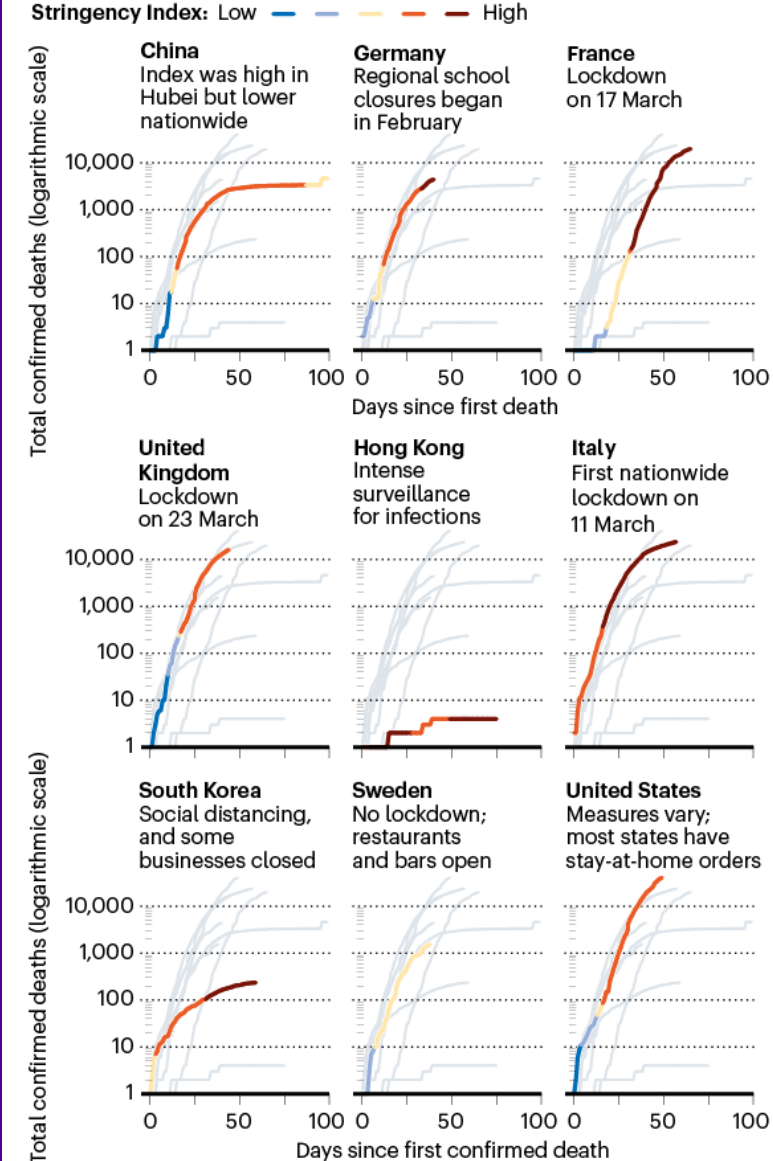
<https://www.nature.com/articles/d41586-020-01248-1>

Muilta oppiminen näkyy konvergenssina torjuntatoimissa?

- Torjuntatoimet monessa maassa samansuuntaisia vaikka järjestelmät ja kulttuurit eroavat
- Ajoitus, rajoitusten kesto ja velvoittavuus vaihtelevat
- Ruotsi selkeä outlier
- Suomen etuna ollut että tauti rantautui tänne suhteellisen myöhään
 - Oli mahdollista oppia muilta

PANDEMIC PROTECTIONS

Researchers have created a 'stringency index' that describes the overall severity of a country's response to the coronavirus outbreak and allows responses to be compared. The index takes into account seven control measures, such as school closures and restrictions on people's movements.



Confirmed deaths undercount true COVID-19 mortality. Stringency Index developed by the Oxford COVID-19 Government Response Tracker. Data downloaded on 21 April; countries vary in day of most recent data update.



Kansallisella politiikalla on väliä

- Sosiaalipoliittiset järjestelmät
- Poliittisen regiimin vaikutus
 - Demokraattinen vai autoritäärinen?
 - Autoritäärinen johtaja demokratiassa?
- Poliittiset instituutiot
 - Hallintomalli ja vallan keskittyminen
 - Kansallinen vs paikallinen
 - Poliittiset puolueet
 - Asiantuntijaorganisaatiot vs. politiikka
- Julkisen hallinnon ja terveysjärjestelmän rooli ja kyky toimia

COMMENTARY



The comparative politics of COVID-19: The need to understand government responses

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ABSTRACT

COVID-19 has created a ramifying public health, economic, and political crisis throughout many countries in the world. While globally the pandemic is at different stages and far from under control in some countries, now is the time for public health researchers and political scientists to start understanding how and why governments responded the way they have, explore how effective these responses appear to be, and what lessons we can draw about effective public health policymaking in preparation of the next wave of COVID-19 or the next infectious disease pandemic. We argue that there will be no way to understand the different responses to COVID-19 and their effects without understanding policy and politics. We propose four key focuses to understand the reasons for COVID-19 responses: social policies to crisis management as well as recovery, regime type (democracy or autocracy), formal political institutions (federalism, presidentialism), and state capacity (control over health care systems and public administration). A research agenda to address the COVID-19 pandemic that takes politics as a serious focus can enable the development of more realistic, sustainable interventions in policies and shape our broader understanding of the politics of public health.

ARTICLE HISTORY

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COVID-19; Coronavirus; global health politics; health policy; government responses

“The truth is that when it comes to public health, the Union has done what its member nations wanted it to do: not much.” - Professor Scott L. Greer

- Monista vapaan demokratian keskeisistä arvoista oltu valmiita luopumaan
- Nationalismi ja protektionismi ovat nostaneet päätään jopa EU:n tasolla
 - Esim. suojaruosteet, testivälineet jne.
 - Vapaa liikkuvuus
- Kansainvälisen yhteistyön rakenteet horjuvat ja niitä käytetään kansallisen politiikan välineinä (vrt. USA ja WHO)
- Globaalin koordinaation merkitys korostuu entisestään jos toimiva rokote saadaan kehitettyä

How Did the E.U. Get the Coronavirus So Wrong?

And what can it do right next time?

By Scott L. Greer

Mr. Greer is a scholar of public health.

April 6, 2020



Western Europe, currently the center of the pandemic, has had its share of poor preparation, planning, and coordination, and has been hit hard. Filippo Monteforte/Agence France-Presse — Getty Images

Politiikka | Rajoitukset

Uudenmaan raja avattiin – pääministeri Marin: ”Nyt ei ole oikea aika lähteä mökeille”

HS 14.4.2020

Keskitetyn johtamisen ja johtajuuden kaipuu?

- Koko maahan kohdistetut toimet vs. paikallinen räätälöinti herättäneet keskustelua myös Suomessa
- Suomessa pääministeri puolustanut oikeusvaltioperiaatetta kun yleisöstä on vaadittu sen ylikävelemistä (esim. ns. ”pakkokaranteeni”)

”Kurittomat boomerit”, ”Levillä laskettelevat lääkärit” ja ”mökkeilevät uusmaalaiset”

Covid-19 Is Becoming the Disease That Divides Us: By Race, Class and Age

Slurs against Asian Americans. Jokes about baby boomers dying. And blue-collar workers' plight is nothing like the “work from home” lifestyle.

By Jeff Green

March 21, 2020, 2:00 PM GMT+2 *Updated on March 22, 2020, 5:37 PM GMT+2*

Bloomberg 21.3.2020

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



Are we all in this together? Longitudinal assessment of cumulative adversities by socioeconomic position in the first 3 weeks of lockdown in the UK

Liam Wright ¹, Andrew Steptoe, ² Daisy Fancourt ¹

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/jech-2020-214475>).

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ABSTRACT

Background Despite media claims that coronavirus disease 2019 (COVID-19) is uniting societies and countries in shared experience, there has been concern that the pandemic is in fact exposing and widening existing inequalities within societies. Data have shown these differences for cases and fatalities, but data on other types of adversities are lacking. Therefore, this study explored the changing patterns of adversity relating to COVID-19 pandemic by socioeconomic position (SEP) during the early weeks of lockdown in the UK.

Methods Data were from 12 527 UK adults in the University College London COVID-19 Social Study (a panel study that involves online weekly data collection from participants during the COVID-19 pandemic). We analysed data collected from 25 March to 14 April 2020. The sample was well-stratified and weighted to population proportions of gender, age, ethnicity, education and country of living. We used Poisson and logit models to assess 10 different types of adverse experiences depending on an index of SEP over time.

Results There was a clear gradient across the number of adverse events experienced each week by SEP. This was most clearly seen for adversities relating to finances (including loss of employment and cut income) and basic needs (including access to food and medications) but less for experiences directly relating to the virus. Inequalities were maintained with no reductions in discrepancies between socioeconomic groups over time.

Conclusions There were clear inequalities in adverse experiences during the COVID-19 pandemic in the early weeks of lockdown in the UK. Results suggest that measures taken to try to reduce such adverse events did not go far enough in tackling inequality.

INTRODUCTION

Over the past few weeks, there have been claims in the media that coronavirus disease 2019 (COVID-19) is uniting societies and countries in shared

COVID-19: exposing and amplifying inequalities

Michael Marmot, Jessica Allen

Exponential growth is difficult for people to grasp. But that is what has happened to sales of Albert Camus's *The Plague*, first published in 1947. According to Jacqueline Rose, it is 'an upsurge strangely in line with the graphs that daily chart the toll of the sick and the dead'. She reports that, from the start of the COVID-19 pandemic, sales had grown 1000%.¹ It may not be worth dwelling on those statistics. More interesting for Rose, and for us, is that a key theme of Camus is that 'the pestilence is at once blight and revelation. It brings the hidden truth of a corrupt world to the surface'. In the same way, the pandemic of COVID-19 exposes and amplifies inequalities in society. The myth of the pandemic as the great leveller was given air when early cases included elites: a prince, a prime minister, a Premier League football manager and the actor Tom Hanks. It was, and is, most likely that as the pandemic took hold and society responded we would see familiar inequalities, of two sorts: inequalities in COVID-19 and inequalities in the social conditions that lead to inequalities in health more generally.

It was not always thus with epidemics. The plague came to Northern Italy in 1630, killing 35% of the population, including 38% in Bergamo, and an astonishing 59% in Padua. One effect of killing so many people was a temporary slowdown in what had been a steep rise in economic inequality in Italy. In the aftermath of the plague, work was plentiful—so many workers had died—and real wages increased. Property was available at relatively low cost, given how many potential purchasers had also gone, making it easier for lower strata of the population to acquire property. It did not last. By 1650, inequality was again on its relentless rise in Venice, Northern Italy and Italy as a whole.²

Serious as is COVID-19, the worst-case scenario, with no intervention, was perhaps 400 000 deaths in the UK. Terrible as is premature death coming to 0.6% of the population, it is not 35%. The effect of

Original research

Commentary

COVID-19 on inequality is likely to be adverse and severe.

Loosely following Camus, we suggest that COVID-19 exposes the fault lines in society and amplifies inequalities. In the UK, the myth of the great equaliser has been dispelled by the publication by the Office for National Statistics (ONS) of COVID-19 mortality rates according to level of deprivation.³ It shows a clear social gradient: the more deprived the area the higher the mortality. The gradient suggests that the 'fault line' is not quite accurate. It is not 'them' at high risk and the rest of 'us' at acceptable risk, but a gradient of disadvantage. The argument that we are seeing COVID-19 imposed on pre-existing health inequalities is supported by the ONS figures showing that the gradient, by area deprivation, for all-cause mortality is similar to that for COVID-19.

The case that we are seeing a general phenomenon of health inequalities is shown further by a graph (figure 1) produced by the Nuffield Trust (<https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-covid-19-kills-the-most-deprived-at-double-the-rate-of-affluent-people-like-other-conditions>). For shorthand, rather than the gradient, it shows mortality in the most deprived 10% of areas that in the least deprived 10% of areas. Remarkably, the twofold increase is consistent across

a range of causes of death, including COVID-19. In the past, observing this general phenomenon, one of us (MM) speculated about general susceptibility to illness following the social gradient, perhaps linked to psychosocial processes.⁴ There may be elements of that. But the susceptibility may also be happening at the social level, being relatively disadvantaged puts you at higher risk of a range of specific causes of illness—the causes of the causes.

The inequalities that the pandemic exposed had been building in the UK for at least a decade. *Health Equity in England: The Marmot Review 10 Years On* documented three worrying trends, since 2010: a slowdown in increase in life expectancy, a continuing increase in inequalities in life expectancy between more and less deprived areas and increased regional differences, and a decline in life expectancy in women in the most deprived areas outside London.⁵ The recent report examined five of the six domains that had formed the basis of the 2010 Marmot Review⁶: early child development, education, employment and working conditions, having at least the minimum income necessary for a healthy life, and healthy and sustainable places to live and work.

Our conclusion was that it was highly likely that policies of austerity had contributed to the grim and unequal health picture. To take just one example, highly relevant to what is happening during the COVID-19 pandemic, the crisis of adult social care. Spending on adult social care was reduced by about 7% from 2010, but in a highly regressive way. In the least deprived 20% of local authorities, the

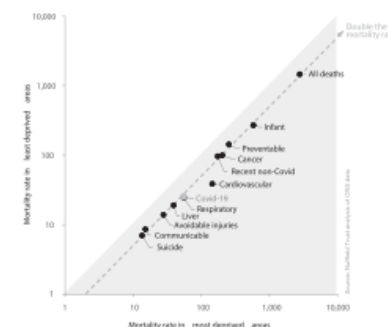


Figure 1 Mortality rate in most deprived areas.

Correspondence to Michael Marmot, Department of Epidemiology and Public Health, UCL, UCL Institute of Health Equity; m.marmot@ucl.ac.uk

Success or failure?

– onnistumisen arvioinnin suhteellisuus

- ”Onnistuminen” koronaviruspandemian hoidossa riippuu näkökulmasta – ja **näkökulman valinta** (”**mitä tarkastellaan?**”) on poliittinen kysymys
- Ennakoimattomat vaikutukset ja **systeminen näkökulma**: kun ratkaistaan ongelma A synnyttääkö se ongelman B tai C?
 - Esim. testaaminen
- Millaisista lähtökohdista on lähdetty liikkeelle?



”Once the current COVID-19 pandemic is under control, health systems should be tested just like banks are to ensure they are resilient, and that any weaknesses are addressed.”

12 Lessons learned from the management of the coronavirus pandemic

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ABSTRACT

The Coronavirus SARS-CoV-2 has spread rapidly since the first cases hit Wuhan, China at the end of 2019, and has now landed in almost every part of the world. By mid-February 2020, China, South Korea, Singapore, Taiwan, and – to some extent – Japan began to contain and control the spread of the virus, while conversely, cases increased rapidly in Europe and the United States. In response to the pandemic, many countries have had to introduce drastic legally mandated lockdowns to enforce physical separation, which are ravaging economies worldwide. Although it will be many months or even years before the final verdict can be reached, we believe that it is already possible to identify 12 key lessons that we can learn from to reduce the tremendous economic and social costs of this pandemic and which can inform responses to future crises. These include lessons around the importance of transparency, solidarity, coordination, decisiveness, clarity, accountability and more.

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1. Introduction

The Coronavirus SARS-CoV-2 has spread rapidly since the first cases in Wuhan, China at the end of 2019, now reaching almost every part of the world. By mid-February 2020, China, South Korea, Singapore, Taiwan, and – to some extent – Japan began to contain and control the spread of the virus, while conversely, cases increased rapidly in Europe and the United States. On March 13th, the WHO Director General declared Europe as the epicentre of the pandemic “with more reported cases and deaths than the rest of the world” [1], but by the end of the month that label had shifted to New York. Health workers around the world have described war-like scenes as health systems struggle to gain control over the virus. In response to the pandemic, many countries have introduced drastic legally mandated lockdowns to enforce physical separation. Although it will be many months or even years before the final verdict can be reached, we believe that it is already possible to identify 12 key lessons that we can learn from to reduce the tremendous economic and social costs of this pandemic and which can inform responses to future crises.

2. Twelve key lessons

2.1. Transparency is vital

“Pneumonia of an unknown cause” was first reported to the WHO Office in China on 31 December 2019 [2]; yet weeks earlier, healthcare professionals had warned Chinese authorities that a SARS-like illness was spreading amongst patients. Instead of notifying those higher in the system, Wuhan authorities detained and silenced physician Dr Li Wenliang on a charge of spreading false rumours after he reported a novel illness in his patients in early December [3]. At age 34, Dr Li passed away in February 2020 from COVID-19 infection [3]. This tragedy highlights the critical importance of honesty and transparency. Modelling data suggests that if action had been taken even a few days earlier, the subsequent spread of the virus could have been limited dramatically. However, fears of economic and political repercussions silenced officials who could have sounded alarms, and the virus was able to spread exponentially. Other countries have also struggled to communicate the epidemiology of this new infection, sometimes reflecting the challenges of ensuring consistent and coherent messaging in a fast moving situation, sometimes due to internal disagreements,⁵ but sometimes, for example in Brazil and the United States, because of blatantly misleading comments [4] by political leaders and the media. These too have consequences. President Trump’s praise for

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Kriisi voi tarjota mahdollisuuksia ajatella asioita uudella tavalla

“Decisions that in normal times could take years of deliberation are passed in a matter of hours. Immature and even dangerous technologies are pressed into service, because the risks of doing nothing are bigger.”

- Yuval Noah Harari, FT 20 March 2020

“With Covid-19, everything [on austerity] went out of the window. It turns out austerity was a choice,” he said. “The government can spend anything [in the context of the coronavirus crisis], and they have socialised the economy.”

- Sir Michael Marmot, The Guardian 28 March 2020



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Actions taken to suppress coronavirus reveal what measures are possible in an emergency, say experts

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▲ 'The over-riding objective [of governments] has been austerity, and life expectancy for the worst off has declined,' said Sir Michael Marmot, professor of epidemiology and public health at University College London.

“While it is essential to cut waste within health systems, this pandemic highlights the need to have adequate capacity to address and tackle a crisis.”

Forman et al. 12 Lessons learned from the management of coronavirus pandemic. Health Policy 2020; 124.

Kiitos!

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