

# **AN ABRUPT AWAKENING TO THE REALITIES OF A PANDEMIC**

**LEARNING LESSONS FROM THE ONSET OF COVID-19  
IN THE EU AND FINLAND**

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## LEARNING LESSONS FROM THE ONSET OF COVID-19 IN THE EU AND FINLAND

Public anxiety over the Covid-19 crisis grew steadily from January 2020 onwards. As the fatalities increased in Europe, public attention reached a tipping point in mid-March. The galvanized attention became significant enough to propel policy changes and states of emergency in the EU and its member states. The pandemic had suddenly become a prevailing theme of politics and decision-making. As Covid-19 dominated public attention, the role of decision-makers came under the spotlight. Political accountability and legitimacy were publicly measured and evaluated by anxious electorates. At what point between January and March of 2020 did politicians start to react, in what ways, and with what sense of urgency?

This paper assesses the role played by decision-makers in the EU, particularly in Finland. It details the general response patterns, the fast dissemination of response models in the form of policy plans and, through a single-country case study, the relatively slow awakening to the harsher security and health realities of the pandemic. In the continued absence of effective global pandemic security governance, the uncertainties of the Covid-19 situation will likely be repeated in policymaking in future pandemics and other types of global challenges.



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### INTRODUCTION

Although their timing and nature is unexpected and disrupts normality, pandemics are not black swans, but rather an expected feature of a feverishly connected and globalizing world. Since the end of the Cold War, there have been several serious cases of and close calls with pandemics, including SARS in 2003, H1N1 influenza (“swine flu”) in 2009 and Ebola in 2014. By now, we know the usual features of pandemics, how they emerge and the shape of their temporal context: rapid onset leading to a politically compelling impact followed by decreasing attention and lessening restrictive policies resulting, in some cases, in the return of the disease. The most serious pandemics, like the 1918 influenza pandemic (“Spanish flu”), come in waves. The less restrictive policies are followed by subsequent waves, partially propelled by diminishing attention and wishful policies until a cure or vaccination is found, or immunity achieved.

Despite the growing awareness, pandemic diseases nevertheless often catch us off guard and bring about human misery. The latest form of Severe Acute Respiratory Syndrome caused by a novel coronavirus, Covid-19, which spread like wildfire around the globe in 2020, came as a surprise even though the point of origin and secrecy surrounding its emergence were similar to that of its predecessor, SARS, in 2003. In other words, pandemics continue to include “unknown” aspects, which have to do with their specific characteristics, perhaps most notably their timing, but also other features such as infection and fatality rates, patterns of spread, and the outbreak location zone(s).

Our starting point in this Working Paper is that serious contagious diseases are political as their cascading and nonlinear effects impact people’s livelihoods and disrupt normality. This applies to the most recent coronavirus pandemic, as highlighted in this paper. The key research question concerns how the European Union (EU) and its member states, illustrated through the case of Finland, became aware of the prevailing health crisis, and the kind of political ramifications that the response had, and could have had.

The focus of this paper is on the first two and a half months of the coronavirus pandemic, from January to mid-March 2020, by which time the pandemic had

replaced the prevailing agendas in the EU and in its member states and saturated the public debate, reaching a tipping point. The onset entails a build-up to a clear situational policy necessity, a sentiment that drastic, exceptional actions need to be taken to contain or at least to slow down the pandemic outbreak, as well as a remorseful debate and finger-pointing at actions that should have been taken sooner. The paper studies this build-up phase while recognizing that the next phase of political reaction to a pandemic tends to include the sentiment that enough has been done or even that the actions that were taken earlier were somewhat excessive and overblown.<sup>1</sup> This phase may be followed by – and is an important constituent of – yet another phase, the second wave of the pandemic.

The timeframe for the Working Paper extends to mid-March 2020 when Covid-19 became the prevailing topic of public concern in Europe. We refer to this prevalence as the *tipping point*. The term tipping point is used to identify the critical juncture, both nationally as well as in the EU, when sudden changes to behaviour took place at the public and political levels. At such moments, public attention becomes heightened, single-issue focused, and rushed. The pressure for political action becomes paramount. The mobilization of resources as well as the introduction of different states of emergency suddenly seem possible. The emergent, situational requirements become the context for policymaking, instead of the requirements of the then prevailing normality; namely, exceptional political acts can prevail when urgency seems to necessitate them.

The situated characteristics of a pandemic include a heightened sense of exceptionality, particularly if there is a sense that prior preparations at national, regional, and global levels were inadequate and the contingency planning insufficient. Any delays and hesitations are easily seen as weaknesses although, in normal times, they are often the keys to stable and rational political deliberation. This was the scenario that actualized with Covid-19, as the preparedness planning for pandemic security was largely perceived as deficient and the global as well as the European regional coordination in short supply.

<sup>1</sup> Aaltola 2012.

The argument proceeds in the following manner: First, the paper sets the scene for “normality”, that is, it discusses the scenario that prevailed just before Covid-19 first appeared. This is done by investigating some of the policies driving the key vector for the spread of the pandemic into Europe and elsewhere, namely international air travel governed by various global organizations, including the World Health Organization (WHO) and the International Civil Aviation Organization (ICAO). The visions of free travel and a seamless sky were set against the disruption to normality caused by the emergence of Covid-19 from January to March 2020. This old normality suddenly seemed risky and the pandemic outbreak impossible to contain based on its standards, governance models, and preparedness planning. The paper then proceeds to shed light on the EU-level responses, demonstrating the difficulties and challenges of a coherent EU approach through the case of Finland, one of the success stories of the first wave. After that, the paper concludes by mapping out key implications and lessons learned for future sudden responses.

## **THE END OF A “SEAMLESS SKY” – THE PRIOR NORMALITY AND ITS DISRUPTION**

SARS in 2003 was the first significant deadly outbreak caused by the corona family of viruses and was accompanied by a message to create a more secure and resilient global mobility system. Nearly two decades later, Covid-19 seems to reveal the not so resilient nature of the fixes created after 2003. However, in January 2020, this was not known. Much trust was placed in the global system, and the political will needed for resource mobilization was largely not in place.

The prior normality before Covid-19 emerged on the scene was characterized by the appearance of relatively safe and secure global circulations. The global mobility and circulation-based order was, however, also the vector for the spread of the coronavirus and, as such, it catalyzed underlying pressures on this order. Covid-19 has shaken our era’s underlying paradigms, which had been made tangible through slogans such as a “seamless sky” or a “single sky”. Such visions were meant to reap “economic benefits” through creating an efficient air traffic system with acceptable safety levels, while respecting “individual states’ sovereign territory”.<sup>2</sup> With the emergence of Covid-19, the sig-

nificant achievements of the prior normality in the EU (and beyond) were seriously disrupted as member states started severing flight connections and restricted other forms of movement inside the Schengen Area. Seams also started to appear along national borders inside deeply integrated areas.

In the vast seamless system of airport hubs, no airport authority wanted to be a weak link. Being a choke point would mean that the airport would likely be bypassed through alternative routes. This resulted in an incentive to harmonize regulations in line with others or to take what amounted to a relatively liberal attitude towards stricter air traffic, delaying health and pandemic security regulations. The older pandemic emergencies stemming from the 2003 SARS outbreak and even the 2014–2016 Ebola outbreak had already lapsed in terms of attention.

The emphasis was on normality: an efficient single, seamless, and open sky established in order to cut costs. Although sovereignty was recognized, it was seen primarily as a legacy problem for smooth flows. Why, for example, would Europe need about 30 national air traffic control systems when the system could be handled much more efficiently? A single economic area with smooth flows was also considered a key value in Europe, especially inside the Schengen Area: “The Schengen area is the largest free travel area in the world. It allows more than 400 million EU citizens, as well as visitors, to move freely and goods and services to flow unhindered. Schengen is one of the major achievements of European integration and the Commission is fully committed to safeguard and preserve the free movement it ensures of persons.”<sup>3</sup>

By late spring 2020, Covid-19 had clearly shown that the lack of attention to the fast spread of pandemic agents via air travel was a major security issue. The values attached to seamless traffic were suddenly turned upside down as connections were severed to protect the health of citizens. The rapid weakening of governance at global and regional levels led to highlighting national domains of control and containment. Borders were closed. Flights were cut. Regional and transnational rules and norms were, to a large extent, moot for the time being. However, the severing of connections and closing of borders and regions incurred huge economic costs. The final bill would be footed by people in terms of loss of health security, and by states and central banks. Even during the initial phase, states

2 E.g. International Civil Aviation Organization 2011.

3 European Commission 2017.

and central banks had already started to support economies on a similar if not larger scale than during the 2007–2008 financial crisis and the Euro crisis.

The World Health Organization (WHO) has been working closely with the International Civil Aviation Organization (ICAO) and the air industry alliance, the International Air Transport Association (IATA), to provide accurate epidemiological data in a timely manner to further reduce the risk of spreading disease via air routes.<sup>4</sup> But the ultimate responsibility for regulating the global pandemic surveillance and response system has been assumed by WHO. The organization provides technical assistance and guidance for the international community and member states. However, its leadership role is lessened by the fact that the advice, recommendations and coordination it provides are often not binding.

In 2005, WHO released a reformed version of the International Health Regulations (IHR). Unlike its advice and recommendations, IHR is a binding agreement which aims to “[...] provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”.<sup>5</sup> With the new regulations, the attention shifted away from containment at the state border to containing an outbreak at the source and flexibly throughout the air traffic system if the contagion was rife.<sup>6</sup> An important change in the overall strategy had to do with the emphasis on a tailored and flexible approach instead of the pre-SARS response pattern, which was deemed in this case to be too inflexible and insensitive to the specific characteristics of the outbreak. As a result, after SARS and equipped with IHR, a world based on mobility and circulation was expected to react to an outbreak quickly in a coordinated, proportional and flexible manner. In the initial phase of Covid-19, much trust was placed in this among experts, public officials and politicians alike in the EU and its member states.

While a binding agreement, IHR contains relatively weak measures against states that break regulations, and is particularly lacking when it comes to ways of enforcing compliance.<sup>7</sup> Based on IHR, WHO wields normative power, however. In addition to creating norms and regulations designed to shape future behaviour, it can name and shame actors to induce a change in

behaviour if and when state actors fail to comply with accepted norms. However, its funding is dependent on the key member states, which makes the use of its normative toolbox – and particularly the practice of naming and shaming – politically sensitive. For example, in the case of Covid-19, instead of blaming China, WHO publicly welcomed its efforts as helpful. The understandable aim in the less than optimal situation seems to have been to make states collaborate in a common effort to contain the extremely hazardous situation.

## THE EU’S INITIAL RESPONSE

Under the legal framework of the Treaty on the Functioning of the European Union (TFEU), the competence of public healthcare is shared between the European Union and the member states. According to the TFEU, the Union’s role in healthcare emergencies, such as Covid-19, is to coordinate the actions taken by member states, complement the national policies, and enable data-sharing and communication between the member states and the European Commission.<sup>8</sup>

The efforts at controlling Covid-19 were, in the first phase of the crisis, made primarily at the state level. The EU turned into an archipelago of states fighting the disease in their own ways, yet based on a relatively common pattern of restrictive measures – decreasing the number of contacts between people – that derived from (1) historical experience,<sup>9</sup> as well as from existing (2) preparedness planning, and (3) examples set by states where Covid-19 had struck first.

On January 9, 2020, the EU activated the Early Warning and Response System, a platform ensuring timely communication between the EU institutions and member states on public health threats. WHO had been notified about the existence of a potentially serious outbreak on December 31, 2019. The first death caused by the new coronavirus was announced in China on January 11. While the EU observed the evolving situation in China, WHO made a point of not recommending travel or trade restrictions against China.<sup>10</sup>

At the point when the news about a respiratory infection in China started to circulate in the global media, Europe was on the New Year break, and the new European Commission had just taken office on December 1 with its own ambitious agenda. On top

4 E.g. Finkelstein & Curdt–Christiansen 2003, pp. 1207–8.

5 World Health Organization 2016.

6 Andrus et al. 2010.

7 World Health Organization 2016.

8 Treaty on the Functioning of the European Union 2008.

9 Aaltola 2020.

10 See World Health Organization 2020a.

of this, at the beginning of the new decade, EU institutions were already focused on a plethora of issues, including the Greek–Turkey border question, which called for an instantaneous response from the EU. An epidemic spreading in one of China’s provinces still seemed inherently manageable and beatable. After SARS, reformed IHR were designed to deal with such situations and to take air traffic into consideration as an epidemic vector.

Covid-19’s causative agent derived from a corona family of viruses that underlie many of the annual influenza waves. However, much more ominously, it belonged to a variant of the corona category that had previously brought SARS in 2003 and MERS in 2012, with very high case fatality rates.<sup>11</sup> This led to two types of initial response. Many experts tried to alleviate concerns and calm the situation by pointing out that even common influenza kills many people annually. Others saw grave danger based on historical parallels. In hindsight, they turned out to be correct. That said, what was perhaps instrumental in allaying the fears of many EU decision-makers was the fact that there was already a global system in place to deal with precisely these kinds of alarming situations.

On January 17, the EU organized the first Health Security Committee meeting to discuss the change in the course of events concerning the Covid-19 cases outside of China. The evident spread of the virus called for more information on the situation. That same week, three Chinese cities in Hubei Province (Wuhan, Xiantao and Chibi) were placed under forced quarantine. At this point in time, when WHO was not ready to declare the current situation a Public Health Emergency of International Concern,<sup>12</sup> the European Centre for Disease Prevention and Control (ECDC), which is an EU agency in charge of strengthening Europe’s defence against infectious diseases through surveillance, response and other measures, went on to declare that the “further global spread [of Covid-19] is likely”.<sup>13</sup>

On January 24, the first cases were reported in France. All of those infected had recently been to China. At this point, the European-level focus turned to the repatriation of EU citizens from the epicentre of the epidemic. Swiftly, on January 28, the EU civil protection mechanism was activated in the context of the repatriation of EU citizens from Wuhan.

Only at the end of January was WHO ready to describe the situation as a Public Health Emergency of International Concern.<sup>14</sup> In the European context, Italy acted swiftly, being the first to ban flights from China on the last day of January. The textile industry in Northern Italy was directly connected to subcontractors in China and Wuhan. The situation was rapidly becoming alarming. The decision by Italians to cut direct flights was soon replicated by other member states against the recommendation of WHO and amid strong criticism of China.

On January 31, the EU organized a Health Security Committee meeting where the Commission informed attendees that it had asked member states to declare if they had enough Personal Protective Equipment (PPE). Only a few member states responded that they might need PPE from other EU countries if the COVID-19 situation worsened within the EU borders.<sup>15</sup>

#### **COVID-19 BECOMES THE NUMBER ONE EU PRIORITY AT THE END OF FEBRUARY**

Until mid-February, the situation generally remained quiet but, as it turned out, it was only the calm before the storm. Matters quickly took a turn for the worse in Italy when the skiing holiday season began in the second half of the month. The holiday marked the “distributor for cases in Europe”<sup>16</sup> with rapidly rising numbers of infections and superspreading events. Italy reacted promptly to the evidently worsening situation. With hospitals becoming overcrowded, it locked down towns that had a considerable rise in their Covid-19 cases, hence adopting measures similar to those that China had taken earlier.

On February 24, President of the European Commission Ursula von der Leyen came out and articulated the EU’s role in the public health crisis: “As cases continue to rise, public health is the number one priority. Whether it be boosting preparedness in Europe, in China or elsewhere, the international community must work together. Europe is here to play the leading role”.<sup>17</sup> When the EU member states bore the brunt of the disease burden, such descriptions of the situation were interpreted as signs of weakness rather than an expression of genuine capability.

11 Centers for Disease Control and Prevention 2017.

12 World Health Organization 2020b.

13 European Centre for Disease Prevention and Control 2020a.

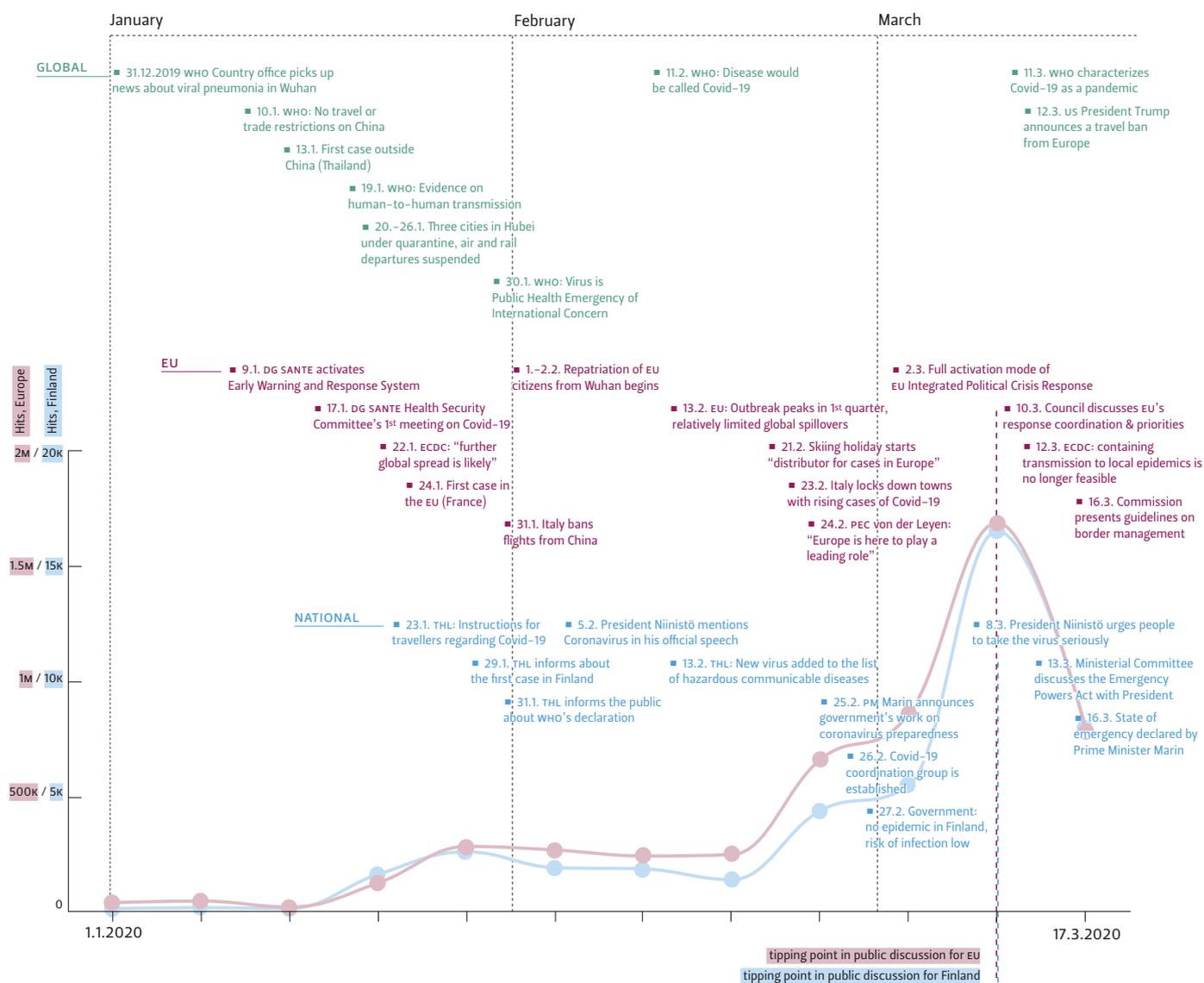
14 World Health Organization 2020c.

15 European Commission Directorate-General for Health and Food Safety 2020.

16 Ammon 2020.

17 European Commission 2020a.

## Timeline of events 1.1.2020–17.3.2020 and volume of public discussion



Source: Meltwater. Graph of Finland: Region: Finland; Keywords: Korona, Corona, Covid.  
Graph of Europe: Region: Europe; Keywords: Korona, Corona, Covid.

On February 28, Italy activated the EU's Civil Protection Mechanism under the rising number of cases and growing need for protective facemasks, while the rest of the EU was observing the situation in Italy seemingly from a distance in suspense. After the initial shock of the dreadful events in Italy, the EU considered that EU-level coordination would be essential in dealing with the situation. Hence, in the first days of March the EU fully activated the Integrated Political Crisis Response arrangements (IPCR) to ensure swift coordinated EU decision-making, and launched the Corona Response Team to coordinate the EU's response at a political level, while the ECDC put the risk of EU/EEA and UK citizens being infected by Covid-19 at moderate to high.

On March 10, more action was taken at the EU level by the Council to ensure the coordination of the EU's response to the virus. Moreover, on the same day, the Commission intensified its Covid-19 response with targeted legislation "to temporarily alleviate airlines from their airport slot usage obligations under EU law".<sup>18</sup> Moreover, the President of the European Council presented four priorities to member states, including limiting the spread of the virus, the provision of medical equipment, promoting research and tackling the socio-economic consequences of the situation.<sup>19</sup>

<sup>18</sup> European Commission 2020b.

<sup>19</sup> European Council 2020.

On March 11, WHO finally and belatedly declared Covid-19 a pandemic. This was also the point at which European public discussion on the disease sharply increased and reached a tipping point by pushing other topics out of the public debate (see graph). The EU-level response unfolded rapidly over the ensuing days. The ECDC reacted to WHO's declaration the following day, stating that local containment was no longer feasible, and that "a rapid, proactive and comprehensive approach is essential".<sup>20</sup>

At this point, it was becoming clear that the global system of pandemic security had failed. The ECDC called for social distancing and other practices, such as efforts at raising public awareness, that would be helpful in containing the disease. On March 13, the Commission introduced coordination regarding the economic impact of Covid-19. Several days later, the Commission presented guidelines on border management in the context of the new disease and the measure was complemented by President von der Leyen with a proposal to introduce a temporary restriction on non-essential travel to the European Union.

In addition to the Union's external borders, the issue of travel restrictions at the internal borders of the Schengen Area was recognized. Earlier, on February 26, Commissioner Kyriakides had highlighted that the EU would not consider closing borders.<sup>21</sup> However, the EU's view changed a few weeks later after member states had already reacted, when it declared that: "Member States may reintroduce temporary border controls at internal borders if justified for reasons of public policy or internal security. In an extremely critical situation, a Member State can identify a need to reintroduce border controls as a reaction to the risk posed by a contagious disease".<sup>22</sup> While notable, this was not unprecedented, as the value of freedom of movement had been called into question some years earlier, during the migration crisis in 2015. As a result, the decision by most Schengen states to reinstate internal border controls to combat Covid-19 "was accepted without much contestation or debate because it was in line with past initiatives".<sup>23</sup>

The optics of the pandemic in the EU context were that Italy came to represent the "China" with the most cases from the outset, and having to react to the situation without any European example. Italy played a catalyzing role in activating the EU-level response and

in setting at least a fuzzy model for others to follow. The Undersecretary at the Ministry of Health of Italy spoke to the *New York Times* in an article published on March 21, stating that "[m]ost importantly, Italy looked at the example of China [...] not as a practical warning, but as a science fiction movie that had nothing to do with us. And when the virus exploded, Europe 'looked at us the same way we looked at China'".<sup>24</sup>

## THE CASE OF FINLAND: PANDEMIC PREPAREDNESS PLANNING AND THE RESPONSE TO COVID-19

The first reported infection in Finland was confirmed on 29 January. The cases remained very low until March. Soon after the mid-March tipping point in public attention, Finland came to be known as one of the success stories in Europe. For example, *the New York Times* wrote that "[a]s some nations scramble to find protective gear to fight the coronavirus pandemic, Finland is sitting on an enviable stockpile of personal protective equipment like surgical masks, putting it ahead of less-prepared Nordic neighbors".<sup>25</sup> Perhaps this stereotypical attribution of Finland as the "Sparta of the north" – a country that was always prepared for catastrophes and wars – was to a degree misleading since much of the PPE stockpiles in Finland were past the expiration dates, and the failed purchases of new protective gear from China led to public scandals.<sup>26</sup>

Although the first wave correlated with factors such as the frequency of global contact points/routes to the outbreak zones, population density, capacity of the healthcare system, socio-cultural habits, and good governance, much curiosity surrounded the uneven levels of contagion in the Nordic region. The unevenness in the initial disease burden, in the Finnish case, was attributed to the supposedly high readiness level of the geopolitically challenged Nordic welfare state. However, Finland's disease prevalence and mortality levels remained comparatively very low. Moreover, as a country with very high levels of political trust, Finland survived the first wave with correspondingly high levels of public approval when it came to the management of the pandemic.<sup>27</sup>

20 European Centre for Disease Prevention and Control 2020b.

21 European Commission 2020c.

22 European Commission 2020d; for further discussion, see Heinikoski 2020.

23 Wolff et al. 2020, p. 1129.

24 The New York Times 2020a.

25 The New York Times 2020b.

26 *Foreigner.fi* 2020.

27 Finland is a country with a high trust index. In the 2018 Eurobarometer, Finland was third in the EU in terms of trust shown towards public administration. See e.g. Finnish Ministry of Finance 2019.

## National preparedness planning for pandemic diseases

In the Finnish context, pandemics are perceived as global, cross-border threats. The most comprehensive preparedness plan of Finland, the Security Strategy for Society (2017), categorizes pandemics under biological threats that threaten the vital functions of society due to the high rates of morbidity and mortality. The government's Report on Foreign and Security Policy (2016), in turn, characterizes pandemics as threats to security. The link between pandemics and foreign and security policies seems to stem from the need to strengthen the national crisis resilience to prevent pandemics in a joint effort with various sectors and actors in society.<sup>28</sup>

Prior to Covid-19, the 2009 Swine Flu outbreak was Finland's most recent encounter with a pandemic disease, and the lessons learned have been incorporated into preparedness documents across sectors. It set an example for the ideal way to cooperate in a cross-sectoral and comprehensive manner. The key guiding document for the Covid-19-related preparedness measures was the 2012 National Preparedness Plan for an influenza pandemic produced by the Ministry of Social Affairs and Health.<sup>29</sup> This plan was backed up by the Material Preparedness Report of 2013,<sup>30</sup> and the Security Strategy for Society of 2017,<sup>31</sup> the latter of which introduces the idea of a comprehensive security model, which, in turn, stems from the model of comprehensive defence.<sup>32</sup> The legal framework for responding to pandemic-like crises is encapsulated in the Communicable Diseases Act of 2016<sup>33</sup> and the Emergency Powers Act of 2011.<sup>34</sup> These are complemented by a variety of (other) regulations and supporting documents. The primary authority in the prevention of pandemics is the healthcare sector, namely the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare (THL). However, the Emergency Powers Act, when activated, enables a crucial change in the chain of command, transferring the overall responsibility for coordinating the situation from the Ministry and THL to the government.

Despite the different depictions of threats, either

in relation to society or national security, internal and external dimensions are understood as being intertwined. In both dimensions, the comprehensive, cross-sectoral approach is seen as vital. In most of the documents, be it in the context of either security or public health, the approach also involves timely, measured and composed actions. However, the failure of the integrated global response set situational requirements that created difficulties in organizing cross-sectoral collaboration and acting in a measured and timely way. The surprising spread of the disease on a global scale and failures to respond at the global level left authorities behind the curve, for example in the case of the timely organization of PPE security of supply.

## The initial political response to Covid-19

There were two major political figures who played a key role in the initial phase of the response to Covid-19 in Finland: The President and the Prime Minister (PM). The Prime Minister's role is of importance since the person holding the office carries the constitutionally defined responsibilities over the Finnish government and governmental action with regard to most matters of the Republic, including public health.

The major exception to this rule is foreign and security policy (EU affairs excluded), which is led by the President in cooperation with the government. This often takes place in the Ministerial Committee on Foreign and Security Policy as it convenes with (and is led by) the President. The Committee, known in Finland by its abbreviation TP-UTVA, deals with important aspects of Finland's foreign and security policy as well as the related internal security matters. Furthermore, while the President does not have a strong mandate in internal and health-related affairs (the government and PM do), the President has generally been regarded as perhaps the most important political influencer vis-à-vis the public at large.

At the end of January, THL published its first press release concerning the 'cases of pneumonia' in China. At this point, it was already known to be caused by a novel coronavirus, but the perception was that coronaviruses are virus agents that cause a "mild respiratory infection", and thus no need for extraordinary action was established. The information provided by the health authorities focused on following travel recommendations in relation to China. The main Finnish airline, Finnair, was one of the last European airlines to discontinue its passenger flights to China. Altogether,

28 Prime Minister's Office 2016.

29 Ministry for Social Affairs and Health 2012.

30 Ministry for Social Affairs and Health 2013.

31 The Security Committee 2017.

32 Riipinen 2008.

33 The Communicable Diseases Act 2016.

34 The Emergency Powers Act 2011.

THL published ten press releases on Covid-19 in January and acted as the main source of information in the Finnish landscape.<sup>35</sup> Healthcare officials seemed confident that Finland was prepared to tackle the first cases of the virus. THL continued to reassure the public that coordination between Finland and international actors, such as the ECDC and WHO, was taking place.

In January, the government did not publish any press releases mentioning the virus, perhaps since the primary responsibility was delegated to the responsible Ministry (Social Affairs and Health) and the THL. The first political statements by both the PM and the President were made in February. President Niinistö addressed the Parliament of Finland during the opening of the Parliamentary Year on February 5.<sup>36</sup> In his speech, Niinistö highlighted the importance of health security as reports of the spread of the coronavirus had multiplied. He recognized a pandemic as most likely inevitable in the globalized and networked world, and thus called for both global cooperation and the strengthening of national preparedness, while also learning from past mistakes. In hindsight, his speech proved to be correct in giving the first realistic assessment of the pandemic: “While we hope that this virus will not realize our worst fears, the risk of a pandemic cannot be ruled out. And before long, we may inevitably be faced with some epidemic which will be impossible to stop completely in our networked world.”<sup>37</sup>

February was also the starting point for the government’s reaction, and the phase of a more extensive awakening, although the widespread threat remained external, a “Wuhan virus”, while the cases began to rise. The novel virus was also listed as a generally hazardous disease based on the Communicable Diseases Act of 2016. The Ministry of Social Affairs and Health stated that the goal was to prevent the spread of the disease and published press releases to highlight the level of preparedness in the event that Covid-19 morphed into an epidemic.<sup>38</sup> As the public discussion became more vociferous towards the end of February (see graph), the situation began to gain more attention from Finnish politicians.

On 27 February, PM Marin gave her first public statement on the situation in the form of a Prime Minister’s announcement.<sup>39</sup> In the announcement, she

echoed the President by similarly highlighting Finland’s special aptitude for cross-sectoral cooperation in governance as well as the country’s preparedness for pandemic diseases, while also recognizing the possibility that the disease could travel across borders and spread widely in Finland.

The coordination responsibility for the prevention of and preparedness for communicable diseases was assigned to the Ministry of Social Affairs and Health. The PM also announced that a special Covid-19 coordination group had been established on February 26 as a move to potentially facilitate the better coordination and management of the situation. While emphasizing that the Finnish healthcare system works well, Finland was also expected to benefit from material preparedness and security of supply planning at home (“the situation is better than in many other European countries”), as well as from a history of synchrony, cooperation, and knowledge-sharing with key partners abroad, such as WHO and the ECDC. The system depended on these regional and global bodies providing proactive and accurate information.

The Finnish approach seemed to follow the crisis communications logic with the aim of reassuring and calming the audience down, instead of causing panic and arousing fear. The political speeches revolved around building confidence in the national preparedness and readiness to tackle the disease when it crossed the Finnish borders. The management of the situation was maintained within the Ministry of Social Affairs and Health until the rapid escalation of the situation in March.

The number of infections started to increase sharply during the second week of March. The President wrote a statement on March 8 encouraging people to take the virus seriously, and reminding them to pay attention to the recommendations provided by public authorities, especially concerning travel.<sup>40</sup> The government decided on new recommendations on preventing the spread of the disease on March 12.<sup>41</sup> However, on the same day that the new recommendations were publicized, PM Marin did not view the coronavirus disease as something that would require the implementation of the Emergency Powers Act. Instead, she highlighted the importance of following the existing recommendations. She reiterated that Finland had a good level of preparedness, and also that the government was able

35 The Finnish Institute for Health and Welfare 2020.

36 Niinistö 2020a.

37 Valtioneuvosto 2020a.

38 Ministry of Social Affairs and Health 2020.

39 Marin 2020a.

40 Niinistö 2020b.

41 Valtioneuvosto 2020b.

to act and make decisions swiftly if needed. The goal was not to try to eradicate the virus, but to urgently take action to hinder its spread. She made a clear distinction between healthcare officials/experts, government authorities, and political decision-makers. The focus, furthermore, revolved around the possible effects of the Covid-19 situation on the economy and society as a whole.<sup>42</sup>

On March 16 the evaluation of the situation changed as the government and the President tapped into the Emergency Powers Act of 2011 and declared a State of Emergency (SOE). The first concrete reference to a crisis was made on the same day by the PM on her Twitter account, where she called the situation an “acute crisis”, stressed the importance of cooperation, and emphasized securing jobs and livelihoods.<sup>43</sup> Reported cases of infection quickly increased in number, reaching the peak of the first wave of what had clearly become a severe epidemic in early April.

Finland was plainly going through an acute pandemic crisis. The activation of the Emergency Powers Act resulted in rapid changes in the chain of command, with the government taking an exceptionally large role in coordination as well as public leadership. The crisis rhetoric was intensified even further as PM Marin stated that not only had the virus spread widely, but that the disease was dangerous, with a concomitant reference to the pandemic declaration by WHO on March 11.<sup>44</sup>

The perceptions of the PM and the President about the crisis were somewhat convergent, but some diverging focal points can be identified in terms of audiences and changing perceptions of the situation. Covid-19 made a swift transformation from an external to an internal threat during the period we observed. The political leadership created an overall concerned yet positive atmosphere and there seemed to be a clear division of labour: The President was the first to visibly sound the Covid-19 alarm bell and he could even be regarded as the spokesperson for the nation. The PM, in turn, concentrated on concrete actions and the operational side of crisis management. Both avoided exaggeration and hyperbolizing the situation.

The responsibilities at the onset of the situation were assigned to the healthcare sector. The key politicians in Finland avoided securitizing the Covid-19 situation. As the number of cases began to rise rapidly

in March, the perception of the situation changed. As a result, the responsibility shifted from the health sector to the government. Hence, Covid-19 was more firmly placed on the political agenda of the PM. Instead of being a national security issue, the pandemic was treated as a homeland security or societal safety issue. This distinction gave the power to the government and its sectoral ministries instead of concentrating powers in other existing or ad hoc bodies such as a Covid-19 coordination group, as would be the case in a more traditional national security situation. It was treated as a civilian crisis that could be managed by the existing health expertise and authorities with the full support of the government.

The epidemic was given its starkest expression when the state of emergency was declared, and the situation became an acute crisis, which needed to be managed with an altered chain of command based on the Emergency Powers Act. The perception of the situation seemed to change in a rather short time period of up to two weeks, mainly in March. The pressure mounting in the public domain pushed the government to promptly change its focus and aims. March 12 marked the point when concrete actions were taken by the Finnish government, and three days earlier on March 9, a tipping point in the Finnish Covid-19 discussion was reached (see graph).

## KEY IMPLICATIONS

It seems that Covid-19 was, for the EU and Finnish decision-makers at the onset of the crisis, a sudden and surprising disruption compared to the expectations of normality. It was also an elephant in the room, a problem that everyone recognizes, and that everyone just hopes will disappear. To a degree, this shows the lack of dedicated institutional actors at various levels that can coordinate and take action irrespective of hesitations, sensitivities, and status-related wavering.

When it comes to serious cross-border threats to health, the EU's role is to complement national policies.<sup>45</sup> As the situation accelerated rapidly, the responses by the Finnish government were not in all respects in tandem with the EU institutions or with the other member states. The initial slow response can also be explained by the advice given by WHO, which was not always accurate and timely due to inadequate

42 Eduskunta 2020.

43 Marin 2020b.

44 Marin 2020c.

45 Treaty on the Functioning of the European Union 2008, Article 168.

cooperation by China. Finland was geographically distant from the first epicentres of the outbreak, giving rise to a tendency to see Covid-19 as a problem of “the other”, to spectate the situation from afar, and to weigh its own response tactics in relation to those countries that were the first to be hit.

The door was left open for medium-size and smaller states to take the initiative, as many of them are export-oriented and have a huge stake in the general stability of the current order. The overall effect of the first wave was that small to medium-size states had an opportunity to step up and emerge from their national efforts, duly offering a relatively better vision of how to avoid such a multi-level governance failure in the future. Countries such as South Korea, Taiwan, Japan, and New Zealand offered models for others to follow.

Some of these countries, such as Finland, Norway, and Estonia, have been relatively successful in their efforts to control Covid-19 nationally, yet understood that the freezing of societies cannot be effective in the longer run in the absence of international and regional coordination and leadership. These states are advanced in healthcare, follow best practices, and maintain resilient international connections. They also have high levels of international trust and perceived accountability.<sup>46</sup>

The EU, on the one hand, seized the moment. It utilized its low-level role as a coordinator and pushed for a more distinctive role in global settings as well. On the other hand, the lack of any serious common competencies at the EU level left the impression of a strategy-less, non-unified actor, which was mainly focused on declarations and statements rather than serious action. The inaction at the EU level was remedied through the massive loan programme to support economies suffering from the pandemic during the summer of 2020. However, the lack of pan-European coordination remains an issue one year into the pandemic.<sup>47</sup>

At the national – or member state – level, the vulnerability and helplessness was acute, as states were largely left to contain the disease alone through different measures, deeply hurting their societies and economies. At the same time, in numerous Western liberal democracies, a “rally around the flag” phenomenon occurred during the first wave, raising the support for elected governments. However, this brief

support in a moment of national crisis will not offer a sustainable solution as the global crisis requires new determined solutions and forms of pandemic security multilateralism.

We suggest that pandemics should be framed as vulnerabilities of global interdependency. The vulnerability frame would put the emphasis on the international and global dimension of the challenge. A global vulnerability is not independent and puts the onus for action at the global political level.

Like the Covid-19 disease itself, political behaviour is also contagious. This was clearly apparent in the way in which individual countries copied the measures taken in China, and subsequently in Italy. The extent to which these examples affected behaviour, and the weight of the national preparedness plans remain to be studied in greater detail as they have implications for the relatively spontaneous and random coherence in the event of an uncontained pandemic outbreak. At least the optics at this stage are that the Chinese also set a powerful example for Europeans in terms of how to tackle Covid-19, as Italy was the first to adopt similar measures, which then spread to other EU countries. This demonstrates the weaknesses of the current regime.

The experiences with SARS and MERS highlight that international coordination is key when dealing with any coronavirus outbreak. However, cooperation clearly failed over Covid-19. Why is that? The engagement between WHO, IATA, and ICAO was supposed to be efficient and flexible under the IHR. However, WHO long advised against unnecessary restrictions on international air traffic during the Covid-19 onset phase. This in itself hampered the sense of caution and urgency. Air traffic was turned into a vector for the spread of the disease. A clear implication is that there should be much tighter cooperation between WHO, ICAO, and IATA, with clear-cut and automatic rules on how to act in the case of weak local or misleading national-level notifications and measures in the initial phase of a potential pandemic. Without tighter integration between these organizations and more effective interactions between them and regional/national authorities, the whole notion of rule-based globalization is under threat as people will lose trust in the system. /

46 Country ranking based on reputation reveals the same fact – bigger is not necessarily better. Based on a survey of more than 58,000 people from G8 countries, the most reputable countries in 2019 were Sweden, Switzerland, Norway, Finland, and New Zealand (Forbes 2019).

47 E.g. Priesemann et al. 2020.

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