



15 October 2020

Replies by the Government of Finland to the questionnaire by Chair of the Working Group on discrimination against women and girls

The Government of Finland thanks the Working Group on discrimination against women and girls for its work, and presents the following replies to the questionnaire sent by the Chair of the Working Group on 23 July 2020 for the preparation of the thematic report to the United Nations Human Rights Council's 47th session.

The replies to the questionnaire were received from the Ministry of Social Affairs and Health, the Ministry of the Interior and the Ministry of Justice.

1. Ministry of Social Affairs and Health of Finland

1.1. Challenges and good practices

4. Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women's' and girls' SRHR in situations of crisis

a. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services

- School health services were reduced during the COVID-19 epidemic. As school health services are important services on sexual and reproductive health for teen-agers in Finland, was the possibility of receiving accurate information on SRH issues decreased. Also SRH counseling for young people from non-health care sector declined as a result of the transition to remote teaching.
- Family coaching and other parenting groups were either not organized at all or were conducted remotely or on a reduced basis during the COVID-19 epidemic.
- Antenatal classes were cancelled (in 30 % of maternity hospitals) or transferred to remote communication (in 13 % of maternity hospitals). Several hospitals also reported providing maternity training materials additionally as online material.
- There are a wide range of online materials available on the pages of public and organizational actors on non-biased and scientifically accurate information about sexual and reproductive health matters and services which have been available also during COVID-19 epidemic.

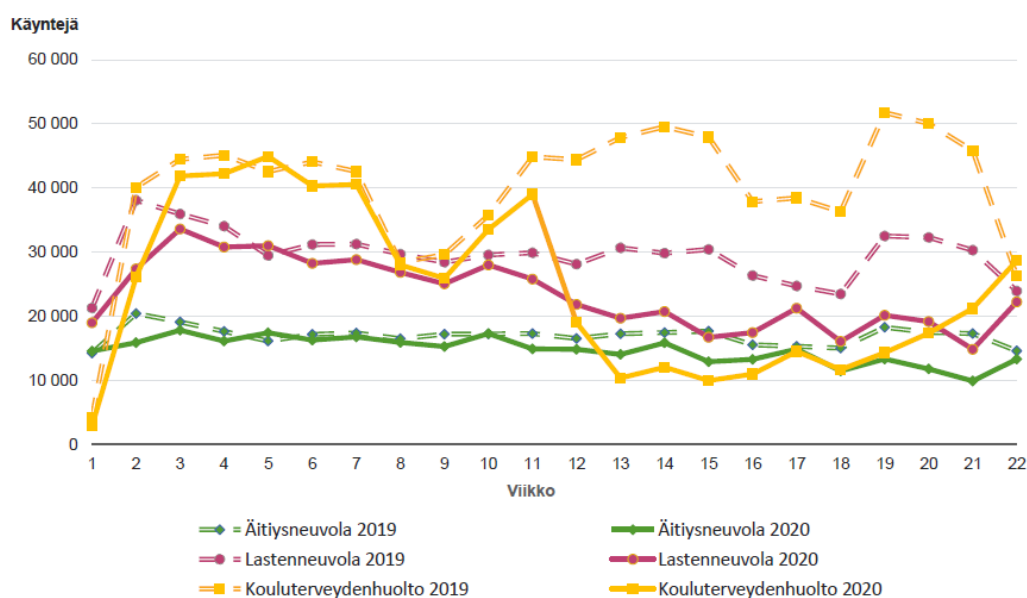
b. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;

- Preparing for the COVID-19 epidemic led to a reduction in many non-urgent services and instructions to avoid close contacts led some customers to cancel services already reserved or planned for them, refuse support or prolong the application for assistance. In many areas, staff from preventive health services for children, young people and families were quickly transferred to other tasks. As the epidemic threat has prolonged, children, young people and families have been deprived of degraded and partially dysfunctional services for many months. The number of visits to maternity and child health clinics and school health care decreased sharply compared to the corresponding period in 2019. There have been 60-80% fewer weekly visits to school health care than in 2019 and in maternity and child health clinic about 10-40% fewer weekly visits compared to the same time-period in 2019 (Table 1., Figure 1.).

Table 1. Visits to maternity health clinics per month. Visits on August are still incomplete. Source: THL. https://sampon.fi/pivot/prod/fi/avopika/pikarap01/summary_kaynnitkvko

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | 2020 |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| | Visits | Visits | Visits | Visits | Visits | Visits | Visits | Visits | Visits |
| Maternity health clinic | 84 073 | 70 757 | 74 765 | 69 349 | 58 729 | 63 392 | 64 426 | 44 298 | 529 789 |

Käynnit äitiys- ja lastenneuvolassa sekä kouluterveydenhuollossa v. 2019 ja 2020



Lähde: THL kuutioreportointi: Avohilmo: käynnit palveluntuottajittain. Vantaan ja Tampereen tiedot poistettu molempien vuosien luvuista, koska vuoden 2020 tiedoissa on puutteita.

Figure 1. Basic health care service visits in 2019 and 2020. Maternity health care clinic, Child health care clinic and School health care. Source: Hietanen-Peltola et al. 2020. (green line = Maternity health care clinic, red line = Child health care clinic, yellow line = School health care clinic)

- Appointments in reproductive health services have been partly converted to digital remote services and face-to-face appointments have been canceled. Women may not have received the service they need, such as contraception counselling, pregnancy monitoring, breastfeeding support and support, counseling and guidance for women considering abortion etc.
 - In most of the maternity hospitals, staffing has remained unchanged. There have been some relocations of staff to avoid staff shortages. In addition, 22% of the maternity hospitals were reported to have better staffing than before COVID-19 as they have prepared for the epidemic.
 - The risk of COVID-19 infection is high especially in the health and care sector. The personnel in the social and health care sector are very female-dominated in Finland. Women accounted for 87% of those working in health and social services in 2017.
- c. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;**
- No shortages of essential medicines, equipment and technologies have been reported.
- d. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;**
- HIV and STD testing services provided both by public sector and NGOs were reduced.
 - The majority of HIV medical appointments were carried out via telephone and e-appointment for the nurses were used. Laboratory appointments were limited to the absolutely necessary and made by appointments only.
- e. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;**
- At the beginning of the COVID-19 crisis in Finland hospitals restricted the number of visitors to the labour wards and maternity wards. Partners were not allowed to participate into the childbirth until the childbirth was in progress. Restrictions in maternity hospitals have created challenges for the implementation of family-oriented activities and decreased parental support. This might have affected to the women's feeling of security.
 - Because of the fear of COVID-19 infection, on-site admission to visits to maternity health clinics was also limited. Both parents expecting their first child were allowed to visit the clinics but not the partners of the mothers expecting second, third etc. child.
 - In public and on social media, activist groups were loudly demanding women's right to have a partner involved as well pre- and post-natal care and in Caesarean sections. There was also formed an activist group that demanded the rights of fathers or other parent to take part in the life of their children's first days.
 - Care and discussion groups for the mothers with fear of delivery were transferred to remote operations, in half of the maternity hospitals, most commonly to telephone appointments. Other midwifery-led outpatient activities, such as sexuality clinics, acupuncture clinics and diabetes clinics, were discontinued in some of the hospitals.

- Some hospitals (39%) reported of shortened post-natal care treatment times. Also outpatient deliveries (deliveries in which the discharge occurs within six hours of childbirth) increased during COVID-19 in 17% of the hospitals.
 - Some hospitals (22%) were also reported to have increased services for families returning home. In addition, several hospitals have responded to the epidemic, for example by making arrangements so that after an early postnatal discharge early returnees do not come into contact with other hospital clients when they return to the outpatient clinic or laboratory.
 - New digital remote services have also been introduced. In 65% of the hospitals had started, in part or in full, the remote breastfeeding counselling, which were carried out either by telephone or other online connections.
- f. The full range of modern contraceptive information and services, including emergency contraception, as well as family planning information and services related to the number, timing and spacing of pregnancies and infertility treatments;**
- There was a clear decline in the use of contraceptive services during the spring. Due to COVID-19, contraceptive reception times were canceled in different parts of Finland and doctors were transferred to other tasks, in which case long-term contraceptive methods were not available as vastly as earlier due to the lack of settlers.
 - During the COVID-19 epidemic there was a delay in the insertions of intrauterine devices as medical personnel were redeployed.
 - According to The Care Register for Health Care there was almost 50% decrease in the number of visits to contraceptive clinics during COVID-19 (Table 2.).
 - Infertility treatments were discontinued in several hospitals.

Table 2. Visits to family planning/ contraception clinic per month. Visits on August are still incomplete. Source THL

https://sampo.thl.fi/pivot/prod/fi/avopika/pikarap01/summary_kaynnitkvko

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | 2020 |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------|
| | Visit s | Visit s | Visit s | Visit s | Visit s | Visit s | Visit s | Visis t | Visits |
| Family planning / Contraception clinic | 29 899 | 25 489 | 24 879 | 19 396 | 18 704 | 20 433 | 18 054 | 14 348 | 171 202 |

- g. Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;**
- Centralizing of the services may have led to the reduction of accessibility of the services. We don't have data yet of the numbers of abortions during the pandemic.

h. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;

- Non-emergency gynecological functions were reduced and times shifted in about half of maternity hospitals. Urgent cases were treated as usual.

i. Screenings and treatment for reproductive cancers;

- Non-emergency gynecological functions were reduced and times shifted in about half of maternity hospitals. Urgent cases were treated as usual.

j. Menstrual hygiene products, menstrual pain management and menstrual regulation;

- Menstrual hygiene products have been available as usual.
- During COVID-19 epidemic pharmacies were not allowed to supply prescription drugs for more than three months dose. Self-medication can only be sold by pharmacies in the largest package approved for self-medication. This should not have had any consequences to menstrual pain management.
- Contraceptive services were limited and partly closed during COVID-19 which may have led to problems on menstrual regulation also.

k. Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;

- Violence against women tends to increase during emergencies. Economic distress, stress and increased drug use, combined with social isolation and quarantine measures, can further increase intimate partner violence. Basic health care service visits, such as Maternity and Child health care clinic visits as well as School health care visits dramatically dropped, and nearly seized during lockdown in Finland (Figure 1.). This raises concerns in anticipating more severe and built-up health and well-being issues for children and families, as these basic services are crucial points for recognizing also GBV, when the services eventually get back to normal.
- A nationwide free-of-charge helpline Nollalinja for anyone who has experienced violence or a threat of violence in a close relationship has been available as usual also during pandemic. Helpline is also available for family members of victims of violence and for professionals and officials who require advice in their work with customers. Helpline works with nine languages 24/7. Number of the calls fell slightly during the COVID-19 lock-downs but a record number of calls came in July after opening the lock-downs (Figure 2.).

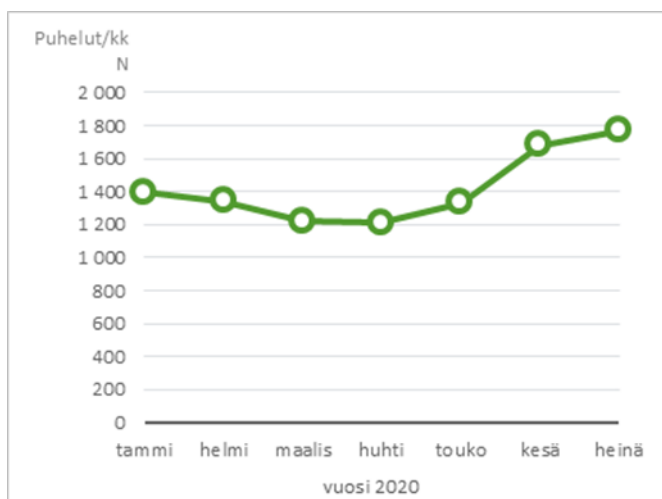


Figure 2. Amount of calls to helpline per month between January and July in 2020.

- Shelters provide a refuge and assistance for anyone who has experienced violence or threat of violence. The shelters are open 24 hours a day, every day of the year. All shelter services have been available all the time during the pandemic. The shelters were exceptionally quiet in the spring (beginning of COVID-19 epidemic) and there were more family places available than the year before. According to a THL expert, the number of vacancies has been affected by the fear of getting a virus infection. Also the number of customers has decreased in many other services as well, so there have become fewer referrals to shelters. The increase in the total number of places in shelters is also affecting. There is no researched data on these.
 - During the summer, number of customers has returned to normal, and no actual visitor peak has been observed.
 - Good practices: COVID-19 information has been updated on national Shelter and Nollalinja Helpline websites. There has been social media information focusing on that in spite of the COVID-19, services are open for the victims. The Helsinki City initiated campaign of Family Peace (perherauhanjulistus.fi) has gathered into one website a wide range of agencies helping victims of domestic violence and in other crisis situations. The campaign has been actively presented in TV spots.
 - At the beginning of the pandemic, THL, which coordinates the use of the MARAC (Multi Agency Risk Assessment Conference) method, instructed the MARAC working groups to continue handling customer cases despite the remote working instructions. We don't yet have data of the customer cases during the pandemic.
 - The Sexual Assault Support Center is a support center for people over the age of 16 who have experienced sexual assault regardless of sex or gender. The support center provides a low-threshold service where a person can seek help alone, or with their loved ones, or as guided by the authorities. In the beginning of the pandemic the numbers of customers first decreased (when the bars and nightclubs closed) but after the lock-downs opened in the summer there were record numbers of new customers.
- I. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;***

- Statutory activities have been maintained, but group meetings and organizational activities have been limited.

n. The affordability of SRH services especially for those in situations of vulnerability;

- In Finland, the services are financed by public funds and the epidemic has not affected the price charged from the customer.

o. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information

- People have not been able to continue their treatment for gender dystorpha during the COVID-19 crisis. This can have serious psychological impacts.

Other: The closure of schools and kindergartens, the increased need for help from elderly relatives and the possible illness of family members are having an impact, especially on the daily lives of working women, as the amount of unpaid care work in homes increases. In Finland women work more often part-time compared to men, and women's earnings averaged 84% of men's earnings in the entire labor market in 2018.

In two-parent heterosexual families, exceptional circumstances may reinforce stereotypical gender norms for men's maintenance and women's care responsibilities. Thus, the increase in unpaid care work may have an impact on women's access to paid employment and, through it, on the deterioration of their financial situation.

1.2. Experiences of crisis

6. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:

a. Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas) ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?

- Surviving of the single parents from both work and caring responsibilities without the support of the school, kindergartens or loved ones has been particularly challenging during COVID-19 lock-downs. Likewise, children of single parents who have been much alone at home because of Parental work.
- In the families of children with disabilities, some parents have had to be absent from work when remote teaching and other daily life of a disabled child has become a daily necessity. Women and girls in most vulnerable situations (such as refugees, asylum seekers, victims of human trafficking etc.) were at risk to face many difficulties during the COVID-19 crisis (such as exploitation and violence). Women with disabilities faced relatively more physical and mental violence during COVID-19, while the accessibility of shelters remained weak and services were not available in multiple channels. Sex workers were at high risk of COVID-19 infection because of close contacts to other persons and because there are few services for them even without the epidemic. Also services for child protection, young people at risk of exclusion, the elderly and immigrants have been in risk during COVID-19 causing even more challenges to these vulnerable groups. Immigrants were in a high risk

also because the information with their mother tongue was scarce. Cross-sectoral cooperation is needed to help vulnerable groups in Finland.

b. What was the impact on their SRHR? Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.

- There is no data available yet of the exact groups during COVID-19.

c. What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women's and girls' SRHR?

- Pregnant women would have needed guidance regarding COVID-19 and pregnancy, delivery and breastfeeding. Both health care professionals and pregnant women were worried and eager to have more and specific information than they received. THL was contacted numerous times by families and professionals to get more accurate information.

d. What measures were adopted during and after the crisis to ensure women and girls' access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?

- Good practices on GBV: The Helpline and shelters are considered as critical services and they are open 24/7. They are prepared to be in function and to face different situations (clients in quarantine, clients in risk group, clients having virus) during COVID-19 epidemic. Many of the shelters are capable of taking victims that might have COVID-19 or are in a risk group, in addition, there is a plan how to use the network of shelters, if a victim must find another shelter.
- Nollalinja Helpline has ensured staff adequacy. Helpline and network of shelters have up to date knowledge (database) with information about free family places in shelters. All kinds of remote assistance methods have been very useful in communicating with clients.
- In Victim Support Finland (RIKU) the most commonly used are the 116 006 helpline, chat service (RIKUchat) and video conferencing. Also, some clients like to use email since they do not need to be at the service for a long time in a run and can thus communicate when it is suitable for them, e.g. when the perpetrator is not present. In RIKU all of the above mentioned remote assistance methods have been in use already before the epidemic.
- Finnish institute for health and welfare (THL) is responsible for organising Shelter services and Nollalinja Helpline services for the victims of domestic violence. The services have ongoing national data gathering (quantitative and qualitative) in Shelters and Nollalinja Helpline. There is a guideline for welfare and health in municipalities during COVID-19 epidemic. It consists of information about how municipalities can consider the needs of people who are suffering domestic violence. (<https://thl.fi/fi/web/hyvinvoinnin-ja-terveydenedistamisen-johtaminen/ajankohtaista/hyvinvoinnin-ja-terveydenedistaminen-kunnassakoronaepidemianaikana?>)
THL has made national recommendations for all the shelters in Finland to ensure that in spite of the COVID-19, victims receive help they need.
- THL conducted a questionnaire for all the maternity hospitals in Finland about their actions during the epidemic. In the future hospitals can learn from each other's acts and also the

state can guide the hospitals more closely when there is information about the acts and consequences available.

- THL together with the Ministry of Social Affairs and Health updated a very brief recommendations for antenatal care professionals. There were also prepared wider recommendations for SRH services by experts in THL targeting especially pregnant women, screening, breastfeeding, services for induced abortions and contraception but these recommendations were never used, most likely because of lack of resources and time.
- e. *What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?***
- The helpline, shelters and The Sexual Assault Support Centers have been working normally during the crisis and information about those has been available.

8. *If your State has humanitarian aid programmes, please indicate whether SRHR are explicitly covered in the humanitarian aid strategy and how priorities on SRHR are set.*

Finland will step up its support for the work of the United Nations Population Fund (UNFPA) and UN Women also during COVID-19. UNFPA and UN Women are among Finland's most important cooperation partners in the United Nations. In 2020, Finland supports UNFPA and UN Women by EUR 33 million and EUR 19 million respectively. Core funding is flexible support that organisations can direct to where it is most urgently needed.

More information:

Care Register for Health Care. 2020.

https://sampo.thl.fi/pivot/prod/fi/avopika/pikarap01/summary_kaynnitkkvko

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2. Ministry of the Interior of Finland

2.1. Concept/definition of crisis

1. Please provide information on the legal and policy framework used by your State to manage situations of crisis and how the concept of "crisis" has been defined or framed.

The concept of crisis is defined in Emergency Powers Act (1552/2011). The purpose of the Act is to protect the population in exceptional circumstances and to safeguard its livelihood and economic life, to uphold the rule of law, fundamental and human rights, and to safeguard the territorial integrity and independence of the state. According to the Act, exceptional circumstances is defined as follows:

- 1) An armed attack on Finland or another attack so serious that it can be equated with an armed attack and the conditions immediately after the attack;
- 2) A significant threat of an armed attack on Finland or an attack of equivalent gravity, the effects of which require the immediate introduction of powers under this Act;
- 3) A particularly serious event or threat to the livelihood of the population or to the foundations of the country's economic life, as a result of which the functions necessary for the functioning of society are substantially endangered;
- 4) A particularly serious major accident and the conditions immediately after it, and

5) A pandemic which in its effects can be compared with an extremely serious major accident. The Emergency Powers Act is applied only in exceptional circumstances. Under normal conditions, Rescue Act is applied. The purpose the Rescue Act (379/2011) of Finland is to improve the safety of people and to reduce the number of accidents. The purpose of the Act is also to ensure that when there is the threat of an accident or when an accident has occurred, people are rescued, important functions are secured and the consequences of the accident are successfully limited.

2.2. Challenges and good practices

4. Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women's' and girls' SRHR in situations of crisis

The Finnish Immigration Service, which is subordinate to the Ministry of the Interior, directs the operations of reception centres. The Security Strategy for Society (government resolution of 2 November 2017) states that, in the event of a mass influx of migrants, there is a risk that the management, registration and reception of migrants cannot be organised in a controlled manner and that the residence permit procedure cannot be implemented quickly. Organising the reception of asylum seekers is part of the preparedness and contingency work of the migration authorities. The Finnish Immigration Service's preparedness planning also takes into account vulnerable groups and, for example, the screening of possible infectious diseases among rape victims is included in the plan.

In reception centres, or in the event of a mass influx of migrants in registration centres too, applicants receive information on sexual and reproductive health services and, if needed, they are referred to these services as well as to medical professionals and other health services. They have access to essential medicines if necessary. Free treatment is available for HIV positive applicants, if needed, and special attention is paid to the health of unborn children. Pregnant applicants are also monitored at maternity clinics. Menstrual hygiene products are also available in reception

centres whenever needed. In addition, training has been provided for employees in relation to sexual and reproductive health rights.

In reception services, a new initial health check is currently being introduced, in which sexual and reproductive health rights are brought up more extensively than before. However, the threshold for the applicants to make an appointment with the reception centre's nurse is low. The nurse will refer them to other services, if needed. In addition, the activities of social services and social workers are essential for determining the applicant's needs and deciding on further measures. According to the internal guidelines of the Finnish Immigration Service, the social worker must assess the special service needs arising from a vulnerable situation.

From the perspective of migration, female genital mutilation may be discovered especially in connection with the asylum procedure. The threat of genital mutilation may be a reason for granting asylum under section 87 of the Aliens Act (301/2004). If it is considered during the asylum process that the applicant has justified reasons to fear female genital mutilation, asylum will be granted to her, unless it is possible to avoid this risk by resorting to protection by the authorities or to internal flight. In case of an underage girl, the authorities will take initiative in asking about the risk of genital mutilation, if, based on information on her country of origin, it is known that female genital mutilation is practised in the applicant's region of origin or population group. In case of adult applicants too, the matter will be investigated if genital mutilation is discovered during the procedure. The action plan for the prevention of female genital mutilation (STM 2019: 1) states that in case of adult asylum seekers applying for international protection and victims of trafficking in human beings, deinfibulation may be one of the health services assessed as essential by a healthcare professional under the reception act (746/2011).

Regarding prevention and investigation also gender-based violence, during the COVID- 19 crisis some resources of the Finnish police have been transferred from traffic control to ensure a prompt response to home calls, such as cases of domestic violence. The decision was made as it was predicted that social distancing and quarantine for a long period of time may increase domestic tension.

2.3. Preparedness, recovery and resilience

10. Is there any preparedness or risk management strategy/plan/policy in your State?

The Government Resolution of 7 November 2017 on the Security Strategy for Society defines the operations vital to society and outlines the threat scenarios and disturbances that jeopardize these operations, the strategic tasks of the ministries for securing and guaranteeing that the operations will continue, the criteria for crisis management, implementation tasks and the principles of the exercises. Each administrative branch is responsible for implementing the Strategy within its competence.

According to the Emergency Powers Act the Government (1552/2011), the state administrative authorities, state businesses and other state authorities as well as municipalities shall ensure, by means of emergency plans, prior preparation of emergency operations and other measures, that their duties will be performed with the least amount of disruption also in emergency conditions.

Finland's National Risk Assessment was compiled by a multisectoral working-group coordinated by Ministry of the Interior during 2018. The risk assessment identifies 20 threat scenarios threatening people, the environment, property and critical systems and services that the authorities need to prepare for in all their activities. The risk analysis includes impact assessment of each scenario regarding the vital functions of society. In this risk assessment, threat scenario refers to a description of potential disruptions in the security environment.

A disruption means a threat or event that compromises vital functions or strategic tasks of the society and the management of which requires more extensive or close collaboration and communication between the authorities and other actors.

3. Ministry of Justice of Finland

3.1. Challenges and good practices

4. Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women's' and girls' SRHR in situations of crisis

k. Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;

- The Finnish police has reported that there has been an increase of 47 % in the police house calls in the spring of 2020, compared to the same time period in 2019. The reason behind the increase is the Covid 19 -pandemic during which people have spent more time at home and indoors than before. However, proportionally the number of police house calls where the reason is domestic violence, has not increased from the previous year.
- According to victim support services such as Victim Support Finland and Nollalinja (24/7 helpline for victims of domestic violence), the number of calls and chat-contacts has increased during the pandemic. This indicates that the need for help and support is bigger than before.
- The National Courts Administration Finland has reported that due to the emergency situation, the hearing of 5,587 criminal cases is currently suspended in the district courts. It has been estimated that clearing the backlog will take at least two years and require the allocation of significant additional resources to the courts.