PANEL DISCUSSION
Governance and environmental disasters: the role of public health

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OBJECTIVES

- To promote consensus on key concepts around governance model for public health response to environmental emergencies and disasters
  - What works and what does not work
  - “Strategic” positioning of public health
  - Key elements for a successful response
  - Role of Sendai framework
PANELISTS

- **Regional level**: Dr Mélissa Généreux, Director of Public Health in the Eastern Townships (Quebec, Canada)
- **Provincial/federal level**: Dr Bonnie Henry, Deputy Provincial Health Officer, Office of the PHO, Ministry of Health (British Columbia, Canada)
- **International level**: Dr Tracey O’Sullivan, Associate Vice-Dean Academic for the Faculty of Health Sciences, University of Ottawa (Ontario, Canada) and Virginia Murray, PHE and UNISDR STAG
- **Facilitator**: Dr Yasmin Khan, Public Health Ontario
ENVIRONMENTAL DISASTERS

- Broad range of threats to public health worldwide
- Environmental disasters ≠ other emergencies
  - Short-term response (within hours)
  - Evacuation and relocation
  - Major environmental impacts
  - Extensive human and material losses
  - Need for specific expertise
  - Expected to become more frequent
Good coordination between partners is crucial:
- Wide range of partners involved from all levels
- Different priorities and diverse skills
- Timely information sharing
- Constructive decision-making
- Joint communications to various audiences
United Nations

Economic and Social Council

Committee of Experts on Public Administration
Fifth session
New York, 27-31 March 2006
Agenda item 5
Compendium of basic terminology in governance and public administration

Definition of basic concepts and terminologies in governance and public administration

Note by the Secretariat

Summary

At its fourth session, the United Nations Committee of Experts on Public Administration recognized that there are some fundamental concepts and terminologies of governance and public administration that need to be defined in a uniform way. The discussions of the Committee on this subject will
WHAT IS GOVERNANCE?

• “Process whereby societies or organizations make important decisions, determine whom they involve and how they render account.”¹

• “Establishment of policies, and continuous monitoring of their proper implementation, by the members of the governing body of an organization. It includes the mechanisms required to balance the powers of the members (with the associated accountability), and their primary duty of enhancing the prosperity and viability of the organization.”²

¹Canada’s Institute of Governance (2002); ²Business Dictionary
Establishment of policies, and continuous monitoring of their proper implementation, by the members of the governing body of an organization
GOOD GOVERNANCE

- Key concepts:
  - Sound public management
  - Capacity development
  - Accountability
  - Democracy
  - Decentralization
  - Civil society
  - Ethics
  - Globalization

UN Economic and Social Council (2006)
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TOOLKIT FOR ASSESSING HEALTH SYSTEM CAPACITY FOR CRISIS MANAGEMENT

• WHO health system framework’s functions:
  ✓ Leadership and governance
  ✓ Health workforce
  ✓ Medical products, vaccines and technology
  ✓ Health information
  ✓ Health financing
  ✓ Service delivery

http://www.euro.who.int/__data/assets/pdf_file/0008/157886/e96187.pdf

WHO Europe (2012)
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LEADERSHIP AND GOVERNANCE

- The most complex and most critical function
- In relation with crisis management, it requires:
  - National policies and programmes
  - Coordination structures
  - Partnerships
  - Advocacy
- Relevant, up-to-date information for:
  - Decision-making
  - Public information strategies
  - Monitoring and evaluation

WHO Europe (2012)
ESSENTIAL ATTRIBUTES

• Laws, policies, plans and procedures*
• National structure*
• National committee*
• National operational entity*
• Regulation of external assistance
• Coordination and partnership-building
• Programmes and plans for all phases
• Research and evidence base

* Multisectoral and health sector

WHO Europe (2012)
SOME INDICATORS

- All hazards, whole health approach?
- All phases considered?
- All sectors and disciplines involved?
- Roles and responsibilities defined?
- Joint planning?
- High-level committees?
- Strategic and operational entity linked?
- Similar structures at all levels, linked?
- Health authorities involved at all levels?

WHO Europe (2012)
THE LAC-MÉGANTIC TRAGEDY

• On July 6 2013, a train carrying crude oil derailed in downtown Lac-Mégantic, provoking a major conflagration and explosions.
• The tragedy was responsible for:
  ✓ 47 deaths (+ 2 suicides)
  ✓ 27 children left orphaned
  ✓ 44 buildings destroyed
  ✓ 2000 evacuees
  ✓ 6 millions litres of oil spilt
COORDINATION OF A MULTI-SECTORAL RESPONSE

- Partners from national, regional, and local levels rapidly converged on the scene
- Overarching coordination by Civil Protection
- Various public health actors from all levels
- Concerted response needed within health sector and across sectors

Généreux et al. (2015)
WHAT WORKED AND WHAT DID NOT

- One success:
  - The evacuation process
  - **Key elements**: 1) timely information sharing; 2) learning from previous events

- One challenge:
  - The re-entry process
  - **Key elements**: 1) understanding of respective roles and responsibilities; 2) joint planning and exercising

Généreux et al. (2015)
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Généreux et al. (2015)
Sendai Framework for Disaster Risk Reduction 2015-2030

• Health resilience is strongly promoted throughout

The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries
Sendai Framework for Disaster Risk Reduction 2015-2030

Four priorities for action

1. Understanding disaster risk;

2. Strengthening disaster risk governance to manage disaster risk;

3. Investing in disaster risk reduction for resilience;

4. Enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction.

i) at National and Local Levels

ii) at Global and regional levels
Priority 2. Strengthening disaster risk governance to manage disaster risk;

- To empower local authorities, as appropriate, through regulatory and financial means to work and coordinate with civil society, communities and indigenous peoples and migrants in disaster risk management at the local level (paragraph 27 h)
Priority 1 Understanding Disaster Risk

- To build the knowledge of government officials at all levels, civil society, communities and volunteers, as well as the private sector, through sharing experiences, lessons learned, good practices and training and education on disaster risk reduction, including the use of existing training and education mechanisms and peer learning (paragraph 24 g)
Sendai Framework for Disaster Risk Reduction 2015-2030

Guiding principles

• While the enabling, guiding and coordinating role of national and federal State Governments remain essential, it is necessary to empower local authorities and local communities to reduce disaster risk, including through resources, incentives and decision-making responsibilities, as appropriate (paragraph 19 f)
Sendai Framework for Disaster Risk Reduction 2015-2030

• the need for improved understanding of disaster risk in all its dimensions of exposure, vulnerability and hazard characteristics;
• the strengthening of disaster risk governance, including national platforms;
• accountability for disaster risk management;
• preparedness to “Build Back Better”;
• recognition of stakeholders and their roles;
• mobilization of risk-sensitive investment to avoid the creation of new risk;
• resilience of health infrastructure, cultural heritage and work-places;
• strengthening of international cooperation and global partnership.
Challenges

• Health sector is complex
• Public health have legal authorities
• Need to engage with Indigenous communities
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Thank you