

RECOMMENDATIONS, commitments and avenues for action

For more than two years, managing the pandemic has been at the heart of the public health network's activities. Now that levels of immunity in the population are higher, we have begun to transition out of the pandemic, and regular prevention, promotion and monitoring activities are gradually starting up again. More than ever, it is important for Montréal's regional public health department (DRSP) to learn from pandemic experiences to enhance the network's preparedness and capacities to respond to future health emergencies. The Director's report, entitled "Regard sur la pandémie de COVID-19 à Montréal : Pour une réponse efficace et équitable aux futures urgences sanitaires" aims to meet this objective.

Montréal's public health department has already produced several in-action reviews of internal and external events for the health and social services network (RSSS). It has also contributed to many other provincial reports, investigations and analyses. A number of recommendations and avenues for action have been put forth and therefore are not repeated here in their entirety. This Director's report presents **11 recommendations** in **4 sections** to initiate the DRSP's work with its various partners.

Part 1 Sufficient public health capacities to prepare and respond appropriately to public health emergencies in urban contexts

1

AVENUES FOR ACTION

Ensure appropriate preparedness when any type of public health emergency occurs

The DRSP commits to

- Updating characterization of health risks and vulnerabilities for different population groups and territories

The public health department commits to collaborating with the health and social services network (RSSS) to

- Ensure preparedness plans for disasters, emergencies and crises are up-to-date by involving all societal actors and cross-sectoral partners
- Plan and periodically conduct simulations of emergency situations in the RSSS (public and private settings), with partner involvement
- Integrate disaster, emergency and health crisis preparedness plans into the community mobilization and recovery components to reduce social inequalities in health and collateral impacts of public health emergencies

The DRSP commits to collaborating with the RSSS and various other settings and groups (workplaces, daycare centres, educational childcare services, schools, older adults, community organizations and homeless services, etc.) to

- Develop, disseminate and support implementation of frameworks for prevention and management of public health emergencies specific to those settings and groups
- Instill a culture of prevention and preparedness for various health emergencies in living and work environments, and in youth sectors (tools, training, simulations, infrastructures, etc.)

2

AVENUES FOR ACTION

Consistent with the Health and Welfare Commissioner's first recommendation to "develop and adopt an integrated national strategy to ensure health crisis preparedness," ensure an adapted and coherent response that integrates an overall perspective during crisis management

The DRSP commits to working with the MSSS to

- Consider, in the province's management plan, the threat, multiple risks and factors specific to the metropolitan area (climate risks, population density, living environments, work places for people living in neighbouring areas, immigration, tourism, etc.)
- Formalize exchange mechanisms and processes that enable consideration of the perspectives and recommendations specific to the city

The DRSP commits to working with the RSSS and cross-sectoral partners to

- Call upon an independent interdisciplinary advisory committee formed of experts from various fields to advise the Command Centre about ongoing adjustments to the crisis management plan

3

Ensure rapid deployment of qualified human resources in numbers large enough to adequately deal with health emergencies

AVENUES FOR ACTION

The DRSP commits to working with the RSSS to

- Review human resources mobilization and contingency plans for the public health component to deal with large-scale, long-lasting health emergencies or those juxtaposed in time
- Develop agreements with external partners to mobilize human resources and cutting-edge expertise (e.g., universities, PHAC, INSPQ) to ensure specific needs are met during health emergencies
- Continue to enhance public health capacities—both in number and in expertise—to reinforce emergency measures management teams, based on what is done in other big metropolitan areas (three priority investment areas: field epidemiology teams, inspector brigade field teams, local agents)
- Prepare a health and well-being plan related to emergency measures to avoid staff and administrator burnout

4

Maintain implementation of versatile, effective, integrated, interoperable systems that meet regional needs so as to track the evolution of the different threats to health and to enhance effectiveness of public health interventions for all types of health emergencies

AVENUES FOR ACTION

The DRSP commits to working with the MSSS to

- See that those systems enable to accomplish tasks required to deal with large volumes of information and with case management
- Put in place a cutting-edge alert and monitoring system that can be used when dealing with various threats (infectious, environmental, industrial, etc.)

5

During emergency situations, mobilize experts to support informed decision making with evidence-based data

AVENUES FOR ACTION

The DRSP commits to working with its university-based partners to

- Beforehand, validate agreements (in areas of public health, urban health, etc.) and mechanisms for collaboration in preparation for emergencies to enhance mobilization of vital elements when the time comes (e.g., *ad hoc* consultation, scientific monitoring, cutting-edge expertise, resource mobilization)
- Develop and strengthen partnerships with a goal of knowledge development (e.g., develop research projects around rapid reaction to emergency situations, draw portraits of the collateral effects that occurred during management of past crises; this knowledge development will inform management of future health crises)

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Provide appropriate local preventive and protection services (testing, detection, vaccination, etc.) in health emergencies

AVENUES FOR ACTION

The DRSP commits to working with the RSSS and MSSS to

- Consider regional epidemiological situations and characteristics for provincial orientations related to local services
- In emergency preparedness plans, clarify the respective roles of the DRSP, CIUSSS and MSSS for collaboration, deployment and operationalization of local services

The DRSP commits to working with Montréal's health and social services network to

- Integrate into services' organizational models strategies to reduce barriers to accessing those services (e.g., local clinics, evenings and weekends, walk-in, in workplaces, schools)
- Incorporate support measures to apply prevention and protection measures for vulnerable populations (e.g., isolation support projects, service pathways for homeless populations)

Part 2 Attenuation of collateral impacts of the pandemic and recovery

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Anticipate and respond appropriately not only to the threat but also to the collateral impacts that affect groups and settings unequally

AVENUES FOR ACTION

The DRSP commits to working with the RSSS to

- Systematize collateral impact analyses of health measures in decision-making processes when preparing for and managing health emergencies
- Conduct an ethical analysis of the measures deployed to ensure a balance between controlling the threat and adverse effects on the general population, particularly on vulnerable groups
- Identify mitigating measures to reduce the collateral impacts of the measures implemented (e.g., isolation support)

The DRSP commits to working with the teams in CIUSSS territories and the City of Montréal to

- Maintain the responsibilities of public health stakeholders who work in prevention and promotion, and contribute to mitigation plans for collateral impacts and recovery during health emergencies.
- Develop a monitoring system for collateral impacts and social inequalities in health to support decision making
- Develop rapid analyses of the affected populations' needs

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Ensure community recovery following a health emergency

AVENUES FOR ACTION

The DRSP commits to working with the MSSS and the RSSS to

- Retain local agents to develop ongoing connections with the communities (e.g., links with leaders from religious or ethnocultural communities, individuals disconnected from the network such as migrants with precarious status)

The DRSP commits to working with the RSSS and its health emergency partners to

- Activate the recovery unit earlier in the coordination of the management plan, as soon as a health emergency emerges
- Enhance social, health and community services in anticipation of community recovery; this applies to both preventive and curative services (e.g., mental health, long COVID)
- Give neighbourhood committees the means to support community preparedness, response and recovery to enhance resilience and citizen participation (e.g., local emergency action plans)

The DRSP commits to working with regional offices of the Ministère de l'Emploi et de la Solidarité sociale to

- Ensure there is enough core funding to fulfil the mission to respond to communities' increased needs in health emergency situations and during the recovery period

Part 3 Transparent communication for collective engagement

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Deliver clear and transparent communications to the population to disclose uncertainties, collateral impacts, decision-making processes and the scientific criteria underlying public health decisions and interventions

AVENUES FOR ACTION

The DRSP commits to working with the RSSS to

- Make adjustments to the plan and regional communication strategies during a health emergency to bring credible information to Montrealers and preserve the population's trust in public health authorities
- Use communication methods adapted to different population groups and literacy levels (e.g., media relations, social media, translation, access to a bank of interpreters that can respond and deliver simultaneous interpretation quickly, links with community leaders)

Foster public commitment to ensure it is at the heart of responses to public health emergencies

The DRSP commits to working with the RSSS to

- Encourage public participation in developing priorities and interventions for management of public health emergencies
- Validate public participation sites (e.g., senior citizen council) as well as ongoing communication and coordination mechanisms with partners (e.g. schools; healthcare and community settings; educational childcare services) that can be activated and adapted in case of a public health emergency

Part 4

Conditions and levers for a coordinated, coherent and effective response in emergency situations.

Complementary to CSBE's first recommendation and in relation to the different roles and responsibilities of the authorities concerned, in situations of public health emergencies, create the conditions and levers needed to ensure a coordinated, coherent and effective response

The DRSP commits to working with the RSSS and the MSSS to

Utilize a governance model and coordination

- Choose a governance structure based on the regional emergency measures coordination centre's (CCMU) existing civil security structure and, integrate, when required, a regional command centre to coordinate strategic elements included in the *Health* mission
- Maintain the regional public health department's strategic place within a regional governance structure that is articulated, fluid and has the power to mobilize resources related to the *Health* mission's 6 components
- Reinforce the DRSP's and local public health teams' responsibilities in multi-CIUSSS regions to ensure public health functions are inextricable, so as to deliver a coordinated and efficient response regionally and territorially.

Clarify certain legal aspects

- Continue the work to clarify the roles, legal responsibilities and accountability of various authorities in Montréal's health and social services network as well as of partners, during public health emergencies

Ensure funding

- Pursue efforts to boost regional and territorial funding for public health to attain the average for the other Canadian provinces and to take into account public health issues and the complexity of interventions in big cities.

Protect independence and transparency

- Maintain public health institutions' independence with regard to other government bodies
- Sustain public health transparency by making public the opinions and recommendations of regional public health departments

