

Integration of Communicable Diseases into All Hazards National Disaster Management

Arrangements in New Zealand

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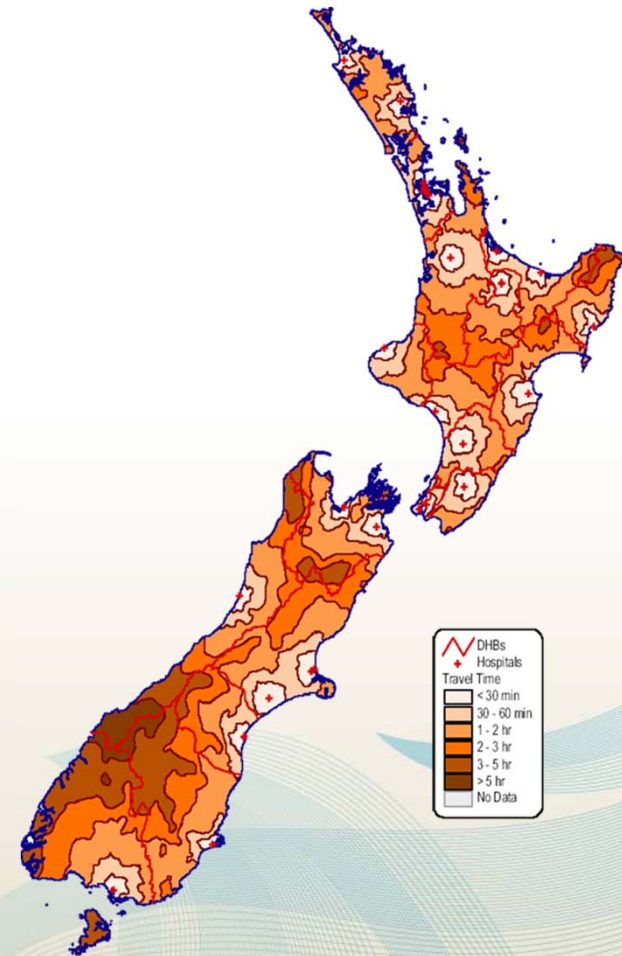
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Outline

- Brief description of National disaster management arrangements in New Zealand
 - The system in operation – pandemic preparedness
 - Examples of benefit of all hazards approach
 - National pandemic preparedness
 - National pandemic response
 - Health in ‘non-health’ emergencies
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Challenges for NZ emergency planning

- Low population density
- Dispersed secondary and tertiary hospitals
- Physical layout – limited transportation links
- Funding
- Supplies and resources
- Systems choke points
- Range of hazards



General approach to emergency preparedness/management in New Zealand

Frameworks

Approach right across Government is

- All hazards
 - All risks
 - Multi-agency
 - Integrated
 - Community-focused
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General approach to emergency preparedness/management in New Zealand

Frameworks

Clear legislative basis for this approach, via Civil Defence and Emergency Management Act 2002. Act focuses on:

- Promoting sustainable management of hazards
 - Encouraging communities to achieve acceptable levels of risk
 - “4 Rs” – reduction, readiness, response, recovery
 - Requiring local government to follow same approaches
 - Integrating national and local action
 - Encouraging coordination across wide ranges of agencies, recognising emergencies and multi-agency events
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General approach to emergency preparedness/management in New Zealand

Frameworks

Other legislation also lays out more specific roles/powers/responsibilities in particular areas, but all designed to be part of CDEM process

- Health Act
 - Epidemic Preparedness Act
 - Biosecurity Act
 - Local Government Act
 - Police Act
 - Resource Management Act
 - Building Act
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General approach to emergency preparedness/management in New Zealand

Frameworks

Complementing legislative frameworks is national CDEM strategy, again followed by all agencies. Five principles:

- Individual/community responsibility and self reliance
 - Transparent and systematic approach to managing risks from hazards
 - Comprehensive and integrated hazard/risk management
 - Address range of consequences of hazards (physical/social, technical, environmental, cultural, economic)
 - Make best use of information, expertise and structures
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DESC System

National leadership and coordination

DES

- Cabinet Committee, chaired by the PM

ODESC (Strategic Level)

- Committee of CEs, support Ministers, high level strategic direction and priorities

NCMC (Operational Level)

Agencies/Departments' own strategic structures

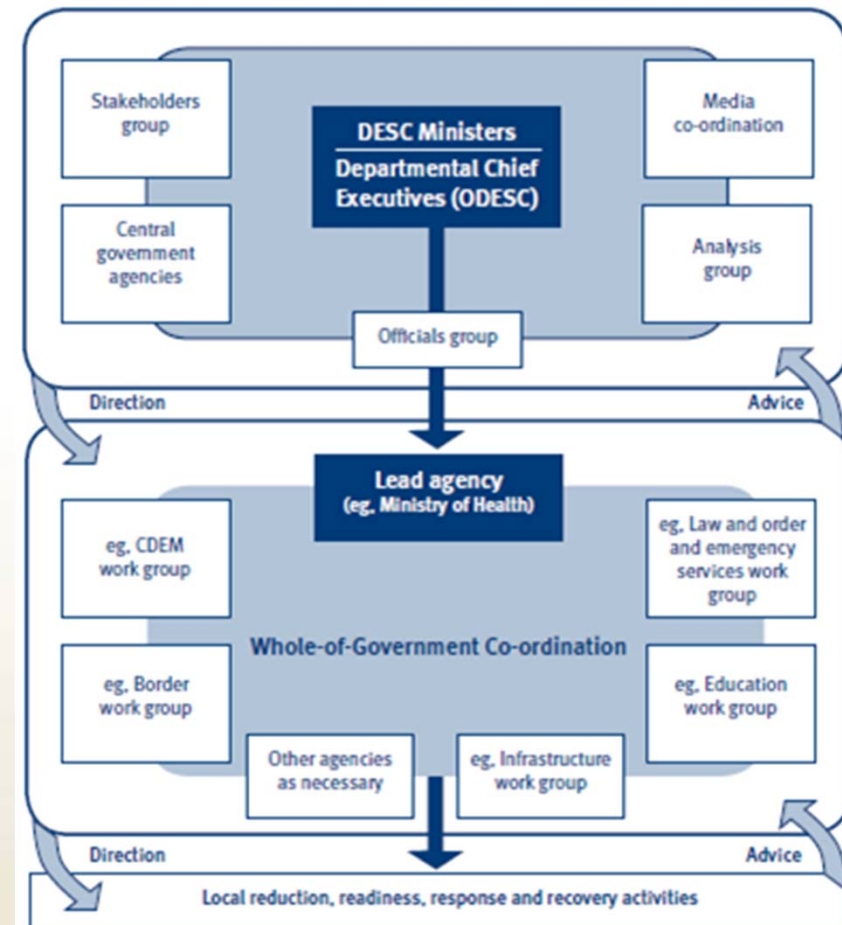
(Regional CDEM Groups parallel DESC system at regional level)

CIMS – Integrating approaches across sectors

- If responses are *really* to be cross-sectoral, various sectors need to use the same emergency management language
 - In NZ, all agencies use standard approaches to emergency management, eg Coordinated Incident Management System (CIMS)
 - Identifies core structures and responsibilities for responding to any emergency
 - Means trained staff across NZ understand their likely roles during future emergency
 - Also means different sectors can talk to each other during emergency, plus can draw on each other's staff to work in CMC
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New Zealand National Security System

- Cluster approach
- ‘Public Safety’ Cluster led by Police with lead agencies for Hazards and Consequences
 - Ministry of Health responsible for Public Health Emergencies and Mass Casualties
- Response mechanism based on readiness structure



System in Operation – Pandemic Preparedness

- Ministry of Health identified as lead agency across government
 - Ministry of Health then responsible for coordinating preparedness across government, but not for doing all of the work. Many agencies responsible for progressing aspects, reporting to Ministry of Health.
 - Ministry of Health led development of updated plans
 - Across health sector
 - Whole of Government
 - Ministry of Health led exercising of plans
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Pandemic Planning Groups

Workgroup	Lead Agency
Health	Ministry of Health
Biosecurity	Ministry of Agriculture and Forestry
Law, Order & Emergency Services	Police
Civil Defence Emergency Management	Ministry of Civil Defence & Emergency Management
Welfare	Ministry of Social Development
Education	Ministry of Education
Border	Customs
External	Ministry of Foreign Affairs and Trade
Economy	Treasury
Infrastructure	Ministry of Economic Development
Workplaces	Department of Labour

Examples of benefits of communicable disease in ‘all hazards’ approach

Pandemic Preparedness

- Active engagement of agencies across government
 - Agencies accountable to government via Ministry of Health
 - Common language – efficient, enhances collaboration
 - Draws on knowledge, networks, perspectives across government – essential in preparing for emergency with whole of society impact
 - Builds ‘alliances’ for preparedness across government and beyond – e.g. Treasury modelling of economic impact, Transport with airlines and airports, Economic Development with supermarket chains on maintaining essential supplies
 - Shares the load - pandemic preparedness not just the role of Ministry of Health
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Examples of benefits of communicable disease in ‘all hazards’ approach

Pandemic Response

- Preparedness across sectors supported effective responses across sectors
 - Governance and coordination processes were clear from day 1 – Ministry of Health as lead agency
 - Ministry of Health could draw on human resources from other agencies – common language, common approach
 - Different aspects of response led by different agencies, but coordinated by Ministry of Health. More sustainable.
 - Maintained buy-in across government and beyond, for duration of lengthy response
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Examples of benefits of Communicable Disease in ‘all hazards’ approach

Health in ‘non-health’ emergencies

- Emergency planning in health sector, because based on all hazards approach, doesn’t rely on having different plan for every eventuality. Common framework, flexible responses.
 - Relationships and systems established during pandemic preparedness and practised during pandemic response automatically “kicked in” after Christchurch earthquake
 - Cohort of health staff at local, regional and national levels trained and experienced in emergency responses, able to immediately respond to health implications of earthquake (eg trauma, water quality, food safety, disease surveillance etc etc), and also to contribute to broader response, led by different lead agency.
 - Value of the pandemic planning and response to effective earthquake response was recognised at the time, and in subsequent reviews
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Conclusion

- All hazards disaster management is fundamental to New Zealand's approach
 - Integrating communicable disease preparedness into all hazards framework strengthens communicable disease and broader health sector preparedness, also strengthens preparedness for and responses to threats beyond health
 - Not just about emergency preparedness either- robust "business as usual" systems like good day to day disease surveillance and response can be levered to make important contribution to emergency responses
 - Benefits are seen at all levels – national, regional and local
 - Fundamentally, taking this approach better protects our communities from disease threats, and other threats to their health and well-being
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