



Uscore2



Module 8b: Public Health & Disaster Risk Reduction

Uscore2: City-to-City Peer Review Tool

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INTRODUCTION

Uscore2 is a peer-to-peer review process for cities. Designed with funding from the European Commission, it enables cities to share and learn from good practice in Disaster Risk Reduction (DRR) in other cities across the world. Uscore2 focuses on the use of city-level peer reviews as a tool with which the activities of one city in the area of disaster risk management and civil protection are examined on an equal basis by fellow peers who are experts from other cities. This approach facilitates improvements in DRR through the exchange of good practice and mutual learning, whilst also maintaining impartiality and transparency. This peer review programme integrates an evidence based methodology for impact evaluation, enabling participants to demonstrate the value generated by the investment in the peer review.

Cities undertaking a peer review of public health and DRR will generally be undertaking this as part of a wider review as outlined in the Uscore2 Step-by-Step Guide to City-to-City Peer Reviews for Disaster Risk Reduction. The Step-by-Step Guide provides an essential overview of the peer review process, the Impact Evaluation Methodology (IEM) used to measure the impact of the peer review and the 11 Modules for conducting city-to-city peer reviews for DRR.

It is strongly recommended that cities interested in inviting another city to peer review their DRR activity work through the Step-by-Step Guide as a precursor to undertaking Module 8b.

This Module Guide gives information relevant to those steps in the peer review process which are specific to the topic of public health and DRR.

During the development of Uscore2, the peer review process has been piloted by three cities: Amadora (Portugal), Salford (UK) and Viggiano (Italy). The pilot cities spoke positively of their experiences:

“Peer reviews are interactive and about mutual learning, exchange of good practice and policy dialogue, a support tool for prevention and preparation under the EU civil protection mechanism and promote an integrated approach to disaster risk management, linking risk prevention, preparation, response and recovery actions.”



BACKGROUND

This Module draws on the topic of public health which is defined by the World Health Organization (WHO) as 'all organized measures, whether public or private, to prevent disease, promote health, and prolong life among the population as a whole' (WHO, n.d.). Additionally, this covers generalised impacts on the health of a population that accompany disasters (Burkle, 2008; Maini et al, 2017).

Public health focuses on activities that provide conditions in which diverse populations can be healthy rather than on promotion of an individual's health and is increasingly concerned with the total health system and not only the eradication of a particular disease (WHO, n.d.). Public health functions are therefore of importance for disaster risk reduction and cities should consider:

- The assessment and monitoring of the health of diverse communities and populations at risk, to identify health problems and priorities
- The formulation of public policies designed to mitigate identified local, national and international health risks and prioritise risk reduction activity
- Access to appropriate and cost-effective care, including health promotion and disease prevention services for the whole society.

Public health should therefore address the capacity of the system to protect citizens, especially those who are vulnerable, to ensure they have access to health provisions in time of normalcy and crisis (Fleischhauer et al., 2012; Kamh et al., 2016). Potential impacts on the health of a population from disasters and their impacts may include (Burkle, 2008; Maini et al, 2017):

- The impact of the disaster itself, (for example, a pandemic, drought, earthquake, flood, tornadoes or famine)
- Immediate consequences of a disaster (for example mass physical injury, trauma and forced displacement)

- Longer term consequences of disasters (for example malnutrition, water-borne disease outbreaks from damaged sanitation systems, disruption to livelihoods, environmental conflict, disruptions to vaccination programs, long term psychological impacts, or the multiple effects of long term stays in temporary living arrangements)
- Interruptions in health care services for individuals with pre-existing health issues (for example, access to critical medications for chronic conditions, or where a lengthy power outage disables home dialysis machines or electric wheelchairs)
- Consideration of needs of vulnerable populations in the wake of a disaster (for example, the disabled, very young, elderly, or pregnant women)
- The ability of the public health system in a city to deal with the public health issues arising out of a disaster, alongside continuing to execute the day-to-day functions of caring for the vulnerable, sick and injured and mitigating health risk to the public at large.

Cities should therefore consider the multitude of public health systems within their cities that provide supportive functions for the population, and should consider these in their resilience and DRR strategies. Such public health systems include, but are not be restricted to (Ijaz et al, 2012):

- Hospitals
- Residential facilities and nursing homes
- Community health clinics, doctors' offices, and outpatient care facilities
- Mental health facilities
- Public sector health departments
- Health laboratory facilities
- Water and sanitation systems
- Food distribution and safety systems
- Pharmaceutical and medical device distribution systems

- Environmental health systems (for example, hazardous materials)
- Community information, engagement and outreach processes and facilities
- All skills, staff, assets, facilities and equipment required to manage and operate the above.

In order to achieve a heightened resilience and the reduction of disaster risk through health improvements and health protection, a number of guiding principles are highlighted (Selmi and Murray, 2015). It is suggested that to protect their public health systems cities should:

- Proactively manage the risk of disasters to protect health

- Use a multi-hazard approach and risk informed decision making around public health issues (WHO, 2016)
- Develop, strengthen and implement relevant evidence-based public health policies, plans and practices
- Understand and document the local and specific characteristics of public health disaster risk
- Increase public awareness of disaster risk and its mitigation (Sendai, 2015).

All four priority areas within the Sendai Framework for Disaster Risk Reduction 2015-2030 incorporate actions relevant to public health / health protection as outlined below (Sendai, 2015).

Public health actions within the four priorities of the Sendai Framework

Ref	Sendai Framework For Disaster Risk Reduction
Priority 1: Understanding disaster risk	
24(f)	Use of data and surveillance to monitor disease (epidemiology).
24(m)	24(m): Public awareness campaigns.
24(h)	24(h): Scientific advice for effective decision making in Disaster Risk Management.
25(i)	25(i): Promotion of innovation and technology development to reduce health risk.
Priority 2: Strengthening disaster risk governance to manage disaster risk	
27(a)	27(a): Mainstream disaster risk reduction in public health.
28(d)	28(d): International transboundary cooperation to reduce disaster risk to epidemics.
27(d)	27(d): Safety enhancing laws and regulation.

Ref	Sendai Framework For Disaster Risk Reduction
Priority 3: Investing in disaster risk reduction for resilience	
30(c)	30(c): Safe hospitals and health facilities.
30(i)	30(i): Enhancing health systems and processes, including training of health workers in understanding disaster risk.
Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction	
33(a)	33(a): Review and update disaster preparedness and contingency policies, plans and programmes considering climate change scenarios and their impact on public health disaster risk.
33(b)	33(b): Invest in, develop, maintain and strengthen people centred multisectoral forecasting and early warning systems.
33(c)	33(c): Promote resilience of new and existing critical infrastructure to ensure they remain safe, effective and operational during and after disasters.
33(d)	33(d): Stockpiling of necessary materials to implement rescue and relief activities.
33(f)	33(f): Training to strengthen technical and logistical capacities to ensure better emergency response.
33(i)	33(i): Use opportunities during the recovery phase to develop capacities that reduce disaster risk in the short, medium and long term.
33(n)	33(n): Health data. Establishing a case registry and a database of mortality caused by disaster in order to improve the prevention of morbidity and mortality.
33(o)	33(o): Enhancing recovery schemes to provide psychosocial support and mental health services – monitoring of impact.

In drawing together a number of approaches and perspectives useful in reducing and mitigating the health impacts resulting from disasters, this Module provides a synthesised approach to strengthening public health systems to support resilience and DRR. As a result, it fulfils a need which arguably had not been fully addressed by the Ten Essentials of the Making Cities Resilient Campaign and therefore adds value to the Uscore2 peer review process.

Through peer review of public health and DRR, cities can analyse their risk strategies, infrastructure and response in light of health concerns. The peer review will therefore facilitate cross-sector collaboration and conversations between numerous stakeholders for a comprehensive and inclusive approach to public health.

References

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- World Health Organisation, 2016. Joint External Evaluation Tool: International Health Regulations 2005.
- UNISDR (United Nations International Strategy for Disaster Reduction), 2015. Sendai Framework for Disaster Risk Reduction 2015–2030.

Further Information

For further information on peer reviews visit: www.Uscore2.eu. Also refer to ISO 22392 when published. Currently it is in draft and will contain further information about peer reviews.



HOW CAN PUBLIC HEALTH & DISASTER RISK REDUCTION BE ASSESSED AND MEASURED?

The indicators used in this Module for assessing effective integration of disaster risk reduction and public health issues; for gathering evidence and for making recommendations are described below.

Although most indicators for the Uscore2 peer review Modules are taken from the Ten Essentials outlined in the Disaster Resilience Scorecard Preliminary Level Assessment, there

is an Addendum to the Disaster Resilience Scorecard which looks at Public Health System Resilience.

The majority of the indicators below have been chosen from this Addendum, together with one indicator related to health care from **Essential 8: Increase Infrastructure Resilience** of the Disaster Resilience Scorecard Preliminary Level Assessment.

Ref	Subject / Issue	Question / Assessment Criteria
P8.7	Health care	Would there be sufficient acute healthcare capabilities to deal with expected major injuries in 'worst case' scenario?
Addendum: Integration of Public Health and Governance (Essential 1)		
A1.1	Public health system professionals are part of disaster risk management governance	To what extent does / do the governance mechanism(s) for disaster risk management integrate public health considerations?
Addendum: Integration of Public Health and Disaster Scenarios (Essential 2)		
A2.1	Inclusion of public health emergencies and disasters (disease outbreaks / pandemics, famine, water shortages, etc.) as a disaster scenario in their own right.	To what extent are public health emergencies and disasters included in disaster risk planning?

Ref	Subject / Issue	Question / Assessment Criteria
A2.2	Inclusion of foreseeable public health impacts from other disaster risk scenarios (e.g. flood, heat events, earthquake)	To what extent are public health impacts included in the city's scenario planning for other disaster risks?
A2.3	Inclusion in disaster planning of pre-existing chronic health issues	To what extent are pre-existing chronic health issues included in scenarios where disasters are likely to exacerbate these, or where they are likely to impede recovery?

Addendum: Integration of Public Health and Finances

A3.1	Funding for public health aspects of resilience	To what extent is funding identified and available to address public health implications of disasters?
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Although these indicators are used in Module 8b as indicators against which to gather evidence and make recommendations, the Host City and Review Team may choose to focus on a particular area of public health and DRR integration for which alternative indicators found in the addendum may be more applicable.

The full Disaster Resilience Scorecard for Cities: Public Health System Resilience – Addendum is available through the following link:
<https://www.unisdr.org/campaign/resilientcities/home/toolkitblkitem/?id=28>.

METHODOLOGY

PHASE 2, STEP 7: INFORMATION TO SEND TO REVIEW TEAM PRIOR TO THE REVIEW TEAM VISIT

Please refer to the Step-by-Step Guide for advice on both conducting and hosting peer reviews. This section sets out information that is specific to this Module, which begins in Phase 2.

As set out in the Step-by-Step Guide if Modules 1 (Organise for Disaster Resilience) and 2 (Identify, Understand and Use Current and Future Risk Scenarios) are not undertaken at the same time as Module 8b, then an overview of both the Host City's disaster risk governance and DRR risk assessment should be included in the pre-visit information sent to the Review Team.

The Host City should aim to send the pre-visit evidence to the Review Team three months ahead of the review visit. It is recommended that the pre-visit evidence is limited to 3 – 5 items for each Module.

Suggestions for the type of pre-visit evidence that could be shared between cities

A selection of evidence should be sent to the Review Team before their visit to the Host City. This could include the type of information listed below or any other information that the Host City and the Review Team agree would be of benefit.

It is **highly recommended** that the Host City prepare a **summary** describing how it currently integrates Public Health into Disaster Risk Reduction planning. This could include:

- A description of the public health services in the Host City and the key outcomes delivered
- A summary of the Host City's identified public health issues and priorities, including prioritised vulnerable populations
- A list of the main stakeholders involved
- An explanation how the Host City interacts and works with national public health professionals and what capacity the city has for public health expertise in an emergency.

For the remaining indicators, **no more than 4 other items in total** should be selected from the suggestions below to demonstrate the Host City's baseline capacity.

P8.7: Health care (resources)

- A map showing the major hospital and treatment facilities available in the Host City
- A plan for dealing with large numbers of casualties
- A memorandum of understanding (MoU) or other document that demonstrates how neighbouring health care facilities in other municipalities may be used if large numbers of people were injured in a disaster
- Details of resources available to deal with the scale of major injuries anticipated in most probable and most severe disaster scenarios
- A report describing a recent exercise to rehearse and validate the Host City's arrangements for large numbers of casualties.

A1.1: Public health system professionals are part of disaster risk management governance

- An overview of roles and responsibilities of different public health stakeholders in the Host City
- An emergency plan or other document that provides an example of how different agencies in the Host City will work together in a public health disaster and their roles and responsibilities in an emergency
- An example of a Host City protocol or procedure that sets out the principles under which public health agencies and other emergency responders work together in an emergency

- A debrief report from the Host City capturing the lessons identified following a cross-sector public health exercise or emergency.

A2.1: Inclusion of public health emergencies and disasters (disease outbreaks / pandemics, famine, water shortages, etc.) as a disaster scenario in their own right

- A summary of a completed Host City risk assessment and the reasonable worst case scenario this has generated, which directly assess the most probable or most severe public health emergency (e.g. pandemic influenza)
- A copy of a Host City public health emergency plan
- A summary report of an exercise which has been conducted for a public health emergency in the Host City.

A2.2: Inclusion of foreseeable public health impacts from other disaster risk scenarios (e.g. flood, heat events, and earthquake)

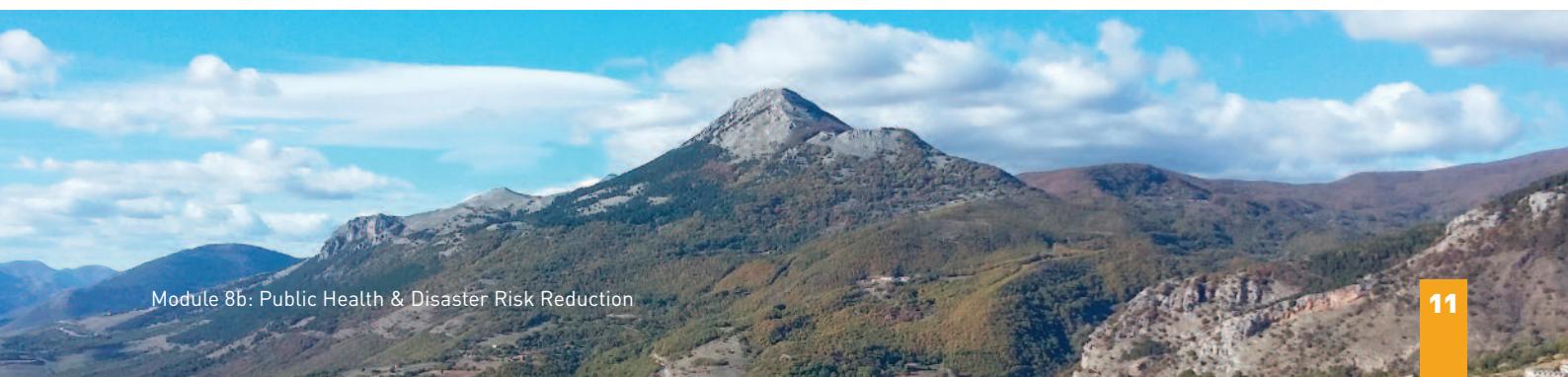
- A summary of a completed Host City risk assessment which includes a consideration of the public health impacts from a non-public health emergency (e.g. flooding, fire)
- A copy of an Host City emergency plan for the most probable or most severe risk which considers public health impacts and includes roles and responsibilities for public health professionals
- A summary report of an exercise in the Host City which has been conducted for a non-public health emergency which has included input from public health professionals.

A2.3: Inclusion in disaster planning of pre-existing chronic health issues

- A summary of how the Host City identifies vulnerable populations within the City
- A debrief report from a recent emergency which has had health impacts
- Business Continuity Management plan for a residential institution in the Host City caring for vulnerable people / those with chronic health issues
- Business Continuity Management plan for continued provision of essential services in the Host City in the event of a disaster
- An overview of the health status of the Host City's population using indicators linked to health status, service coverage and the health system, such as the World Health Organisation's 2015 Global Reference List of 100 Core Health Indicator (http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf).

A3.1 Funding for public health aspects of resilience

- An overview of the financial arrangements for the public health aspects of resilience in the Host City
- The Host City stakeholders involved in financing DRR and public health and any coordination mechanisms
- The Host City governance systems in place to ensure that financial resources are used effectively to reduce public health risks in preparing for emergencies.



PHASE 2, STEP 8: ARRANGEMENTS FOR THE PEER REVIEW VISIT

As described in the Step-by-Step Guide, in the 3-6 months before the peer review visit, the Host City and Review Team are recommended to agree an agenda for the visit. This will include a range of activities to enable the Review Team to understand how the Host City is ensuring it integrates public health within DRR activity. The types of activities could include some or all of those listed below, or any other relevant actions. It is anticipated that the review of this Module will take a day. For all interviews, the Host City should ensure translators are available if they are required.

At the start of the Review Team's assessment of Module 8b, the Host City is **highly recommended** to make a summary presentation to the Review Team which sets out the approach to public health and DRR integration. This could include information about:

This could include information about:

- The stakeholders in the Host City that are involved in responding to a disaster
- How the governance structures work to bring together DRR and public health professionals to plan, respond and recover from disasters
- The arrangements in the Host City for organisations to react to early warnings for potential public health disasters, including the mobilisation and deployment of the city's resources
- How scientific and technical information regarding the public health impacts of disasters is communicated to DRR professionals and fed into DRR decision making.

Who should the Review Team interview?

When considering who is important for the Review Team to interview and / or receive a presentation from, it is **highly recommended** that the Mayor and / or other key local political

leaders who give leadership in a public health disaster and a mandate to strengthen public health / DRR arrangements across the Host City are included and available. The Host City and Review Team should consider all Modules being assessed during the peer review and combine relevant questions with each senior politician or officer into one appointment.

The Host City and Review Team may also wish to consider who would be most appropriate in light of their initial exchange of pre-visit information and given the most probable and most severe disaster scenarios for the Host City. Suggestions include:

- Senior officials in the Host City responsible for DRR
- Leaders
- Senior public health officials including epidemiologists and microbiologists
- Physicians and communicable disease control specialists
- Environmental scientists
- Public health veterinarians
- Senior Managers within the Host City's healthcare providers
- Leaders from healthcare regulatory authorities
- Representatives from Non-Governmental Organisations (NGOs) / service provider supporting people with chronic health conditions in the community
- Representatives from organisations responsible for providing essential services in the Host City such as water and power that help to maintain public health in disasters
- Leader responsible for Host City's vaccination programmes
- Public health official responsible for ports, airports and ground crossings
- Managers responsible for public health DRR
- Officials responsible for financing public health DRR

- Community representatives in receipt of public health risk information
- Representatives from self-help groups organised by people with chronic health conditions
- People within the community who care for those with chronic conditions.

How can the Host City multi-agency capacity be demonstrated?

In addition to interviews and presentations, suggestions for activities within the programme for the visit include but are not limited to:

- Visiting a healthcare facility with an explanation of how a surge in demand due to a health protection incident could be met
- Visiting detection and monitoring laboratories / facilities
- Discussion with health awareness educators
- Observation of a session in a healthcare setting including conversations with users

- Shadowing a public health advocate working in the community
- Site visit to a farm or other animal facility where measures to control the spread of zoonotic diseases can be demonstrated
- Site visit to a residential institution caring for vulnerable people to demonstrate planning for continued care in a disaster.

Exercises and Training

Observation by the Review Team of a public or practitioner training event taking place in the Host City at the time of the visit, or observation of a table top or live exercise to rehearse the city's public health emergency response may be helpful. If required, 'real time' translation of the training / exercise into the preferred language of the Review Team should be organised by the Host City. If, however, given the limited time available, if this is not feasible, the Host City may wish to include video or other evidence from these activities.



PHASE 2, STEP 9: REVIEW TEAM: GATHERING EVIDENCE

The Review Team will gather evidence from the pre-review information submitted before the peer review visit, together with information from interviews and activities undertaken during the visit, to gain a view of the effectiveness of how the Host City integrates public health of its DRR activities. This will include:

- Effectiveness of the multi-agency assessment of the public health risks to the Host City and whether there are, in place, suitable, sufficient and scalable plans and procedures, capabilities, systems and arrangements to respond to public health disasters
- An assessment of whether public health impacts have been considered and explored across all risks the Host City faces
- Effectiveness of the strategies within the Host City in engaging all relevant agencies and organisations to support and augment a public health emergency response, including where surge capacity is needed, to ensure comprehensive and sustainable arrangements
- Effectiveness of communication, how the diverse Host City populations are informed of the most effective actions to take when a public health disaster is predicted or occurs
- Effectiveness of vulnerability assessments that have been conducted by the Host City, particularly the inclusion of chronic health conditions within DRR planning
- The extent to which the Host City has identified and secured funding and will be available to address the public health implications of disasters.

The Review Team will structure their evidence gathering and interviews to enable the Host City to describe and demonstrate their approach against each of the indicators included in this Module. Overall, the Review Team should determine:

- Who leads / contributes / coordinates / assesses performance in this area? Is this effective? Is shared ownership of DRR evident?
- Who is missing / underperforming or underrepresented?
- What skills and experience are evidenced? Are there deficits?
- What activities currently support performance in this area, are these activities effective?
- What, if any, additional activities would the Host City like to undertake in future? What are the barriers to extending activities?
- How are resources / information / training shared? Are there exclusions or barriers to access?
- How is the Host City accessing local / national / international sources of expertise to improve DRR in this area? Which networks is the Host City part of to support this activity?

Although the Review Team should design their own detailed questions in order to explore issues they consider relevant in the context of the Host City, the following questions are offered as suggestions that may be helpful in stakeholder interviews for Module 8b. They are example questions and it is wholly acceptable to tailor them or, equally, not to use them, according to the individual peer review. The Review Team could choose to select just the relevant questions as well as asking additional questions that have not been listed below.

The following questions have been created using information in the Sendai Framework and the Disaster Resilience Scorecard as well as the following documents:

WHO International Health Regulations (2005):

<http://www.who.int/ihr/publications/9789241596664/en>

WHO Joint External Evaluation Tool 2016:

<http://apps.who.int/iris/bitstream/10665/252755/1/WHO-HSE-GCR-2016.18-eng.pdf>

WHO 2015 Global Reference List of 100 Core Health Indicators:

http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf

Lancet Countdown:

<http://www.lancetcountdown.org/the-report/>

Ref	Subject / Issue	Suggested Questions
P8.7	Health care	<p>Would there be sufficient acute healthcare capabilities to deal with expected major injuries in 'worst case' scenario?</p> <ul style="list-style-type: none"> • How does the Host City model the health resources required in different disaster scenarios? • How can the Host City draw on support from wider regional or national health care systems if the city's health care facilities are overwhelmed in a disaster? • What arrangements does the Host City have in place to manage overseas aid if deployed to support local health care services in a disaster? • What local stakeholders are involved in providing health care services in an emergency? • How does the Host City ensure its health care services will meet the needs of those chronically ill, vulnerable, of different faiths and religions, or speaking different languages during an emergency? • How does the Host City promote a whole of society approach to planning for post-disaster health care needs? • What surge capacity exists within NGOs, voluntary groups or community groups to help address the health care needs in a disaster?

Ref	Subject / Issue	Suggested Questions
Integration of Public Health and Governance (Essential 1)		
A1.1	Public health system professionals are part of disaster risk management governance	<p>To what extent does / do the Host City governance mechanism(s) for disaster risk management integrate public health considerations?</p> <ul style="list-style-type: none"> • How is disaster risk reduction mainstreamed in public health and vice versa? • What are the Host City governance structures that enable an integration of approaches to DRR and to public health? • What arrangements incorporating public health are in place for a multisectoral approach to DRR in the Host City? • How is the resilience of new and existing Host City critical infrastructure providing services essential to public health promoted to ensure they remain safe, effective and operational during and after disasters, as well as ensuring they are climate-resilient (e.g. water supply, health facilities)? • What Host City capacity is in place to enforce and promote safety enhancing laws and regulation (e.g. around cleanliness in health facilities, food production, sanitation, safe hospitals and health facilities)? • What multi-hazard city-level public health emergency preparedness and response plan(s) have been developed and implemented? • Does the Host City actively promote principles of equality and non-discrimination in public health resilience? • How does the Host City access and use scientific and technical public health advice for effective decision making in DRM? • What are the joint working arrangements between public health and security authorities, (e.g. law enforcement, border control, customs) during a suspected or confirmed chemical, biological, radiological, nuclear or notifiable disease event? • What are the functional mechanisms in place for responding to communicable and non-communicable diseases? • What are the public health response arrangements for all national points of entry within the Host City's jurisdiction (e.g. port, land border, airport)?

Ref	Subject / Issue	Suggested Questions
Integration of Public Health and Disaster Scenarios (Essential 2)		
A2.1	Inclusion of public health emergencies and disasters (disease outbreaks / pandemics, famine, water shortages, etc.) as a disaster scenario in their own right	<p>To what extent are public health emergencies and disasters included in the Host City disaster risk planning?</p> <ul style="list-style-type: none"> • What public health disaster scenarios has the Host City modelled looking at city wide exposure and vulnerability? • How does the Host City promote innovation and technology development to reduce health risk (e.g. new drug development, improved surveillance through technology / social media etc.)? • What is the Host City's surveillance system for priority zoonotic and non-zoonotic diseases / pathogens? • What is the capacity for routine monitoring of diseases at national points of entry into the Host City (e.g. land border, port and airport)? • How does the Host City make use of data and surveillance to monitor disease (epidemiology)? Does your city have access to laboratory testing for detection of priority diseases as well as specimen referral and transportation systems? • What training is available for health and public health workers in understanding disaster risk? • What arrangements are in place to run public awareness campaigns for the key identified public health risks (e.g. influenza, antimicrobial resistance) and what arrangements exist to actively engage and communicate with any affected communities, including managing rumour? • How does the Host City plan to act on public health early warnings and forecasts? What proportion of the population is reachable by early warning systems? • How does the Host City tell the public about its plans for how to respond to a public health emergency before an emergency happens? • How does the Host City communicate with the public in an emergency with health impacts? • How does the Host City communicate with its emergency responders to keep them safe in an emergency with health impacts?

Ref	Subject / Issue	Suggested Questions
A2.2	Inclusion of foreseeable public health impacts from other disaster risk scenarios (e.g. flood, heat events, earthquake)	<p>To what extent are public health impacts included in the Host City's scenario planning for other disaster risks?</p> <ul style="list-style-type: none"> • How has the Host City assessed and modelled the public health impacts of its top disaster risks? • What arrangements exist to establish a case registry and a database of mortality caused by a disaster in order to improve the prevention of morbidity and mortality and is this regularly reported to national / international bodies? • What arrangements support the Host City in understanding the public health implications of climate change and is there joint work to assess this risk between public health and climate change adaptation colleagues? • How does the Host City's disaster preparedness and contingency policies, plans and programmes consider climate change scenarios and their impact on public health disaster risk (e.g. heatwave, flooding)? • How is the Host City engaged in the detection and early warning of, preparedness for, and response to climate-related health emergencies? • What mechanisms are established and functioning for detecting, managing and responding to chemical, biological, radiological and nuclear events or emergencies?
A2.3	Inclusion in disaster planning of pre-existing chronic health issues	<p>To what extent are pre-existing chronic health issues within the Host City included in scenarios where disasters are likely to exacerbate these, or where they are likely to impede recovery?</p> <ul style="list-style-type: none"> • Describe the Host City's vaccination programme for key diseases, as well as any enhanced vaccination programme for at risk populations and key workers. • How does the Host City use opportunities during the recovery phase to develop capacities that reduce disaster risk in the short, medium and long term (e.g. through addressing determinants of poor health, healthcare provision, wellbeing, etc.)? • What arrangements are included in recovery schemes to provide psychosocial support and mental health services after any emergency or disaster, including monitoring of impact?

Ref	Subject / Issue	Suggested Questions
Integration Public Health and Finances (Essential 3)		
A3.1	Funding for public health aspects of resilience	<p>To what extent is funding identified and available to address public health implications of disasters within the Host City?</p> <ul style="list-style-type: none"> • What arrangements are in place to access stockpiles of necessary materials to implement relief activities (e.g. emergency stockpiles of prophylaxis), and are equipment and supply needs clearly defined for different public health scenarios? • To what extent does the Host City invest in, develop, maintain and strengthen people centred multisectoral forecasting and early warning systems (e.g. outbreak surveillance)? • Does the Host City have a public health and a DRR budget? Does the Host City resource any people or processes to integrate public health and DRR? • What arrangements are in place to resource exercises to rehearse and validate the response to an incident / emergency with Host City population health impacts? • How does the Host City ensure it has access to up to date and effective laboratory based diagnostics, as well as interoperable, interconnected, electronic real-time reporting systems? • What acute healthcare capabilities exist to deal with expected major injuries in a 'worst case' scenario? • What mutual aid system is in place for health personnel during a public health emergency?



PHASE 3, STEP 11: RECORDING INFORMATION AND DRAFTING INITIAL RECOMMENDATIONS

The Step-by-Step Guide describes how the Review Team can record information during the peer review visit and includes a generic form that can be used to capture information during individual presentations, interviews and other activities. At the end of each day, it is recommended that the Review Team assemble to consider all the information that it has heard during the day and summarise the evidence to understand:

- Areas of good practice and strengths on which the Host City can build
- Areas where further information may be needed before the Review Team visit is finished
- Areas where possible recommendations for the future may be made.

This process will help to inform both the remainder of the visit and the drafting of the peer review outcome report. The two tables below are offered as a way of recording the overall findings for Module 8b together with the initial recommendations arising from the activities experienced during the day.



SUMMARY OF INITIAL FINDINGS

	Comments	Justification for assessment	Good practice identified
P8.7. Health care Would there be sufficient acute healthcare capabilities available to the Host City to deal with expected major injuries in 'worst case' scenario?			
A1.1 Governance To what extent does / do the Host City governance mechanism(s) for disaster risk management integrate public health considerations?			
A2.1 Planning To what extent are public health emergencies and disasters included in Host City disaster risk planning?			
A2.2 Impact Assessment To what extent are public health impacts included in the Host City's scenario planning for other disaster risks?			
A2.3 Risk Assessment To what extent are the Host City's pre-existing chronic health issues included in scenarios where disasters are likely to exacerbate these, or where they are likely to impede recovery?			
A3.1 Finances To what extent is Host City funding identified and available to address public health implications of disasters?			
Other			

INITIAL RECOMMENDATIONS

	Description of areas for potential development	Justification	Time horizon
E.g. Extent to which data on the city's resilience context is shared with other organisations involved with the city's resilience.	E.g. Ensure a consistent flow of information between multi-agency partners.	E.g. A regular flow of information would improve understanding of risk and aid planning for partner agencies.	E.g. Short, medium, long term implementation
P8.7. Health care There are sufficient acute healthcare capabilities to deal with expected major injuries in 'worst case' scenario			
A1.1 Governance The extent to which governance mechanism(s) for disaster risk management are integrated with public health considerations			

INITIAL RECOMMENDATIONS

	Description of areas for potential development	Justification	Time horizon
A2.1 Planning The extent to which public health emergencies and disasters are included in the Host City disaster risk planning			
A2.2 Impact Assessment The extent to which public health impacts are included in the Host City's scenario planning for other disaster risks			
A2.3 Risk Assessment The extent to which the Host City's pre-existing chronic health issues are included in scenarios where disasters are likely to exacerbate these, or where they are likely to impede recovery			

INITIAL RECOMMENDATIONS

	Description of areas for potential development	Justification	Time horizon
A3.1 Finances The extent to which Host City funding has been identified and made available to address public health implications of disasters			
Other Area / issue			

NOTES:
