Leveraging Pandemic Learnings (Part 2)
The Past: Learning from Experience and Building Capacity

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This is not the first time Canada has faced pandemics. What have we learned from past experiences? How can we leverage these learnings, now and for the future? How can we continue to evolve and improve? Here’s a summary of our experience so far.

Overview

Pandemics: Definition

A pandemic is an outbreak of an infectious disease that affects a large proportion of the population in multiple countries, or worldwide. Human populations have been affected by pandemics since ancient times. These include widespread outbreaks of plague, cholera, influenza, and, more recently, HIV/AIDS, SARS and COVID-19.¹

Pandemics Response: Public Health

Initially, it was about defining Public Health, shaping a national vision for it, and putting in place infrastructures to deliver and manage services:

In order to slow or stop the spread of disease, governments implemented public health measures that include testing, isolation and quarantine. In Canada, public health agencies at the federal, provincial and municipal levels play an important role in monitoring disease, advising governments and communicating to the public.²

Over time, as the country experienced different pandemics, Canadians became more aware of the impact on individuals and on economic, educational and social systems. As a result, the Government of Canada is now providing widespread leadership to ensure the well being of Canadians physically, mentally, socially, educationally, and economically.

In an interview with the University of Alberta’s FOLIO Magazine, resident historian Susan Smith stated:

Pandemics do eventually end, and if handled successfully, COVID-19 may reinforce for Canadians the value of their health-care system. One reason Canada has responded with consistent messaging and public trust is that it

² Ibid.
did learn from the past. A crisis like this is a reminder of why a universal health-care system is so essential.3

Previous Pandemics

Spanish Influenza 1918-1920

During the time of the Spanish Influenza pandemic, the vision of Public Health expanded to encompass the health of all Canadians, not just specific groups, like people suffering from tuberculosis, or recent arrivals to Canada who must be quarantined. 4

Sharpening the Vision

People realized that no one is immune to pandemics, and Canada must optimize health for all citizens regardless of age, gender, religion, class, occupation, etc. In order to deliver such an encompassing vision, Canada needed infrastructures, processes, policies and competent professionals.

Setting up Infrastructures

This led to the creation of a Federal Department of Health. “Before the outbreak, public health efforts concentrated on border control, and intercepting and quarantining immigrants, rather than a concern for the wider citizenry. The flu helped convince Canadians that the health of everyone was of national importance”5 to our society.

“Beyond spurring the creation of the Federal Department of Health and other government innovations, the crisis also inspired a greater sense of community in Canada.”6

SARS 2003-2004

“During SARS, Canada’s provincial and federal governments were struggling to share information in an optimal way, as there were no data sharing protocols between jurisdictions. To

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solve this problem, Canada created the arms-length Public Health Agency of Canada and similar agencies at the provincial level.”

Facilitating Domestic Collaboration

The Public Health Agency of Canada empowers Canadians to improve their health. In partnership with others, its activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision making. It values scientific excellence and provides national leadership in response to public health threats. The Minister of Health is responsible for maintaining and improving the health of Canadians.

The Public Health Agency of Canada is part of the Health Portfolio.

Fostering International Collaboration

The SARS epidemic also exposed a lack of international cooperation, so in 2007, the World Health Organization (WHO) implemented International Health Regulations (IHR), an agreement between 194 countries to build their capacities to detect, assess and report public health events. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

H1N1: 2009

Instead of focusing on infrastructure, H1N1 shone the spotlight on process as this pandemic occurred while a minority government was at the helm. Seeking to act for the greater good of the overall population, the party in power decided to involve all other parties to find optimal solutions and strategies... together. “Viral pandemics are not the time for partisan politics but for a unified voice on health issues.”

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Devising a Communication Strategy

An inclusive strategy was devised for informing and educating the public without raising alarm, involving close collaboration between experts, public servants and politicians. To raise the credibility bar, the most effective group or individual was empowered to lead/speak, according to the topic or intervention. It was also determined to increase communication flow and activities, and to be more accessible to the media. This smart move enabled experts, community activists and social thinkers to share the spotlight with politicians.

Implementing an Engagement Strategy

An innovative strategy for cross-party collaboration was put in place to present a united front and align messages and actions. The approach was centered on ‘bringing everyone into the tent’: informing all political parties, seeking their input, investing them in the overall success of outcomes, preventing surprises during the question period, etc. “This strategy significantly raised trust levels in the Parliament, facilitating the passing of three new Public Health legislations...with unanimous support!”11 The H1N1 all parties’ involvement win-win strategy is guaranteed to improve outcomes, relationships, climate and learning: could that be a blueprint for the future of parliamentary process?

Key Learnings: Summary

Defining Vision

When the need for a new reality erupts (in this case, public health), governments start by defining a vision. Then, they set about configuring a model for optimal results, and for the greater good of people and communities under their care.

Setting-up Systems

Next, they put in place systems required for public policy development and implementation, governance, and service delivery (the building blocks of government), ensuring all the components are aligned, mutually reinforcing, and acting in a synergistic manner.

11 Ibid.
Fine-tuning Systems

As implementation proceeds, governments inevitably discover that aspects of the context, vision or issue have been overlooked, insufficiently conceptualized, or incompletely mapped out, and they set about finalizing and integrating them.

In recent times, this fine-tuning process has become more participative: including experts, stakeholder groups, best practices and most importantly, citizens. During COVID-19, this continuous improvement process has been highly transparent, for example as the federal government receives feedback & suggestions to improve financial support programs.... The government welcomes, considers and implements many of them, progressively improving efficiency and performance.

A real partnership is starting to emerge, much to the satisfaction of all concerned, proving that ‘participative democracy ’ not only is feasible, but yields better results, enhancing satisfaction for all stakeholders, and instilling a sense of collective ownership and pride.

Using a Collaborative Approach

Our current experience is not unique. Many experiments and much research show that system design greatly benefits from exposure to a variety of perspectives, experiences and know how.12 As the proverb states: ‘Where everyone thinks alike, no one thinks very much.’ All over the world, governments increasingly choose to do things with, not to people. This requires engagement strategies, which foster public trust, while strengthening the democratic process.13

In Canada, British Columbia (BC) has gained extensive experience with engagement through its ground breaking initiative: govtogether.bc

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British Columbians in the programs, policies and services that directly affect their lives...Citizen Engagement is the process whereby citizens provide feedback on programs, policies and services that affect their lives. Bottom-up participation from residents and B.C. citizens leads to more effective and sustainable policy.¹⁴

Pandemic Leadership DNA

History reveals that the leadership styles best suited to pandemics share common characteristics for, during crises, people go back to the lower levels of Maslow’s hierarchy of needs,¹⁵ requiring information and signals that touch their emotions and longing for security first, as well as balanced and clear messages that provide hope and confidence in the future.¹⁶

Stakeholders look for leaders firmly anchored in stewardship: acting for the greater good of the people and entities under their care.

Attributes include:

- Empathetic and compassionate: have stakeholders’ well-being at heart
- Hopeful and positive: maintain a balanced outlook
- Action-oriented: take steps early on, instead of denying or minimizing the severity & dangers
- Strategic and innovative: seek to build the future, instead of lamenting the past
- Steady and safe: exude a calm and kind composure
- Collaborative and humble: listen to feedback, admit mistakes, do not pretend to know all the answers, seek to find solutions…together
- Patriotic & committed: stand by their country’s values, identity, & brand.

In an interview with the University of Alberta’s FOLIO Magazine, resident historian Susan Smith stated:

The historical lesson is that when leaders use strong-arm tactics or conflicting, mixed messages, or provide only limited information, the citizens are reluctant to follow along. Good public co-operation is based on clear government and public health messaging with frequent and honest communications.  

Prime Minister Justin Trudeau is blessed with high Emotional Intelligence (EQ), and naturally adopted an effective leadership style, well-suited to current realities. Regardless of what happens on any given day, he looks calm and quietly confident.

Moreover, he proudly stands by our Canadian values, principles, identity and brand. Watch this video here he responds to racist attacks against Chief Medical Officer, Dr. Teresa Tam: “Intolerance and racism have no place in our society. Canada has succeeded because of our diversity. It’s one of our greatest strengths.”

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20 Ibid.
Eminent historian and journalist Andrew Cohen remarks:

The Prime Minister appears in public every day, alone, outside his residence. He speaks sensibly, with authority, without hyperbole. This has been his finest hour. Canadians trust him. They may not have voted for him – only about one-third did – but that doesn’t matter now. Nor do we question the competence of his ministers, who are the other faces of the crisis: Chrystia Freeland, Marc Garneau, Patty Hajdu, Bill Blair. All are calm, competent, and professional. This is what we want.\footnote{Cohen, A. (2020, March 24). Cohen: Why Canada’s response to COVID-19 is so different from that of the U.S. Retrieved May 23, 2020, from \url{https://ottawacitizen.com/opinion/cohen-why-canadas-response-to-covid-19-is-so-different-from-that-of-the-u-s/}}

Interestingly:

Leaders who didn’t adopt a leadership style suited to pandemics, lost their seats in the following election. For example, it took two years for San Francisco Governor, Henry Gage, to admit the Spanish Flu existence for fear it would hurt the economy, and it took four years to stamp out the disease, after the Governor was voted out of office for not taking it seriously. The historical lesson is that when leaders use strong-arm tactics or conflicting, mixed messages, or provide only limited information, the citizens are reluctant to follow along.\footnote{Folio, G. M. (2020, April 08). What we’ve learned from the Spanish flu—and what we haven’t. Retrieved May 23, 2020, from \url{https://www.folio.ca/what-weve-learned-from-the-spanish-fluand-what-we-havent/}}

About the Author

Françoise Morissette, M.Ed., P.C.C., has been a facilitator at Queen’s IRC since 1994, and was made a Fellow in 2006. She played a key role in developing and implementing Queen’s IRC’s Organizational Development curriculum and currently teaches on the OD Foundations and Coaching Skills programs. Françoise is a Certified Professional Coach, and she leverages coaching in her leadership practice, as well as training leaders and HR professionals on coaching skills.

Françoise is a major contributor to the OD field, with an emphasis on leadership and systems transformation, helping individuals, organizations and communities enhance their leadership
capacity for performance and sustainability. In 2016, she certified as a LEADS facilitator.
LEADS, a leadership capability framework originally developed in the Canadian health care
system, is rapidly spreading to other sectors and countries. Françoise wrote Made in Canada
Leadership, with Amal Henein. It was the product of a large research project on leadership
excellence and development. The book also explores ways to refine and leverage our national
leadership brand in the global world.
References


