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PANDEMIC PREPAREDNESS, SURVEILLANCE, AND BORDER CONTROL MEASURES

Report of the Standing Committee on Public Accounts

Kelly Block, Chair

MAY 2021
43rd PARLIAMENT, 2nd SESSION

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Chair**

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NOTICE TO READER

Reports from committees presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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THE STANDING COMMITTEE ON PUBLIC ACCOUNTS

has the honour to present its

EIGHTEENTH REPORT

Pursuant to its mandate under Standing Order 108(3)(g), the committee has studied Report 8, Pandemic Preparedness, Surveillance, and Border Control Measures, of the 2021 Reports of the Auditor General of Canada and has agreed to report the following:



PANDEMIC PREPAREDNESS, SURVEILLANCE, AND BORDER CONTROL MEASURES

BACKGROUND

According to the Office of the Auditor General of Canada (OAG), on 31 December 2019, reports emerged of several cases of viral pneumonia of unknown origin in Wuhan, China. A new coronavirus was identified as the cause of the disease by the World Health Organization. It was later named the coronavirus disease (or COVID-19) and Canada's first case was confirmed on 27 January 2020.¹

Furthermore, starting in "February and into March, the disease spread internationally at a rapid rate. On 30 January 2020, the World Health Organization declared the outbreak in China to be a public health emergency of international concern and on 11 March 2020 declared COVID-19 to be a pandemic. Five days later, Canada had 401 confirmed cases and the Chief Public Health Officer of Canada stated that COVID-19 posed a serious health risk."²

It should be noted that in Canada, public health is a shared responsibility between the federal provincial, and territorial governments. Thus, ensuring "a consistent approach to pandemic planning requires the federal, provincial, and territorial governments to work together."³ Exhibit 1 explains this further.

1 Office of the Auditor General of Canada (OAG), [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, para. 8.3.

2 Ibid., para. 8.4.

3 Ibid., para. 8.5.



Exhibit 1—Examples in the Response Plan of Federal, Provincial, and Territorial Roles and Responsibilities During a Pandemic

Federal government	Provinces and territories
<ul style="list-style-type: none"> • coordinating the overall federal-provincial-territorial response • managing all international aspects of a pandemic response, including travel health notices, and exercising powers under the <i>Quarantine Act</i> • preparing and communicating risk assessments • mobilizing medical supplies in the National Emergency Strategic Stockpile ⁴ to support provincial and territorial responses and acquiring extra medical supplies 	<ul style="list-style-type: none"> • providing health care services • collecting health information and reporting data to the federal level • communicating the response and messages at a provincial or territorial level • ensuring the provision of medications, supplies, and equipment required for provision of health care services
Shared	
<ul style="list-style-type: none"> • implementing surveillance standards and protocols • establishing and implementing protocols for timely sharing of surveillance information • developing and implementing public health guidance 	

Source: Office of the Auditor General of Canada, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, Exhibit 8.3.

At the federal level, the Public Health Agency of Canada (PHAC) “supports the federal Minister of Health on several public health issues and is the lead federal organization for planning and coordinating a national response to infectious diseases that pose a risk to public health. The Chief Public Health Officer of Canada is the lead health professional of the Government of Canada responsible for public health and provides advice to the Minister of Health and the president of the agency.”⁴ The agency is also responsible for “planning for public health emergencies by developing and maintaining plans that support national emergency responses” and “coordinates intergovernmental collaboration on public health matters and facilitates policy development and access to health surveillance information.”⁵

4 Ibid., para. 8.6.

5 Ibid., para. 8.7.

Additionally, the Canada Border Services Agency (CBSA) supports “national security and public health and safety priorities by enforcing federal legislation and orders. In cooperation with [PHAC, it] can implement a variety of border control measures to help protect public health. Border control measures are actions that may be used in an emergency and include:

- screening arriving travellers;
- providing information and travel health notices;
- collecting contact information from travellers entering Canada and providing it to [PHAC];
- enforcing an emergency order for mandatory quarantine or isolation; and
- enforcing an emergency order for entry restrictions at the border.”⁶

In March 2021, the OAG released an audit that focused on whether PHAC “was prepared to effect a pandemic response that would protect public health and safety and would be supported by accurate and timely public health surveillance information.”⁷ It also focused on whether PHAC and CBSA implemented and enforced border control and mandatory quarantine measures to limit the spread in Canada of the virus that causes COVID-19.⁸

On 20 April 2021, the House of Commons Standing Committee on Public Accounts (the Committee) held a hearing on this audit with the following in attendance:

OAG – Karen Hogan, Auditor General of Canada; Carol McCalla, Principal; Chantal Richard, Principal; Sarah McDermott, Director; and Francis Michaud, Director

CBSA – John Ossowski, President, and Denis Vinette, Vice-President, Travellers Branch

6 Ibid., para. 8.8.

7 Ibid., para. 8.9

8 Ibid.



PHAC – Iain Stewart, President, and Cindy Evans, Vice-President,
Emergency Management⁹

The following key terms are used in this report:

Coronavirus Disease (COVID-19)—The disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).¹⁰

End of the COVID-19 pandemic – a date to be determined by the Chief Public Health Officer of Canada.

Order-in-Council (OIC) – A legislative instrument generated by the Governor in Council, and constitutes a formal recommendation of Cabinet that is approved and signed by the Governor General.¹¹

Surveillance Standard—An established procedure to follow to ensure that infectious disease occurrences are uniformly defined, reported, and recorded.¹²

FINDINGS AND RECOMMENDATIONS

Planned Testing Exercise and Updated Plans and Guidance

Following infectious disease outbreaks in Canada, such as the 2009 H1N1 virus pandemic, PHAC “took steps to further develop plans and national guidance to prepare for future outbreaks. However, prior to the COVID-19 pandemic, the agency did not update all of the plans.”¹³

For example, the OAG found that “the agency did not update the two plans for the federal health portfolio entities prior to the COVID 19 pandemic. The Health Portfolio Strategic Emergency Management Plan is supposed to be reviewed every two years at a

9 House of Commons Standing Committee on Public Accounts, *Evidence*, 2nd Session, 43rd Parliament, 20 April 2021, [Meeting No. 26](#).

10 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, Definitions.

11 Libraries and Archives Canada, [Orders-in-Council](#).

12 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, Definitions.

13 *Ibid.*, para. 8.16.

minimum” to assess its suitability; yet, it had not been reviewed or updated since 2016.¹⁴ Notably, as of late 2019, PHAC had identified the need to update it to reflect

- the creation of the Federal-Provincial-Territorial Public Health Response Plan for Biological Events;
- the federal health portfolio’s new risk and capability assessment process;
- lessons learned from the opioid crisis; and
- changes to roles and responsibilities within the federal health portfolio.¹⁵

Additionally, PHAC is the lead organization “for testing pandemic-related response plans under its responsibility. Following the H1N1 pandemic, the need for regular and rigorous testing of plans at all levels was one of the lessons learned and one of the recommendations from the Standing Senate Committee on Social Affairs, Science and Technology.”¹⁶ Proper testing makes it possible to

- evaluate plans, policies, and procedures;
- reveal planning weaknesses;
- reveal gaps in resources;
- improve organizational coordination and communications;
- clarify roles and responsibilities; and
- improve employee performance.¹⁷

Although the agency engaged with provincial and territorial partners and was advanced in its preparations to test the Federal-Provincial-Territorial Public Health Response Plan for Biological Events through a large-scale exercise simulating an influenza pandemic, it did not complete the exercise with its partners prior to the COVID-19 pandemic. (The

14 ibid., para. 8.30.

15 ibid.

16 ibid., para. 8.34.

17 ibid.



test exercise had been scheduled for 2020, but the agency indicated that testing activities could not proceed further due to the pandemic.)¹⁸

Consequently, the OAG recommended that PHAC “should work with its partners to evaluate all plans to assess whether emergency response activities during the COVID-19 pandemic were carried out as intended and met objectives. This evaluation and other lessons learned from the pandemic should inform updates to plans. The agency should further test its readiness for a future pandemic or other public health event.”¹⁹

In its Management Response and Action Plan, the agency stated its agreement with the recommendation and that since “existing plans provided a framework to guide the current response but that improvements are always possible, [PHAC] will incorporate learnings from the pandemic into its plans and test them as appropriate.”²⁰ Specifically, it will update the Health Portfolio Plans in four phases as follows:

Phase 1

- Collate lessons learned from COVID-19 and engage with partners to evaluate how plans were used during the pandemic, and identify gaps, should they exist. (Ongoing)

Phase 2

- Drawing from Phase 1, conduct an analysis of the plans to identify areas requiring modifications should they exist; initiate revision of the plans in priority areas, as and if appropriate. (Within 12 months after the end of the pandemic)

Phase 3

- As part of consultations with partners and the results from Phase 2, test the plans through a series of workshops and exercises. (Within 18 months after the end of the pandemic)

18 Ibid., para. 8.17.

19 Ibid., para. 8.37.

20 Public Health Agency of Canada (PHAC), [Management Response and Action Plan](#), p. 1.

Phase 4

- Based on observations from workshops and exercises, finalize plans and seek necessary approvals, if and as required. (Within 24 months after the end of the pandemic).²¹

Regarding the Federal/Provincial/ Territorial Public Health Response Plan for Biological Events, the agency committed to the following:

Within six months of the end of the pandemic, the Agency will engage the Public Health Network Council to discuss the findings, analysis and observations made in the previous four phases, and apply them to the plan (should the plan require refinements), and will work with Council members to identify a work plan and key deliverables, and timelines (if necessary).²²

And at the hearing, Iain Stewart, President, PHAC, reiterated the need for the agency to improve its planning abilities for future pandemics.²³

Therefore, the Committee recommends:

Recommendation 1

That, by 31 December 2021, the Public Health Agency of Canada provide the House of Commons Standing Committee on Public Accounts with a progress report regarding A) an assessment of whether emergency response activities during the COVID-19 pandemic were carried out as intended and met objectives; and B) plans to test its readiness for a future pandemic or other public health events. A final report should also be provided six months after the end of the current COVID-19 pandemic.

Exchange of Health Data Between the Agency and Provinces and Territories

Although PHAC implemented a “data sharing agreement with its provincial and territorial partners, important parts of the agreement set out in technical annexes had not yet been finalized. In early 2020, the agency and its provincial and territorial partners developed surveillance guidelines and a case reporting form specific to

21 Ibid.

22 Ibid., pp. 1-2.

23 House of Commons Standing Committee on Public Accounts, *Evidence*, 2nd Session, 43rd Parliament, 20 April 2021, [Meeting No. 26](#), 1245.



COVID-19 surveillance. However, [PHAC] did not fully report to internal decision makers on COVID-19 data surveillance elements and indicated that some gaps in reporting were due to missing data in the case forms received.”²⁴

The OAG also observed several long-standing shortcomings with PHAC’s information technology infrastructure used for the storage, processing, and analysis of health surveillance data from provinces and territories. The agency began to implement improvements to this infrastructure in October 2020. PHAC informed the OAG that although these shortcomings did not prevent provinces and territories from providing their data to the agency, they had an impact on the timeliness with which the data could be cleaned, processed, and analyzed.²⁵

Additionally, the agency had not made satisfactory progress on selected recommendations made in previous OAG audit reports on health surveillance information related to data sharing agreements and the legislative review of authorities for surveillance activities.²⁶ (For example, see [Surveillance of Infectious Diseases—Public Health Agency of Canada](#), Chapter 5 of the 2008 May Report of the Auditor General of Canada.)

Consequently, the OAG recommended that PHAC “should, in collaboration with its provincial and territorial partners, finalize the annexes to the multi-lateral agreement to help ensure that it receives timely, complete, and accurate surveillance information from its partners. In addition, in collaboration with provinces and territories, the agency should set timelines for completing this agreement. This exercise should be informed by lessons learned from data sharing between the agency and its partners during the COVID-19 pandemic.”²⁷

In its action plan, PHAC stated its agreement with the recommendation and that with its partners, it will “develop a new work plan for the multi-lateral agreement. The new work plan will be developed with provincial and territorial partners on the basis of lessons learned from the COVID-19 pandemic and the forthcoming recommendations from the pan-Canadian health data strategy (pCHDS).”²⁸ The project’s timeline is as follows:

24 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, para. 8.38.

25 Ibid.

26 Ibid., para. 8.45.

27 Ibid., para. 8.51.

28 PHAC, [Management Response and Action Plan](#), p. 2.

- “Recommendations related to public health data sharing in Canada from the pCHDS – January 2022
- Multi-lateral information sharing agreement governance structure finalized outlining how PHAC will work with the provinces and territories— August 2022
- In collaboration with provincial and territorial partners, develop a workplan and critical path for addressing the multi-lateral information sharing agreement annexes that reflect lessons learned from COVID-19 – November 2022
- In collaboration with provincial and territorial partners, draft annexes to the multi-lateral information sharing agreement – based on the workplan and critical path (within two years of the end of the pandemic)
- Final approved annexes to the multi-lateral information sharing agreement – based on workplan and critical path (within two years of the end of the pandemic).”²⁹

Therefore, the Committee recommends:

Recommendation 2

That, by 31 December 2021, the Public Health Agency of Canada provide the House of Commons Standing Committee on Public Accounts with a progress report, in collaboration with its provincial and territorial partners, that finalizes the annexes to the multi-lateral agreement to help ensure that the Public Health Agency of Canada receives timely, complete, and accurate surveillance information from the provinces and territories. A final report should be provided by 30 June 2022.

Furthermore, the OAG noted that PHAC had identified several problems with the information management system used for the COVID-19 surveillance program during the audit period—for example:

- Manual data processing – Although received electronically from provincial and territorial partners in the majority of cases, health data

29 Ibid.



files were manually copied and pasted from the data intake system into the agency's processing environment. This could cause delays or errors.

- Data formatting – The agency received the data in inconsistent formats from provinces and territories, requiring complex processes to transform it.
- Storage capacity – The agency's database system had insufficient storage capacity to deal with anticipated future needs and would likely soon be incapable of hosting all of the requested records related to COVID 19 health information.³⁰

Thus, the OAG recommended that PHAC “should finalize the improvements to its information technology infrastructure to facilitate the collection of timely, accurate, and complete surveillance information from provinces and territories, both during and after the COVID-19 pandemic. The agency should establish timelines for the completion of these improvements.”³¹

In its action plan, the Agency stated its agreement with the recommendation and that it “will work with provincial and territorial partners through established governance mechanisms, including the Technical Advisory Committee, the Special Advisory Committee, and the Canadian Health Information Forum, to build on the information management and information technology improvements already underway and articulate the additional functionality at the federal level to facilitate the collection of surveillance information from provinces and territories”.³² This undertaking's key milestones are:

- “Launch of data portal as data collection and sharing solution – October 2020 (complete)
- Complete consultations with partners on additional functionality required for a longer-term data sharing solution – September 2021
- Based on input from consultations, evaluate options, including existing systems, for functionality and compatibility – January 2022

30 Ibid., para. 8.60.

31 Ibid., para. 8.65.

32 PHAC, [Management Response and Action Plan](#), p. 3.

- Develop and implement critical path with clear milestones and workplan, which will include addressing funding needs as necessary and will address findings from the pCHDS – March 2022.
- Full Implementation of selected data sharing solution(s) — Within two years of the end of the pandemic.”³³

At the hearing, Iain Stewart added that PHAC has made several investments in this area, such as the creation of a chief data officer, a vice-president for information, and also a team around better organizing the agency works with the provinces and territories on data.³⁴

Notwithstanding PHAC’s progress thus far, the Committee nevertheless recommends:

Recommendation 3

That the Public Health Agency of Canada provide the House of Commons Standing Committee on Public Accounts with progress reports regarding improvements to its information technology infrastructure to facilitate the collection of timely, accurate, and complete surveillance information from provinces and territories, as follows: 31 December 2021; 30 June 2022; and 31 December 2022 or six months after the end of the COVID-19 pandemic (whichever comes first).

The OAG also recommended that PHAC “should develop and implement a long-term, pan-Canadian health data strategy with provinces and territories that will address both the long-standing and more recently identified shortcomings affecting its health surveillance activities. This strategy should support the agency’s responsibility to collect, analyze, and share relevant and timely information.”³⁵

In its action plan, PHAC stated its agreement with this recommendation and that it “signalled its commitment to continue improving health data collection, sharing, and use by creating the Corporate Data and Surveillance Branch in October 2020. Under the leadership of the new branch, the agency launched collaborative work with its federal, provincial, and territorial partners, as well as diverse data stakeholders, toward

33 Ibid.

34 House of Commons Standing Committee on Public Accounts, *Evidence*, 2nd Session, 43rd Parliament, 20 April 2021, [Meeting No. 26](#), 1200.

35 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada para. 8.66.



articulating a pan-Canadian health data strategy.”³⁶ The Agency also provided the project’s key milestones, specifying that “[s]ignificant progress has been made to support federal, provincial, and territorial partnership and on the overall deliverable itself:

- Establishment of federal, provincial, and territorial governance for the long-term, pan-Canadian health data strategy – October 2020 (complete)
- Launch of an Expert Advisory Group to provide strategic advice re: development of a long-term, pan-Canadian health data strategy – December 2020 (complete)
- 1st Draft of the long-term, pan-Canadian health data strategy – August 2021
- 2nd Draft of the long-term, pan-Canadian health data strategy – November 2021
- Long-term, pan-Canadian health data strategy developed – December 2021
- Completion of all deliverables for the short and medium-term priorities under the pan-Canadian Health Data Strategy – March 2022
- Long-term, pan-Canadian health data strategy, approval by the Conference of Deputy Ministers of Health – May 2022.”³⁷

Notwithstanding the Agency’s progress thus far, the Committee recommends:

Recommendation 4

That, by 31 December 2021, the Public Health Agency of Canada provide the House of Commons Standing Committee on Public Accounts with a progress report regarding the development and adoption of a pan-Canadian health data strategy. A final report should be provided by 30 June 2022.

36 PHAC, [Management Response and Action Plan](#), p. 4.

37 Ibid.

Global Public Health Intelligence Network Alerts and Agency Risk Assessments

PHAC’s Global Public Health Intelligence Network (GPHIN) did not issue an alert to provide early warning about the virus that would become known as the cause of COVID-19. Instead, the network shared daily reports with Canadian subscribers including federal, provincial, and territorial public health officials, which contained links to news articles reporting on the virus. PHAC prepared five rapid risk assessments of the virus outbreak but did not prepare a forward-looking assessment of the pandemic risk, as was called for in its emergency response plan and guidance.³⁸

Conversely, GPHIN daily *reports* were issued about the new virus – the “first report was issued on 31 December 2019 with a link to an article describing an outbreak of viral pneumonia of unknown origin in China. Unlike a GPHIN *alert*, these reports were distributed only within Canada (to federal, provincial, and territorial partners). The daily reports contain links to international and national news articles and consist of publicly available information to facilitate early warning and ongoing situational awareness of emerging public health risks or threats. By contrast, a GPHIN alert warns subscribers of a potential health threat, provides a link to an article on the event of concern, and is issued on the basis of pre-established criteria to determine significance.”³⁹

Moreover, PHAC officials confirmed that its GPHIN analysts did not propose an alert for the new virus. The agency changed the analysts’ authorization to issue these alerts in 2018, requiring senior management approval, after which the number of alerts decreased significantly. For example, from 2015 to 2018, PHAC issued between 21 and 61 alerts per year, whereas it issued only one alert for 2019 and one in 2020.⁴⁰

Lastly, the OAG noted that at the end of its audit, PHAC “formalized its existing procedures for issuing alerts” and “that in September 2020, the Minister of Health announced an independent review of the effectiveness of the GPHIN and its contribution to public health intelligence domestically and internationally. The review had not yet been completed by the end of [the] audit period.”⁴¹

38 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, para. 8.67.

39 Ibid., para. 8.77.

40 Ibid., para. 8.78.

41 Ibid., para. 8.79.



Consequently, the OAG recommended that PHAC “should appropriately utilize its Global Public Health Intelligence Network monitoring capabilities to detect and provide early warning of potential public health threats and, in particular, clarify decision making for issuing alerts.”⁴²

In its action plan, PHAC stated its agreement with this recommendation and that in “recognition of the need for clear decision-making processes, a standard operating procedure was put in place in fall 2020 regarding the issuance of GPHIN alerts. The agency will work to make further improvements to GPHIN and to one of the program components, the alert process, taking into account both this recommendation as well as the final recommendations of the independent review of GPHIN, expected to be issued in spring 2021.”⁴³ This will be done in two phases, as follows:

Phase 1

- The Agency will work to improve and streamline the decision-making process for the issuance of GPHIN alerts and other GPHIN products and processes. This will include reviewing the Standard Operating procedure for GPHIN Alerts, which was implemented October 2020, to determine if further improvements are required, while also putting in place an annual review of GPHIN processes and products.

Phase 2

- The Agency will assess the recommendations of the GPHIN External Review Panel and develop a Management Response and Action Plan to address them, within 4 months of receiving the report.⁴⁴

At the hearing, Iain Stewart provided the following:

On the early detection of public health events, an independent review of the Global Public Health Intelligence Network, GPHIN, is currently under way to ensure that it meets today's public health needs but also looking at its role in global and domestic public health surveillance going forward. We expect a final report and recommendations from this independent review later this spring. The advice and guidance from the

42 Ibid., para. 8.80.

43 PHAC, [Management Response and Action Plan](#), pp. 5-6.

44 Ibid.

Auditor General as well as the work of this review will inform our way forward in this area.⁴⁵

Therefore, the Committee recommends:

Recommendation 5

That, by 31 December 2021, the Public Health Agency of Canada provide the House of Commons Standing Committee on Public Accounts with a progress report regarding improvements to A) how the Agency uses the Global Public Health Intelligence Network; and B) procedures and approvals for issuing alerts.

PHAC “completed a series of rapid risk assessments for the initial outbreak but did not assess the pandemic risk of this emerging infectious disease or its potential impact were it to be introduced into Canada. Once the emergency response plan was activated for the coronavirus on January 15, related guidance called for the completion of pandemic risk assessments.”⁴⁶

Such assessments are “intended to be forward-looking; that is, to examine the risk that an emerging infectious disease could become a pandemic, and if so, to determine the potential impact on public health.”⁴⁷ They are “intended to guide response planning and actions proportional to the assessed level of threat as well as to the reality of the evolving situation.”⁴⁸

Instead, the OAG found that PHAC “prepared a series of 24-hour rapid risk assessments, using a methodology that was in a pilot phase of implementation and had not yet been formally evaluated or approved. Furthermore, the assessments were designed to assess the risk of a disease outbreak at a specific point in time and were meant to trigger more thorough risk assessments. [The OAG] found that the methodology was not designed to assess the likelihood of the pandemic risk posed by a disease like COVID-19 and the potential impact were it to be introduced to Canada.”⁴⁹

45 House of Commons Standing Committee on Public Accounts, *Evidence*, 2nd Session, 43rd Parliament, 20 April 2021, [Meeting No. 26](#), 1145.

46 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, para. 8.81.

47 Ibid.

48 Ibid.

49 Ibid., para. 8.82.



Later, five rapid risk assessments were prepared from January to mid-March 2020 to inform the public health response, all but last of which assessed the impact of the virus as low. Since these risk assessments did not consider forward-looking pandemic risk, PHAC concluded that COVID-19 would have a minimal impact if an outbreak were to occur in Canada.⁵⁰

Furthermore, in reviewing the meeting minutes of the agency's two key pandemic response committees, the OAG "found little discussion concerning the ongoing low risk rating for COVID-19. However, on 12 March 2020, in light of escalating case counts, senior provincial and territorial public health officials raised the need for aggressive public health measures, including mandatory quarantine for international travellers."⁵¹

Hence, the OAG recommended that PHAC "should strengthen its process to promote credible and timely risk assessments to guide public health responses to limit the spread of infectious diseases that can cause a pandemic, as set out in its pandemic response plans and guidance."⁵²

In its action plan, PHAC stated its agreement with the recommendation and that it "will conduct a review of its risk assessment process and incorporate lessons learned from the COVID-19 pandemic to support timely decision making by senior officials. In addition, the agency will engage domestic and international partners and other stakeholders to inform the review process. This review will also be consistent with and informed by other international risk assessment process reviews in response to the COVID-19 pandemic."⁵³ The timelines for this work is as follows:

PHAC Risk Assessment Tool

- 1) Incorporate immediate lessons learned from the first wave of the COVID-19 pandemic into the existing risk assessment tool (Completed June 2020)
- 2) Undertake review of the risk assessment tool and methodology (Completed December 2020)
- 3) Develop pilot and implement a new assessment tool (April 2022)

50 Ibid., para. 8.83.

51 Ibid., para. 8.84.

52 Ibid., para. 8.85.

53 PHAC, [Management Response and Action Plan](#), p. 6.

- 4) Engage PTs, key stakeholders and international counterparts to inform the review process (December 2022)

PHAC Risk Assessment Process

- 1) Incorporate immediate lessons learned from the first wave of the COVID 19 pandemic into the risk assessment process (Completed August 2020)
- 2) Review PHAC's risk assessment process considering other domestic and international approaches (December 2021)
- 3) Engage provincial/territorial/key stakeholders and international counterparts to inform the review process (May 2022)
- 4) Identify additional risk assessment process improvements, including how intelligence connects to governance and informs decision-making (June 2022)
- 5) Implement changes (December 2022)⁵⁴

At the hearing, Iain Stewart provided the following:

I think the Auditor General identified a key consideration that was not part of the risk assessment and I think, therefore, it impacted the overall rating result.

Obviously, the future directions the pandemic can be projected to be moving into is going to be a key consideration for the risk it poses. That's part of the area where we're going to have to be improving our tools.⁵⁵

Therefore, the Committee recommends:

54 Ibid., pp. 6-7.

55 House of Commons Standing Committee on Public Accounts, *Evidence*, 2nd Session, 43rd Parliament, 20 April 2021, [Meeting No. 26](#), 1205.



Recommendation 6

That the Public Health Agency of Canada provide the House of Commons Standing Committee on Public Accounts with progress reports regarding improvements to how it promotes credible and timely risk assessments to guide public health responses to limit the spread of infectious diseases that can cause a pandemic, as set out in its pandemic response plans and guidance, as follows: 31 December 2021 and 31 December 2022.

Border Restrictions

CBSA “had a high-level pandemic plan, which it further developed as the pandemic evolved, along with planning tools and documents to guide its border services officers.”⁵⁶ It also created and mobilized a border task force, which “was responsible for implementing border measures as directed by [PHAC] as well as coordinating with other government departments to ensure that exemptions were correctly applied.”⁵⁷

The OAG found that CBSA acted quickly to enforce emergency orders prohibiting the entry of foreign nationals to Canada, with exemptions for essential workers. PHAC and CBSA cooperated to develop guidance for border services officers. However, CBSA did not review whether border services officers were consistently applying exemptions for essential workers.⁵⁸

Consequently, the OAG recommended that the CBSA, in collaboration with PHAC, “should ensure that border services officers have the appropriate guidance and tools to enforce border control measures imposed to limit the spread of the virus that causes COVID-19. Furthermore, because border control measures regarding entry and mandatory quarantine continue to evolve, [CBSA] should conduct a review of decisions related to essential workers to ensure that border services officers are properly applying exemptions. The findings from this review should be used to adjust existing and future guidance for the enforcement of emergency orders.”⁵⁹

In its Detailed Action Plan, CBSA stated its agreement with the recommendation and that through “its Border Task Force (BTF) has expanded its support to frontline border services officers beyond the already existing operational guideline bulletins, 7/24 live

56 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, para. 8.89.

57 Ibid.

58 Ibid., para. 8.86.

59 Ibid., para. 8.100.

support access and regular case reviews. In addition, the Agency has supplemented support by conducting detailed technical briefings prior to the implementation of new or amended OICs [Orders in Council]. The objective is to support the accurate implementation of new provisions and ensure clarity for frontline staff.”⁶⁰ The Agency also explained that it will support frontline border services officers by:

- Providing written direction in the form of operational bulletins, live 7/24 support and regular technical briefings on changes to OICs (Ongoing);
- Continuing to review the application of exemptions to quarantine under the Essential category to inform policy making or required adjustments to the OIC (Ongoing); and
- Finalizing an additional training tool for officers (June 2021).⁶¹

At the hearing, John Ossowski provided the following update:

I'm pleased to report that we had implemented almost all of the recommendations in the measures we had put in place. The one outstanding is an additional training tool for officers. Those would be the people in our training college, the new recruits, just to familiarize them with the order-in-council regime. In terms of the feedback loop to provide more clarity and to make adjustments regularly, we have a very robust action plan that has almost been completed.⁶²

Mr. Ossowski also explained some of the challenges of managing Canada’s borders during a pandemic:

Canadians have a right of entry to Canada. If you're coming back, we have to respect your charter rights and mobility rights. Even though we banned foreign nationals for non-essential travel, certainly Canadians all over the world had a right of entry.⁶³

Therefore, the Committee recommends:

60 Canada Border Services Agency, [Detailed Action Plan](#), p. 1.

61 Ibid.

62 House of Commons Standing Committee on Public Accounts, *Evidence*, 2nd Session, 43rd Parliament, 20 April 2021, [Meeting No. 26](#), 1245.

63 Ibid., 1235.



Recommendation 7

That, by 30 September 2021, the Canada Border Services Agency provide the House of Commons Standing Committee on Public Accounts with a progress report regarding the training tool for border services officers.

Enforcement of Mandatory Quarantines

According to the OAG, on 25 March 2020, the first of a series of emergency orders imposing a mandatory quarantine under the *Quarantine Act* came into effect, which evolved as the circumstances of the pandemic and understanding of the virus changed. They “required any person who entered Canada to quarantine for a period of 14 days and to self-monitor for symptoms of COVID-19. The orders allowed for certain exemptions, such as for foreign workers in the trade and transportation sector and for health care workers.”⁶⁴

The OAG found that during the period from 31 March to 30 June 2020, PHAC “did not always meet its targets to verify whether travellers subject to the mandatory 14-day quarantine upon entering Canada were following the quarantine orders.”⁶⁵

Additionally, due to limitations of public health information (i.e., aggregate data that does not provide accounts of individual cases, etc.), PHAC “could not track new cases of COVID-19 to see if they could be connected to travellers who may not have followed the quarantine orders. Of the individuals considered to be at risk of non-compliance, the agency referred only 40% to law enforcement and did not know whether law enforcement actually contacted them. [PHAC] had not contemplated or planned for mandatory quarantine on a nationwide scale and, as a result, had to increase capacity to verify compliance.”⁶⁶

Consequently, the OAG recommended that PHAC “should improve its systems and processes for administering the nationwide mandatory quarantine during the COVID-19 pandemic, including the collection of contact information and follow-up to verify

64 OAG, [Pandemic Preparedness, Surveillance, and Border Control Measures](#), Report 8 of the 2021 Reports of the Auditor General of Canada, para. 8.105.

65 Ibid., para. 8.101.

66 Ibid., para. 8.102.

compliance. Lessons learned should be used to develop emergency plans for administering mandatory quarantine orders for future disease outbreaks.”⁶⁷

In its action plan, PHAC stated its agreement with the recommendation and that it “has restructured its border and travel health program to better respond to the changing pandemic and increase its focus on compliance. The agency has improved the systems and processes to promote, monitor, and enforce traveller compliance with quarantine since the program was launched in March 2020.”⁶⁸

Furthermore, the action plan stated that the “accuracy and timely collection of traveller contact information has significantly improved since the agency transitioned to mandatory electronic submission of contact information and quarantine plans in November 2020 through the ArriveCAN phone app and website. This, in turn, has enhanced the agency’s ability to verify compliance and gather evidence to estimate compliance rates.”⁶⁹ It also uses the following:

- phone calls (automated and live agents);
- on-site compliance visits at a traveller’s quarantine location; and
- follow-up by law enforcement when non-compliance is suspected.⁷⁰

To ensure that approved emergency plans for the administration and enforcement of mandatory quarantine orders are available 18 months after the end of the COVID-19 pandemic, the Agency provided the following timelines:

- Lessons learned and areas for improvement, such as in systems and processes, are clearly articulated and documented – Fiscal years 2021/22 & 2022/23;
- Plans are developed based on lessons learned (1st draft) – April 2022;
- Plans are updated based on most recent lessons learned and consultations with partners (2nd draft) – April 2023; and

67 ibid., para. 8.118.

68 PHAC, [Management Response and Action Plan](#), p. 7.

69 ibid., pp. 7-8.

70 ibid.



- Plans are finalized and approved based on most recent lessons learned and consultations with partners (final draft) – 18 months after the end of the COVID-19 pandemic.⁷¹

In response to questions about the Agency’s ability to manage and enforce mandatory quarantine, Iain Stewart provided the following:

[When] we were presented with cases of non-compliance, at the get-go we took a decision that we would fine them. Under the *Quarantine Act*, we have the ability to fine them. The Public Health Agency is a public health agency; we don't have a course of force. We're public health professionals, and so we use fines.⁷²

[It's] an evolution of response in relation to the severity of what was happening within the pandemic. We're trying to learn from various sources like the Auditor General's report and the independent review of GPHIN, for instance, and many other comments, questions and studies. We're trying to evolve how we're doing what we're doing in real time, as the pandemic evolves.⁷³

Therefore, the Committee recommends:

Recommendation 8

That the Public Health Agency of Canada provide the House of Commons Standing Committee on Public Accounts with progress reports regarding the development and implementation of emergency plans for administering mandatory quarantine orders for future disease outbreaks, as follows: 31 December 2021; 31 December 2022; and 31 December 2023 or 18 months after the end of the COVID-19 pandemic (whichever comes first).

CONCLUSION

The Committee concludes that the Public Health Agency of Canada did not adequately prepare for crises such as the COVID-19 pandemic or use the alert system suitably, and showed deficiencies regarding managing mandatory quarantine. The Committee also concludes that although the Canada Border Services Agency acted quickly to enforce emergency orders prohibiting the entry of foreign nationals to Canada, it did not

71 Ibid.

72 House of Commons Standing Committee on Public Accounts, *Evidence*, 2nd Session, 43rd Parliament, 20 April 2021, [Meeting No. 26](#), 1220.

73 Ibid., 1155.

review whether border services officers were consistently applying exemptions for essential workers.

To address these matters, the Committee has made eight recommendations to help ensure the public health safety of all Canadians should a future pandemic arise.

The Committee would also like to sincerely acknowledge the dedication, sacrifice and tireless efforts of Canada's border services officers, health care workers, and all front-line personnel during this pandemic. We thank you for your service.



Summary of Recommendations and Timelines

Table 1—Summary of Recommendations and Timelines

Recommendation	Recommended Measure	Timeline
Recommendation 1	The Public Health Agency of Canada should provide the House of Commons Standing Committee on Public Accounts with a progress report regarding A) an assessment of whether emergency response activities during the COVID-19 pandemic were carried out as intended and met objectives; and B) plans to test its readiness for a future pandemic or other public health events. A final report should also be provided.	31 December 2021 and six months after the end of the current COVID-19 pandemic
Recommendation 2	PHAC should provide the Committee with a progress report, in collaboration with its provincial and territorial partners, that finalizes the annexes to the multi-lateral agreement to help ensure that the Agency receives timely, complete, and accurate surveillance information from the provinces and territories. A final report should also be provided.	31 December 2021 and 30 June 2022
Recommendation 3	PHAC should provide the Committee with progress reports regarding improvements to its information technology infrastructure to facilitate the collection of timely, accurate, and complete surveillance information from provinces and territories.	31 December 2021; 30 June 2022; and 31 December 2022 or six months after the end of the COVID-19 pandemic (whichever comes first)
Recommendation 4	PHAC should provide the Committee with a progress report regarding the development and adoption of a pan-Canadian health data strategy. A final report should also be provided.	31 December 2021 and 30 June 2022

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<p>Recommendation 5</p>	<p>PHAC should provide the Committee with a progress report regarding improvements to A) how the Agency uses the Global Public Health Intelligence Network; and B) procedures and approvals for issuing alerts.</p>	<p>31 December 2021</p>
<p>Recommendation 6</p>	<p>PHAC should provide the Committee with progress reports regarding improvements to how it promotes credible and timely risk assessments to guide public health responses to limit the spread of infectious diseases that can cause a pandemic, as set out in its pandemic response plans and guidance.</p>	<p>31 December 2021 and 31 December 2022.</p>
<p>Recommendation 7</p>	<p>The Canada Border Services Agency should provide the Committee with a progress report regarding the training tool for border services officers.</p>	<p>30 September 2021</p>
<p>Recommendation 8</p>	<p>PHAC should provide the Committee with progress reports regarding the development and implementation of emergency plans for administering mandatory quarantine orders for future disease outbreaks.</p>	<p>31 December 2021; 31 December 2022; and 31 December 2023 or 18 months after the end of the COVID-19 pandemic (whichever comes first)</p>

APPENDIX A LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee’s [webpage for this study](#).

Organizations and Individuals	Date	Meeting
Canada Border Services Agency John Ossowski, President Denis Vinette, Vice-President, Travellers Branch	2021/04/20	26
Office of the Auditor General Karen Hogan, Auditor General of Canada Carol McCalla, Principal Chantal Richard, Principal Sarah McDermott, Director Francis Michaud, Director	2021/04/20	26
Public Health Agency of Canada Iain Stewart, President Cindy Evans, Vice-President, Emergency Management	2021/04/20	26

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 26 and 32](#)) is tabled.

Respectfully submitted,

Kelly Block, M.P.
Chair

