

**Government Response to the 8th Report of the Standing Committee on Public Accounts  
Entitled: Pandemic Preparedness, Surveillance, and Border Control Measures**

**Introduction**

The Government of Canada has considered the 8<sup>th</sup> Report of the Standing Committee on Public Accounts (PACP), entitled: "Pandemic Preparedness, Surveillance, and Border Control Measures" on the 2021 Report 8 of the Auditor General of Canada. The Government would like to thank the members of the Committee for their study, as well as recommendations, and wishes to inform them that it accepts all of the recommendations. The Government would also like to confirm, with PACP, that it will provide progress reports and/or final progress reports, with further details on the status of specific recommendations, to PACP, by the requested future dates.

On April 20, 2021, the Public Health Agency of Canada (PHAC) and Canada Border Services Agency (CBSA) tabled a Management Response and Action Plan (MRAP), in response to the Auditor General's report, with the Committee. The progress reports as requested by PACP will provide updates on the status of the initiatives underway that are outlined in the MRAP.

The experience of COVID-19 has provided a lived experience of a global pandemic, the nature of which Canada and the world has not seen in over 100 years. Recognizing that the Government's existing emergency response plans (prior to the pandemic) provided a framework to guide the Canadian response to COVID-19, but that improvements are always possible, PHAC remains committed to incorporate lessons learned from the COVID-19 pandemic into its actions, if and where appropriate. PHAC acknowledges that the use of lessons learned will help evolve its response and will be critical to support improvements suggested by the Auditor General and PACP.

Moreover, as progress on the recommendations is not solely under the purview of the federal government, PHAC remains committed to continuing to work with its provincial and territorial, Indigenous and international partners, taking into account the significant capacity limitations in these jurisdictions as a result of the pandemic. Further, progress on many of the PACP recommendations will continue to rely on the support and collaboration of these partners.

A response and status update for all of the PACP recommendations (as of April 29, 2022) follows. This provides a full progress report on recommendations up to June 30, 2022.

<b>Recommendation 1 – Public Health Event Readiness</b>	
<b>Standing Committee on Public Accounts</b>	<b>Auditor General</b>
<p>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.</p>	<p>The Public Health Agency of Canada 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.</p>
<b>Response and Status Update</b>	
<p>Since the start of the pandemic, PHAC has conducted a number of reviews and assessments of its emergency response activities, including linkages with key emergency management plans. During this time, these plans have provided a useful framework for establishing key governance and operational structures to drive response activities in accordance with internationally-recognized best practices. The Agency continues to compile observations of its response to inform future updates to its emergency plans.</p> <p>In addition, the Agency has developed a high-level work plan to guide the updating of its emergency plans and has formed an internal, expert working group of public health emergency management practitioners to provide feedback and suggestions on required changes. Consistent with commitments made to the Auditor General, the work plan recognizes the importance of testing any updates to determine readiness for future public health emergencies. While this work is underway, existing emergency plans have been leveraged to address new, emerging public health events (e.g., BC floods, Ebola) and any gaps identified are being captured.</p> <p>Engagement with provincial and territorial (PT) partners will be a significant factor in determining required updates to joint federal/provincial/territorial (FPT) emergency plans. The capacity of FPT public health officials to be engaged on evaluation and lessons learned from the COVID-19 pandemic, and to advance efforts to update emergency response plans at this time remains extremely limited, as the COVID-19 response is still actively underway, with a focus on managing a transition phase, focused on vaccination, easing of border measures and planning for recovery.</p> <p>PHAC also regularly participates in exercises relating to potential health emergencies. For example, in the Fall of 2019, PHAC was well advanced in its planning for an exercise relating to a pandemic response scenario. Although the exercise could not take place due to the COVID-19 pandemic, the significant amount of planning work was instrumental in guiding the actual COVID-19 response and PHAC will update its plans to incorporate lessons learned from the pandemic.</p> <p>Concurrently, PHAC is actively conducting exercises that serve to test readiness for potential public health emergencies. A large-scale exercise involving a nuclear emergency was held in October 2021 and an exercise examining a catastrophic earthquake is planned for early 2023. Additional exercises, spanning a</p>	

variety of public health events, are also under development.

These exercises provide an opportunity to train officials on public health emergency management functions and observations and outcomes be leveraged as emergency plans are revised, in line with continuous improvement efforts.

PHAC will provide further details to PACP on how its plans were used during the COVID-19 pandemic, lessons learned that will inform updates to the plans, as well as exercise activities, in a final progress report which will be provided six months after the end of the current COVID-19 pandemic.

<b>Recommendation 2 – Technical Annexes to the Multi-lateral Information Sharing Agreement</b>	
<b>Standing Committee on Public Accounts</b>	<b>Auditor General</b>
<p>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.</p>	<p>The Public Health Agency of Canada 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.</p>
<b>Response and Status Update</b>	
<p>During the COVID-19 pandemic, PHAC and its PT partners developed COVID-19 Data Sharing Principles, based on the Multi-lateral Information Sharing Agreement (MLISA) foundational principles, and had them approved by both the Technical Advisory Committee and the Science Advisory Committee on COVID-19 in May 2021.</p> <p>The MLISA establishes roles and responsibilities for data sharing, use, disclosure and protection of public health information between the Government of Canada and the PTs for routine surveillance of infectious diseases and the management of public health events of domestic and international concern. The Agreement does not compel PT partners to share data.</p> <p>Guiding the work on MLISA is the Agency-led, multi-departmental initiative with provinces and territories to co-develop the Pan-Canadian Health Data Strategy which aims to address foundational issues hindering health data collection, sharing and use, including those experienced with surveillance and other public health data (Recommendation 4). The commitments and actions to be taken under the Strategy, when endorsed by provinces and territories, will shape the path forward for PHAC's work in targeting specific data collection with PTs. Therefore, a new approach to finalizing MLISA will ensure</p>	

strong alignment with priority areas identified under the Strategy for data sharing and collaboration.

FPT officials do not have the capacity at the current time to complete technical work on the MLISA annexes, but have noted the importance of this work being completed when COVID-19 response pressures ease for technical public health surveillance staff. It is expected that outstanding work on the MLISA will be addressed within 1 to 2 years (or by no later than October 2024) provided PT capacity is available

Successful completion will rely on the compatibility of PT health data systems with national surveillance systems and platforms, and the ability/willingness of PT partners to share health data. Achieving FPT consensus on health data policies, governance and interoperability through the PCHDS and complimentary Digital Health work in Health Canada will contribute to longer term solutions to public health data sharing and linking public health data with other health data streams such as acute care and vaccination status and efficacy.

**Recommendation 3 – Information Technology Infrastructure Improvements**

<b>Standing Committee on Public Accounts</b>	<b>Auditor General</b>
<p>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).</p>	<p>The Public Health Agency of Canada 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.</p>

**Response and Status Update**

PHAC committed to build on the information management and information technology improvements already underway and articulate the additional requirements at the federal level to facilitate the

collection of surveillance information from PTs. The Agency will use this intelligence to finalize improvements to its information technology infrastructure, in order to facilitate the sharing of timely, accurate, and complete surveillance information provided by PTs, both during and after the COVID-19 pandemic. This work will also address any relevant forthcoming recommendations from the Pan-Canadian Health Data Strategy. A critical path, with clear milestones, will be developed with partners helping to guide this work.

Although FPT public health officials have had limited capacity to advance work on technology infrastructure, initial consultations with some PT partners have concluded (March 2021), and the Special Advisory Committee on COVID-19 continues to have active discussions to identify data system and infrastructure challenges as part of ongoing COVID-19 surveillance and reporting, especially in the context of variants of concern. PHAC also consulted on data governance with PT public health partners through consultations with the Technical Advisory Committee and the Special Advisory Committee on COVID-19. Engagements with other public health partners are planned and will focus on the technical functions to be included in the COVID-19 Public Health Data Portal (Data Portal), to ensure strong management of information to support security of data and confidentiality. Work to achieve this will begin with an environmental scan will be done via user working sessions with representatives from the Agency's surveillance programs, and other public health partners to gather information from internal and external stakeholders to describe IT challenges, requirements and strengths related to the whole of the data lifecycle.

The second set of activities will involve reviewing existing surveillance datasets and program specific IT documentation; documents of previous audits, that outline IT challenges; Government of Canada IT policies and guidelines; PHAC business processes and supporting IT infrastructure in use by multiple different surveillance programs; and audit and access control protocols.

The third set of activities is an assessment of existing PHAC technical infrastructure to support the Agency's use of surveillance data to predict, detect, assess, and respond to outbreaks and new threats, the project team will conduct an assessment, focusing on PHAC's: Integrated data process design – standardization of data platforms, and formats; data collection methodologies, data processing, analysis, transformation and reporting; Request fulfilment, including manual elements of data cleaning and transformation; privacy and security considerations (Access controls, security protocols, etc.), as well as other issues to detail in the coming months.

PHAC has in place information management and information technology systems which facilitate the sharing of surveillance information from the PTs. In October 2020, PHAC released the Data Portal which enables a Secure Cloud based data collection infrastructure enhancing PHAC's capacity to support the collection of surveillance information from PTs.

PHAC will use the information management and information technology improvements already underway and continue consultations with PT partners to articulate the additional functionality at the federal level to facilitate the collection of surveillance information.

Recent funding announced in Budget 2022 will allow the Agency to move forward in implementing the recommendations for surveillance system improvements. To ensure success, the Agency will review

and evolve existing IT solutions to support integrated risk assessment and align with the principles of a modern public health data infrastructure that is adaptive, resilient, performant and scalable. This includes embracing "interoperability by design" via the consistent application of interoperability standards to the development of ethical data tools, technologies and services as well as enabling frictionless data sharing by leveraging technology, such as a Public Health Rules Engine, that facilitates users and organizations to find, integrate, and analyze data in support of surveillance, risk assessment and outbreak management that is both timely and accurate.

PHAC will provide updates to PACP on its continuing efforts to improve its current information management and information technology by including additional functionalities, designed to facilitate the collection of timely, accurate, and complete surveillance information from PTs, both during and after the current COVID-19 pandemic by the requested deadline (December 31, 2022 or six months after the end of the pandemic (whichever comes first)).

**Recommendation 4 – Develop a Pan-Canadian Health Data Strategy**

<b>Standing Committee on Public Accounts</b>	<b>Auditor General</b>
<p>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.</p>	<p>The Public Health Agency of Canada 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.</p>
<b>Response and Status Update</b>	
<p>The Government of Canada, through the health portfolio and with PHAC leadership has signaled its commitment to continue improving health data collection. As such, PHAC created the Corporate Data and Surveillance Branch in October 2020. Under the leadership of this new branch, PHAC launched collaborative work with its FPT government and Indigenous partners, and diverse data stakeholders, toward articulating a Pan-Canadian Health Data Strategy that will create the pan-Canadian foundation for a learning health system that is person-centric and designed to support the effective collection, sharing access and use of health data for the public good.</p> <p>Since April 2021, PHAC has been leading the co-development of the FPT Pan-Canadian Health Data Strategy (PCHDS), through a time-limited task group reporting to the Special Advisory Committee (SAC) on COVID-19 and the Canadian Health Information Forum (CHIF). This joint FPT committee meets quarterly to oversee the development of the PCHDS. Currently there are 10 jurisdictions (NU, BC, AB, SK, ON, NB, NS, PE, NL and NT) that participate in the task group.</p> <p>In addition, PHAC engagement with Indigenous partners in the development of the PCHDS is ongoing to complement this work. In order for the PCHDS to respond to the unique and pressing data challenges of First Nations, Inuit and Métis Peoples and their organizations, development and collaboration with</p>	

Indigenous organizations and communities will be key to address health data challenges. The Strategy, when finalized, will help to shape the development of a work plan for the multi-lateral information sharing agreements and other data sharing initiatives in PHAC.

The ability to identify and address COVID-19 data issues and provide recommendations for addressing the long-standing challenges for Canada's ability to collect, including disaggregated data, and use health data requires an innovative approach addressing technical, policy, and governance challenges in health data management. As such, work to co-develop the strategy has included advice from a dedicated Expert Advisory Group, engagement with stakeholders, provinces and territories and Indigenous Groups.

Significant progress has been made to support the FPT partnership and deliver the strategy.

- The FPT governance for the development of the strategy was established and approved by the Conference of Deputy Ministers of Health, for the long-term Pan-Canadian Health Data Strategy (completed October 2020).
- An Expert Advisory Group (EAG) was launched in 2020 to provide strategic policy advice related to the development of a long-term Pan-Canadian Health Data Strategy (PCHDS).
- The Special Advisory Committee on COVID-19 and the Canadian Health Information Forum agreed to the creation of a joint task group to actively support the co-development of the PCHDS (completed April 2021).
- FPT governance structure updated to include FPT working-level Time-Limited Task Group to develop recommendations for the PCHDS (completed June 2021).
- Completion of 18 engagement sessions with health system stakeholders to receive advice on practical methods to overcome barriers (November 2021).
- The EAG has released two previous reports, the first in June 2021 and a subsequent report in November 2021. Their third and final report is anticipated in May 2022. Their first report focused on the current state of health data in Canada and the barriers that have impaired progress to the health data system. It further provided a vision and principles for Canadian health data and elements of a foundation for health data for Canada. The second report outlined the components of a health data foundation and detailed why action is required now.
- The EAG will publish its third report in May 2022 with its overall recommendations for the PCHDS. This report will provide details on key components of the Strategy, including recommendations on policy, governance, interoperability and public literacy and trust that will be considered by the FPT group.
- Engagement with Indigenous partners on the development of the PCHDS continues at the national level, including sharing of the EAG's reports and progress with PTs on the Strategy development. A regional, distinctions-based approach to Indigenous engagement on the PCHDS is being developed by PHAC in consultation with Indigenous Services Canada to ensure alignment with other Indigenous health data investments and distinctions-based data strategies.
- Complementing the Strategy, short- and medium-term priorities to improve Canada's COVID-19 data use were identified and acted on. As of October 2021, most priorities had met their key objectives. However, some short-term priorities encountered significant data gaps and therefore, were not able to inform analyses for equity-seeking populations or/and with geographic

precision. Work on these short-term COVID-19 data priorities is complete, with outputs now published on-line at <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/short-term-data-priorities.html>.

In order for the PCHDS to respond to the unique and pressing data challenges of First Nations, Inuit and Métis Peoples and their organizations, development and collaboration with Indigenous organizations and communities will be key to address health data challenges.

### **Recommendation 5 – the Global Public Health Intelligence Network**

#### **Standing Committee on Public Accounts**

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.

#### **Auditor General**

The Public Health Agency of Canada 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.

#### **Response and Status Update**

The Government of Canada, through the health portfolio and within response to the Auditor General’s report, accepted the Auditor General’s recommendation and confirmed that the Global Public Health Intelligence Network (GPHIN) performed its key function of providing early warning within Canada. Early warning of an emerging public health threat, on 31 December 2019, was communicated within Canada through a daily report issued by the system on that day. Following this report, PHAC became aware of this emerging public health threat and took immediate action, including enhanced surveillance and reporting.

In October 2020, in recognition of the need for clear decision-making processes, a standard operating procedure, related to the issuance of GPHIN alerts, was put in place. PHAC put in place an annual review of GPHIN processes and products and, in April 2021, the GPHIN Daily Report was improved to feature a new layout to focus on content that is most relevant for GPHIN users. For example, the Report was significantly streamlined and shortened to provide more targeted and focused signals and intelligence.

In November 2020, the Minister of Health also announced that an Independent Review Panel would pursue a review of GPHIN. The Panel’s final report was released on 12 July 2021. It includes specific recommendations to improve GPHIN operations and engagement with public health partners, and offers considerations to better integrate the Agency’s surveillance and risk assessment programs to better position the Agency to identify and respond to future health events that could affect Canadians.

GPHIN has continued to provide Canadian users, including federal, provincial, and territorial government officials, with timely information about public health issues. The independent review



found no evidence suggesting earlier identification by GPHIN of the outbreak was possible. PHAC will continue to rely on the full scope of GPHIN’s capabilities to provide early detection and warning of potential public health threats and Canada will continue to use GPHIN as its global event-based surveillance system.

In response to the Independent Review, PHAC is taking a number of actions to enhance the systems and decision-making processes for GPHIN. These actions will focus on having the right systems, people, and partnerships in place to detect and share information about potential public health threats. Since the Final Report was provided to the Minister in 2021, the Agency has: finalized an action plan to address all 36 recommendations; clarified operational procedures; migrated and upgraded the GPHIN system; hired a technical advisor and invested in the training and development of GPHIN analysts and epidemiologists; and created strategic partnerships and connections between GPHIN and external stakeholders.

As some of the recommendations of the independent review go beyond the scope of the GPHIN program area and address risk assessment, surveillance, and PHAC governance, the work that will be undertaken to address the independent review recommendations will be conducted in collaboration with actions already committed to in these areas. For example, the Agency has already established a new Centre for Integrated Risk Assessment to lead integrated public health risk assessment, working in partnership with surveillance and risk assessment experts Agency-wide.

<b>Recommendation 6 – Risk Assessments</b>	
<b>Standing Committee on Public Accounts</b>	<b>Auditor General</b>
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.	The Public Health Agency of Canada 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.
<b>Response and Status Update</b>	
<p>PHAC conducts risk assessments as a means to assess the severity of emerging public health threats and recognizes the importance of having a robust risk assessment process in response to public health events, including pandemics such as COVID-19. Risk assessments are carried out by a variety of program areas in the Agency using a variety of methodologies to inform public health policies and programs.</p> <p>PHAC has committed to conduct a review of its risk assessment processes to identify areas of improvement. This review will be completed by December 2022. Key areas of focus will include governance and coordination, systems and data, and methodologies and workforce development. This review will include engagement of leaders and experts across the Agency, and external partners.</p>	

Since the beginning of the pandemic, the Agency has undertaken efforts to enhance its risk assessment practices. This includes enhancing daily briefings to senior Agency officials on identified and potential public health issues and events that may impact Canadians. In addition, in response to a specific recommendation from the GPHIN Independent Review Panel, a new Centre of Integrated Risk Assessment has been established to conduct and coordinate integrated risk assessment functions across the Agency and in collaboration with other national and international partners.

The Agency also continues to review and improve the tools used for ongoing risk assessment. This has included the ongoing refinement of its Rapid Risk Assessment Tool, which has been used since the early stages of the emergence of SARS-CoV-2. While this tool had originally been designed for use at the initial stages of an event to assess the risk to Canadians domestically and to Canadian travelers (and not as a pandemic risk assessment tool), a revised version was used in December 2020 to provide PHAC senior management with a domestic risk assessment associated with a SARS-CoV-2 Variant of Concern first identified in the United Kingdom.

A new version of this tool is under development, which will be informed by an environmental scan on risk assessment tools and processes used by national and international public health organizations. The goal is to identify quality improvement opportunities, which should strengthen PHAC's process to promote credible and timely risk assessments, thereby guiding public health responses to limit spread of emerging respiratory infectious diseases. Consultations with PTs and key stakeholders are expected to take place in Spring 2022 through its FPT community of practice, as well as engagement with the Influenza and Emerging Respiratory Infections Surveillance Expert Working Group and international counterparts, to inform all parties of the findings of the environmental scan and identified recommendations for improvements. Additionally, the Agency intends to present its findings and recommendations to an FPT senior epidemiologist working group at a monthly meeting in Summer 2022, with follow-up sessions held amongst interested and available members for additional input. Further consultations may also occur with the US CDC and UK colleagues pending interest and availability.

PHAC will provide PACP with a further progress report regarding improvements to how it promotes credible and timely risk assessments on December 31, 2022.

<b>Recommendation 7 – Tools for Border Services Officers</b>	
<b>Standing Committee on Public Accounts</b>	<b>Auditor General</b>

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.

The Canada Border Services Agency, in collaboration with the Public Health Agency of Canada, 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, the Canada Border Services Agency 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.

#### **Progress Report**

CBSA has established a process to monitor decisions made by border services officers as they relate to the application of the public health policies essential workers. CBSA will continue to utilize the information from case management to inform adjustments or reviews that may be required of the Orders in Council.

CBSA's border task force has developed a training tool to assist officers in understanding the complexities of the public health policies. This includes training on Orders in Council for new recruits and how they pertain to their job, and job aids for officers to better understand the implementation of public health policy guidance to the front lines.

Additional measures implemented to guide border services officers include:

1. Written direction in the form of operational bulletins, live 7/24 support and regular technical briefings on changes to public health policies have been and/or are currently ongoing and will continue with the easing of border restrictions.
2. Review of the application of exemptions to quarantine under the Essential category exemptions to quarantine under the Essential category to inform policy-making was completed and guidance documents and job aids were amended and distributed. Ongoing reviews will continue until public health restrictions begin to be repealed with the easing of travel restrictions.
3. Additional training tools for officers have been created in the form of job aids that provide scenarios regarding various quarantine exemptions and non-discretionary travel that officers can reference when making a decision (June 2021).
4. The CBSA college in Rigaud, Quebec, has updated their training module on legislation and resources to include teaching points specific to the Orders in Council and the application to their job. These changes took effect for new recruits that began their training on July 5<sup>th</sup>, 2021.
5. Guidance documents and advisories are regularly issued to aid officers in validating vaccination certificates and pre-arrival testing results.

Please note that CBSA and PHAC consulted one another, on a regular basis, to ensure interpretation of regulations were consistent and continue to collaborate to ensure adjustments and/or improvements are made, as required, as both agencies support the accurate implementation of new provisions to

ensure clarity for front-line staff. Joint operational committee exist at many levels to align roll out of new measures related to new or changed orders in council or other instruments that affect public health border measures.

**Recommendation 8 – Mandatory Quarantine Orders**

**Standing Committee on Public Accounts**

**Auditor General**

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).

The Public Health Agency of Canada 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 compliance. Lessons learned should be used to develop emergency plans for administering mandatory quarantine orders for future disease outbreaks.

**Response and Status Update**

PHAC restructured its border and travel health program to better respond to the changing pandemic, creating a dedicated Centre for Compliance, Enforcement, and Exemptions, in order to increase its focus on compliance. Additionally, PHAC has improved the systems and processes to promote, monitor, and enforce traveller compliance with quarantine since the program was launched in March 2020.

In November 2020, electronic submission of contact information and quarantine plans through the ArriveCAN app and website became, and remains, mandatory for fully and un-vaccinated travelers until April 25, at which point fully vaccinated travelers will not need to submit quarantine plans. Since this time, the accuracy and timely collection of traveller contact information, and sharing with PTs as needed to support local public health follow-up, has significantly improved. This, in turn, has enhanced PHAC’s ability to verify compliance and gather evidence to estimate compliance rates. PHAC’s compliance verification program includes 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.

PHAC’s compliance and enforcement program was designed to administer and enforce the mandatory quarantine requirement put in place in response to the COVID-19 pandemic. The program has evolved significantly throughout the pandemic, and PHAC has identified a number of potential improvements to systems and processes that can be incorporated into future emergency plans. Lessons learned from early stages of the pandemic as well as from the significant changes to border measures implemented during 2021 (both to de-scope and surge activities) will form part of the planning to administer a national quarantine program. For example, as of April 25 only unvaccinated travelers continue to be

required under public health border measures to to submit quarantine plans .

PHAC will develop the emergency plans as referred to in the audit MRAP. This remains a work in progress, as PHAC's current focus is on operationalizing the easing of border measures. These competing operational pressures have delayed the first draft of emergency plans to administer a national quarantine program. Nevertheless, PHAC is committed to meeting this commitment as it continues working towards a draft plan.

PHAC will provide PACP with further progress reports regarding the development and implementation of plans for administering mandatory quarantine orders for future disease outbreaks as requested.