Results at a Glance

Office of Audit and Evaluation

# Lessons Learned from the Public Health Agency's COVID-19 Response (Phase One)- September 2020

## Context

On December 31, 2019, the Public Health Agency of Canada (PHAC or Agency) received the first signal through the Global Public Health Intelligence Network of an illness originating in Wuhan, China, from a virus that did not match any other known virus. Events and the Agency's activities rapidly escalated from that point on.

On January 1, 2020, PHAC's President shared this information with key staff within the Minister's Office, and other government counterparts. The following day, the Chief Public Health Officer (CPHO) alerted all members of the Council of Chief Medical Officers of Health (CCMOH) to the report of an illness in Wuhan, China. PHAC also alerted the federal/provincial/ territorial (FPT) Public Health Network (PHN) Communications Group about the illness, and the National Microbiology Laboratory (NML) sent an alert to the Canadian Public Health Laboratory Network (CPHLN). Situational reporting began on January 6, 2020 and continues to this day.

On March 11, 2020, the World Health Organization declared the global outbreak of COVID-19 a pandemic.

## Scope & Methods

The lessons learned review aimed to identify best practices, challenges and areas for improvement with respect to PHAC's COVID-19 response.

Five broad areas of the response were examined: (1) skills, capacity and mobilization; (2) roles, responsibilities and accountabilities for the IMS, HPOC and program branches; (3) support to the Chief Public Health Officer (CPHO); (4) data to inform decision-making; and, (5) guidance.

Data for this review was collected from 52 key informants from across all PHAC branches and supplemented by a review of files and documents.

## What the Review Found

As the technical lead for the COVID-19 response, PHAC accomplished an unprecedented amount of work since January 2020. Senior managers credit these accomplishments to strong leadership from the President and CPHO, collaborative relationships with the provinces, territories and other government departments, the amount of work completed, as well as the level of motivation, dedication and hard work demonstrated by staff mobilized to support the response. However, it was very clear early on that the Agency did not have the breadth and depth of human resources necessary to support an emergency response of this size and duration. In this context, specific capacity gaps were observed in terms of various operational and speciality areas. These observed gaps placed tremendous pressure on existing staff, as well as the President and CPHO, who often led on files without the required departmental support.

The IMS was recognized as being adaptable throughout the response. Nevertheless, the IMS faced several challenges, in particular insufficient capacity. Branches also didn't fully understand the IMS role relative to their own. Moving forward, there is an opportunity to clarify the role of the IMS as a central coordination function, maintaining oversight of the overall COVID-19 response and ensuring senior level engagement on key COVID19 priority areas to ensure that the overall Agency response is as robust and responsive as it can be.

As the face of the COVID-19 response, the CPHO is responsible for providing and communicating public health advice and consulting on issues related to public health. While her office was somewhat enhanced throughout the response, the CPHO and her team often found themselves having to develop and adapt products to align with her voice and/or the situation including critical modelling data.

While various groups were brought together to enhance collaboration and coordination within the response, the majority of data-related activities continue to be dispersed across the Agency without a clear understanding of how they link together. A similar lack of understanding also exists with respect to the Agency's approach for guidance development and approval.

## Conclusion and Suggested Actions for Improvement

Recognizing the accomplishments to date, as well as the challenges noted above, the actions for improvement cut across multiple areas of the review and are expected to aid the Agency's overall response in the upcoming months.

- Implement a CPHO tiger team to support the CPHO in her various roles and responsibilities related to the COVID-19 response.
- Create or clearly identify a group responsible for strategic COVID-19 planning, who could concentrate on the prioritization of critical activities in the near and mid-term future for the Agency as a whole.
- Increase the Agency's capacity, and as much as possible, at senior levels, to address observed gaps in: Public health and medical expertise; Emergency management; Risk communication; Operations, including specialized expertise and infrastructure supports; Policy and planning; Expertise in developing Regulations; and Data and IT capacity.
- Determine the role of the IMS and staff it appropriately so it can assume fully this role and associated responsibilities/ accountabilities. If appropriate with the IMS defined role, task out activities to branches through the IMS structure to reduce confusion and enhance efficiency and cohesion of the response.
- Develop the processes to enhance the strategic direction of HPEG, so it becomes a decision-making and information sharing body.

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