President

Président

Mr. John Williamson, M.P. Chair Standing Committee on Public Accounts House of Commons Ottawa, Ontario K1A 0A6

June 30, 2023

Dear Mr. Williamson:

The Public Health Agency of Canada (PHAC) is pleased to provide electronically, in both official languages, further information requested in your May 3, 2023 letter pursuant to the Standing Committee on Public Accounts' (PACP) Eighteenth Report on Pandemic Preparedness, Surveillance, and Border Control Measures. Specifically, further to PHAC's response to Recommendation 2 in the Report, the Committee inquired as to what extent the Agency and its provincial and territorial partners currently share information, in light of any recent consultations and agreements, and whether this is an improvement from the start of the COVID-19 pandemic.

PHAC and its provincial and territorial (PT) partners regularly share data to support public health decision-making to protect and promote the health of Canadians. For example, the Agency maintains data sharing through 64 unique operational surveillance systems, the majority receiving data on a voluntary basis from provinces and territories.

The COVID-19 pandemic highlighted pre-existing policy, governance, interoperability, and data literacy and public trust barriers to sharing health data sharing across Canada. These barriers were confirmed by the Pan-Canadian Health Data Strategy Expert Advisory Group's Final Report, Pan Canadian Health Data Strategy: Toward a world-class health data system. Since the fall of 2020, PHAC has collaborated with provinces and territories and other federal health data partners such as Statistics Canada, Indigenous Services Canada and the Canadian Institute for Health Information to address



short-term data priorities to support the COVID-19 pandemic response. This collaboration enabled partners to successfully address critical data gaps, including improvements in data sharing related to case, laboratory, vaccination, and medical supply data. For example, regarding vaccination data, PHAC strengthened relationships with PT health authorities resulting in unprecedented levels of collaboration to develop and maintain multiple surveillance systems, and in the development and revision of surveillance guidance, including national case definitions. In addition, the general public's access to COVID-19 case data was facilitated through daily, weekly, and monthly web page updates, and preliminary datasets were made available through Statistics Canada.

Further, during the unprecedented COVID-19 immunization campaign, PHAC and PT authorities worked collaboratively with Health Canada to adapt established procedures, which enabled an increase in the frequency of reporting, including weekly posts of <u>vaccine safety reports online</u>. These efforts supported immunization decision-makers and public confidence in novel COVID-19 vaccines.

Work continues with data partners to expand on this collaboration and improve access to timely and complete data. Part of this work includes the codevelopment of the pan-Canadian Health Data Strategy, which helped to identify common commitments and actions to advance the use of health data and digital health tools to meet the needs of Canadians. Key elements of this Strategy are reflected in the commitments related to health data made by federal, provincial and territorial (FPT) governments as part of their agreement on Working Together to Improve Health Care for Canadians. To access their share of the federal funding through this agreement, PT governments would commit to improving how health information is collected, shared, used and reported to Canadians with the aim of promoting greater transparency on results, help manage public health emergencies, and to promote health equity.

PHAC and its FPT partners have also created a Public Health Data Steering Committee as part of the Public Health Network to advance health data priorities and enable ongoing improvement in data sharing for public health purposes. This Committee will identify common priorities for health data sharing and provide strategic leadership to advance and co-ordinate implementation of key collaborative initiatives on the use of health data for public health purposes. This Committee will also work to drive action on data sharing innovation, system efficiencies and consistency across jurisdictions to

ensure Canada will be better prepared for a public health event, and to achieve better health outcomes for Canadians.

Given the number of positive advances outlined above, the Agency believes that this represents an improvement in provincial and territorial information sharing, as compared to the start of the COVID-19 pandemic.

We trust that the PACP Committee finds this useful for their work.

Sincerely,

Heather Jeffrey