



Public Health
Agency of Canada

Agence de la santé
publique du Canada

President

Président

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

December 20, 2022

Dear Mr. Williamson:

The Public Health Agency of Canada (PHAC) is pleased to provide electronically, in both official languages, progress reports requested by the Standing Committee on Public Accounts pursuant to the Committee's Eighth Report on Pandemic Preparedness, Surveillance, and Border Control Measure of February 2022.

Recommendation 3:

PHAC recognizes that the collection of timely, accurate, and complete surveillance information from provinces and territories, during and after the COVID-19 pandemic, is a key component to protecting the health and well-being of Canadians. PHAC is committed to building a world-class health data system by working to enhance collaboration and strengthen health data foundations across jurisdictions, including renewing its information technology (IT) infrastructure.

PHAC has built, and continues to build, custom features into its data ecosystem to enhance the quality of the infrastructure such that it supports the needs of the Agency and the broader health ecosystem. This renewed data ecosystem has already demonstrated progress towards improving the three areas identified in the 2021 Office of the Auditor General of Canada Pandemic Preparedness, Surveillance and Border Control Measures Report: manual data processing, data formatting, and storage capacity, as demonstrated in recent efforts to counter the spread of monkeypox/mpox.

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For instance, PHAC has created and managed a protected B cloud-based environment that securely collects, stores, analyzes and disseminates data including disaggregated and de-identified information. Public health partners, including other federal government departments, provinces and territories, academia and Indigenous organizations, can work with PHAC through this secure cloud environment on relevant, timely and novel data sources to support their public health needs.

This work is grounded in PHAC's commitment to protecting the privacy of Canadians, ensuring that both PHAC and its public health partners only have access to data in alignment with the *Privacy Act* and Regulations. As PHAC's data ecosystem evolves, ensuring the security and privacy of public health data, including the use of disaggregated and anonymized data, remains the priority.

In parallel, PHAC has undertaken the Health Surveillance IT Infrastructure Renewal (SITIR), which addresses enterprise-wide related IT needs for public health surveillance activities, such as collecting and analyzing wastewater samples or anonymized hospital records of illnesses or virus outbreaks, and will serve as a guide for the development and implementation phase of PHAC's surveillance infrastructure renewal effort. Surveillance activities undertaken at PHAC are intended for detecting and forecasting health threats and emerging diseases through the collection, analysis, and reporting of health data to better understand and respond to public health issues affecting Canadians. PHAC is committed to safeguarding the privacy of Canadians to achieve better health outcomes, and the insights gained from collected data does not contain any personal information.

Through SITIR, Agency-wide consultations were conducted to evaluate the state of PHAC's IT infrastructure to support public health activities and inform its evolution. Based on consultations and third-party assessments, the Agency validated its operational needs and infrastructure gaps. This work is happening in parallel with work on effective data management policy, standards and governance.

PHAC is using the results of SITIR and parallel policy work to determine a path towards an agile, secure, and effective data ecosystem to support internal and external (including Provincial/Territorial) public health outcomes. This path will include the adoption of additional technical capabilities and associated tools, expanding the list of IT support roles and enhancing business capabilities required to address IT stakeholder needs.

A Task Force has been created in partnership with Health Canada to develop a roadmap for IT improvements, and to begin work on implementing a modernized infrastructure. As an immediate next step, PHAC will launch a challenge-based procurement initiative to leverage innovation in the Canadian marketplace to inform the Agency's data infrastructure.

PHAC will continuously improve its information technology and data infrastructure by including additional functionalities and tools to continue building a world-class public health surveillance and data system.

Recommendation 6:

PHAC recognizes the importance of a robust risk assessment process to guide public health responses to limit the spread of infectious diseases that can cause a pandemic.

In December 2021, the Standing Committee on Public Accounts (PACP) was informed of a Baseline Review of risk assessment activities at PHAC that engaged leaders and experts across the Agency and included a high-level summary of existing practices and challenges related to integrated risk assessment, with a particular focus on governance, methodologies, and data. The Baseline Review informed the mandate, priorities, and early development of a new Centre for Integrated Risk Assessment (CIRA) created in December 2021.

CIRA began operations in mid-2022 with a mandate to coordinate and oversee integrated public health risk assessment activities across the Agency, from signal detection to public health action. The integration of risk assessment activities from across the Agency will optimize PHAC's ability to anticipate, understand, and act on public health risks to protect the health of Canadians.

Specific improvements within PHAC since the last report to PACP include:

- **Signal Detection and Assessment:** Branch programs continue to detect and verify public health signals arising from event-based surveillance, such as the Global Public Health Information Network (GPHIN), and indicator-based surveillance. Since June 2022, branch programs use criteria developed by CIRA to determine if the signals pose a threat to Canadians.

- **Coordinated Threat Assessment:** Branch programs report these public health signals centrally through the Scientific Committee for Coordinated Threat Assessment (SCCTA). Introduced by CIRA in June 2022, the SCCTA is comprised of risk and content experts from across the Agency representing all public health hazards. The SCCTA meets weekly to assess all public health signals to determine their potential threat to, and impact on Canadians and public health actions for consideration. Public health threats identified by SCCTA are presented for discussion once weekly to the PHAC Daily meeting attended by senior management and Directors General responsible for key program areas. This includes a description of the threat and its importance, as well as the actions being taken or recommended to respond or monitor the threat.
- **Risk Assessments for Infectious Diseases:** In November 2022, after international review and consultation and through extensive piloting of methods and tools, PHAC began implementing a consistent, scientifically sound approach to public health risk assessments for infectious disease. Through collaborative efforts, the process, methods, and governance have been tested and improved through assessments undertaken in 2022 on acute hepatitis in children, SARS-CoV variants, avian influenza, monkeypox/mpox; and Sudan virus disease (Ebola). Risk assessments measure the likelihood and impact of infection on the Canadian population. Risk assessments are triggered from SCCTA-monitored public health threats.
- **Agency Coordination of Risk Assessment and Pandemic Response Planning:** The work of CIRA is recognized as an integral part of PHAC's pandemic response preparedness and plans. PHAC is dedicated to coordinating these efforts to guide public health response to limit the spread of infectious disease that can cause a pandemic.

Recommendation 8:

PHAC is currently developing a Quality Manual that will document the operational framework necessary to facilitate future operational program delivery in support of *Quarantine Act* measures. The Quality Manual will also act as a foundational document / plan for the administration and enforcement of future mandatory quarantines, should they be required.

The Quality Manual will:

- Act as a how-to document of the organization's operational processes;
- Support on-going improvements of the program;
- Support evidence gathering in response to internal and external audits; and
- Provide an operational framework and tools for future public health events.

Work on the Quality Manual is progressing: a gap analysis has been completed; existing reviews and lessons learned exercises from the early part of the pandemic (2020-21) are being consolidated; and problem statements that will be addressed in the document have been developed.

An important milestone that the Agency committed to in the Management Response to the Auditor General's report is performing Lessons Learned exercises. These began in earnest following the decision to lift all border measures on October 1, 2022. This commitment will be met in the timelines stated, as the Agency is diligently working to capture and preserve the knowledge of employees who are departing the Agency following the decision to lift all border measures.

With the objective of being better prepared to respond to a future pandemic, PHAC is conducting an internal lessons learned exercise to review and document the lessons learned from the processes stood up to promote, verify, and enforce compliance with the border measures in place.

With a focus on program inception and evolution, the information gathered is intended to help PHAC better understand areas of strength, pain points, and potential improvement, thus supporting the development of future emergency plans.

PHAC will continue documenting lessons learned as employees are offboarded or as they transition to new positions within the Agency. PHAC will then synthesize these lessons learned into an actionable document (i.e. the Quality Manual) that can be used to develop Emergency Plans for use in the event of a future public health crisis.

Planning for the Quality Manual continued throughout 2022. Despite some resources being temporarily redirected to address other priorities, such as moving COVID-19 testing out of airports, and a delay in completing the first draft, PHAC remains on track to fulfill this commitment within 18 months of the end of the pandemic.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Harpreet S. Kochhar', with a large, stylized flourish extending to the right.

Dr. Harpreet S. Kochhar