Chapter 2
Section
2.02

Ministry of Health

Follow-Up on 2020 Value-for-Money Audit:

COVID-19 Preparedness and Management Special Report Chapter 2: Outbreak Planning and Decision-Making

RECOMMENDATION STATUS OVERVIEW

		Status of Actions Recommended				
	# of Actions Recommended	Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	5	2		2	1	
Recommendation 2	2	1		1		
Recommendation 3	2	1		1		
Recommendation 4	3	3				
Recommendation 5	5	4			1	
Recommendation 6	4	4				
Recommendation 7	2		2			
Recommendation 8	2			2		
Recommendation 9	4	4				
Total	**29**	**19**	**2**	**6**	**2**	**0**
%	**100**	**65**	**7**	**21**	**7**	**0**

Overall Conclusion

The Ministry of Health (Ministry) and Secretary of Cabinet, as of November 4, 2022, have fully implemented 65% of the actions we recommended in our 2020 Special Report. These actions include streamlining and refreshing the structure of the Health Coordination Table (called the Health Command Table at the time of our audit) and its sub-tables; designating the Chief Medical Officer of Health (CMOH) as a co-chair of the Health Coordination Table; supporting Health Coordination Table members and key decision-makers in applying and following the precautionary principle—the need to act where there is reasonable evidence of impending threat to public harm— as the guiding principle going forward; following timely public health advice and recommendations from Public Health Ontario and the Testing Strategy Expert Panel going forward; and making the CMOH a permanent member of the Central Coordination Table.

The Ministry and Secretary of Cabinet have made progress in implementing a further 7% of our recommendations, which include reviewing, improving and updating the existing health emergency plans—the Ministry of Health and Long-Term Care Emergency Response Plan and the Ontario Health Plan for an Influenza Pandemic on an annual basis.

However, the Ministry and Secretary of Cabinet have made little progress in implementing 21% of our recommendations, including reviewing the role of Public Health Ontario in the Province's COVID-19 response to determine which activities it should take over; modifying the *Ontario Agency for Health Protection and Promotion Act, 2007* to identify under what circumstances Public Health Ontario's scientific and technical advice should be made public; providing the CMOH with the same authority as that of its equivalent positions in British Columbia and Quebec; resuming the review and reform of public health in Ontario; and incorporating information gathered from consultations and surveys into the Ministry's modernization of public health.

The Ministry and Secretary of Cabinet have indicated that they will not implement 7% of our recommendations, including establishing local Medical Officers of Health from the public health units as co-chairs of the Regional Steering Committees; and documenting key decisions made at Health Coordination Table meetings as a means to improve future decision-making.

The status of actions taken on each of our recommendations is described in this report.

Background

This report, Chapter 2: Outbreak Planning and Decision-Making, was one in a series of audits in our *2020 Special Report* on the Province's response to the COVID-19 pandemic. It focused on the response by Ontario's health sector from January 2020 (when the first COVID-19 case in Canada was confirmed in Toronto) to August 2020.

COVID-19 spread quickly around the world after the first outbreak emerged in Wuhan, China, in December 2019. Information on the virus was shared by the Canadian federal government with provincial and territorial governments through the Pan-Canadian Public Health Network starting in early January 2020.

Overall, we found that Ontario's response to COVID-19 in winter and spring 2020 was slower and more reactive than that of other Canadian jurisdictions. This was partly due to an overall command structure in Ontario that evolved to include hundreds of participants at multiple tables and sub-tables, leading to inefficiencies and duplication of work. The command structure also did not have appropriate levels of expertise—specifically, key public health officials were not in the top leadership roles and did not fully exercise their powers.

We also found that the Province did not implement key lessons identified in the aftermath of Severe Acute Respiratory Syndrome (SARS) over 15 years ago prior to or during Ontario's COVID-19 response. For example, the SARS Commission's final report identified the precautionary principle as the most important lesson of SARS. This principle identifies that where there is reasonable evidence of an impending threat to public harm, reasonable efforts to reduce risk need not await scientific proof. However, this principle was not followed in a timely way, as evidenced by delays in establishing a COVID-19 emergency response structure, alerting Ontarians to avoid unnecessary travel, acknowledging community transmission, and requiring long-term-care facilities to take necessary precautions.

The following were some of our significant observations:

- The Health Command Table took on an increasingly complex structure during the pandemic with hundreds of participants involved. The Ministry set up the table on February 28, 2020, with 21 members. By June, 90 participants (comprising 33 members and 57 attendees) were involved. As of August 31, the table had 83 participants (32 members and 51 attendees) and had added on 25 sub-tables to provide specific subject matter expertise, bringing the number of people involved to more than 500. To further supplement the command structure, Ontario Health set up five Regional Steering Committees to discuss local issues related to COVID-19. This structure was vastly larger than the one used in British Columbia.
- The Ministry informed us that the Chief Medical Officer of Health (CMOH) and the CEO of

Ontario Health were made "functional co-chairs" of the Health Command Table on March 6, 2020. However, we found that the CMOH did not lead Ontario's response to COVID-19. Some Health Command Table members we spoke with were unaware that the CMOH had this role. We also learned that the CMOH did not chair any of the meetings, and the table's terms of reference were never updated to reflect the CMOH as a co-chair. The CMOH was also not identified as a member of the Central Coordination Table, although he attended meetings when agenda items required it.

- There was a delay in requiring long-term-care home staff to wear personal protective equipment. On March 18, 2020, the first COVID-19 outbreak at an Ontario long-term-care home occurred. That same day, an Associate Medical Officer of Health at one of the public health units in Ontario emailed the CMOH that requiring long-term-care home workers to wear masks at all times while in the facility was an urgent priority. However, no immediate province-wide action was taken. It was not until well over two weeks later, on March 30, that the CMOH revised the directive for long-term-care homes to require them to follow the same directive as hospitals regarding the use of personal protective equipment for the care of residents suspected or confirmed to have COVID-19. A directive requiring all long-term-care home workers to wear masks throughout their entire work shifts was not issued until April 8. At that time, the number of long-term-care home outbreaks had spread to 69 facilities, involving 857 cases and 88 deaths. This represented almost 15% of all cases reported in Ontario and 44% of all COVID-19 deaths at that time.

We made nine recommendations, consisting of 29 action items, to address our audit findings.

We received commitment from the Ministry of Health and Secretary of Cabinet that they would take action to address our recommendations.

Standing Committee on Public Accounts

On March 10, 2021, the Standing Committee on Public Accounts (Committee) held a public hearing on Chapter 2: Outbreak Planning and Decision-Making of our COVID-19 Preparedness and Management Special Report. In November 2021, the Committee tabled a report in the Legislature resulting from this hearing, endorsing our findings and recommendations. The Ministry of Health (Ministry) and Secretary of Cabinet reported back to the Committee in March 2022. The Committee's recommendations and our follow-up on its recommendations are found in **Chapter 3**, **Section 3.09** of our *2022 Annual Report*.

Status of Actions Taken on Recommendations

We conducted assurance work between April 2022 and August 2022. We obtained written representation from the Ministry of Health and Secretary of Cabinet that effective November 4, 2022, they had provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Ontario Created and Maintains a Complex Response Structure with Numerous Participants, But It Is Not Led by Public Health Experts

Recommendation 1

To operate with a simpler and clearer decision-making structure that can respond more quickly to subsequent waves of COVID-19 in Ontario, we recommend that the Secretary of Cabinet and Ministry of Health:

- *streamline and refresh the structure of the Health Command Table and its sub-tables to identify and*

retain the members and experts who are most critical and appropriate to provide advice to the government;

Status: Fully implemented.

Details

In our 2020 audit, we found that the Health Command Table (now called the Health Coordination Table) took on an increasingly complex structure during the pandemic with numerous participants involved. As of August 31, 2020, the command structure included 83 participants and 25 sub-tables with over 500 people. To further supplement the command structure, Ontario Health set up five Regional Steering Committees to discuss local issues related to COVID-19. This command structure in Ontario became cumbersome and was vastly larger than the one used in British Columbia, leading to inefficiencies and duplication of work.

In our follow-up, we found that subsequent to our 2020 audit, the Ministry has updated the membership, terms of reference and processes of the Health Coordination Table. Since then, the Ministry has continued to review and evaluate the structure of the table and its sub-tables on a regular basis, including their respective mandates and memberships, and the frequency of meetings. Such revisions have been made to reflect the sector's evolving needs throughout the pandemic and to ensure the overall structure aligns with operational requirements. At the time of our follow-up, the Health Coordination Table had been reduced significantly to 44 participants and 11 active sub-tables.

Since March 31, 2022, given the evolving nature of the Province's pandemic response, some tables were shut down after fulfilling their mandates (such as the Collaboration Table, the Provincial Critical Care Table, and the Ministers' Pandemic Response Leadership Table). Other tables were paused (such as the Health Coordination Table, the Provincial Primary Care Advisory Table, and the Public Health Measures Table). The tables that were closed or paused can be reconvened as needed.

These changes reflect the maturation of the Province's pandemic response systems. Essential resources and components of these tables have been retained, should the need for their reactivation arise. The pandemic response structure will continue to be reviewed until it is no longer needed.

- *designate the role of Chief Medical Officer of Health, supported by Public Health Ontario and the Public Health Measures Tables, as a co-chair of the Health Command Table and formalize the leadership responsibilities of the Chief Medical Officer of Health in this role;*

  Status: Fully implemented.

Details

In our 2020 audit, the Ministry informed us that the Chief Medical Officer of Health (CMOH) and the CEO of Ontario Health were made "functional co-chairs" of the Health Command Table on March 6, 2020. However, we noted that the CMOH did not lead Ontario's response to COVID-19. Some Health Command Table members we spoke with were unaware that the CMOH had this role. We also learned that the CMOH did not chair any of the meetings, and the table's terms of reference (created in February 2020) were never updated to reflect the CMOH as a co-chair.

In our follow-up, we found that the Health Command Table's terms of reference were updated to reflect the change in name from the Health Command Table to the Health Coordination Table.

As well, the CMOH's leadership responsibilities have been formalized. As one of the three co-chairs of the Health Coordination Table (the other two co-chairs are the Deputy Minister of Health and the CEO of Ontario Health), the CMOH shares the responsibility of leading the table in achieving its mandate by determining agenda items, facilitating the committee's discussions, and communicating priorities. Furthermore, the CMOH regularly presents updates on public health measures and emerging trends in the epidemiology of COVID-19. The CMOH has also been the policy lead of two key workstreams related to public health measures and surveillance.

- *review the role of Public Health Ontario as part of the COVID-19 response to determine activities it*

should take over (such as leading provincial public health surveillance, with support from Ontario Health for health-care system capacity);
Status: Little or no progress.

Details

In our 2020 audit, we noted that Public Health Ontario played a diminished role in leading provincial public health surveillance activities. While Public Health Ontario was specifically created after SARS to provide scientific and technical expertise during health emergencies, some tasks that had been identified as its responsibility were being done by Ontario Health. These tasks included consolidating and reporting provincial surveillance data to the Health Command Table and co-ordinating provincial laboratory testing for COVID-19.

In our follow-up, we found that public health leaders from Public Health Ontario have taken on key leadership roles at various health tables including the Science Advisory Table, the Integrated Data Review Working Group, the Evidence Synthesis Network and the Public Health Measures Table. These tables report into the Ministry's decision-makers by providing updates on emerging research, trends, modelling and advice. The Science Advisory Table also provides public updates through the memos it posts on the Ontario government website https://covid19-sciencetable.ca/. The functions of and responsibility for the Science Advisory Table were transferred to Public Health Ontario in April 2022.

Public Health Ontario has also played a leading role in broad provincial public health surveillance. For example, Public Health Ontario, in partnership with Ontario Health and the provincial government, screens positive COVID-19 specimens for potential variants of concern and performs full genomic sequencing of a large percentage of positive specimens. This partnership has made Ontario a national leader in the identification and surveillance of new variants of concern. Additionally, Public Health Ontario has been working with Ontario Health on improving surveillance and laboratory system capacity.

The review of Public Health Ontario's mandate is anticipated to be part of the Province's public health modernization initiative, which has been put on hold to allow the government to continue to deal with the COVID-19 pandemic. The Ministry said at the time of our follow-up that no schedule had been set to initiate the review. The review of Public Health Ontario's mandate is also anticipated to align with the appointment of its new CEO, who assumed his new role in July 2022.

- *modify the Ontario Agency for Health Protection and Promotion Act to identify under what circumstances (such as during public health emergencies) Public Health Ontario's scientific and technical advice should be made public;*
  Status: Little or no progress.

Details

In our 2020 audit, we noted that as Public Health Ontario is an agency responsible for providing scientific and technical advice, there was value in its advice being made public during public health emergencies. We reasoned that the public might feel reassured seeing that Ministry and government decisions were aligned with Public Health Ontario's advice and that there was transparency when that advice was not being followed.

In our follow-up, we found that Public Health Ontario's scientific and technical advice, reports and guidance documents were being made public on https://www.publichealthontario.ca/. As mentioned, the Science Advisory Table is now housed within Public Health Ontario. The advice and research of the table, specifically their scientific briefs and modelling, continue to be made available to the public online (https://covid19-sciencetable.ca/sciencebrief/). Public Health Ontario will continue to publish its reports as appropriate, and the government will continue to assess the sharing of technical advice with the public.

However, the Ministry indicated that it has not determined whether it is necessary to amend the *Ontario Agency for Health Protection and Promotion Act, 2007* to support publishing such reports. This will be assessed as part of the review of Public Health

Ontario's mandate, which is anticipated to be part of future reviews of Ontario's pandemic response and the modernization of the public health system. The Ministry said at the time of our follow-up that no schedule had been set to initiate these reviews.

- *establish local Medical Officers of Health from the public health units as co-chairs of the Regional Steering Committees.*
  Status: Will not be implemented. Although the decision was made to not appoint all local Medical Officers of Health from the public health units as co-chairs of their respective Regional Steering Committees, the Office of the Auditor General of Ontario continues to believe that having them as co-chairs would be beneficial for monitoring and responding to COVID-19 related activities.

Details

In our 2020 audit, we noted that local Medical Officers of Health participated in Regional Steering Committees established by Ontario Health to implement provincial policy. But Medical Officers of Health were not the leaders of these tables—instead, the tables were generally co-chaired by hospital CEOs and regional leaders who were Ontario Health staff. This hospital-sector leadership in place of public-health-sector leadership may not have been the most appropriate approach, given that almost 90% of people with COVID-19 as of August 31, 2020 were never hospitalized (although hospitals were involved in other aspects of the COVID-19 response, such as operating assessment centres and testing).

In our follow-up, we found that all local Medical Officers of Health have participated in their respective Regional Steering Committees, but not all them are co-chairs of the committees. The Ministry indicated that only one local Medical Officer of Health serves as a formal co-chair of a Regional Steering Committee, the Central Region Response and Recovery Table.

While not all local Medical Officers of Health are co-chairs of their respective Regional Steering Committees, they have been engaged with the regional COVID-19 response tables to monitor and respond to COVID-19-related activities, as indicated by the Ministry. They are under the guidance of the Chief Regional Officers, who are directly accountable to the CEO of Ontario Health. For example, the local Medical Officer of Health from the Toronto public health unit is one of the leads of the Toronto Region Response and Recovery Table and has the following responsibilities:

- discussing current and emerging issues related to pandemic response and recovery;
- sharing cross-sector knowledge and expertise to advise and inform regional pandemic response and recovery planning; and
- sharing information discussed at the meetings with their respective sector.

As well, Ontario Health has been working closely with Public Health Ontario at the provincial level to ensure that information generated at the regional and local levels is aggregated and shared with the Office of the Chief Medical Officer of Health, as required.

Chief Medical Officer of Health Neither Led Nor Independently Used Full Powers as Part of COVID-19 Response

Recommendation 2

To empower public health leadership in the province, we recommend that the Central Coordination Table, co-chaired by the Secretary of Cabinet and the Chief of Staff to the Premier and Ministry of Health:

- *immediately assess the role and strength of the Chief Medical Officer of Health to lead Ontario's response in addressing subsequent waves of COVID-19;*
  Status: Fully implemented.

Details

Our 2020 audit found that while changes were made to the role of the Chief Medical Officer of Health (CMOH) in response to SARS, not all recommended actions were taken to ensure the CMOH was operating independently during a health emergency. While his powers were discretionary, the CMOH did not exercise his full powers during Ontario's COVID-19 response, including not issuing orders on behalf of local Medical Officers of Health. In some cases, actions (such as requiring a masking mandate to be followed in each public

health unit) were eventually executed by the Premier and Cabinet.

In our follow-up, we noted that given the retirement of the previous CMOH, a new CMOH was appointed, effective June 26, 2021, to lead Ontario's response in addressing subsequent waves of COVID-19. The new CMOH previously served at Kingston, Frontenac, Lennox and Addington Public Health as the Associate Medical Officer of Health from 2011 to 2017 and as a Medical Officer of Health from 2017 to 2021.

Apart from exercising the legislated power under the *Health Protection and Promotion Act* and the *Reopening Ontario Act, 2020*, the CMOH commissioned the creation of the Ontario Immunization Advisory Committee (OIAC) in August 2021, which was tasked with advising Public Health Ontario on the implementation of immunization programs in the province, including COVID-19 vaccines.

The CMOH's advice and expertise has informed provincial actions to be responsive and proportionate to the shifting nature of COVID-19. These actions include:

- The issuance of Directive #6 (under Section 77.7 of the *Health Protection and Promotion Act*), which mandates hospitals and home and community care providers to have a COVID-19 vaccination policy for employees, staff, contractors, students and volunteers, and ambulance services for paramedics.
- The issuance of Instructions, under the *Reopening Ontario Act, 2020*, requiring higher-risk settings to establish and implement vaccination policies. These settings include post-secondary institutions, licensed retirement homes, women's shelters, congregate care group homes and day programs for adults with developmental disabilities, children's treatment centres and other services for children with special needs, licensed children's residential settings, publicly funded school boards, private schools, and licensed child care settings.
- The requirements for patrons to provide proof of being fully vaccinated to access certain businesses and settings (i.e., vaccine certificates).
- The development and release of A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long Term (the Plan). The Plan outlined the Province's gradual approach to lifting remaining public health and workplace safety measures by March 2022, guided by the ongoing assessment of key public health and health-care indicators and supported by local or regional officials.

All public health and workplace safety measures under the *Reopening Ontario Act, 2020* had been lifted by April 27, 2022. Other measures under CMOH order and directives remained in place until June 11, 2022. The Ministry indicated that the CMOH would continue to assess the need for any future public health measures.

- *strengthen the powers of the Chief Medical Officer of Health to align the authority of the role with the equivalent positions in British Columbia and Quebec, such as more clearly defining in legislation the CMOH's role, and explicitly authorizing the role to issue directives to anyone during an emergency.*
  Status: Little or no progress.

Details

In our 2020 audit, we noted that the Chief Medical Officer of Health (CMOH) issued five directives to health-care providers and entities, such as requiring the use of personal protective equipment and precautions to be taken by hospitals. However, he did not issue directives to local Medical Officers of Health to ensure public health units responded consistently to the COVID-19 pandemic, nor did he issue orders on their behalf. In British Columbia and Quebec, public health officers could issue directives or orders to any person for the purpose of having them take, or refrain from taking, action.

In our follow-up, the Ministry informed us that work related to strengthening the CMOH's powers will be reviewed as part of public health modernization review, which has been put on hold as noted in **Recommendation 1**. Therefore, no specific work has been started to address this recommendation and timing has yet to be confirmed.

Key Lesson from SARS—the Precautionary Principle—Could Have Prevented COVID-19 Spread, but Was Not Followed

Recommendation 3

To expedite making decisions during subsequent waves of COVID 19 and future health emergencies, we recommend that the Central Coordination Table and Ministry of Health:

- *request that Public Health Ontario immediately prepare guidance on the appropriate use of the precautionary principle, which was identified by the SARS Commission as the most important lesson of SARS and states that decision-makers cannot wait for scientific certainty before taking reasonable steps to reduce risk and protect the health of the Ontario population;*

  Status: Little or no progress.

Details

In our 2020 audit, we found that the SARS Commission's final report identified the precautionary principle—the need to act where there is reasonable evidence of an impending threat to public harm—as the most important lesson of SARS. However, the Ministry did not fully apply this as a guiding principle to limit the impact of COVID-19 on Ontarians, while other provinces did.

In our follow-up, we found that the Ministry has not requested Public Health Ontario to review the guidance on using the precautionary principle. The Ministry indicated that it will look into this recommendation further as a part of its reviews of the Province's response efforts to the COVID-19 pandemic. As noted in **Recommendation 1**, the Ministry said at the time of our follow-up that no schedule had been set to initiate these reviews.

The Ministry indicated that its pandemic response efforts have been grounded in a cautious approach, ensuring that decisions have not been delayed by the absence of full scientific certainty in considering instances of potential risk or irreversible harm.

For instance, Directives #1, #4, and #5 from the Chief Medical Officer of Health (CMOH) were intended to protect health-care workers' health and safety in the use of any protective clothing, equipment or device. The guidance outlined in these directives was developed in close consultation with Public Health Ontario, and the CMOH had considered the precautionary principle in issuing these directives. In issuing a directive, the *Health Protection and Promotion Act* stipulates that the CMOH must consider the precautionary principle where in his/her opinion there exists or may exist an outbreak of an infectious or communicable disease and the proposed directive relates to workers' protective clothing or equipment.

The Ministry plans to continue to appropriately apply the precautionary principle to subsequent responses.

- *use and support Health Command Table members and key decision-makers in applying and following the precautionary principle as the guiding principle going forward.*

  Status: Fully implemented.

Details

In our 2020 audit, we found that while the Health Command Table (now called the Health Coordination Table) listed the precautionary principle as a guiding principle in its terms of reference, we identified several areas where the table could have taken earlier action to reduce the spread of COVID-19 and associated deaths. These areas include a delay in advising Ontarians against nonessential travel, a delay in acknowledging community transmission of COVID-19, a delay in requiring staff at long-term-care homes to wear personal protective equipment and restricting them from working at multiple facilities, and a delay in issuing an emergency order for retirement homes.

In our follow-up, we found that the Ministry has supported Health Coordination Table members and key decision-makers in applying and following the precautionary principle as the guiding principle going forward. For example, the Health Coordination Table has provided a forum for key decision-makers and leaders to discuss pressing issues, including reviewing

recommendations regarding critical care capacity, COVID-19 treatments, seasonal planning, testing strategies, health human resources, variants of concern, outbreak management and increasing vaccination uptake. These discussions have also covered the importance of following the precautionary principle to ensure that decisions are not delayed by the absence of full scientific certainty in considering instances of potential risk or irreversible harm.

Expert Advice and Best Practices Were Not Always Followed

Recommendation 4

To better align policies and decisions made (including advice provided) with best practices and scientific and epidemiological evidence for the containment of COVID-19 in a cost-effective manner, we recommend that the Health Command Table, with the support of the Central Coordination Table:

- *follow timely public health advice and recommendations from Public Health Ontario and the Testing Strategy Expert Panel going forward;*
  Status: Fully implemented.

Details

In our 2020 audit, we found that the purpose of setting up the Health Command Table was to serve as a single point of oversight to provide executive leadership and strategic direction to guide the provincial health-care system's response to COVID-19. However, there were instances when decisions were not made based on expert advice. For example, testing was expanded to individuals with no symptoms and no known COVID-19 exposure even though such testing was not supported by evidence or expert advice.

In our follow-up, we found that the Ministry has followed public health advice and recommendations from Public Health Ontario and the Testing Strategy Expert Panel. For example, the Ministry has aligned its testing guidance with the panel's advice. Specifically:

- In September 2020, the Ministry discontinued asymptomatic testing of the general population and focused efforts on diagnostic testing for symptomatic and high-risk persons, as well as on improving and maintaining provincial turnaround time targets. Since then, the Ministry has adjusted its testing strategy and guidance to be responsive to COVID-19 prevalence, risk and testing capacity. During the Omicron wave, diagnostic testing (including polymerase chain reaction, or PCR, tests and rapid antigen tests) were prioritized for higher-risk populations.
- Similarly, the deployment of rapid antigen tests was prioritized during the initial onset of the Omicron wave for the highest-risk settings, with broader deployment around mid-January 2022, followed by wide access for the general population in February 2022, in alignment with public health advice on the use of rapid antigen tests in a context of high COVID-19 incidence.
- Throughout 2021, the recommendations of Public Health Ontario and the Testing Strategy Expert Panel were reflected in the provincial testing guidance drafted by the Office of the Chief Medical Officer of Health. The Ministry of Health and partner ministries have used this guidance to inform testing strategies and initiatives, such as for rapid testing in schools and remote communities.

As the COVID-19 pandemic evolves, Ontario's recovery from the Omicron variant and responses to future variants will continue to be informed by the advice and recommendations from Public Health Ontario, the provincial Testing Strategy Expert Panel and other tables.

- *consistent with the Testing Strategy Expert Panel's advice, approve the removal of the requirement for long-term-care and retirement home visitors who are asymptomatic and with no known COVID 19 exposure to be tested for COVID-19 within 14 days of a visit;*
  Status: Fully implemented.

Details

In our 2020 audit, we found that on July 5, 2020, the Testing Strategy Expert Panel sub-table recommended to the Chief Medical Officer of Health (CMOH)

that asymptomatic testing cease, and that visitors to long-term-care homes not be required to take a COVID-19 test in order to avoid burdening the laboratory system with more tests. The panel indicated that this testing requirement provided limited assurance because any visitor could still develop COVID-19 at any time after receiving a negative test result. Despite these recommendations, the testing criteria for the general public were not revised until September 25, 2020, and the testing criteria for visitors to long-term-care homes remained unchanged. In contrast, at the time of our 2020 audit British Columbia neither tested asymptomatic individuals with no known COVID-19 exposure nor required long-term-care home visitors to be tested for COVID-19 prior to visiting.

In our follow-up, we found that on July 16, 2021, the Ministry of Long-Term Care removed testing requirements for fully vaccinated individuals, consistent with the recommendation by the Testing Strategy Expert Panel. The Ministry of Long-Term Care did not remove the requirement for testing visitors with no known COVID-19 exposure, because the panel's advice had evolved with emerging scientific evidence.

The testing requirement update was made through a Minister's directive, COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes. This directive indicated that effective July 16, 2021, individuals who are fully immunized will no longer be subject to asymptomatic surveillance testing requirements when attending a long-term-care home. If an individual chooses to not disclose their vaccination status, then the testing requirements remain as set out in the directive. As of December 17, 2021, in response to the Omicron variant and advice from experts, the requirements for testing all individuals were resumed (that is, removed the testing exemption for fully immunized individuals).

Since the public health advice regarding asymptomatic testing has been changing periodically, the Ministry of Long-Term Care will continue to work closely with the Office of the CMOH to update screening testing requirements for long-term care on an as-needed basis given the latest scientific evidence and other relevant risk factors.

- *continue to review and provide advice for changes needed to the Province's "COVID-19 Response Framework: Keeping Ontario Safe and Open" proposal, based on the advice of Public Health Ontario and feedback from the Public Health Measures Table and public health units.*

  Status: Fully implemented.

Details

In our 2020 audit, we found that while Public Health Ontario was asked to provide advice on possible epidemiological indicators for the Province's draft COVID-19 Response Framework, the final version of the framework did not contain all the recommended indicators and was generally more lax than what Public Health Ontario had advised.

In our follow-up, we found that the Ministry has continued to review and adjust readiness plans and reopening steps while considering the emerging research, global trends, prevalence, vaccination rates, and severity of COVID-19. For example:

- In May 2021, the Ministry released Roadmap to Reopen, which was a three-step plan to guide the safe and gradual reopening of the province and the lifting of public health measures based on the province-wide vaccination rate and improvements in key public health and health-care system indicators. Ontario moved to Step 3 of the Roadmap on July 16, 2021, and subsequently introduced the following public health and workplace safety measures, based on the advice of the Chief Medical Officer of Health (CMOH):
- requiring patrons to provide proof of being fully vaccinated against COVID-19 to access certain businesses and settings (vaccine certificates); and
- lifting capacity limits and physical distancing requirements in certain settings, including for settings where proof of vaccination is required.
- In October 2021, the government released, in consultation with the CMOH, A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long Term (the Plan). The Plan outlined the

Province's gradual approach to lifting remaining public health and workplace safety measures by March 2022, based on the CMOH's advice.

- On January 20, 2022, the government updated the Plan and indicated its intention to return to lifting most, if not all, public health and workplace safety measures by the end of March 2022 in a staged manner. Measures were lifted gradually through March 1, 2022.
- The CMOH advised on Ontario's plan to live with and manage COVID-19, which included lifting most public health and workplace safety measures by March 21, 2022, and lifting all measures under the *Reopening Ontario Act, 2020* by April 27, 2022.

Communications Were Not Fully Effective within the Health Command Table, Not Provided to Impacted Stakeholders in a Timely Manner and Not Clear to the Public

Recommendation 5

To improve the effectiveness, timeliness and transparency of communication in the provincial response to COVID-19, we recommend that:

- *all Health Command Table meetings be conducted through videoconferencing or in person (where appropriate physical distancing and public health measures can be followed) after its membership has been streamlined (see Recommendation 1);*
  Status: Fully implemented.

Details

In our 2020 audit, we found that all meetings of the Health Command Table (now called the Health Coordination Table) were conducted via teleconference from late February to July 2020. It was only on July 14, 2020 that videoconferencing began. The number of Health Command Table participants eventually grew to 83 as of August 31, 2020, and advice to the Minister of Health, Premier and Cabinet was provided based on only verbal consensus rather than a formal vote.

In our follow-up, we found that all meetings of the Health Coordination Table have been conducted through videoconference since July 2020.

- *the Health Command Table prepare meeting minutes and document meeting attendees, key decisions made (such as on what advice to provide to the Minister of Health and Cabinet), timelines, deliverables and parties responsible for distribution and approval to support learning from past decisions and as a source of reference for future decisions;*
  Status: Will not be implemented. Although decisions (including advice to the Minister of Health and Cabinet) are not included in Health Coordination Table's records because this is not a decision-making table, the Office of the Auditor General of Ontario continues to believe that documenting key decisions would be beneficial to support learning from past decisions and as a source of reference for future decisions.

Details

In our 2020 audit, we found that the discussions that took place at the Health Command Table (now called the Health Coordination Table) meetings were not documented in detail. Also, documentation to support any dissenting opinions was not provided. While key actions were recorded and distributed at each meeting, and meeting summaries were posted online, such summaries identified only the topics and themes of each meeting with no record of who attended, what was discussed and what opinions were put forth.

In our follow-up, we found that the Ministry has documented meeting attendees and detailed action items with identified leads and timelines. However, the Ministry indicated that since the Health Coordination Table is not a decision-making table, decisions (including advice to the Minister of Health and Cabinet) are not included in the table's records.

- *the Central Coordination Table develop a stakeholder communication strategy to reference who to inform prior to public announcements and provide*

sufficient time for stakeholders to immediately implement each decision announced;
Status: Fully implemented.

Details

In our 2020 audit, we found that public health units and other stakeholders were not always told about decisions that impacted their operations before those decisions were publicly announced, leaving these parties unprepared to act in a timely manner. Examples of these announcements included the beginning of asymptomatic testing for anyone who wanted a test and the reopening of certain day-care centres.

In our follow-up, we found that the Central Coordination Table has developed a stakeholder communication strategy to drive collaboration amongst ministries to ensure timely communication of information to stakeholders prior to public announcements. The communication strategy includes the following activities:

- Each ministry is responsible for alerting their key stakeholders in advance of public announcements. As such, the Central Coordination Table has encouraged ministries to actively engage their stakeholders at both regular and as-needed intervals to support those stakeholders in implementing government decisions.
- The Central Coordination Table has regularly reviewed and discussed COVID-19 response activities, including stakeholder or public communications plans and activities.
- Media advisories have been regularly issued to notify the media of briefings by the Chief Medical Officer of Health and other health-care system stakeholders, such as Ontario Health. Discussions with key stakeholders (e.g., public health units, hospitals) have been held by the Central Coordination Table before public announcements.
- The Collaboration Table, one of the sub-tables under the Health Coordination Table, has been used to inform stakeholders of developments in the province's vaccine distribution rollout prior to public announcements.

- *make the Chief Medical Officer of Health a permanent member of the Central Coordination Table;*
Status: Fully implemented.

Details

In our 2020 audit, we found that on March 25, 2020, the Secretary of Cabinet contracted a consulting firm to provide advice on the design of the organizational structure that would be used for COVID-19 decision-making. On April 11, 2020, this command structure, the Central Coordination Table, was set up. It was co-chaired by the Secretary of Cabinet and the Chief of Staff to the Premier and included the Deputy Minister of Health and the Deputy Ministers of eight other ministries. However, its permanent membership did not include key public health officials, such as the Chief Medical Officer of Health (CMOH) and key representatives of Public Health Ontario.

In our follow-up, we found that the CMOH was made a permanent member of the Central Coordination Table as of November 16, 2021. Other permanent members include the Premier's Chief of Staff, Secretary of Cabinet, Secretary of the Treasury Board and Management Board of Cabinet, Deputy Minister of Health, and two Deputy Ministers (Policy and Delivery, and Communications) of the Cabinet Office.

Prior to this, the CMOH and/or delegates and officials from Public Health Ontario and Ontario Health regularly attended Central Coordination Table meetings when agenda items required their expertise.

- *all advice to the Premier and Cabinet from the Chief Medical Officer of Health and the Public Health Measures Table on public health measures (such as advice on whether to impose or relax any public health measures in the province) be shared publicly.*
Status: Fully implemented.

Details

In our 2020 audit, we found that specific indicators and information used to make decisions to impose or relax public health measures were not clearly communicated to the public. On April 27, 2020, Ontario published the document A Framework for Reopening Our Province. However, a specific target had not been developed

for each of these indicators to identify when public health measures could be relaxed or should be further restricted.

In our follow-up, we found that advice to the Premier and Cabinet from the Chief Medical Officer of Health (CMOH) on public health measures has been shared publicly via different channels. For example:

- Information related to public health measures has been shared via news releases province-wide via the Ontario Newsroom website, summarizing the most recent developments pertaining to the Province's pandemic response efforts.
- Information related to public health measures has also been shared at CMOH media briefings.
- The CMOH has engaged the public directly via media briefings, which occurred on a daily, biweekly (twice a week), or weekly basis until March 2022. With most public health measures lifted in April 2022, CMOH briefings have occurred on an as-needed basis to keep the public informed about significant developments or issues related to the pandemic.

Analysis of Consequences and Risks Were Not Proactively and Sufficiently Performed as Part of Planning for the Provincial Response to COVID-19

Recommendation 6

To better prepare for subsequent waves of COVID-19 and protect the health of Ontarians in future, we recommend that the Ministry of Health and the Health Command Table:

- *continually monitor and assess hospital bed capacity and wait times for elective surgeries across the province and by region to help identify ways of reducing the backlogs of those surgeries;*
  Status: Fully implemented.

Details

In our 2020 audit, we found that on March 19, 2020, the Chief Medical Officer of Health issued a directive to hospitals and other health-care providers requiring that all non-essential and elective services cease or be reduced to minimal levels until further notice. This directive resulted in numerous patients being unable to access routine or elective medical services for about 10 weeks, which created substantial backlogs in the health-care system.

In our follow-up, we found that health-care system capacity measures, including hospital bed capacity and information about scheduled surgeries, have been reviewed at Health Coordination Table meetings.

The Ministry of Health has continued to monitor and assess hospital bed capacity and wait times for elective surgeries across the province and by region. It has been receiving twice-weekly data and updates on hospital bed capacity, weekly predictive modelling on hospital and intensive care unit (ICU) capacity, and weekly updates on wait times for surgeries across the province. This information has been used to develop a methodology for allocating hospital capacity based on wait times and the number of patients waiting outside of clinically recommended target times. The following surgical data has been monitored and assessed to identify ways of reducing backlogs of surgeries:

- cumulative surgical volume data comparing oncology, non-oncology, cardiac and paediatric surgery volumes during the pandemic and pre-pandemic periods;
- cumulative surgical volume data at the regional level during the pandemic and pre-pandemic periods;
- monthly trend of volumes and wait times by service area;
- weekly trends of backlogs, completed cases, 90th percentile wait times and percentage of cases completed within target;
- weekly trends of surgical volume by priority level and service area;
- monthly trend of operating room hours utilized; and
- weekly trend of wait list entries created in the Wait Time Information System, which is the provincial information system used to standardize wait-time tracking and reporting of surgical procedures and diagnostic imaging services such

as computed tomography (CT) and magnetic resonance imaging (MRI) scans.

The Ministry will continue to use the best available international evidence to inform modelling for Ontario regarding expected impacts on hospitalizations and ICU admissions during future waves of COVID-19.

- *assess the impacts of stopping or reducing elective surgeries to hospitals and patients and factor regional variations in hospital bed capacity and COVID-19 rates into future directives;*
  Status: Fully implemented.

Details

In our 2020 audit, we found that stopping non-essential hospital services resulted in significant backlogs of elective surgeries. As hospital capacity differed throughout the province, we noted that there was an opportunity to bring back hospital services faster in some regions by deciding where and the extent to which non-essential medical services and elective surgeries needed to be deferred.

In our follow-up, we found that the impacts of stopping or reducing elective surgeries are being taken into account before decisions are made to stop non-emergency scheduled surgeries and procedures. These decisions have been based on the available modelling and projections on the number of beds needed for COVID-19 patients in addition to other patients who are critically ill.

Directive #2 by the Chief Medical Officer of Health, requiring the cessation of certain clinical activities (such as non-urgent and non-emergent surgeries and procedures), was issued or re-issued on a temporary basis three times during the pandemic (March 19, 2020; April 20, 2021; and January 5, 2022). Each time, the duration of Directive #2 was as short as possible and for the period of time needed to minimize the impacts of stopping or reducing elective surgeries. When it was in effect, Directive #2 provided guiding principles to clinicians on minimizing the risk of harm to patients and ensuring equity.

As a result of the emergence of the Omicron variant in December 2021, the Ministry of Health used the best available international evidence to inform modelling for Ontario regarding expected impacts on hospitalizations and ICU admissions. Real-time data, projections and modelling of the anticipated strain on the health-care system from Omicron prompted the re-issuance of Directive #2 on January 5, 2022, with a recognition of its impacts on surgical recovery.

On February 10, 2022, the Province rescinded Directive #2. This decision was made through an assessment of health-care system and public health indicators, including but not limited to laboratory test positivity, outbreaks in the highest-risk settings and wastewater trends. The Province introduced a plan for the gradual resumption of surgeries and procedures in hospitals. This plan considers regional variations in hospital capacity and ensures continued equitable access to hospital care across the province by maximizing the use of available resources and load-sharing across regions.

The Ministry will continue to use the best available international evidence to inform modelling for Ontario regarding expected impacts on hospitalizations and ICU admissions of future waves of COVID-19.

- *regularly assess socio-economic data on COVID-19 cases to identify people with a higher risk of contracting COVID 19 and places with a higher risk of community transmission;*
  Status: Fully implemented.

Details

In our 2020 audit, we found that marginalized or racialized populations in Ontario had been identified as having more cases of COVID-19 compared with other populations, as well as higher rates of hospitalization and death due to COVID-19. Despite recommendations by health leaders in April 2020, the Ministry of Health did not begin collecting provincial COVID-19 socio-demographic and race-based data until June 26, 2020.

In our follow-up, we found that the Ministry has regularly assessed at-risk communities or groups and provided them with appropriate support.

On December 21, 2020, the government introduced the High Priority Communities Strategy. Through this initiative, the Ministry has provided funding to local lead agencies to work in partnership with Ontario

Health, public health units, municipalities and other community partners to deliver key interventions for the province's hardest-hit neighbourhoods.

In addition, Regulation 569 of the *Health Protection and Promotion Act* stipulates that public health units collect specific socio-demographic data such as race, income, and language for confirmed cases of COVID-19.

The Ministry has also undertaken geographically targeted efforts in the following at-risk communities:

- areas with high hospitalization and low vaccination rates;
- areas with low pharmacy capacity;
- areas identified in the High Priority Communities Strategy (those with high rates of COVID-19, high ethnic concentration, and high material deprivation);
- public health units with low pediatric vaccine uptake; and
- communities with large Indigenous populations.

The Ministry also continues to work with community ambassadors hired through the High Priority Communities Strategy to translate guidance documents and distribute them as educational resources within at-risk communities. These documents include, but are not limited to, culturally relevant information about vaccines, clinics, testing and referrals to services.

- *implement education, testing, contact tracing and other initiatives that address the needs of people with a higher risk of contracting COVID-19.*

  Status: Fully implemented.

Details

In our 2020 audit, we found that immigrants and people living in regions with higher ethnic concentrations were at higher risk of contracting COVID-19. However, since the Ministry did not begin collecting race-based information on individuals who tested for COVID-19 until June 26, 2020, it did not have sufficient information to bring forward measures to focus on the populations at greatest risk.

In our follow-up, we found that the Ministry has implemented the following initiatives to address the needs of people with a higher risk of contracting COVID-19:

- On December 21, 2020, the Ministry announced the High Priority Communities Strategy, which provides funding to local lead agencies to work in partnership with Ontario Health, public health units, municipalities and other community partners to deliver key interventions to support the province's hardest hit neighbourhoods in Durham, Peel, Toronto, York, Ottawa and Windsor. Examples of these interventions include community outreach and engagement as well as increased access to testing and vaccination. These interventions are designed to support self-isolation for those who test positive, have been in close contact with COVID-19 patients or are awaiting test results, and to mitigate the negative impact of COVID-19 on vulnerable and marginalized communities. The High Priority Communities Strategy will also continue to support the highest-risk communities with recovery supports.
- As part of the Case and Contact Management (CCM) Initiative, the Ministry has continually assessed communities based on evolving needs to provide supports for people who are at higher risk of contracting COVID-19 due to living in a region that is experiencing a surge. The Ministry also provides surge support to public health units, which can access provincially funded case managers and contact tracers through a central pool or through direct assigned support.
- The Provincial Testing and Isolation Information Line (PTIIL) was launched in January 2022 to provide members of the public with information about recent guidance around testing and isolation requirements. The PTIIL phone number was also shared with public health units and the people they serve.
- The Contact Tracing Initiative, a collaboration between Statistics Canada and Public Health Ontario, operated between April 2020 and February 2022, when contact tracing was no longer done in Ontario. The Memorandum of

Understanding between Public Health Ontario and Statistics Canada remained active until December 31, 2022, in case a surge in cases required the Province to resume contact tracing.

- On February 9, 2022, the Ministry announced a targeted rapid antigen test distribution initiative in partnership with High Priority Community lead agencies and community-based primary care providers. This ensures individuals living in high-priority communities have access to free tests through existing local partners such as community centres, community health centres, places of worship and food banks.

Health Emergency Response Plans Remain Outdated, Preventing Roles and Responsibilities from Being Clearly and Optimally Assigned in Advance of the Pandemic

Recommendation 7

To improve how quickly Ontario can effectively respond to future health emergencies and pandemics, we recommend that the Ministry of Health:

- *review, improve and update the existing health emergency plans (the Ministry of Health and Long-Term Care Emergency Response Plan) and the Ontario Health Pandemic Plan (or Ontario Influenza Response Plan, once implemented) on an annual basis;*

  Status: In the process of being implemented by March 31, 2023.

Details

In our 2020 audit, we found that both the Ministry of Health and Long-term Care Emergency Response Plan and the Ontario Health Plan for an Influenza Pandemic had not been updated since 2013. Since both response plans were outdated, roles and responsibilities in responding to a pandemic were not clearly defined and assigned in advance of COVID-19.

In our follow-up, we found that the Ministry of Health was still in the process of reviewing the Province's response efforts to the COVID-19 pandemic. This work will inform any future updates to the existing health emergency response plans.

The Ministry's management of the response included the development of almost 100 guidance documents that covered both public health and clinical recommendations (e.g., case and contact management, sector-specific guidance, testing, vaccine tools and resources). Guidance documents are updated as evidence is gathered. For example, the document "COVID-19 Fully Vaccinated Individuals: Case, Contact and Outbreak Management Interim Guidance" was released in May 2021 and updated in both August 2021 and October 2021. It provided updated public health and clinical recommendations to supplement an earlier document called "Management of Cases and Contacts of COVID-19 in Ontario Guidance."

The Ministry of Long-Term Care is developing its own Emergency Management Program division/branch and Emergency Plan as it is working to become compliant with all 16 requirements under the *Emergency Management and Civil Protection Act*. For the calendar year 2021, the Ministry of Long-Term Care has already completed a continuity-of-operations plan (COOP) as well as a yearly emergency simulation exercise to validate the plan. The Ministry of Long-Term Care will also collaborate with the Ministry of Health and other ministries, where relevant, to address needed linkages between their respective emergency plans.

The new *Fixing Long-Term Care Act, 2021* includes a requirement for all long-term-care homes to have an emergency plan for a pandemic/epidemic and an annual attestation regarding the plan requirements. The Ministry of Long-Term Care has proposed regulations under this Act that will expand the requirements of the plans, including the need for regular consultations with health-care system partners. As well, the Ministry of Long-Term Care developed an emergency planning manual, which was released in May 2022, to support the new legislation and related regulation.

The Ministry of Health and Ministry of Long-Term Care expect their emergency response plans will be compliant with the requirements under the *Emergency Management and Civil Protection Act* by the end of March 2023.

- *implement the Ontario Influenza Response Plan and continually update information as lessons are learned from COVID-19, including specific guidance for health-care providers and sub-sectors such as long-term care and hospitals.*

  Status: In the process of being implemented by March 31, 2023.

Details

In our 2020 audit, we noted that the introduction to the 2013 Ontario Health Plan for an Influenza Pandemic indicated it was "the final iteration of the [Influenza Plan]. The Ontario Influenza Response Plan (OIRP) will eventually replace it. Through this new plan, the provincial health-care system's focus will shift from preparing for an influenza pandemic to creating and building effective seasonal influenza responses and escalating those measures during a pandemic." However, when COVID-19 hit Ontario in 2020, seven years after the Ministry first proposed the OIRP, this plan was still not in place. The Ministry informed us that work on the plan is still pending.

In our follow-up, we noted that while the Ministry had still not implemented the OIRP, it has continually updated information as lessons are learned from the management of COVID-19.

Further, the Ministry indicated that with the emergence of COVID-19, implementing the OIRP would have had limited use since it mostly targets influenza outbreaks. Thus, the Ministry instead chose to create planning documents in the fight against the novel virus that could be adapted for many different infectious diseases (e.g., influenza, Middle East respiratory syndrome coronavirus, Ebola virus disease). This would help ensure flexibility and long-term adoption of lessons learned to a wide range of emerging threats.

Prior to its response to COVID-19, the Ministry had been working on a framework for emergency management called "Building a Ready and Resilient Health System." This framework aims to improve the structures, skills and culture of Ontario's health-care system in order to ensure the system is ready to manage future infectious disease threats, and protect health-care workers and Ontarians. This framework will be reviewed in the context of COVID-19 lessons learned and updated accordingly in the fourth quarter of 2022/23, and on an as-needed basis.

Ontario's Public Health System Remains Fragmented and Not Well Co-ordinated

Recommendation 8

To create a cohesive and more effective public health system, we recommend that the Ministry of Health:

- *resume with its modernization of public health in a manner that does not undermine the ability of the public health system to respond to subsequent waves of COVID-19 or local public health needs, with consideration given to having a single point of public health leadership to allow for consistency across the public health and broader health-care systems, particularly during a public health emergency (such as through direction provided by Public Health Ontario and overall structural alignment with Ontario Health's regions and sub-regions) and the role and reporting structure of the Chief Medical Officer of Health to be able to independently provide advice as part of public health emergencies;*

  Status: Little or no progress.

Details

In our 2020 audit, we found that public health reform recommended over 15 years ago was not completed. Various reports by experts after SARS in 2003 identified the need to reform Ontario's public health system and proposed specific ideas for how to do so, such as consolidating the then 37 public health units to between 20 and 25. In April 2019, the Ministry of Health announced a proposal to modernize Ontario's public health system, which was expected to be completed by April 2020. However, this was paused as the Ministry prioritized its response to COVID-19. As a result, the public health units were still operating independently and best practices were not always shared.

In our follow-up, we found that public health modernization consultations were put on hold in

mid-March 2020 to allow the public health system to respond to the COVID-19 pandemic. The Ministry informed us that once the pandemic is contained and risks are mitigated, the government will consider how to move forward with the modernization process.

This recommendation will be reviewed once that modernization process resumes, though no schedule had been set at the time of our follow-up.

- *incorporate information gathered from consultations and surveys into its modernization of public health.*

  Status: Little or no progress.

Details

In our 2020 audit, we found that in November 2019, the Ministry of Health issued a discussion paper on public health modernization, highlighting several expected outcomes. Through in-person consultations, the Ministry also began to solicit input from partners (including public health, emergency health and municipal stakeholders) on re-designing the public health system to be nimble, resilient, efficient and responsive to emerging issues. An online survey was also available until February 10, 2020 to seek feedback from the public, public health agencies and stakeholders. Despite all the work and consultations performed, the Ministry subsequently paused the public health modernization process around mid-March 2020 to focus its efforts on responding to COVID-19.

As mentioned in the previous section, the Ministry has informed us it will only consider how to pursue the modernization process once the COVID-19 pandemic is contained and risks are mitigated. As such, this recommended action will be reviewed only after that modernization process resumes, though the Ministry said at the time of our follow-up that no schedule had been set.

Information on Travellers and Their Association with the Spread of COVID-19 in Ontario Is Incomplete, Delayed and Insufficient

Recommendation 9

To reduce the spread of COVID-19 by travellers to Ontario, we recommend that the Ministry of Health, with support from the Central Coordination Table:

- *collaborate as necessary with other ministries or agencies to allocate the necessary resources to contact all travellers during their self-isolation period;*

  Status: Fully implemented.

Details

In our 2020 audit, we found that the Ministry was to follow up (through phone or email) with travellers who entered Canada with COVID-19 symptoms, identified by the Public Health Agency of Canada (PHAC), to discuss isolation requirements and provide resources for support if needed. However, the Ministry was not able to reach about 50% of travellers about whom it received information from PHAC between April 5 and August 31, 2020. This was partially due to a lack of dedicated staff to do this work.

In our follow-up, we found that the Ministry has worked with the Ministry of the Solicitor General in Ontario, PHAC, the Canadian Border Services Agency and other federal partners to strengthen how the government follows up with travellers returning to Ontario. From November 2020 to December 2021, through its outreach program, the Ministry followed up directly with travellers to ensure they were provided with resources and information on isolation requirements and available supports. Over 160 public sector staff were redeployed to support this work and made over 127,000 calls over the course of the outreach program.

At the end of December 2021, the Ministry ended the program to eliminate duplication of outreach activities, as in fall 2021 PHAC implemented an outreach program that followed up with returning international

travellers through email, phone and in-person communication.

- *elevate the issue to the Premier and the Minister of Health to communicate to the federal government the importance of Ontario receiving accurate, complete and timely traveller information as soon as possible;*
  Status: Fully implemented.

Details

In our 2020 audit, we found that information from the Public Health Agency of Canada (PHAC) was often not provided to the Ministry of Health on a timely basis or was incomplete. For example, about 2.5 million international travellers came to Ontario between April and August 2020, but the Ministry received information from PHAC on only about 233,300 (or less than 9%) of those travellers.

In our follow-up, we found that the Province has raised concerns about the federal management of borders through correspondence and meetings with relevant federal counterparts. Subsequent to our audit, provincial ministers (including the Minister of Health and the Solicitor General) sent letters to federal ministers (including the Minister of Health and Minister of Public Safety and Emergency Preparedness) requesting the following: to require everyone entering Canada to provide contact information; to clarify roles and responsibilities between federal and provincial monitoring activities (public health and enforcement); to develop a segmented and risk-based approach for returning travellers; and to ensure the proper protections, federal resources and personnel are in place to minimize risk.

Since then, the Province has continued to meet and correspond regularly with its federal counterparts on the topics of border measures, arrival testing and traveller follow-up measures by the federal government, in consideration of the changing global, federal and provincial landscape regarding COVID-19. Besides providing suggestions to the federal ministers on these topics, Ontario also has raised concerns about and proposed improvements to the federal process for tracking international travellers and requiring quarantine plans for them. For example:

- Ontario's police and public health authorities have not had the resources or capacity to do follow-up tracking on every individual crossing the border into the province, which has become even more critical as the country has reopened. This work must continue to be done and scaled up as necessary by the Canada Border Services Agency and PHAC, and they must have appropriate resources to carry out this function.
- Improvements to the current federal process for tracking and requiring quarantine plans for international travellers need to be made to address issues such as a lack of timely information, missing records or contact information, and using a paper-based system to collect data.

- *enter into an agreement with the Public Health Agency of Canada to expeditiously clarify what information is needed on each traveller and how quickly the information will be provided to Ontario. The agreement could also cover federal responsibilities for communication, tracking and tracing when international travellers land at Ontario airports;*
  Status: Fully implemented.

Details

In our 2020 audit, we found that traveller information received by the Ministry of Health from the Public Health Agency of Canada (PHAC) was missing necessary details, such as the travellers' contact details and whether the travellers had any COVID-19 symptoms. Arrival dates in Canada were either missing or incorrect. As well, the Ministry did not obtain information in a timely manner. Specifically, during the period between April 5 and August 31, 2020, 48% of the records were related to travellers who were more than halfway through their 14-day self-isolation period. This meant that the Province was late in confirming whether these travellers had followed provincial isolation requirements.

In our follow-up, we found that the Ministry has not entered into a formal agreement with PHAC to expeditiously clarify what information is needed on

each traveller and how quickly the information will be provided to the Ontario government. However, starting in the summer of 2020, the Ministry had worked with PHAC to clarify required traveller information, including PHAC's requirement for travellers arriving by air to provide their information electronically to support improved and faster data-sharing. As a result of this collaboration, the timeliness of the data has improved.

The Ministry has also received contact information and other details of travellers who have been identified by PHAC as required to quarantine on a daily basis. From November 2020 to December 2021, the Ministry operated a traveller outreach program to contact international travellers directly via email and phone to provide support and information. In fall 2021, the federal outreach program for international travellers had expanded its outreach capacity through email, phone and in-person follow-ups with international travellers. As this overlapped with Ontario's own outreach actions with travellers, in December 2021, the provincial international traveller outreach program was terminated.

- *direct public health units to start reporting on the number of COVID-19 cases related to close contact with travellers with COVID-19, and publicly report this information as part of the daily and weekly COVID-19 summaries.*

  Status: Fully implemented.

Details

In our 2020 audit, we found that as of August 31, 2020, about 2,049 (or 5%) of the 42,421 confirmed COVID-19 cases in Ontario were known to have originated from travel outside of the province. While the individuals involved had likely also infected others, the full impact and extent of this was unclear to the Ministry of Health or the public. If the Ministry had directed public health units to specifically report on COVID-19 cases associated with the close contacts of travellers who had the virus, it would have helped the Province and the public better assess the full impact of travellers bringing the virus into Ontario.

In our follow-up, we found that the Ministry has worked with public health units to report confirmed cases of COVID-19 by where they were likely contracted, including cases related to travel and close contact with travellers, on a daily and weekly basis. Daily epidemiological reports with acquisition data have been available on the Public Health Ontario website since March 27, 2020.