

**Standing Committee on Oversight of  
Government Operations and Public  
Accounts Hearing on the 2023 Report of  
the Auditor General of Canada to the  
Legislative Assembly of Nunavut:  
COVID-19 Vaccines in Nunavut  
Iqaluit, Nunavut  
September 22, 2023**

**ᓄᓇᑖᑦᑎᓐᓂᑦᓃᓄᑦ ᓕᓄᑦᑎᓐᓂᑦ  
ᑖᑦᑎᓄᓐᓂᑦᑎᓐ 2023-ᑦ ᑕᑦᑎᓄᓐᓂᑦ  
ᑖᓄᑦᑎᓐᓂᑦ 2023-ᑦ ᑕᑦᑎᓄᓐᓂᑦ  
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ᑖᓄᑦᑎᓐᓂᑦ ᑖᓄᑦᑎᓐᓂᑦ**

**Members Present:**

Janet Pitsiulaaq Brewster  
George Hickes, Chair  
Joelie Kaernerk  
Mary Killiktee  
Adam Lightstone  
Solomon Malliki  
Daniel Qavvik  
Joseph Inagayuk Quqqiaq  
Alexander Sammurtok, Co-Chair  
Joe Savikataaq  
Craig Simailak

**ᑖᓄᑦᑎᓐᓂᑦ ᑖᓄᑦᑎᓐᓂᑦ:**

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**Staff Members:**

Alex Baldwin  
Stephen Innuksuk

**ᑖᓄᑦᑎᓐᓂᑦ ᑖᓄᑦᑎᓐᓂᑦ:**

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**Interpreters:**

Eva Ayalik  
Andrew Dialla  
Attima Hadlari  
Millie Hikok  
Jacopoosie Peter  
Abraham Tagalik  
Blandina Tulugarjuk

**ᑖᓄᑦᑎᓐᓂᑦ:**

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**Witnesses:**

Mélanie Joannisse, Director  
Megan Hunt, Deputy Minister of Health  
Jimi Onalik, Deputy Minister of Executive  
and Intergovernmental Affairs  
Dr. Jasmine Pawa, Acting Chief Public  
Health Officer  
Kyle Seeley, Deputy Minister of Community  
and Government Services  
Casey Thomas, Assistant Auditor General

**ᑖᓄᑦᑎᓐᓂᑦ ᑖᓄᑦᑎᓐᓂᑦ:**

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foundation by having measurement tools to evaluate performance and to gather public feedback regarding the plan and designated processes to engage with Inuit and community stakeholders. Work is currently underway on the pandemic plan and on track for completion by the end of 2023.

Health will improve its vaccine inventory management at the territorial, regional and community levels with the implementation of a digital tracking system. As per our commitment in the responses to the recommendations from the Office of the Auditor General, Health has submitted a business case. A digital inventory tracking system will be able to track the movement of vaccines and medications within the territory, lot numbers, expiry dates, usage, and wastage. As an interim measure, Health has created a manual tracking system which will be rolled out later this fall.

Mr. Chairman, the Department of Health has accepted all the recommendations by the Office of the Auditor General and will continue to work with our Government of Nunavut counterparts where appropriate to address any necessary improvements to our processes and policies that will enable us to have an enhanced response to future pandemics.

Mr. Chairman and Members, thank you for the opportunity to highlight the work that the Department of Health is doing to ensure the ongoing planning and processes that prepare us to protect the health of Nunavummiut.

Mr. Chairman, this concludes my opening comments. (interpretation) Thank you.

**Chairman:** Thank you for that, Ms. Hunt. Just before I go into the Committee to request general comments, I would just like to ask a quick question to Ms. Hunt. With

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absolutely no disrespect to Dr. Pawa and her appearance, we very much appreciate, but it was noted in a recent news release that Dr. Wachtel is on extended leave and the Committee was wondering when we can expect Dr. Wachtel to be back in the territory. Ms. Hunt.

**Ms. Hunt** (interpretation): Thank you, Mr. Chairman. (interpretation ends) You are correct that Dr. Wachtel is on extended leave. We do not currently have a time frame for his return at this time. Thank you.

**Chairman:** Thank you. Like I said, absolutely no disrespect to Dr. Pawa; we very much appreciate your appearance here.

I would like to ask any Committee Members if they have any general comments to the opening comments. Seeing none, as we did with our review of family services, we're going to go paragraph by paragraph from the Office of the Auditor General's report. The first section that we're going to look at is the introduction and it is paragraphs 1 through 15. I would like to ask Committee Members to go to those pages of the report and acknowledge the Chair if anyone has any questions. Mr. Qavvik.

**Mr. Qavvik:** Thank you, Mr. Chairman. Good morning and welcome to Nunavut, and good morning to the government witnesses.

My first question is to the Auditor General of Canada. Your office has recently submitted reports to Parliament and the Yukon Legislative Assembly concerning the subject of COVID-19 vaccine distribution. To what extent did the work inform your audit on COVID-19 vaccines in Nunavut? Thank you, Mr. Chairman.

**Chairman:** Coincidentally, Ms. Thomas and I were in the territory of Yukon just last

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**ፍትህ** (ጋንታቦታ): ፍትህ ይህን፣ ሌሎችም ለሌሎች ለማድረግ ማድረግ ይቻላል፣ ሌሎችም ለሌሎች ለማድረግ ማድረግ ይቻላል።

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procedures around the rollout of the vaccine and likely has the best information. Thank you.

**Chairman:** Thank you, Dr. Pawa.

**Ms. Pawa:** Thank you, Member, for the question. So if I heard correctly, the question was about the strengths and weaknesses of that plan and perhaps also our opportunities to input and engage.

We found at the time that there was a lot of openness to engagement and input from across all the provinces and territories with very regular meetings multiple times a week. I think some of the strengths of the plan were that it really focused on prioritizing individuals and populations that were most at risk, most in need of vaccine, especially at a time that was incredibly stressful with a lot of demands and a lot of individuals asking for support. So I was really glad to see that that was very clearly laid out in that plan.

It also acknowledged different geographical contexts across the country and the need to consider that in prioritization of vaccine rollout, and that was a really important factor in the territories being able to be prioritized to receive vaccine first because that added additional logistical considerations, but we had relatively small numbers. I think both of those things, as well as the kinds of strengths of communication and consultation at the time were strengths.

I think there's always a balance in Canada in terms of urban contexts and [being] more northern rural, remote, [than] other parts of the country, and so, navigating that balance is always sometimes a bit of a challenge. As a country, we are really broad, we have a decision-making structure so much within provinces and territories and we need to coordinate. I think there's always room

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**ጠቅላይ ሚኒስትር:** ማሳሰቢያ ለማድረግ ይረዳል። ለሌሎች ማሳሰቢያ ለማድረግ ይረዳል። ለሌሎች ማሳሰቢያ ለማድረግ ይረዳል። ለሌሎች ማሳሰቢያ ለማድረግ ይረዳል።

**ባለሙያ:** ማሳሰቢያ ለማድረግ ይረዳል። ለሌሎች ማሳሰቢያ ለማድረግ ይረዳል። ለሌሎች ማሳሰቢያ ለማድረግ ይረዳል። ለሌሎች ማሳሰቢያ ለማድረግ ይረዳል።







One, is the nursing roadmap, where we did deep engagement with our nursing staff to understand what keeps our nurses, why is it that we lose nurses, and how do we better ensure that we can recruit and retain. A number of areas around education, training, and improving the environment that our nurses work in were key areas, as well as the critical workforce measures package that was approved in the House at the last sitting where we looked at all of the group 5 positions, areas for retention, recruitment, and job sharing. Then, of course, the all-of-government approach, working across our departments to look at things like housing, areas of office space, and those kinds of considerations. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. My question is for the department again. (interpretation ends) What specific steps are taken to ensure the availability of vaccinations in communities during staff shortages. (interpretation) Thank you, Mr. Chairman.

**Chairman:** Dr. Pawa.

**Dr. Pawa:** Thank you, Mr. Chairman. The question was around ensuring people still have access to COVID-19 vaccinations and other vaccinations, even with shortages. As mentioned, it's true and we know across a number of departments and areas that staffing and shortages impact the work. At times, it means that there may be some clinics planned for vaccination that get delayed or changed. I think one of the things we work to commit is that those gaps are never too long.

One of the great things about vaccines is we access it, it provides prevention for a long time, so we try and get it to people as quickly

as possible. (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. My question is for the department again. (interpretation ends) What specific steps are taken to ensure the availability of vaccinations in communities during staff shortages. (interpretation) Thank you, Mr. Chairman.

**Chairman:** Dr. Pawa.

**Dr. Pawa:** Thank you, Mr. Chairman. The question was around ensuring people still have access to COVID-19 vaccinations and other vaccinations, even with shortages. As mentioned, it's true and we know across a number of departments and areas that staffing and shortages impact the work. At times, it means that there may be some clinics planned for vaccination that get delayed or changed. I think one of the things we work to commit is that those gaps are never too long.

**Chairman:** Thank you, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. My question is for the department again. (interpretation ends) What specific steps are taken to ensure the availability of vaccinations in communities during staff shortages. (interpretation) Thank you, Mr. Chairman.











held by our people in requesting assistance. Is this becoming more verifiable now that the arbitrariness of the pandemic restrictions has shown that they were too restrictive or its seriousness? Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman and thank you, Member, for the question. I think it's really important for us to think about the lessons that we learned during the pandemic, and although COVID is now considered endemic, there are still many risks that our communities can face.

When we think about some of the lessons that we learned about what worked well; the community radio shows and public announcements and the ability to engage, we realize that that was an area which was really important, that communities connected to. Your question about, as about MLAs, how do we work together to make sure that we're meeting the needs of the community members as they happen, being preventative and being responsive. I think those are some of the deep learnings that took place during our journey together as COVID, the building of the new pandemic response plan that is being undertaken right now, our ability to understand how we're responding to the most vulnerable, whether it's those who are in institutions, whether it's our children, our elders, and specifically those living with chronic disease. So really it's being able to prioritize those who are most at risk, being able to share information.

We know that there is still a lot of concern and fear for people around vaccinations, around immunizations. Being able to have open conversations, answer questions, being able to be kind, and that everybody is in a different place of how they feel about their readiness for participating or getting that

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ወደፊት ለማሳካት ለሚችሉ ሁኔታዎች ለመሙላት ማቆም ማለት ነው። ለዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል።

**አባይደርጅ (ጋዲስጋራ):** ማለፊያው ምን ሲሆን?

**ሪፕብሊከን (ጋዲስጋራ):** ማለፊያው ምን ሲሆን? ለዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል።

የዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል። ለዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል።

ሆኖ ባለመሆኑ ለዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል። ለዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል።

**አባይደርጅ (ጋዲስጋራ):** ማለፊያው ምን ሲሆን? ለዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል።

**ሪፕብሊከን (ጋዲስጋራ):** ማለፊያው ምን ሲሆን? ለዲፍቴሪያ አጠቃቀም ላይ ለማቆም ማድረግ ይቻላል።













































you, Member, for the question. The work is currently underway and on track for that time frame. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Sammurtok.

**Mr. Sammurtok:** Thank you, Mr. Chairman. To the Auditor General’s office, your report indicates in paragraphs 28 to 32 that the Department of Health gave priority to “vulnerable populations” in its distribution of COVID-19 vaccines. However, your report also indicates that “a community with a facility for an identified vulnerable population was omitted from the department’s prioritization, and thus this community received its first doses at the beginning of March 2021, after 9 communities without such facilities.” Why does your report not identify the relevant community and facility? Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Thomas.

**Ms. Thomas:** Thank you, Mr. Chairman. As we reported, overall, we did find that priority was given to communities with vulnerable populations. In fact, we found that on average, these communities received the vaccinations in half the number of days compared to the communities without such a facility.

We did note that one facility was omitted, and the reason we didn’t name this community, or the facility was because our focus was on whether the department had the information it needed to make decisions. In this case, the department of health lacked the information on vulnerable populations, which would have helped in its decision making. This reinforces the need that we highlight in other places in our report for a plan and for the information to be available, and that this information does need to be kept

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**አይታይም** (ጋኒላቢያ): ፍትህ ሊቀዳረግ። ርዕሰ ልምድ ሆኖ ለሆስፒታል ውስጥ ለሚገኙ ሰዎች ለመስጠት ማለፍ ይገባል።

**ዘላለም** (ጋኒላቢያ): ፍትህ ሊቀዳረግ። ፍትህ ሊቀዳረግ ለሆስፒታል ውስጥ ለሚገኙ ሰዎች ለመስጠት ማለፍ ይገባል። ለሆስፒታል ውስጥ ለሚገኙ ሰዎች ለመስጠት ማለፍ ይገባል።

የሕዝብ ጤና ለማረጋገጥ ለሚያስፈልጉት ሰው ለማግኘት ለሚችሉ ግድግዳዎች ላይ ማስተካከል ይገባል።

ርዕሰ ልምድ ሆኖ ለሆስፒታል ውስጥ ለሚገኙ ሰዎች ለመስጠት ማለፍ ይገባል።

**አይታይም** (ጋኒላቢያ): ፍትህ ሊቀዳረግ። ርዕሰ ልምድ ሆኖ ለሆስፒታል ውስጥ ለሚገኙ ሰዎች ለመስጠት ማለፍ ይገባል።

**ደብረ** (ጋኒላቢያ): ፍትህ ሊቀዳረግ። ለሆስፒታል ውስጥ ለሚገኙ ሰዎች ለመስጠት ማለፍ ይገባል።

መቼት ለማስጠንቀቂያ ለሚያስፈልጉት ሰው ለማግኘት ለሚችሉ ግድግዳዎች ላይ ማስተካከል ይገባል።



Public Health Agency of Canada and is what the Government of Nunavut had reported to the Public Health Agency of Canada. We wanted the exhibit to be kept to what was publicly facing. At the same time, when we looked at the paragraph, we did want to go more in detail to try to understand that given the specific context of Nunavut and how the demographics are different: were we to analyze it, what would it look like? What would be the kind of trends happening to kind of put the public facing observations in context? Thank you, Mr. Chairman.

**Chairman:** Thank you, for that response. Mr. Sammurток.

**Mr. Sammurток:** Thank you, Mr. Chairman. This is for the government witnesses. The Auditor General’s report indicates in paragraph 29 that “...a community with a facility for an identified vulnerable population was omitted from the department’s prioritization, and thus this community received its first doses at the beginning of March 2021, after 9 communities without such facilities.” The report indicates that “...this omission occurred because the Department of Health lacked information on vulnerable populations that would have helped support decision-making in emergency situations.” What specific action has the department taken to address this issue? Thank you, Mr. Chairman.

**Chairman:** That’s tomorrow.

>>Laughter

Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman. Thank you, Member, for the question. I believe the Member is speaking to the public health surveillance system that helps to track and

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**dl-f-rc-d-c-fb** (j-yl-n-jc): yd-f-o-fb. C-bc <e.

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p-f-d-f-j-n-c, dl-l yd-f-o-fb-j-c-c C-d-b-d-d-f-b-d-rl-nc-ol-fb-d-l-d-nc, C-d-b-d-d-d-l-f-b-d-f-c-d-f-b-j-c d-c-o-yl-f-j-f-d-f-nc p-b-d-l-c. dl-l d-f-b-o-d-f-rc-b d-rl-f-f-b-f-c-c-d-f-b-j-c fl-c-n-d-f-yl-n-d-c-c Cl-b-d-d-b-f-f-o-d-f-d-f-nc. dl-l Cl-b-d-d-f-p-f-p-o-p-j-yl-n-d-f-b-f-c-c-c, o-d-c-c-d-d-l-f-b-d-f-c-d-f-b-j-c, dlf-fbdn-fb-f-c-c-l ybdlhdc-fb-f-b-d-f-b-f-c o-c-f-p-o-f-d-f-b-f-j-n-b.

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monitor exactly what the Member has spoken of. Those are things that look at the connections between cases, contact, laboratory and other data types. Given that that is part of the infrastructure that the territory has lacked in, part of our work and our commitment based on the recommendations from the Office of the Auditor General is to set out a planning process over this next year that helps to inform the scope of the changes in surveillance, the cost of a surveillance system, the resources associated to that surveillance system, and of course, the unique nature of understanding if there are other requirements that are unique to the Nunavut context.

That is work that the team has begun in consultation with our Health Information Unit. We’re looking for the end of quarter ‘24 to be able to have the ability to have our requirements identified and have a project team and then be able to go through the process of going out to procurement and selection. Thank you, Mr. Chairman.

**Chairman:** Thank you. I do apologize, Ms. Hunt; I didn’t catch which quarter in 2024 that that was expected to be rolled out. Ms. Hunt.

**Ms. Hunt:** In the final quarter, Mr. Chairman.

**Chairman:** Thank you. Mr. Sammurток.

**Mr. Sammurток** (interpretation): Thank you, Mr. Chairman. (interpretation ends) This is still going to the government witnesses.

The Auditor General’s report indicates in paragraph 31 that the Department of Health “gave guidance to prioritize Nunavummiut and to offer [COVID-19] vaccination to non-

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**ጠቅላይ ሚኒስትር** (ጋኅጎብህር): ማህዳድሮች፣ ገዢ ጠቅላይ ሚኒስትሮች ሆኖታል።

**ፖሊሲ** (ጋኅጎብህር): ማህዳድሮች፣ ጠቅላይ ሚኒስትሮች ሆኖታል። ለዚህ ጋራ ለማድረግ ጥረት አድርጎታል። ለዚህ ጋራ ለማድረግ ጥረት አድርጎታል። ለዚህ ጋራ ለማድረግ ጥረት አድርጎታል።

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**ጠቅላይ ሚኒስትር** (ጋኅጎብህር): ማህዳድሮች፣ ገዢ ዘቅጠዋል።

**ዘቅጠዋል** (ጋኅጎብህር): ማህዳድሮች፣ ጠቅላይ ሚኒስትሮች ሆኖታል። ለዚህ ጋራ ለማድረግ ጥረት አድርጎታል። ለዚህ ጋራ ለማድረግ ጥረት አድርጎታል። ለዚህ ጋራ ለማድረግ ጥረት አድርጎታል።

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I would like to hear from the Department of Health team how that response would differ if in the future there was an event like this and we saw that an illness such as COVID had actually entered our territory. How would that change how vulnerable populations are viewed and how a vaccine might be rolled out in that event? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Brewster. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman and thank you for the question. Hopefully not in the near future, but if there were to be something like this again, there are some things that I hope we would do the same. The way the prioritization occurred and the federal-provincial-territorial conversations around it, the way that part was documented, I think that was good. It wasn't always a given. It was something that happened in processing conversation at the time.

I think too, that although we had outbreaks in territory later, it was always very clear that it was important to prioritize the territories, to prioritize Nunavut, to prioritize indigenous communities in the country, and I would hope that that would also stay the same.

I think specifically with the question about at-risk or vulnerable populations and some of that approach, there are some things I hope we can learn lessons from, and some of them come through very clearly in this report, I think. One is: it is likely that settings that are congregate; correctional facilities and others would, again, be at risk and there are things we can do to prepare in advance. If we can have lists of those facilities really clearly listed out, with contact names and numbers so that we are not scrambling to find that information or don't have to rush to find that

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continue to do that.

There are pieces where we do work in around the health care services. We are working on our public health, but a lot of the conversations cover many more sectors and we have to collaborate across departments for some of the conversations around food and other things you had mentioned.

Some of the specific pieces, as outlined in business plans or in here, that may be within our scope in health are the work we are doing around ensuring the public reporting when we have information around that are there, and some of the work on communicable diseases and others, but I think a lot of what you raised has to happen in partnership within the territory and then also across the country.

I may turn to our Deputy Minister. I'm not sure if I'm allowed to do that, but thank you, Mr. Chairman.

**Chairman:** I'm allowed to do that.

>>Laughter

Ms. Hunt, and then I believe Mr. Onalik wanted to have some comments, as well too. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman and thank you for also providing us the ability to have Deputy Onalik speak as well.

I really appreciate the question from the Member because I think it's really important. We are talking about determinants of health, and we've talked about this earlier this week, that the determinants of is an area that, and I think I said this earlier in the week, takes a Nunavut-wide approach, and of course, a government-wide approach with our partners. Health promotion, access to health services

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**ጠቅላይ ሚኒስትር:** (ጋሳገበህ): ኖታዎቻችን ገን ርሲኑ።

**ሮታዊ** (ጋሳገበህ): ኖታዎቻችን ለሕዝብ ጤና ማረጋገጫ ለሚገቡት ሁሉም ደንቦችን ማረጋገጥና ማረጋገጥ ነው። ለሕዝብ ጤና ማረጋገጫ ለሚገቡት ሁሉም ደንቦችን ማረጋገጥና ማረጋገጥ ነው።

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**ጠቅላይ ሚኒስትር:** (ጋሳገበህ): ኖታዎቻችን ገን ርሲኑ። ገን ርሲኑ።

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something that is done in partnership. I think it's also important that communities be engaged in questions coming up from communities that inform that research. There are a few pieces, and there have been various projects, or various research projects that look at parts related to health, some specific to COVID-19. There are a few things that limit our ability to answer all specific questions or this one in particular. One is: I think it is really important for us to continue to build research capacity in-territory, so to have the expertise, the knowledge, the interest in doing this type of work.

We work a lot with researchers in other universities across the country who also care deeply and work hard that come from a different context. I think building more capacity in-territory is important. Then I think, as you mentioned, there are a lot of learnings that we know. There are a lot of things that we know about health status; a lot that we know about program learnings we could consider. Connecting what we know of research to program, sharing information back with communities, I think, is important.

Specific to your question around initiating projects like this in 2020 or 2021, I think we had appropriately, a focus, on response, on the minimizing people being hospitalized or in ICU or deaths.

Re-reading the report again and looking at the timeframes, and know that, for the vaccine for example, we had been hearing it was coming November, December. We had the approval December 23. We couldn't actually do our policies for the nurses to follow until we got that approval to finish those. The vaccine arrived the 30, but they couldn't figure out exactly our transport storage until we knew its stability and things. I recognize I probably should slow down. We

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times when things need to be documented and times when they don't need to be documented. In this case, we would expect to see documentation that would outline what the expectations are. This is critically important as individuals move from department to department, in and out of places, so that there is an understanding, regardless of who is in a position, of what is expected and to ensure that Inuit societal values are consistently considered.

That's why in our paragraph 43, our recommendation; one of the elements of our recommendation is that when the plan is updated, that it should specify how Inuit societal values will be taken into account. Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Thomas. Mr. Malliki:

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman and thank you for the clear response. Your report indicates in paragraph 43 that the (interpretation ends) Department of Health "should update its health emergency and pandemic plan." What specific lessons could the department learn from the experience of other Canadian jurisdictions that your office audited? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Thomas.

**Ms. Thomas:** Thank you, Mr. Chairman. As has been mentioned, it's really important to have a plan that's up to date and that it be developed in times when a pandemic or a crisis in not occurring, so that when that crisis or that situation occurs, the steps are already laid out for those best practices to be taken into consideration, and to simply to carry out.

We didn't compare other jurisdictions

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that, given how well it worked, that it would be important that it be imbedded in the plan. When it's in the plan, to refer to the importance of learning from what we went through, and when we have it in the plan, then when another emergency arrives, actors and important people know what to do, and that's really been captured, and it really diminishes the chances of oversights. So we did want to highly reflect the importance of that in our recommendation. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman and thank you for the clear response. I would like to direct my next to the government witnesses (interpretation ends). The Auditor General's report indicates in paragraph 43 that the Department of Health, "should update its health emergency and pandemic plan to take into account changes in the *Public Health Act* and lessons learned from the COVID-19 pandemic."

The department's response to this recommendation indicates that, "work is currently underway and should be completed by the end of 2023." As of today, what is the status of this work? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman, and thank you, Member, for the question. The work is currently under way and on track for that timeframe. Thank you, Mr. Chairman.

**Chairman:** Thank you. Maybe if you could just provide a little context. Is it under a contract or are they Health employees that are doing the work on this project? Ms. Hunt.

**Ms. Hunt:** If I can, I'll have Dr. Pawa

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provide further details. Thank you.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman and thank you, for the question. As mentioned, the work is under way, on track, and it's being done internally by Department of Health employees. One of the pieces around this conversation with the timing is the new *Public Health Act*. We had just done the work to bring it into force as of January 2020, which we are very grateful it was in place because it provided us a lot of ways to help support the response that the previous Act did not. The plans had been planned to be updated in February or March 2020 and then, for obvious reasons with the pandemic, that work did not occur and we had the plans we did. We have picked that work back up and our team within Health is working on getting those up to date. Thank you, Mr. Chairman.

**Chairman:** Thank you for that clarification. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Thank you, Minister. Can the officials explain if there have been any big changes to the pandemic plan? Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. Thank you for the follow-up. The overall approach of the plan is similar, but I think some of the updates that we recognized were needed was more detail in some areas, for example, a list of facilities, as mentioned earlier, and contact information and really clear roles and responsibilities that individuals know about in advance so that when emergencies happen, we use the plan for reference, but it's not new for us. Those are some of the pieces we

know that we need to ensure there is more detail.

We heard that the engagement and collaboration happened that we would have wanted to see, but we have also heard the auditor's recommendations to document better how we went about doing that. It occurred, but maybe we could put more in writing about how that is approached. I did want to comment that Health has significant responsibilities in health emergencies, but we work very closely across the GN and with thanks to our partners in EIA and CGS and elsewhere, and then for whole-of-government kind of emergencies, there is emergency responsibilities elsewhere as well. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. I also thank you for that proper response. This will be my last question. (interpretation ends) How is the department documenting the extent to which it takes into account Inuit societal values in health emergency and pandemic planning? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Just to clarify, so the Member is asking to what extent in documenting Inuit societal values in health emergency and pandemic planning. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman. Thank you, Member, for the question. You're right; that is exactly our approach for the updated pandemic plan is to have very clear information documented around the engagement and Inuit societal values in the application of communication and within our response, and the clear roles and responsibilities that the different departments and different individuals will have as part of

the rollout of a public health emergency.  
Thank you, Mr. Chairman.

**Chairman:** Thank you. Although we're a few minutes early for lunch, I don't want to interrupt the line of questioning for any Committee Members that have questions on this topic. I'm going to break now for lunch and we will return at 1:30. Thank you.

*>>Committee recessed at 11:48 and resumed at 13:27*

**Chairman:** Welcome back, everybody, to the Standing Committee on Government Operations and Public Accounts dealing with the COVID-19 vaccine report from the Office of the Auditor General of Canada. Right now, we're currently in this section, paragraphs 36 through 51. Before we left for lunch, we finished off most of that section, I believe, but I am offering to the Committee an opportunity to ask questions under paragraphs 36 through 51. Seeing none, we will move on to our next section, paragraphs 52 through 67, Findings and Recommendations. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. My questions today are for the Government of Nunavut. Paragraph 54 of the audit report indicates that the Government of Nunavut had posted weekly reports about COVID-19 vaccination coverage on the website until March 2022. My first question for the government is: why did the government discontinue this practice of the weekly updating of statistical information? Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. Thank you for the question. Like many other jurisdictions across the country, we evolved and changed the reporting as the pandemic



shifted. At that time, many jurisdictions were shifting from as much regular reporting on their own website. We all still do submit to national reporting, which gets updated weekly on a central website for the federal government that includes information about all the provinces and territories. That's the most up-to-date place now for across the country and for each province and territory. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Thank you for that response. As you had indicated, most jurisdictions at that time had stopped posting current information with regard to COVID coverage. My next question is: at that point of March 2022, how many jurisdictions carried on beyond that point, providing current information to the public? Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. Thank you for the question. I don't think we would have that information at hand, but we could provide some more information on our decision-making around that time with the posting, if that would be helpful. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Along the same line of questioning to the Government of Nunavut, at what point did the government cease the practice of providing weekly updated numbers on the actual number of active cases of COVID? Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. Thank

you very much for the question. That's also information that we could get back to you on in writing just so we have the timing accurate. I don't want to speak to it without being sure. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Thank you for that response and commitment. Looking at the current situation surrounding COVID, although the public health emergency is over, the pandemic continues as COVID is still a significant threat to a number of individuals.

Looking at the federal government's COVID-19 epidemiology update summary, it actually provides the count of cases of COVID-19 for the week of September 3 to 9, 2023. At that time, there were 4,847 active cases listed. Unfortunately, those figures are only for Quebec, Ontario, Manitoba, and Saskatchewan and it indicates that the remaining jurisdictions, including Nunavut, no longer publish regular COVID-19 statistics.

I guess the next question I would like to ask... . As the resurgence of the new COVID and the new variants have been reaching many jurisdictions in Canada, although the Department of Health and the Government of Nunavut no longer publish active case counts, I would like to ask if the public health surveillance system still monitors the current case count in Nunavut. Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. Thank you for the question. As you mentioned, it's a good opportunity for us to discuss or remind that there is still a lot we can do to protect ourselves, community members, and others

from both COVID-19 but also other respiratory infections and other diseases, so things like washing our hands, staying home when we're not well where possible, and staying up to date with vaccinations.

In terms of the tracking of numbers and cases, as we all watched happen, this changed a lot as the testing kind of patterns changed as well. Early in the pandemic, the testing approaches were broader and as vaccines became more available, it was no longer the way we needed to approach the pandemic and that shifts, which changes how we might look at these numbers because they would be an underestimate of all the cases we would be seeing out there. Also, rapid tests or tests people do at home also impacts that type of tracking.

It's no longer the best measure for us to have a sense of what's happening across the country or in jurisdictions. There are a few things that they can track at a national level, for example, like hospitalizations or ICU in other provinces, it does give us a really good sense of what's changing. What they have seen is an increase, as we would expect, as we go into fall and people spend more time indoors, but it's slightly less of a bump than we saw last fall, which is also as expected. Things are sort of proceeding as we might think what usually happens with pandemics like this, so that is reassuring for us.

While we can all still take steps, there are still individuals who are at risk and vulnerable with the vaccines on board and the protection that that offers. We're doing well that way, and then the only other thing maybe to mention is that we will expect to see new strains, new variants, new emerges, and the vaccines will continue to be updated as that happens. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Thank you for that response. Understanding that the testing methods have changed and the rapid kits allow individuals to test at home at their own convenience and as such, any figures that the Department of Health or the public health surveillance system would capture for active COVID cases would understandably be underreported. However, I'm still very curious to know if the Department of Health is monitoring the number of active COVID cases that is brought to the attention of health care professionals and, more specifically, if the department monitors severe cases in addition to that. Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. My apologies; I forgot that part of the question earlier.

There is monitoring that occurs and we were doing this prior to the pandemic as well for influenza and other respiratory illnesses, so what we have done is incorporated COVID-19 into that tracking. We're in touch each week with health centres to have a sense of both what they're seeing for case counts, but also if a lot of people are absent from school and what they're seeing in terms of your question about severe cases, medevacs, and people needing to leave communities. That is tracked and that's part of what forms the basis for what we submit to the federal government and is reported that way through cross-country tracking. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Thank you for that response. I've got a two-part question. As you had indicated, the

current public health surveillance system does monitor to some extent the current situation surrounding COVID. I was wondering if you would be able to elaborate a bit further about the current state.

In addition, throughout the pandemic, while the GN was providing those weekly updates on active cases, it was a great tool to notify the public on how severe the situation was in their own community and how vigilant they needed to be to address the risks.

The next question I would like to ask is: if the Government of Nunavut and the public health surveillance system do indicate a significant spike in a particular community, would a press release be published to notify the community of a COVID outbreak? Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. Thank you for the question. In terms of the kind of current state we're seeing in Nunavut, it is very similar to what's being reported nationally with an increase in cases, as we expect, but not as severe as the last few years.

In terms of spikes in particular communities, similar as we do for other communicable diseases or issues, a public service announcement may go to a specific community or more broadly and in particular, if there are actions community members could take to protect themselves and protect those around them. We take a very similar approach to that.

Sometimes when we're seeing more COVID-19, for example, activity across many communities, then it will be territory-wide or for a region, similar to how we manage other things, same like when there's nausea,

vomiting, diarrhea, or gastrointestinal illnesses, we do the same thing. Thank you, Mr. Chairman.

Take 59 ends here.

**Take 60 starts here**

...nausea, vomiting, diarrhea, or gastrointestinal illnesses we do the same thing. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. I would like to thank you for that response, that is very reassuring that a public service announcement would be released if it was necessary.

In that particular situation where is a community that the Department of Health has noticed a COVID-19 outbreak in, what would be the threshold to release a public service announcement to notify the community? Would you be able to provide an example for small or medium, or a threshold for Iqaluit as well? Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Mr. Pawa:** Thank you, Mr. Chairman. I think there are a number of factors that go into some of those decisions. Some of it is related to case counts or activity seen, but it also depends a bit on setting. The responses are a bit different if we know it's an elders' facility or a correctional facility, for example, that are impacted.

Across the country, and here, that was one of the really big learnings and something for us to stay mindful of from the pandemic about how quickly people can be impacted by

something like COVID-19 if they're living in a setting like that. So that's one of the factors that would get considered.

There is no set number, and we expect that case counts and pieces will fluctuate, but it's more a consideration of if that intervention, that tool, or that communication might help improve health or decrease some of the inequities in health, then that's when it would be used. It's a judgement call, usually, made in collaboration with other parties. Thank you, Mr. Chairman.

**Chairman:** Thank you. Just to remind Members, we're on paragraphs 52 through 67. Report of the Auditor General of Canada to the Legislative Assembly of Nunavut. I am not seeing any more questions coming. I'm going to say "last call." Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Mr. Chairman, I have a query to ask the...here it is. My question is for the government representatives. In paragraph 60, it is written in this manner.

(interpretation ends) "Should implement a digital system enabling it to track and report on adverse events and disaggregated data." In its response to this recommendation, the department indicates that it "commits to commence a planning project for Nunavut's Public Health Surveillance System in 2023-2024" that will be "facilitated by a consultant team." As of today, what consulting firm has been engaged to perform this work?

(interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt** (interpretation): Thank you, Mr. Chairman. (interpretation ends) We are still in the planning phases creating a scope of work, so an RFP and selection of a consulting has not been completed. Thank

you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. When would we get to know? Thank you.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman. The RFP has been vetted and we'll be looking to see whether we have someone on our standing contract offer that can potentially be a selected vendor. The goal is to have this ready for the third quarter of 2024. Thank you.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman, and thank you for clarifying that. Further, I have additional questions on this matter to ask. (interpretation ends) In its response to this recommendation, the department indicates that a formal Request for Proposals will be issued to procure a new system.

What is the timeline for issuing the Request for Proposals? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman. Apologies. Can the Member rephrase the question? Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. I'll go directly to my question. (interpretation ends) What is the timeline for issuing the request for proposals for that? (interpretation) That was part of my question.



Thank you, Mr. Chairman.

**Chairman:** I believe that Ms. Hunt just responded that the RFP is almost ready to go out, but if you had any other details. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman. Thank for you reframing the question. The planning process is a six-month process to prepare for the RFP. The RFP has been created and the request for proposal has been vetted, and so the goal will be to have the requirements and the request for proposal to go out for the third quarter of 2024. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Part of my question was: how many new positions will be created? Thank you.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman. As part of the planning, there are many things to be thinking about. Giving you a specific number of roles or positions that will be required as part of the planning implementation change management rollout and then on-going maintenance and operations of that, I wouldn't have that level of detail. As we go through the requirements building process, that will give us the ability to understand all of the requirements of human resources, assets, infrastructure, and on-going positions to ensure that the training, the uptake, and the on-going operations of that surveillance system is identified. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr.

Chairman. My question is for the Auditor General. Your report indicates in paragraph 61 that the (interpretation ends) Department of Health “did not have a complete and accurate account of the COVID-19 vaccine doses that it had received from the Public Health Agency of Canada.” To what extent did this situation differ from those of other Canadian jurisdictions that your office audited?

(interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Thomas.

**Ms. Thomas:** Thank you, Mr. Chairman. It’s important to have information for decision making for a safe and effective healthcare system. We found that the Department of Health did not have an inventory management system for tracking vaccines, and we also found, in relation to your question around other jurisdictions, that Yukon also did not have an efficient management system to track vaccines. It managed using excel spreadsheets and this resulted in errors in expiry dates and lot numbers.

Tracking the number of vials and tracking the number of vaccines is very important. There are complexities involved; whether there was a full vial used versus a half vial, in terms of probably getting into the wastage side of things. A system that would encompass all of these would not only get better information and data for the management of the rollout, but also would have reduced the burden on staff who were tracking things manually.

Thank you, Mr. Chairman.

**Chairman:** If I may, Ms. Thomas; during the audit process, and I know the scope of the audit was strictly for COVID-19 vaccines, but when you’re looking at tracking inventory, did you look at any other drugs within the healthcare system? Were there any

other red flags that were raised? Ms. Joannis.

**Ms. Joannis:** Thank you, Mr. Chairman. We only focused on the COVID-19 vaccines, but part of the vaccine inventory, to my understanding, is that that would be the vaccine inventory they would use to monitor to others as well, but our focus was on the COVID-19 vaccines. Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Thomas.

**Ms. Thomas:** Thank you, Mr. Chairman. I would answer and amplify the point that Madam Joannis just made around vaccines inventory, medications, and medical supplies; these would be opportunities to have that information at the disposal of healthcare workers, and by extension, would then be able to facilitate the work and the services that are provided to those in need. Thank you, Mr. Chairman.

**Chairman:** Thank you for that follow-up information. I'm sure all Members will be keenly aware of government medical inventories and the need to make sure that we have our drug formulary fully covered at the health centres, with making sure that the expiry dates are up to date as well. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. (interpretation ends) On paragraph 62 it says that the Department of Health "did not have a complete and consistent method of tracking the movement of vaccine doses from the regional pharmacies to community health centres." To what extent did this situation differ from those of other Canadian jurisdictions that your office audited? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Thomas, did you

catch that question? Mr. Malliki, would you be able to repeat your question please.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. My apologies for not making myself understood. (interpretation ends) Your report indicates in paragraph 62 that the Department of Health “did not have a complete and consistent method of tracking the movement of vaccine doses from the regional pharmacies to community health centres.” To what extent did this situation differ from those of other Canadian jurisdictions that your office audited? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you for that, Mr. Malliki. Ms. Thomas.

**Ms. Thomas:** Thank you, Mr. Chairman. Similar to the previous answer, we found in Yukon that they did not have an efficient management system to track the movement of vaccines. They used Excel spreadsheets with specific information from clinic and healthcare centres to manually compile the manual spreadsheets. Therefore, discrepancies were also found in Yukon, which amplifies the need for, in Nunavut and any other jurisdiction, to have systems that are accurate and timely, reduce the burden on staff, and enable the decision makers to make adjustments as the information they have needs to change. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Thank you for the very good response. My question is for the government officials. (interpretation ends) The Auditor General’s report indicates in paragraphs 61 and 62 that the Department of Health, “did not have a complete and accurate account of the COVID-19 vaccine doses that it had received from the Public Health Agency of

Canada” and that it “did not have a complete and consistent method of tracking the movement of vaccine doses from the regional pharmacies to community health centres.” As of today, does the department have an up-to date and accurate inventory of its COVID-19 vaccine stock? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman and thank you to the Member for the question. Health has created, as in interim measure as we go through the process to identify a tracking system that is electronic in nature, a manual tracking system. That is complete and will be rolling out over this fall. The goal of that tracking system is to make sure that vaccines and other medications, from entry into the territory to their administration, are tracked and monitored and then adjusted based on the information through that tracking. Once we have the digital tracking system, it will all be done digitally instead of manually, which will definitely be a wonderful improved asset in the territory. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. This will be my last question, and this is good news. (interpretation ends) As of today, how many COVID-19 vaccine doses are in the department’s inventory? (interpretation) Thank you. That was my last question.

**Chairman:** Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you, Mr. Chairman. I’m sorry; I only caught the first part of the question.

**Chairman:** The Member is asking how

many vaccine doses are in-territory right now. Ms. Hunt.

**Ms. Hunt:** Thank you for repeating the question. I would defer to Dr. Pawa in terms of what is available within territory. Thank you, Mr. Chairman.

**Chairman:** Thank you. Dr. Pawa.

**Ms. Pawa:** Thank you, Mr. Chairman. That's information for an exact number we would have to get back to you on, but thank you for the question. Thank you, Mr. Chairman.

**Chairman:** Thank you. Does anyone have any questions under paragraphs 52 through 67? Seeing none, I'll make a couple of comments before I invite the Office of the Auditor General to make their closing comments.

Again, I wanted to thank the Committee Members and the witnesses, obviously, for going through this report in detail. We are finishing a little bit earlier than scheduled. I don't think any of us are really surprised because of the narrow focus of this report from the Office of the Auditor General and there has been correspondence and information that has been provided over the past few months since this report has come out. Again, I would like to take the time to thank my Committee Members for paying attention to the information and I'm sure there will be some follow-up questions, especially with inventory controls not just for COVID-19 drugs but other health materials.

With that, I would just like to again thank the Office of the Auditor General for taking on this task as well. I know it was an extremely stressful period, and I know we've had some dark topics over this week with our family services report, but just speaking to some of the witnesses, it was a traumatizing time. As

we were going through the timelines of how everything occurred through the vaccine rollout, I can speak from some experience that it was just an unbelievably crazy time in my life and in a lot of other people's lives, but I know our frontline staff throughout the pandemic and I know at one point, it was described by one of the government witnesses as endemic.

Again, I'm not going to argue over semantics, I think, on titles of where we are at this stage and we have to keep aware. COVID-19 is running through communities again, through the world, in different variants, so we want to maintain our vigilance and maintain our schedule of the booster shots, that we can maintain as much of a healthy community as we can.

I would like to thank the Office of the Auditor General for all the great work that they did. I'm sure it was a lot of information to go through, as you're dealing with three simultaneous audits on the same topic in differing jurisdictions and different methodology, so I thank you for the level of detail of the work that you put in. With that, I would like to offer the Office of the Auditor General some closing comments. Ms. Thomas.

**Ms. Thomas:** Thank you, Mr. Chairman. It definitely was unprecedented times that we have all lived through and hopefully this isn't something we or our future generations have to live through. We did find out that the rollout of vaccines across Nunavut was quick and effective, despite the number of challenges that included serving 25 communities spread across a vast territory and staff shortages. We saw the three departments pull together to reduce barriers to vaccination. It was an incredible effort that was put in by the departments, community members, and everyone. Collaboration,

working together, and the community support were definitely something that we saw.

I think that it's important to note pandemic preparedness is more than just vaccines, and that has really come out and shined through today. It really is about promoting health and well-being and to focus there on a couple of our recommendations, one around pandemic planning, making sure that the roles and responsibilities and governance and the important pieces that need to be put in place in calmer times can then be used as a guide and the direction in those more frantic, stressful times. I think we have heard some encouraging words from the folks that that's underway. I think the other piece, the big piece is around the systems, the inventory management systems, and the digital opportunities that exist. In putting those digital pieces in place, I think it's important to remember that a digital system is just a tool and that there are people who are needed to run and manage and maintain those systems. We were, again, encouraged by what we're hearing and I really hope that those pieces get put in place.

Finally, I think I would say that a government-wide response, a Nunavut-wide response, a territory-wide response is really what is important here, that these go beyond the pandemic and the crisis. There are other root causes that I think our other audits have addressed, whether they be in housing, staffing shortages, and other pieces that I think are going to be critical to serving communities.

Again, in terms of responding to the immediate crisis, the departments did a good job in unexpected and challenging circumstances, and we really hope that the lessons learned from this experience can be used moving forward. Thank you, Mr. Chairman.



**Chairman:** Thank you for those comments.  
With that, I'll close the hearing. Thank you.

>>*Committee adjourned at 14:02*