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

#### **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

### **Staff Members**:

Alex Baldwin Stephen Innuksuk

# **Interpreters**:

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

#### Witnesses:

Mélanie Joanisse, 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

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### >>Committee commenced at 8:59

Chairman (Mr. Hickes): Good morning, everyone. I would like to open the Standing Committee on Oversight of Government Operations and Public Accounts this morning. Today we will be dealing with the COVID-19 vaccines in Nunavut report from the Office of the Auditor General of Canada.

Before we begin our proceedings, I would like to ask Mr. Kaernerk to lead us in prayer.

## >>Prayer

Chairman: Thank you, Mr. Kaernerk. I'll begin with my opening comments and then I'll ask the Office of the Auditor General to provide their opening comments and then the Government of Nunavut, and then we will proceed with the paragraph-by-paragraph review of the report.

Good morning. I am pleased to begin by welcoming everyone to this meeting of the Legislative Assembly's Standing Committee on Oversight of Government Operations and Public Accounts.

We have convened today to begin the Standing Committee's televised hearing on the 2023 Report of the Auditor General of Canada to the Legislative Assembly of Nunavut: COVID-19 Vaccines in Nunavut.

On behalf of the Standing Committee, I am pleased to formally welcome the Office of the Auditor General of Canada to Iqaluit. I am also pleased to introduce my Standing Committee colleagues:

- Mr. Alexander Sammurtok, Co-Chair of the Standing Committee and Member for Rankin Inlet North-Chesterfield Inlet;
- Janet Brewster, Member for Iqaluit-Sinaa;

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- Joelie Kaernerk, Member for Amittuq;
- Mary Killiktee, Member for Uqqummiut;
- Adam Arreak Lightstone, Member for Iqaluit-Manirajak;
- Solomon Malliki, Member for Aivilik;
- Daniel Qavvik, Member for Hudson Bay;
- Joseph Quqqiaq, Member for Netsilik;
- Joe Savikataaq, Member for Arviat South; and he is not here on the moment, but he's on his way,
- Mr. Craig Simailak, Member for Baker Lake, who had a previous engagement.

The report of the Auditor General concerning COVID-19 vaccines in Nunavut was tabled in the House on May 30, 2023. The Standing Committee notes that similar reports concerning COVID-19 vaccine distribution have also been presented to the House of Commons and the Yukon Legislative Assembly.

A number of my Standing Committee colleagues were also serving as Members of the Legislative Assembly when the initial state of public health emergency was declared in March 2020. I am confident that they will agree that the unprecedented nature of the pandemic posed extraordinary challenges to all of us.

It is no secret that Auditor General reports are rarely complimentary to federal, provincial or territorial governments. That is the nature of the work. However, I believe that it is a testament to the dedication and professionalism of Nunavut's frontline staff and health care professionals that this report indicates that:

"Overall, the three departments responsible for the COVID-19 vaccine rollout across Nunavut worked together and with community stakeholders to quickly give all Nunavummiut access to the vaccines. On average, it took the departments two weeks

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to deliver vaccines to communities from the time the vaccines arrived in the territory. This success was achieved despite significant logistical challenges in reaching remote and isolated communities and despite staff and nursing shortages. The vaccine rollout relied on a small number of health care workers and regional and territorial staff whose work was aided by their familiarity with the territory's unique context."

The report of the Auditor General does provide a number of important findings and recommendations concerning such issues as inventory management and planning for future pandemics. Officials from the Government of Nunavut have been invited to appear at this televised hearing, which will provide an opportunity for the Standing Committee to examine the extent to which the government has been taking action on the issues identified by the Auditor General.

I would like to conclude by addressing some housekeeping matters.

I ask all Members and witnesses to ensure that their cellphones and other electronic devices do not disrupt these proceedings.

In order to assist our interpreters and technical staff, I ask that all Members and witnesses go through the Chair before speaking.

Members of the Standing Committee have been provided with a number of documents for their ease of reference during this televised hearing. For the benefit of our witnesses and interpreters, I ask Members to be precise when quoting from or making reference to specific documents.

This hearing is being televised live across Nunavut on community cable stations and the direct-to-home satellite services of both

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the Bell and Shaw networks. It is also being live-streamed on the Legislative Assembly's website. Transcripts of the televised hearing will be posted on the Legislative Assembly's website at a later date.

I would now like to invite the Office of the Auditor General to make its opening statement. Thank you.

Ms. Thomas: *Ullaakkut*/good morning. Mr. Chairman, we are pleased to be here in Iqaluit today to discuss our audit report on COVID-19 vaccines in Nunavut, which was tabled in the Legislative Assembly on May 30, 2023. With me today is Mélanie Joanisse, the director responsible for this audit.

The COVID-19 pandemic was the most severe outbreak of infectious disease in more than a century. Timely access to vaccines was important to reduce the risk of serious illness, hospitalization, and death in the territory and lessen the impact on Nunavut's health care system. Our report discusses how the government delivered vaccines across the territory. It also highlights successful strategies to support future public health emergency efforts and areas for improvement.

Overall, the Department of Health, the Department of Executive and Intergovernmental Affairs, and the Department of Community and Government Services worked together to overcome significant logistical and staffing challenges to quickly deliver vaccines across the territory. The departments actively engaged with Inuit organizations and community groups, which contributed to the successful rollout of vaccines. However, we found that vaccination efforts were made more difficult by the lack of a pandemic plan and information systems to track, monitor, and report on vaccine inventory.

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On average, it took two weeks to deliver the vaccines to the 25 communities once the vaccines arrived in Nunavut. We consider this timely given that the departments had to hire and provide accommodation for nurse immunizers, secure planes to fly them into the communities, adapt to weather conditions, and comply with the temperature control requirements of the vaccine.

The Department of Health identified vulnerable populations to immunize on a priority basis, using national guidance and considering Nunavut's context. Those identified to receive the vaccine doses first included elders and individuals living in continuing care centres, correctional facilities, and shelters.

However, the Department of Health lacked an updated and current pandemic plan with a clear governance structure, goals, and objectives. This caused confusion about the roles and responsibilities of senior government officials during this public health emergency. There was also a lack of guidance on how the Department of Health was to collaborate and consult with Inuit and community stakeholders. This meant that the department had to create and implement its vaccine rollout plan while the rollout was underway.

The Department of Health did not have information systems to track, monitor, and report on vaccine inventory. The department reported that 15 percent of doses were wasted as of September 2022. However, we found that because of poor record keeping and the lack of inventory tracking, the department could not account for another 16 percent of doses. Although some wastage was expected, we found that the department may have wasted up to 31 percent of the doses that it received from the Public Health Agency of

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We found that the department did not know the number of vaccine doses that it had received. When it came to monitoring, the department did not have a complete and consistent method of tracking the movement of doses between regional pharmacies and community health centres.

We also found that the department did not have systems to track inventory in the community health centres or to track wastage after May 2022. Instead, it relied on a time-consuming, manual system for tracking the wastage of doses at regional pharmacies. Because of these weaknesses and inefficiencies, the department did not know whether the doses that it had marked as unaccounted for were wasted or held in inventory at health centres.

To strengthen its response to future health emergencies, including pandemics and mass vaccination efforts, the Government of Nunavut needs to set up modern information and inventory management systems to report on key aspects of vaccine rollouts and adverse events. This would improve the delivery of health care services to the territory's population and reduce the burden on an overstretched workforce.

Mr. Chairman, this concludes my opening statement. We are pleased to answer any questions the Committee may have. *Nakurmiik*. Thank you.

Chairman: Thank you, Ms. Thomas. I would like to now call upon the Government of Nunavut to provide opening comments. Ms. Hunt.

**Ms. Hunt** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Mr. Chairman and Members, thank you for the

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With me here today the Department of Health is acting Chief Public Health Officer Dr. Jasmine Pawa, Deputy Minister from Executive and Intergovernmental Affairs Jimi Onalik, and Deputy Minister from Community and Government Services Kyle Seeley.

The Department of Health would like to commend the work of the Office of the Auditor General, as the recommendations provided to the Government of Nunavut will help to strengthen the Government of Nunavut's public health emergency preparedness plans. The report findings will also be used to improve the overall departmental operations in the areas of staff training, data tracking, and inventory management.

In addition, the Office of the Auditor General has recognized the Government of Nunavut's collaborative approach to its COVID-19 response and the immense work by the Departments of Health, Community and Government Services, and Executive and Intergovernmental Affairs to successfully manage the vaccine rollout. This report further commends the Government of Nunavut's efforts to ensure timely and equitable delivery of COVID-19 vaccines to all Nunavummiut, and the Government of Nunavut's efforts to provide access to our most vulnerable populations.

We accept the Office of the Auditor General's findings and recommendations and appreciate the opportunity to work with the

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Auditor General to continually learn, while enhancing and supporting our health system and health professionals.

I would also like to express my appreciation to the hard-working Government of Nunavut staff for their timely and consistent support of this audit process. Their cooperation with the Office of the Auditor General demonstrates a united commitment by the Government of Nunavut to seek out learnings with the goal of continuing to improve services the Government of Nunavut provides to all Nunavummiut.

Mr. Chairman, as was shared with Standing Committee, the Department of Health has accepted and prepared a response to each of the Auditor General's recommendations. The Department of Finance, with support from other Government of Nunavut departments, is in the process of designing human resources modules within the newly procured Enterprise Resource Planning system. Module deployment is scheduled for the fall of 2024 and will track the completion of orientation and training programs for health care personnel, monitor whether their licences and certifications are up to date, and provide regular reports of overdue training and expired licences or certifications.

Health is also working on improving its pandemic preparedness with the development of an updated and comprehensive pandemic plan. This plan will encompass recent changes to the *Public Health Act*, clearly defined roles and responsibilities, and the clear incorporation of Inuit societal values. Specific to the Office of the Auditor General's recommendations on communications, Health in conjunction with Executive and Intergovernmental Affairs Communications are working on a communications strategy as part of this plan that will ensure Inuit societal values are the

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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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᠘ᡟ᠙ᡐĊ᠅᠘ᠸᠾᠸ᠌᠌ᠵ᠅ᡤᡝᡃ᠌ᢖ,᠂ᡏᠯᢞᡆᡤ ᠕᠍᠋ᡬᢐᡃᢛᠬᢗᠵ᠋ᢗᠸ ᢣ᠅ᢅ᠌᠙ᡃᠶ᠘ᡏᡃᢐᡥᡣᠻᠬ᠍᠍᠍ᡣᡱᢁ᠅ᠫᢗ ᢤᠣᡪᡃᢐᠬᡆ᠊᠋ᡥᡳᠫᠧᡙᢣᡟᡠ᠄ᠵᡆᠲᠦ᠘ᢣᢗᢞᡥᠦ᠌ᡃᠦ 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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week for meetings. Ms. Thomas.

Ms. Thomas: Thank you, Mr. Chairman. We did carry out audits of Nunavut at the same time as we did audits in Yukon and the federal context as well.

The three teams that worked on these audits worked together collaboratively on our approach. We shared learning with one another about the different contexts within each of the different jurisdictions. We benefitted from one another's discussions and what we were seeing in each of the audits. We took the opportunity as well to look at the unique circumstances that were present in each jurisdiction and make sure that we were applying our work in the moment in the jurisdiction in which we were auditing, as opposed to trying to compare one another. This is an approach that we normally would take, and it's also worth noting that we have done collaborative work in other contexts as well.

For example, we did corrections audits to.... My apologies, I will slow down as the morning goes by, I'm sure. Thank you for the reminder. We have done previous collaborative audits as well. In particular, we've done work on correctional services, as well as climate change. Thank you, Mr. Chairman.

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

Mr. Qavvik: Thank you, Mr. Chairman. Thank you for the response. My next question is: when will your office be presenting a report to the Legislative Assembly of the Northwest Territories concerning COVID-19 vaccines in that jurisdiction? Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Thomas.

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Ms. Thomas: Thank you, Mr. Chairman. In fact, many jurisdictions carried out audits on vaccine distribution across the country, and being responsible for four of these jurisdictions, Nunavut, Northwest Territories, Yukon, and the federal government, we had to make decisions at the time about which audits we were going to carry out and when we would do those audits.

At the time when this audit was being carried out, the Legislative Assembly of the Northwest Territories had requested that our office conduct an audit on the Stanton Territorial Hospital. We, as an office, made the decision to accept that request and began work on that audit. That audit is still underway. As a result, we will continue, as part of our audit selection process, to determine whether and when an audit of vaccines will be carried out in the Northwest Territories. Thank you, Mr. Chairman.

**Chairman**: Thank you. I have no more names on my list under this section. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman, good morning. Good morning to the Auditor General, government officials, and the people of Nunavut.

(interpretation ends) In your report, it indicates in paragraph 2 that "In December 2020, the federal, provincial, and territorial governments established *Canada's COVID-19 Immunization Plan: Saving Lives and Livelihoods.*" To what extent was your office consulted during the development of this plan? (interpretation) Thank you, Mr. Chairman. (interpretation) That's for government commission. Thank you.

Chairman: Thank you. Ms. Thomas.

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Ms. Thomas: Thank you, Mr. Chairman. *The Immunization Plan: Saving Lives and Livelihoods* was established by federal, provincial, and territorial governments. It had the goal of enabling vaccination quickly, and to get as many people vaccinated on a priority basis, especially vulnerable populations.

This particular plan, being developed by government officials, was used by our 3 audits, the federal, the Nunavut, and the Yukon audits as a source of criteria. As a result, and as would have been expected, we were nor consulted on this document as it is a government policy. It was used by our office to determine whether those criteria had been met throughout the rollout of the vaccination. Thank you, Mr. Chairman.

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

Mr. Malliki (interpretation): Thank you, Mr. Chairman and thank you for the response. (interpretation ends) My next questions are to the government officials here. The Auditor General's report indicates in paragraph 2 that, "In December 2020, the federal, provincial, and territorial governments established Canada's COVID-19 Immunization Plan: Saving Lives and Livelihoods." From the Government of Nunavut's perspective, what were the strengths and weaknesses of this plan? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Thomas.

Ms. Thomas: Thank you, Mr. Chairman. Mr. Chairman, if you'll so allow, I would like to ask Dr. Pawa to provide information. One of the, I think, great parts about today is that Dr. Pawa, during COVID, worked with the Government of Nunavut and actually was instrumental in leading the policies

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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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strengthen some of those opportunities, and maybe to do things in a way... . It was a very stressful time. Maybe there were opportunities to better support and many people felt very stretched, very burnt out at times. Maybe there were ways we could of better planned this rollout to account for some of that, but overall, I think there were a lot of strengths to how that plan came together.

**Chairman**: Thank you. Just, if witnesses could just acknowledge the Chair after, and then the people running the microphones will know when to transfer back to me. Mr. Malliki.

Mr. Malliki (interpretation): Thank you, Mr. Chairman. The next question I would like to ask is to the Auditor General's office (interpretation ends) Your report indicates in paragraph 7 that, "Before the pandemic, there were chronic staffing shortages within the Department of Health ... In the summer of 2021, the health centres in Grise Fiord and Resolute Bay had to close temporarily. In 5 other communities, while health care centres remained open, staffing shortages restricted them to providing only emergency services for an average of 2 weeks during that summer." To what extent did these shortages impact the overall effectiveness of the government's vaccine distribution? (interpretation) Thank you, Mr. Chairman.

**Chairman**: Thank you. Ms. Thomas, or I'm sorry, Ms. Joanisse.

Ms. Joanisse: Thank you, Mr. Chairman. Previous OAG audits have highlighted that chronic shortages of staff have been ongoing for some time in various areas such as education, corrections, and also lately, with the child and family services audit. So the DOH was also well aware of the staffing shortages as the pandemic was starting and

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already made efforts to secure higher and trained nurses and out-of-territory nurses that came to help out with the rollout. What we observed was that despite those shortages, the DOH was effective in delivering and administering the vaccines. As to that two-week period of the closure, if the vaccination rollout was impacted, that I would have to bring the question back to the Department of Health to see if there was any impact on vaccination. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Malliki.

Mr. Malliki (interpretation): Thank you, Mr. Chairman. (interpretation ends) I'm going to direct my questions to the witnesses. The Auditor General's report indicates in paragraph 7 that, "Before the Covid-19 pandemic, there were chronic staffing shortages within the Department of Health. In the summer of 2021, the health centres in Grise Fiord and Resolute Bay had to close temporarily.

In five other communities, while health care centres remained open, staffing shortages restricted them to providing only emergency services for an average of two weeks during that summer." What specific actions are being taken to address "chronic staffing shortages" in community health centres? Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Hunt.

Ms. Hunt (interpretation): Thank you, Mr. Chairman (interpretation ends) and thank you, Member, for the question. In terms of what the Department of Health is doing to ensure improvements in staffing levels, especially for health and wellness staff, as we heard throughout the week during the OAG and Family Services, Health has undertaken two significant areas.

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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-ofgovernment 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

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**LCP**: የժታቈርቮኑ,  $\Delta$ ኑፖጳኦሮናቴ. ላ፤ PPLናበላናቈσቴ. ሮቴላላር ላለቴለበቦታላናΓታቴ C'Lቴዮ/Lዛናዎኦቴስቴሪሲ ርቴላላ ኦቴሪቪሀፊና ኦቴሪቪኒቴኒስና 8-Γ 11-Jና ኦቴሪቴኒኤኒር  $\Delta$ Lቄል: as possible, but it's okay too if, in order to ensure that we are providing safe and effective services, that a clinic is moved by a week or two. We were continually making those adjustments as required.

We are also working on making sure that the flows of information, so that we know when these things are impacted, is happening, so that we hear from communities to the regional level to territorially. We can work to adapt as needed. Apologies to the interpreters. I always speak too fast. I think that these are very real impacts. I don't want minimize how important this consideration, but it's something that there is a lot of steps taken to address and we are confident that access to vaccines is good. Thank you, Mr. Chairman.

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

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Thank you for the response. My next question is directed to the Auditor General.

Paragraphs 8 to 11 of your report describe the respective roles of the (interpretation ends) Department of Health, the Department of Community and Government Services and the Department of Executive and Intergovernmental Affairs in respect to the management of the government's response to the COVID-19 public health emergency. To what extent did the Government of Nunavut's approach to organizational design in this area 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.

**ĊĹ¹** (ϽʹϧϒͿϽʹ): ʹϭͿϧʹʹϗϲʹͱ, ΔϧʹϘϘʹϲʹͱ. ʹϭͿϧʹʹϗϲʹͱ, ΔϧʹϒϘϷʹϹʹͱ. ʹϹʹϧͿϤ ΠΠϚʹϧʹͰͿͺϒ·, ΠΠϚʹϧʹͰͿͺϒ· 8-Γ· 11-Ϳ·, ϤϧʹϯϹϹϷϘ·Ͻ· ϷϭϧʹϸϲϤϲʹͺͰʹϒʹϧϭϧ, ϤͰʹϽ ͼʹϽͼϪϧϧʹͰͿϲʹͿͼϧʹϧ ΛϲʹͿʹͿʹͿʹϤϲʹʹϭϧ ΛϲʹʹͺͺͺʹϗͼͺϷϧϧʹϧ·ϹϷϥʹϼ· ͼʹϽͼϪϧϧʹʹϽͿϧͺϤϽϭͺ ΛϲʹͺʹϗͼͺϷʹϘϾʹ϶·ϧϲ ΠΓϷʹϯʹϧͺͰʹͺϧʹϲͿͺʹ

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These paragraphs, paragraphs 8 to 11, are standard in all of our reports, and they are meant to describe the rules and responsibilities of the departments that are in the scope of the audit. They describe what each department or entity is responsible for and what we can expect them to do.

Coincidentally, in our Yukon audit, paragraphs 8 to 11 happen to be the same paragraphs. They report which departments were in scope and what they were responsible for. Very briefly, they were the Department of Health and Social Services, the Department of Community Services, and Executive Council office. Health and Social Services in particular, with expert advice from the chief medical officer of Health, in Yukon, is responsible for the wellbeing of Yukon residents.

The Department of Community Services is responsible for providing overall government wide coordination for responses to emergencies and Executive Council office is responsible for providing support and leadership to departments on reconciliation initiatives. I'm bringing these three up mostly to talk about the differences in machinery of government because, really, these are machinery-of-government questions. It is up to the government to determine those roles and responsibilities.

Our office audits against those rules and responsibilities. So the similarities and differences are really put in place by government themselves and would be important for, maybe, the comparisons and the questions to be asked within departments and within the government. Thank you, Mr. Chairman.

Chairman: Thank you for that. Mr. Malliki.

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

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Chairman. This will be my last question. In paragraph 13 of the report, it indicates your audit focused on whether the government (interpretation ends) "... managed the COVID-19 vaccine roll-out in an effective and equitable manner to protect the health and well-being of Nunavummiut." How does your office define and measure the concepts of "effectiveness" and "equitability"? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Joanisse.

Ms. Joanisse: For the concept of effectiveness in the context of the vaccine rollout, it's how many needles in arms, right? That's the objective of a vaccination campaign, so we looked at coverage, we also looked at pace; how fast people got it, which also looked at timeliness. That's how it was measured and that's how we came out with the effectiveness definition.

When it comes to equity, in the context of the rollout, we looked at engagement with community, Inuit organizations, we also looked at prioritization of those who were identified as vulnerable and in need of the vaccine and we also looked at if there were efforts that were made to remove barriers to access the vaccines for those who may be in a more vulnerable context. Thank you, Mr. Chairman.

Chairman: Thank you. As I'd mentioned earlier, we're on the introduction, paragraphs 1 through 15. I have no more names on my list under that section, so we'll proceed in the report to paragraphs 16 through 35. My apologies. Ms. Killiktee, you had a question?

**Ms. Killiktee** (interpretation): Thank you. I am on the introduction page .Can I ask a question on this part?

Thank you. It is listed in this section that I

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want to ask you about a response you provided to our colleague related to the rollout of the vaccine plan, along with the regional plans. Based on your response, I would like further clarification on why the inquiry was not satisfactory?

What or why was this impossible to achieve? What was the cause of the difficulty resulting in that, based on your earlier response when the query was posed, and your response seemed to indicate that? What was the reason for this development? Are you able to divulge this information?

Why was this study unable to be delve further into these details? I am trying to get to the bottom of the case, as Inuit have to be unimpacted by the cure, and we have to ensure that it is more user-friendly, so to speak. Thank you, Mr. Chairman.

Chairman: Ms. Joanisse.

Ms. Joanisse: In terms of the root cause of some of the.... What we really highlighted isn't about information systems; information systems that were not permitting to track and monitor information in a timely manner, which can then impact decision making around healthcare decisions and service delivery. One of which was more potent was the inability, for example, to know how many vaccines were in community health centres, so the fact that at some point the DOH wasn't able to know.

So that the root cause of some of the ineffectiveness was around the information systems. It wasn't despite efforts on the part of healthcare workers and to try to mend those gaps, but the systems were not in place to make that effective, so that's what we highlighted. Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Killiktee.

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Ms. Killiktee (interpretation): Thank you, Mr. Chairman. Yes, your assessment is true, as communication breakdowns led to this issue, and some communities were not apprised, and in the smaller communities, this led to compounding issues primarily due to unanticipated issues, obviously.

Now, it showed the importance of communication protocol or an expert who can provide communication reports, as the crux of the issue revolves around the lack of staff or vacancies that delay certain time sensitive requirements, and especially during an emergency situation, it leads to barriers and difficulties.

I concurred with that statement, and I appreciate your clarification on this matter, and to now turn that around to our government, who I now want to query about the vacancies and low staffing levels that resulted in past issues during the arbitrary pandemic restrictions.

There were earlier questions related to that, which I wish to return to, specifically related to the health centres, with a shared understanding of the reasoning behind certain community issues, housing shortages, low staffing levels, communication breakdowns along with other factors.

Now, I have a question regarding the prioritized needs of the communities in the northern regions, here in Nunavut, as we prefer not placing our residents in a dangerous situation, and I wonder if you can elaborate on some of the issues or action items you recognized, and based on the past verbalization of barriers, obstacles and health challenges since our placement into the MLA positions.

I would like to hear resolution of concerns

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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  $\Lambda$ CCCP%  $\Delta$ O36474%UFUCC CL6dc%UC  $\Delta$ O3647L6%PC%U  $\Delta$ CCV%  $\Delta$ O3647L6%PC%U  $\Delta$ CCV $\Delta$ 

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needle in the arm, as our Auditor General stated.

I think that really is our collective effort; to be able to further provide information, making sure also that it's done in the languages that people expect and want to get them in, so that the information is shared in a way that people can understand. Thank you, Mr. Chairman.

**Chairman**: Thank you. Just to remind Members, we're on paragraphs 1 through 15. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Welcome to all the officials. I would like to start by acknowledging the incredible effort that was put into taking action when the pandemic hit.

I was on an extended leave from the Department of Health during the first wave and returned during the second wave, so was part of that response, though not at a high level. I did have some participation in that, and so I just wanted to make that a little bit clearer. However, I will say that what I observed as part of that response team was that there was an incredible amount of care and work put into this response. I still think everyday especially about those frontline staff who spent so much time away from their own families to protect the lives of Nunayummiut.

As time goes on, it's easy to forget that our health care workers missed hundreds and hundreds and hundreds of hours of time with their own families and their children. They didn't get to eat with them, they didn't get to wake up with them, they socially distanced from their own families in order to protect their health and the health of Nunavummiut. Every time I run into somebody who was a frontline worker, I think about that. So I just

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want to acknowledge that again, because I know that we did do a good job of doing that during the pandemic, however time sometimes makes us forget about that. I just want to assure people that I haven't forgotten and that there are many people who have not. To the Office of the Auditor General, we heard, I think it was on paragraph 7, about the staff shortages within the Department of Health, and more specifically about frontline workers. However, I think it's important to acknowledge that what we know about staffing levels at the Government of Nunavut as a whole are, even then, they were at critically low levels. I wonder whether or not the review also included a scrutiny of how vacancies in key positions outside of Health's frontline workers and within Health, Community Government and Services, Executive and Intergovernmental Affairs and all of the public service areas that were key to mobilizing a response, were those vacancies also taken into account and scrutinized in any way? Thank you, Mr. Chairman.

Chairman: Ms. Thomas.

**Ms. Thomas**: Thank you, Mr. Chairman. I will start the answer and then ask if Madam Joanisse would like to add anything.

What you are referring to is something that we have seen, Mr. Chairman, throughout many audits that we have carried out. As I mentioned earlier, our corrections audits, our audits of child and family services, our audits of education, systemic shortages are a challenge. These seem to be related to challenges around housing, office space, the appropriate tools to have for staff to carry out their roles.

I will ask Madam Joanisse specifically about what we did in this audit, however, we've made recommendations in the past in relation

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**Chairman**: Thank you, Ms. Thomas. Madam Joanisse.

Ms. Joanisse: Thank you, Mr. Chairman. To answer your question, we did not scrutinize it, we did not analyze it, but we considered it in the context that I think was really important when we looked at our findings. That's why we mentioned that it relied on a small amount of individuals who had familiarity with the context and really cared about what was happening. That's why we emphasized that that was a good thing, that even though it wasn't a lot of people, the people who were in place worked really hard, but we need to strengthen that.

That's where the recommendation around having a prepared pandemic plan that's in there to support, and also an information system that really lessens a bit of the burden should there be, again, a small portion of people who can do the work.

We were mindful also when we mentioned the DoH shortage to say it's broader than just the front-line workers. It was within the DoH itself in terms of who was available to respond to it. We definitely took that in context when we analyzed our findings to make sure that we were being objective and considering what was being done with the resources that were at hand.

I do think that it highlights, again, what our office has been recommending for some time, which is to really look at that because it

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does put a burden on the people that are there who need to respond to something when they are probably dealing, as you mentioned, themselves, with their own families and difficulties. Also, I think it was important to put in that context to commend and highlight the good work that was done.

**Chairman**: Thank you for that. Just please acknowledge Chair at the conclusion of your statement. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. By DoH, you mean Department of Health; I'll just acknowledge that.

I would then go to the Government of Nunavut officials to talk to us about what those gaps were and how the Government of Nunavut mobilized this response. Leaving aside what we know about the need for frontline workers, those systemic vacancies, were they in emergency planning? What were the key positions that had to be covered by existing staff and how were those gaps filled? I don't know if that's a clear enough question. What we're hearing is that there was an absence of really important plans and were those plans not in place because there wasn't sufficient staffing to create those plans? I guess that's an easier question to answer. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Onalik.

Mr. Onalik (interpretation): Thank you. (interpretation ends) It was a crazy time and I'm just kind of processing as we are going along and again, want to thank every single, not only Government of Nunavut employee who was involved in this, but the Inuit organization employees, hamlets and others. This is actually a very heavy topic coming out of this.

I think we had, in many ways, in the absence

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of a full organizational chart, and we may have had some processes in place that envisioned there being more people in those situations, not only related to the vaccine rollout, but it makes the importance of those individuals that are involved that much higher. In the Government of Nunavut response, I found that we were constantly overcoming those questions of vacancies, and then it ended up being individuals who were either directors or supposed to have staff underneath them rolling up their sleeves and doing the work themselves.

I think towards the end of the vaccine rollout, and the end of the, I hate to call it the end of the pandemic, but I think one of the bigger worries shifted towards had we burned out this very core group of people who had to work incredible hours in order to get the vaccine rolled out properly.

I'm not sure if that answers your question. In some ways, I think our smallness helped, if that makes sense, because we were able to kind of dive straight to the decision makers and the people that know. We all knew to go to Mark McCulloch to get a plane at 2:00 in the morning. That, in some ways, made it easier, but I'm not sure if that answers your question. (interpretation) Thank you. Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Onalik and thank you, Mr. Chairman, and thank you to my constituent, Mark McCulloch, for his work on the vaccine rollout.

>>Laughter

I say that not in jest at all because I know that there are individual public servants who are incredibly dedicated and who really made themselves available 24/7 to address this

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 issue. I suppose a follow-up question is knowing that during that state of crisis that there were a number of people that did have to roll up their sleeves and do the work that would normally be delegated to somebody else, or somebody else's responsibility.

Did the Government of Nunavut create a list of critically important positions that are vacant, in order to develop a plan to fill those critically vacant positions? Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Onalik.

Mr. Onalik (interpretation): Thank you, Mr. Chairman. (interpretation ends) I don't think we looked as much at the vacant positions and more at functions. What do we need today and how do we find the people to do it? I think perhaps my colleagues can speak a bit more to that, but we were, especially the team at Community and Government Services, who through their Nunavut emergency management group and the logistics group, were really good at keeping us on "what's our actual outcome here that we need to accomplish." It became a bit of a constant assessment and triage of we need to do X, Y, and Z, who do we have to do that? In many cases, we would find people in different corners of the government who had expertise. In others it was a fairly regular group. Perhaps, Mr. Chairman, I could ask my colleague, Mr. Seeley, to expand on this. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Seeley.

**Mr. Seeley**: Thank you, Mr. Chairman. Thank you, Mr. Onalik. Indeed, during the vaccination rollout, which I think is the scope of this audit, we were at, as we learned later, coming toward the end of that phase of the pandemic. Our focus at that time was on deployment of the vaccines to get them out to

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the communities.

Throughout the pandemic and during the vaccination roll out, that exercise is managed by objective, as Mr. Onalik has described. As in, upon arrival, the vaccines will need to be stored, inventoried, and then we need to have a deployment plan. There needed to be a prioritized plan on which communities would receive it first, and then how they would be transported, stored, and administered in each of the communities.

The work of the interdepartmental group at that time was all about getting the vaccines to the communities and into people's arms. So in that we were managing by objective, any objective needs to be tasked.

In the scenario within the communities, there was a lot of COVID fatigue I think happening, within the GN, within the public service. Certainly, at the community-level and among the public.

We were definitely reaching quite a ways down our resource list both at the municipal level, and in some cases, at the commercial level to make sure that we could get things deployed at each community in a way that worked. That came right down to doing a cross-section of skills inventories across departments to see who could be utilized and repurposed to give people a break.

In many cases it meant calling once again on the municipalities to step up to help with ground transportation or making non-Government of Nunavut assets available for vaccination clinics. That of courses meant, in some cases, making changes to the telecommunications linked to a non-GN asset. There was a lot of cross section going on within the GN, just to bolster our capacity and pull-on resources outside of the normal departmental frameworks.

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Within the vaccination roll out, the Department of Health functioned as the lead on designating where it is that those vaccines needed to be. The other supporting departments just made sure that they got there so they could get into people's arms. Definitely a couple key branches and individuals, some of who have been named here today, were fundamental to getting those vaccines out to communities and into people's arms. Thank you, Mr. Chairman.

**Chairman**: Thank you, Mr. Seeley. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chairman. Thank you for those responses. What I'm trying to boil down to is, there was that creation of a COVID Secretariat that pulled together as many human resources as possible to roll out these vaccines. That secretariat bled from many departments in the Government of Nunavut. There have to impacts of that transferring of employees.

In retrospect, probably the day I sat in... Mr. Onalik happened to be walking by while I was driving away from work after learning that the GN was compelling me to go back to Health and I was crying. I realized, because I didn't want to go back and I liked my job, there is a real impact to other operations, and I'm kind of moving away from what the main point of my question is, that I haven't really heard an answer to yet is: how is this learning from the rollout of the COVID-19 vaccine, and of course, the entire response to COVID impacting how the Government of Nunavut is able to recognize... because we get lists everyday. So this week we know that caseworkers for Family Services are critical employees. Absolutely, 100 percent, there's no denying that we need those employees in order to engage with children and families and that's critical. We also know that nursing

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However, what I'm trying to get at is in that response where there was a pulling from all over the public service and outside of the public service: what was the specific learning in terms of what are the key and critical positions that are not staffed that have to be staffed, and what's the potential impact of not creating or hiring employees to fill those positions because we can't always count on people?

We shouldn't always count on people who are willing to burn themselves out in order to launch an emergency response to whatever may occur. What is being done to staff those positions and ensure that the creation of emergency preparedness plans are not just created, but also able to be implemented? Thank you, Mr. Chairman.

**Chairman**: I see the officials are.... Mr. Seeley.

**Mr. Seeley**: Thank you, Mr. Chairman. I thank the Member for that clarity on the question.

Two concrete actions are currently underway. One is revision and updates to the departmental and agency business continuity and emergency response plans, in addition to the work that's being done with municipalities.

Lessons learned throughout the COVID pandemic as well as the vaccination rollout that is the focus of the Auditor General's report; those lessons learned are perhaps some of the best real-time examples of exactly what I think the Member is pointing out about personality-led programs and solutions within the government and key people stepping up to fill in vacancies.

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Our approach within the business continuity planning is to identify those pinch points and bottlenecks to make sure that they are resourced and that we have mechanisms in place to address those in the case of the next emergency or the next urgent situation that requires an interdepartmental response.

The vacancies need to be filled through recruitment of qualified individuals. We're training people into those roles. That's a longer-term solution, but all of that will be informed by having detailed business continuity plans in place that detail the functions that we need to be able to deliver to keep Nunavummiut safe in these unprecedented times that we're living in. I hope that that answers your question on two of the concrete measures we're taking. Thank you.

**Chairman**: Thank you for that, Mr. Seeley. It must have responded enough because Ms. Brewster is out of questions on this topic, for now.

We will now, like I mentioned, move along to paragraphs 16 through 35, Findings and Recommendations. I'll ask Committee Members to go to that page. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. First of all, during the pandemic I wanted to thank the frontline workers. I want to thank the mayors. It was a difficult time during the lockdowns. I want to say job well done. You guys have done great to inform the communities, my constituents. I want to thank the local radio station, and both Hamlets of Taloyoak and Kugaaruk. I thank you all greatly. You guys have done great to inform the communities, and I want to thank the health officials, the Minister's office for keeping me informed through correspondence, and I want to thank my

**Δ•/ペレር•** (ጋጎ/እበሀና): የፈታ° ሲ广<sup>6</sup>. Γ<sup>1</sup>/ር የፈኮረ<sup>6</sup>.

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During the pandemic we had meetings and discussions, and it was a difficult time. I want to thank each every one of you; job well done.

Mr. Chairman, I'm going to ask my questions today to the Office of the Auditor General witnesses. Your report indicates in paragraph 17 that "Nunavut was one of the first of Canada's territorial and provincial jurisdictions to receive COVID-19 vaccines. As a result, the Government of Nunavut undertook the task of rolling out the vaccines to its population without having the benefit of lessons learned in other Canadian jurisdictions." From your office's perspective, what criteria should have been followed to decide when to initiate the vaccine rollout? Thank you, Mr. Chairman.

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

Ms. Thomas: Thank you, Mr. Chairman. As we've been discussing this morning this pandemic was a public health emergency, and policy and decision makers had to use the information that they had available to them at the points in time that they were making these decisions, and as we've mentioned elsewhere in the report, they had to do so without an up-to-date plan.

At the beginning, as we recall, the vaccines were being introduced in the country, the territorial governments requested that they be prioritized, and as we note in our report, the Government of Canada did prioritize the territories in that request.

Moving forward, and what criteria should be used, I would point to paragraph 43 where we talk about the need for an up-to-date plan. A plan would be very helpful in taking into account lessons learned from this pandemic.

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The *Act* needs to be incorporated with up-to-date rules and responsibilities, more planning around communications, and this information needs to be kept up to date for decision makers in order that in the future, they have developed the criteria for themselves to determine what steps need to be taken, and to ensure that these decisions are being made in those moments of, or that the plan is being developed in a moment when thoughtfulness, and priorities can be determined as opposed to making decisions in the moment and trying to do so with the best information at the time. Thank you, Mr. Chairman.

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

Mr. Quqqiaq: Thank you, Mr. Chairman, before I go on again, also I wanted to acknowledge the Fifth Legislative Assembly who have done a great job during the pandemic and I cannot go on without acknowledging them. They have done great also too, Mr. Chairman.

Mr. Chairman, I'll continue to the Auditor General's office. Your report indicates in paragraph 18 that the Department of Health and the Department of Community and Government Services "chartered flights to deliver vaccines and nurses to Nunavut communities." To what extent did your audit examine the departments compliance with the government contract regulations made under the authority of the *Financial Administration Act* in respect to the procurement of charter services? Thank you, Mr. Chairman.

Chairman: Thank you. Madam Joanisse.

**Ms. Joanisse**: Thank you, Mr. Chairman. What we have to remember is that the flights were chartered when there was a public health state of emergency, and that what was

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really important. There was also some uncertainty around when the vaccine would come to the territory, and that was not just for Nunavut. The federal government also struggled to kind of know when it would happen.

It was very important for Nunavut to be ready to deploy as soon as those vaccines arrived, but not necessarily knowing when exactly that would be. Therefore, what we focused on in our audit was mostly, once those vaccines arrived, how quickly those vaccines were deployed as we saw that as the most important piece around the rollout.

We did not transfer the question. We did not examine the departments compliance with the government contract regulation made under the authority of the *Financial Administration Act*, in respect to the procurement of the charter flights. Thank you, Mr. Chairman.

**Chairman**: Thank you for that. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. I'll move to the Government of Nunavut witnesses. The Auditor General's report indicates in paragraph 18 that the Department of Health and the Department of Community and Government Services, "chartered flights to deliver vaccines and nurses to Nunavut communities." What was the total amount spent on charters between the date when the public health emergency was declared on March 20, 2020, and the date when it officially ended on April 11, 2022? Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Seeley.

**Mr. Seeley**: Thank you, Mr. Chairman. As far as the data goes on total costs of air charters throughout the full length of the

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public health emergency, that is not information that we brought with us today. We do have information both within the report and accessible today regarding the cost of the charters and the number of contracts we entered into to facilitate the delivery of the vaccine out to the various communities, which was our function at the direction of the Department of Health, under the public health emergency. The report and paragraphs the Members described does a good job of summarizing the total cost of getting those vaccines transported to the communities via air charter.

I can advise the Member that there were multiple contracts and airlines that were contracted to deliver the vaccines. It wasn't done on a one community, separate contract for each community. In fact, we had aircraft on standby to ensure that there was not a gap between rollout to the next community. So after one community vaccination clinic was completed, the charter would return and it was on standby to head out to the next community, pending weather and availability of staff to lead the vaccination at the community-level and a facility to get it done. As per paragraph 18, about \$2.5 million in contracts were awarded to transport the vaccine and the vaccination teams into the communities. Thank you, Mr. Chairman.

Chairman: Thank you, and just before I go back to, Mr. Quqqiaq, Mr. Seeley, does that number have a breakdown of just the vaccine and staff delivery for the clinics because I also know there were a number of charters that were being utilized before the home testing was available or testing territorywide, where commercial flights didn't accommodate the timeline to get those tests down to the labs and into other jurisdictions. Were those charters included in the total, or is it broken down separately per task? Mr. Seeley.

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**Chairman**: Thank you, for clarifying that. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. I'll move on to the Office of the Auditor General. Your report indicates in paragraph 19 that the delivery of COVID-19 vaccines to Nunavut communities were "timely." How did you arrive at this conclusion? Thank you, Mr. Chairman.

Chairman: Thank you. Madam Joanisse.

Ms. Joanisse: Thank you, Mr. Chairman. To conclude at "timely," first we tend to look at a benchmark, but in this case it was difficult to have any benchmark as what would be considered timely given that it was a unique context and also Nunavut was the only jurisdiction with 25 fly-in communities. In the absence of benchmarks, what we did is we looked at when the vaccines arrived interritory and when they were administered. Then, we looked at what needed to happen between that time frame.

What we know is that during that time frame, planes needed to be chartered for transportation, we needed to make sure that the freezers would fit in the plane, be transported out of the plane, securing nurses, training the nurses, and then be able to make sure there is accommodation for the nurses as well. When we looked at everything that had to happen in between those two kinds of points, we concluded that the distribution was done in a timely manner. Thank you, Mr. Chairman.

**Chairman**: Thank you for that. Mr. Quqqiaq.

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Mr. Quqqiaq: Thank you, Mr. Chairman. This will be my last question to the Office of the Auditor General. Paragraphs 20 to 27 of your report describe the government's initial COVID-19 vaccination campaign and the mass vaccination clinics in the communities. To what extent did the Government of Nunavut's approach differ from those of other Canadian jurisdictions that your office audited? Thank you, Mr. Chairman.

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

Ms. Thomas: Thank you, Mr. Chairman. What we noticed was that there was a commonality in the different jurisdictions, in particular that both territorial governments needed to adapt to their particular realities. Some of what we found here was that the mass vaccination clinics were rolled out in a way to address vulnerable populations in communities first. The need to fly in to 25 communities as compared to only one fly-in community in Yukon, for example, had an impact. Then there was a staggered approach that was taken in Iqaluit to have elders and members of vulnerable populations immunized first, and then to roll out to the rest of the community.

In Yukon, we found that they took a bit of a different approach. They had five multidisciplinary teams that were organized to coordinate and administer the vaccine roll out. We did find that the rollout in Yukon was also quick and effective. The five multidisciplinary teams were able to move from place to place in a way in that territory that obviously is not possible in Nunavut due to the need to fly into many communities.

The approach taken in Yukon was done to minimize the number of sites where the vaccines were happening, having focus sites to better use their human resources and to **ዘ⊲<sup>©C</sup>** (ጋኳት∩J<sup>C</sup>): ው°ህ∿ቦ°σ° 2024-Γ, Δ°/ペውĊ<sup>ና</sup>6.

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respect the conditions of the vaccine. Similarly, they had the cold requirement conditions and the need to make sure that they were getting needles in arms as quickly and efficiently as possible.

Similarly in Whitehorse, they had a phasedin delivery there as well. Vulnerable groups and according to age, was how they started their rollout, whereas in the rural communities it was done to anyone 18 years of age and older.

In terms of the comparisons and the lessons learned, there were similarities in the needs to address the circumstances, and each territory did their best to deliver the vaccines quickly, effectively, and in this case, also equitably. Thank you, Mr. Chairman.

Chairman: Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. That was my last question, but I'll ask another question to the Government of Nunavut. I'll make it two questions, Mr. Chairman. I'll give my colleagues a chance to follow-up with lines of questioning.

Paragraphs 20 to 27 of the Auditor General's report describe the government's initial COVID-19 vaccination campaign and mass vaccination clinics in the communities. The report indicates that the Department of Health, "hired temporary nurses from out of the territory and conducted mass vaccination clinics." How much did the department spend in total on the mass vaccination clinics? Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Hunt.

**Ms. Hunt** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Thank you, Member, for the question. I don't have that specific information with me, but it's

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something that we can commit to looking into and coming back with that information. Thank you.

**Chairman**: Thank you for that commitment. Mr. Quqqiaq, you said that you had...go ahead.

Mr. Quqqiaq: Thank you, Mr. Chairman. This will be my last question and it's to the Government of Nunavut. The Auditor General's report indicates in paragraph 26 that the Department of Health "did not track whether immunizers had completed the training available to them." Why did the department not track this information? Thank you, Mr. Chairman. That's my last question.

Chairman: Thank you. Ms. Hunt.

Ms. Hunt: Thank you, Mr. Chairman. I thank the Member for the question. In terms of tracking the certifications, training, and licensing of staff, at the time, there was not a specific tracking system that the Government of Nunavut had in place. However, health staff, things like nurses and other designations are, often through the licensing body, a way that we are able to identify that they have the appropriate licensing in place.

As I mentioned earlier this morning, one of the things that we have undertaken with the Department of Finance is the new Enterprise Resource Planning tool. Those modules that are being informed by Health will give us the ability with an information management system to be able to track and monitor all of the personnel that we have, their licences, their certifications, making sure that they're up to date, and also be able to signal to us when there is overdue training or their licences or certifications are going to expire. Thank you, Mr. Chairman.

Chairman: Thank you. I'll just remind

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Members that we're on paragraphs 16 through 35. I'm going to recognize the clock at this time and we will take a 15-minute break. Thank you.

>>Committee recessed at 10:27 and resumed at 10:46

Chairman: Good morning. Thanks for everyone coming back. I would like to continue on. We're in paragraphs 16 through 35 on the Office of the Auditor General's report to the Nunavut Assembly on the COVID-19. Next name I have on my list: Mr. Sammurtok.

**Mr. Sammurtok** (interpretation): Thank you, Mr. Chairman. (interpretation ends) My question is to the government witnesses.

In its response to the Auditor General's recommendations, the department indicated that it will "work with the other Government of Nunavut departments on the design of the human resource modules within the newly procured Enterprise Resource Planning system. Module deployment is scheduled for fall 2024. The system will track the completion of orientation and training programs for health care staff, monitor whether their licences and certifications are up to date, and provide regular reports of overdue training and expired licences or certifications."

The Enterprise Resource Planning system is being procured by the Department of Finance. As of today, what is the status of this work? Thank you, Mr. Chairman.

**Chairman**: Thank you. I know Ms. Hunt spoke a little bit about this topic. Maybe you could just give the particulars of the status of that project, Ms. Hunt.

Ms. Hunt: Thank you, Mr. Chairman. Thank

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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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up to date.

To answer the question about which facility; it was the corrections facility in Kuujjuaq, and I would wonder, Mr. Chairman, if the department may wish to add some information as to why this occurred and what they might like to add. Thank you, Mr. Chairman.

**Chairman**: Thank you, Ms. Thomas. Are you sure about the name of the community? Kuujjuaq is a Northern Quebec. I'm thinking maybe you meant Kugluktuk? Ms. Thomas, go ahead.

**Ms. Thomas**: My sincere apologies. It is Kugluktuk, and I could not read my own writing. It's a little bit of nerves maybe, as well. My apologies.

**Chairman**: It's all good, Ms. Thomas. Thank you very much. Mr. Sammurtok.

Mr. Sammurtok: Thank you, Mr. Chairman. To the Office of the Auditor General; information provided in the paragraph 33, Exhibit 5 of your office's report indicates that the, and I'll quote, "The overall coverage for 2 doses in Nunavut (77%) was lower than the coverage for Canada (81%)...." However, your report indicates in paragraph 35 that your office "...calculated that if Canada had the same proportion of people under the age of 18 as Nunavut, the overall Canadian coverage would be lower than that of Nunavut." Why did your report not depict this observation in respect to the table of data in exhibit 5? Thank you, Mr. Chairman.

Chairman: Thank you. Madam Joanisse.

**Ms. Joanisse**: Thank you, Mr. Chairman. Exhibit 5 depicted the information that was publicly available, so we wanted to make sure that from the exhibit, that what's on the

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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. Sammurtok.

Mr. Sammurtok: 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 decisionmaking 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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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. Sammurtok.

**Mr. Sammurtok** (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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residents only if additional doses were available in order to avoid wastage. In April 2021, non-residents officially became eligible for vaccination." How many non-residents were vaccinated during the period in which Nunavut was in a state of public health emergency? Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Hunt.

Ms. Hunt: Thank you, Mr. Chairman. Thank you, Member, for the question. I don't have the detailed information of the number of non-residents, but it might be helpful for Health to clarify what constituted a nonresident, just to help bring some confidence to that approach for the Members and for Nunavummiut. That approach was taken because, as you know, we have an environment where we have contractors and others that are residing in Nunavut who may not at the time be residents because they are transient in nature. We felt that it was important, as part of protecting Nunavummiut, to ensure that those nonresidents who were on the ground in the territory would be vaccinated as part of our safety plan and reducing and eliminating the spread of COVID. Thank you, Mr. Chairman.

**Chairman**: Thank you. I have no more names on my list. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chairman. I just want to focus a little bit on the vulnerable populations that were identified according to guidance from Canada's National Advisory Committee on Immunization for the prioritization of the initial doses, and those are in paragraphs 28 and 29.

We know that many Nunavummiut, by virtue of being Inuit, are considered at risk and we

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know that shelters and these different areas were put on that list to get as a priority to get vaccinated. However, what we also know is that many Nunavummiut are living in overcrowded housing. We have multigenerations living in the same household. If we give the example of elders, we know that in a lot of households, you have elders, their children, and their grandchildren and greatgrandchildren living in the house.

Why was the decision made not to vaccinate entire households that have vulnerable members of the population living within that household? Thank you, Mr. Chairman.

Chairman: Thank you. Dr. Pawa.

**Ms. Pawa**: Thank you, Mr. Chairman and thank you for the question. There were a lot of discussions and decisions to be made around prioritization then and it's good to have a conversation about the rationales and reasons.

The overall goals of the pandemic response were to minimize serious illness and death, while also minimizing the impacts on society we were seeing from all of the measures put in place. At the time, we were also learning information about COVID and the vaccine on a weekly or daily basis; new information.

Part of what informed the prioritization was: who was most at risk of serious illness and death, and there were conversations about it is certain health conditions? Is it factors like overcrowding? Is it age? One of the things that came through really, really clearly was that it was age more than many things that was really consistently associated, and often people had health conditions or other things as they were older, and also settings where people live together, or congregate settings, or group settings, was where we were seeing outbreaks with a lot of impact.

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That was part of the reason for the prioritization that was done in this way. Another was the extent of the logistics and coordination involved. The vaccine supply was really uncertain. If there was going to be supply, we were getting updates, again, daily or weekly and trying to balance how much we might have with how many individuals might be in each group, because if the criteria were very broad and we ran out and weren't able to vaccinate a congregate setting because there wasn't enough, then that wouldn't have been appropriate.

Given that adjustment, and especially in the first one to three months when the vaccine was available, after that the supply was steadier. That is why it was prioritized in this way, because we could actually have a better understanding too of what those numbers were and we wouldn't delay anything by trying to have more processes to confirm eligibility. Age and the congregate settings really came out as the most important there. Thank you, Mr. Chairman.

**Chairman**: Thank you for that, Dr. Ms. Brewster.

Ms. Brewster: Thank you for that response and thank you, Mr. Chairman. I know that it is not always wise to get into hypotheticals, however, what we do know is with the incredible efforts by the COVID response team and by the citizens of Nunavut and people coming to Nunavut, that we were amongst the last in the world, really, to experience the onset of COVID within our population. Knowing that that probably was a factor in the decisions about the rollout of the vaccine, because we didn't actually have COVID that we knew of at the time in the territory, however, these reviews of responses are meant to prepare us for the future.

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₽₽ŸŸŶĠĊĊ₽ĠĊ CL₽₽¬ ™ĠċĠĠţŌġ CŗſġŸſĠġŶŊ₽〈 UUĊţŶ₽ſ Þſ₽ġ₽₽ĸſĊ ™ĠţĠţĠţĠŢŶŢĠţĠŢĠţĠţĠġ 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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Chairman: Thank you, Dr. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Considering the baseline health of many Nunavummiut, and the need for us as a people to reach substantive equity within this nation, and considering how a major part of the response was to, number one, feed Nunavummiut, ensuring that individuals were well-fed so that they would be better able to fight COVID should they come down with COVID, what are the learnings and the actions being taken by the Government of Nunavut in order to ensure that the baseline health status of Nunavummiut is better and closer to that substantive equity with other Canadians? What are the steps being taken to ensure that that is a reality so that so many of our population isn't listed as a priority because they are at high risk just by virtue of being Inuk? Thank you, Mr. Chairman.

Chairman: Thank you. Dr. Pawa.

Ms. Pawa: Thank you, Mr. Chairman and thank you for the question. I think that that may speak to broader public health care priorities. A few things come to mind. One piece is the ongoing work and partnership and collaboration. Specific to vaccine, there was work with NTI, and with the outbreak response other pieces, I think we need to

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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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closer to home that are culturally safe, are one thing, but also making sure that we have the infrastructure, that we have the housing, that we have the training, that we have the education, we have the coordination, are also equally and vitally important.

I take the Member's question to heart because those are the things that are a part of our plans, our integration work of today that will help to continue to improve the health status and lives of Nunavummiut and for those futures yet to come. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Onalik.

Mr. Onalik (interpretation): Thank you, Mr. Chairman. (interpretation ends) Again, I really appreciate the line of questioning here and I think maybe not so much specific to the exact scope of the Auditor General's report, but one of the things that I struggle with in my current position is trying to ensure that the collective things we learn during this entire experience are documented and addressed.

To me, there are these shocking truths about Nunavut that emerged during this period of time when the Government of Nunavut, the regional Inuit associations, and NTI surged money to allow for families have enough food to eat; a basic amount of food to eat. Our supply chain fell apart. Our stores aren't built for people to be eating properly every day, and I think these are really important things that we need to document and it's my responsibility of Executive and Intergovernmental Affairs; we hosted the COVID Secretariat. We need to find a way to document these lessons overall because they all impact so many of the social determinants of health. (interpretation) Thank you, Mr. Chairman.

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Chairman: Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. I'm working really hard not to catch Mr. Onalik's emotion. I sincerely appreciate that and that level of passion and knowledge in our leadership. It's extremely important.

I hope I can continue on this line of questioning because we have a responsibility to take every opportunity that we have to build knowledge about the health of our population. Health information, having surveillance, and good information on the health of our population is the key to informing decisions that we make. When I hear the response from the Department of Health about surveillance and gathering information, I would like to know whether or not one of the steps that is being taken to inform and report back on the COVID-19 response is specific research on the impact.

We have lots of baseline data about the health status of Nunavummiut. You can go back to regional contaminant studies, to the Inuit health surveys, the Anana Project; there is a lot of information out there about the health status of Inuit in Nunavut. That Bolus dose of good nutrition is a great area to study about the short-term impacts on peoples' health. We know that the long-term impacts on the health, especially if you're looking at children, we know that in pre-school aged children. I feel like in one of the Inuit health surveys told us that 70 percent of Nunavut's children under the age five are food insecure, and that is old data. However, I don't know that that's changed because I haven't seen any new data.

We have a period of time where, especially those young children had the opportunity to grow in life with food in their bellies, and importantly, that their parents had food as well, because what we know is that data has 
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There is an opportunity here to conduct research on the health status of Inuit in our territory based on that period of time where there was food available. If we do that baseline research, then we will be able to compare health outcomes in 10 years, in 15 years, in 20 years.

So I'll get to my questions.

>>Laughter

My question is to the Department of Health officials, whether or not research was initiated at this key moment in time, and if it was, what is the scope of that work? If it wasn't, why the heck not? Thank you, Mr. Chairman.

Chairman: Thank you. Dr. Pawa.

**Ms. Pawa**: Thank you, Mr. Chairman. Thank you very much for the question and for the comments and the context and the framing. I think these are important conversations to have.

A few thoughts in response, and I appreciate also, the comments earlier about the thanks for all of those involved in the response for the public for all the efforts all of the people made to try and keep each other and community safe, and then also acknowledging the personal and work adaptations.

The Department of Health does connect with research. There is a process for researching in-territory, involving the need for a licence, ethics review, and other pieces. This is **Δογφραίο** (ϽΫΑΠΛο): 'dγραϊο. ϶ιζώ <φ.

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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 interritory, 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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were able to have vaccinations start January 6, and really start by one-week in between each of those dates and over a period that is normally holiday closure.

I think part of the prioritization at that time meant we did those things and it's been hard to figure out how best to prioritize some of the research questions there, particularly in the context of continuing to need to develop those partnerships, but a very much appreciated questions, and the flagging of the importance of this. Thank you, Mr. Chairman.

**Chairman**: Thank you. I have no more names on my list under this section. Mr. Simailak.

**Mr. Simailak**: Thank you, Mr. Chairman. Good morning, all. While we are on the subject of rollout and whatnot, I'm wondering, and this is to the Government of Nunavut.

In the opening comments by the Auditor General, in paragraph 7, it stated that the Government of Nunavut may have "...wasted up to 31 percent of the doses that it received from the Public Health Agency of Canada." I'm wondering what led to such a wastage? Did the Government of Nunavut keep track of why there was such a waste? What were the reasons for such wastage? Thank you, Mr. Chairman.

Chairman: Ms. Hunt.

**Ms. Hunt**: Thank you, Mr. Chairman. I'll offer some context to the Member's question, and then may ask for some follow-up Dr. Pawa.

You are correct in what you've identified through the Auditor General's report. The Auditor General also talked about the unique

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nature of Nunavut. As the vaccinations were coming into communities, and there was significant requirement around logistics, so bringing vaccines to communities with staff; our ultimate goal was getting needles in the arm, getting communication out to communities, really trying to encourage community members to come to the health centres, the vaccination clinics, and get vaccinated.

That didn't always mean that community members, based on the amount of vaccination that we had did take the opportunity to get their vaccination. There were times where flights were delayed or cancelled, and there are requirements around the temperature of the vaccinations that may have created some waste because they no longer met the regulations.

Health centres may have had power failures, and that meant that their vaccination fridge was no longer working, and some of the vaccination may have been spoiled from that perspective, but we know that there was significant diligence to meet those regulations, to get vaccination and staff on the ground and get people vaccinated. By the nature of the realities of Nunavut, that does mean that we did have some potential wastage that may seem higher than other jurisdictions, but in the context, makes complete sense.

If I've missed anything, Mr. Chairman, I'm just going to look to Dr. Pawa in case I have missed any key points. Thank you, Mr. Chairman.

**Chairman**: It look like Dr. Pawa nodded her head 'no;' that you've covered it adequately. Mr. Simailak.

**Mr. Simailak**: Thank you, Mr. Chairman. I thank you for the response and the

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explanation. I'm wondering: were there any other causes for wastage. Were there fears of taking the vaccine? Were there any other reasons that we don't know about? I'm looking for any and all reasons for people not getting the vaccine which led to wastage, because the current Minister of Health has been advocating for people to get the vaccine because it works, it's been tested, it's safe, there is no microchip in the vaccine.

I think we need to be prepared for the future. We don't know what's coming down the pipeline. We want to be able to say "The vaccine is safe and here is why. Your fears about the vaccine; you heard this. It's not true."

I'm wondering: does the Government of Nunavut know what is going on out there for fears of vaccine? Thank you, Mr. Chairman.

Chairman: Thank you. Dr. Pawa.

Ms. Pawa: Thank you, Mr. Chairman. Thank you, Member, for the question and also for the encouragement for Nunavummiut to access vaccines, stay up-to-date with vaccines. We know that they work, they're safe, they are our best protection against many of these communicable diseases.

It is true; across the country, here in Nunavut, people have questions and sometimes have concerns and the best thing we can do is to talk about it, have conversations, answer the questions, but like you say, there are no microchips in the vaccines, we are not seeing problems people are getting after them beyond what we know around having a sore arm or some of the side effects that the nurses would tell individuals who would get vaccines. So we really do encourage people to access the vaccine.

One of the other factors that could also

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explain part of the wastage or doses unaccounted for; sometimes they are really behind the scenes things that we don't think about. Vaccines arrive in packages of 50, 100, 200, depending on where you're sending them. Forgive me, I won't remember the exact numbers these ones arrived in, and it differs by vaccine, but we had to make decisions about breaking those packages down and we wanted to minimize breaking those down into smaller ones because that creates more tracking and that is a challenge, and also it increases the risk that we might drop or mishandle or have an issue. These were very, very sensitive vaccines that we knew at the time.

So we made some decisions to break them down in a way that meant we send to some communities like Grise Fiord, or other others, much more than they might have needed at the time, but we wanted to make sure that they didn't run out and they had enough.

That was very specific to these vaccines at that time, and I know later we will get into conversations later about our tracking systems and the room for improvement there, but the breaking down of vaccines was another factor. Thank you, Mr. Chairman.

**Chairman**: Thank you, Dr. Mr. Onalik wanted to supplement. Go ahead, please.

Mr. Onalik (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think it is important as well to really highlight one of the strengths that Nunavut had during this period of time with the vaccine rollout. There is a lot to be said for clear political direction, and having been involved in that response with the Cabinet and the Legislative Assembly of the day, to every single regional Inuit association, NTI, there was no muddying of the objective here.

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We all were under clear direction that the vaccine rollout was really important and should be done as quickly as possible. It has only been in the last few months, when I speak with colleagues from other jurisdictions, that wasn't always the case around Canada. I really want to make sure that that political leadership and direction from mayors, from the Legislative Assembly, from Inuit organizations, was so important because it eliminated any doubt on what our outcome here was.

A lesson learned in this is it's really incredible to see the outcomes that are possible when there is that cohesion amongst all the different political groups who don't always get along, but in this instance, there was no doubt.

I just want to say "thank you" to our collective leadership at the time for making that clear. (interpretation) Thank you.

Chairman: Thank you. I don't think it can be understated enough of how much we appreciated the work of Dr. Pawa and Dr. Patterson during the times of keeping the leadership of the day, informed of real clinical expertise and providing options forward at that time. I know there were a lot difficult decisions that had to be made.

(interpretation) Mr. Simailak, are you done? (interpretation ends) Under the section, I do not have any more names. We will continue on to paragraphs 36 through 51. We're talking about findings and recommendations on how the departments collaborated on vaccine rollout, despite outdated plans. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. My first question is to the (interpretation ends) Office of the Auditor

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General. Your report indicates in paragraph 38 that the government lacked an up-to-date pandemic response plan at the beginning of the COVID-19 emergency. To what extent did the Government of Nunavut's 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 an up-to-date response plan that has clear roles and responsibilities, guidance for collaboration and consultation, and especially consultation, in this case, with Inuit and community stakeholders.

Many of the issues that we've been discussing this morning are areas that should be addressed, like in a plan, and this is one of the great lessons learned from this situation, that I don't think applies to any one particular jurisdiction; it applies to all jurisdictions. This is worldwide.

It's very important to keep a plan, not just to update it, but to keep it current. This is important to reflect evolving circumstances and realities for the health and safety of residents of the territory.

I would like to make sure that we recognize, that despite not having a plan, that departments made decisions as they went and that we find that the rollout was effective.

We have done other work in this area, in particular in Yukon. In Yukon, we found that the plan was out-dated and incomplete, and faced similar challenges to what was faced here. Similarly, we recommended that they update their plan in order to ensure that lessons learned are taken into consideration in the future. Thank you, Mr. Chairman.

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Chairman: Thank you. Mr. Malliki.

Mr. Malliki (interpretation): Thank you, Mr. Chairman. I would also like to thank you for your response. I would then direct my questions for the Government of Nunavut witnesses. (interpretation ends) Prior to COVID-19 pandemic, when was the department's pandemic plan last updated and how effective was it in addressing the outbreak of COVID-19? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Hunt.

Ms. Hunt: Thank you, Mr. Chairman and thank you, Member, for the question. An influenza pandemic plan had been completed in 2012 by the Department of Health. What we recognized during the pandemic was that, as the Office of the Auditor General mentioned, it had some gaps, and COVID being new across the world, definitely most would of have some gaps, and so, that really provided an opportunity of learning, but also an immense set of measures to coordinate, prepare, plan, and execute for the vaccination rollout.

The Department of Health has agreed with the recommendation from the Auditor General's report and is now in the stages of completing an updated pandemic plan that clearly outlines and defines roles and responsibilities. Details how Inuit societal values are taken into account, communication strategies with formal performance indicators, and documented processes with Inuit and community stakeholders. This is in the planning stages and completion stages for the end of 2023. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Malliki.

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

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Chairman and thank you for responding quickly. I would like to direct my next question to the Office of the Auditor General. (interpretation ends) Your report indicates in paragraph 41 that although the departments of Health and Executive and Intergovernmental Affairs "tracked the reach of their communications products, they did not assess the effectiveness of their efforts." In an earlier section of your report, you provided figures concerning Nunavut's rate of vaccine coverage. To what extent do these figures reflect the effectiveness of the communications efforts? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Madam Joanisse.

Ms. Joanisse: Thank you, Mr. Chairman. When we looked at the rollout and we looked at the communication plan, we did not find any indicators of the effectiveness and therefore we could not make those links.

Unfortunately, we can't comment because we did not find the evidence to support that and this is why in our recommendation, we clearly recommended performance indicators should be now imbedded in the communication plan that will be part of the updated, overall pandemic plan. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Malliki.

Mr. Malliki (interpretation): Thank you. Yes, I believe Inuit were properly informed. I can say that, and was just a supplemental addition. (interpretation ends) Your office audited a number of other governments' responses to the COVID-19 pandemic. How did those governments "assess the effectiveness" of their communication efforts? (interpretation) Thank you, Mr. Chairman.

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**Δογθρς<sup>10</sup>** (Ͻϳλρηυς): <sup>1</sup>dμο α΄ς. Γ΄ ĊL<sup>1</sup>.

**ĊL¹** (Ͻʹ៶ͰΠͿʹ): ჼϭͰʹʹʹʹϲϳʹ·, ΔͰͰʹϘϷϹʹ··. ϷʹϷϦͺϤʹ·ϲϽϪʹʹͼͺʹ϶ʹ·Ϳʹ·Ϳ ϷʹʹͰϦͰʹͿͺʹͼʹϾϭ·, ϹͿ·ϭϤ Ϸʹ϶ʹϦʹ· ϤʹͰͺ϶ ΔͰϤʹ·ͰϒϷʹͿ· ϹͿ·ϭϤ ϽͰϛͱʹϧ ϤϷϷͼ϶ϤϲϷϚ϶ϤʹͰϹ ΔͰϤʹ·ͰΔͰϼ·. Ϲʹʹͺ ΔϷϯϨʹʹͼͺʹ϶ϽͿ Ϫʹ·ϷͼϫͿͱʹϹ ΑͰͰϒΡϹʹ··. ΔͰͰϘϷϹʹ··.

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Chairman: Thank you. Madam Joanisse.

Ms. Joanisse: Thank you, Mr. Chairman. As Ms. Thomas mentioned, we did two audits of the COVID-19 vaccine; one was federal, and one was in the Yukon. On the federal side, the scope of the audit was to focus on procurement and the distribution to provinces and territories, so we did not look at communication there.

When it comes to the audit, in the Yukon, similar things came up as well. In terms of the communications, plans did not have performance indicators, and they make similar suggestions to what we are making today, here for Nunavut. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Malliki.

Mr. Malliki (interpretation): Thank you, Mr. Chairman and thank you for the response. Your report indicates in paragraph 42 that (interpretation ends) the Department of Health "could not provide documentation" regarding the extent to which Inuit societal values were taken into account during the COVID-19 vaccine rollout. What specific types of documentation did your office expect to see? (interpretation) Thank you, Mr. Chairman.

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

Ms. Thomas: Thank you, Mr. Chairman. We were told by representatives of the Department of Health that Inuit Societal Values had been taken into account because they are incorporated and reflected in all activities of the Government of Nunavut. We were pleased to see that.

However, the department couldn't provide us with documentation on how it met this requirement. We can appreciate that there are

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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.

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because of their unique circumstances. I can say that, in Yukon, that what we found was that high level plans had been developed about a decade before, but as I've mentioned earlier, these plans were outdated and incomplete. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Malliki.

Mr. Malliki (interpretation): Thank you, Mr. Chairman. Now, in light of what we are learning during these audits by the Office of the Auditor General, I encourage our government to take these recommendations to heart.

Your report indicates in paragraphs 44 to 51 that there was (interpretation ends) "strong interdepartmental collaboration" and "good collaboration with external stakeholders" with respect to the COVID-19 vaccine rollout in Nunavut. However, your report also indicates that the Department of Health should "update its health emergency and pandemic plan to ... include a documented process for engaging with Inuit and community stakeholders." In what specific ways is the department's current plan inadequate? (interpretation) Thank you, Mr. Chairman.

**Chairman**: Thank you. Ms. Joanisse.

Ms. Joanisse: Thank you, Mr. Chairman. During the course of the audit, we were told, and we observed, and I think it's coming up again today, the importance of lessons learned and capturing those. As Ms. Hunt mentioned, there is deep understanding that emerged and key learnings, one of which was the importance of that interdepartmental, but also, collaboration with Inuit organization, communities, and external stakeholders.

We did not find that the 2012 plan reflected that, and we felt that given the importance of

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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.

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...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. Joanisse.

Ms. Joanisse: 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 Joanisse 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	