



North American COVID-19 Policy Response Monitor: Northwest Territories

May 21, 2020

What is the North American COVID-19 Policy Response Monitor?

The North American COVID-19 policy monitor has been designed to collect and organize up-to-date information on how jurisdictions are responding to the crisis. It summarizes responses of health systems as well as wider public health initiatives. The North American policy monitor is an offshoot of the international COVID-19 Health System Response Monitor (HSRM), a joint undertaking of the WHO Regional Office for Europe, the European Commission and the European Observatory on Health Systems and Policies. Canadian content to HSRM is contributed by the North American Observatory on Health Systems and Policies (NAO).

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1. Preventing transmission

This section includes information on key public health measures that aim to prevent the further spread of the disease. It details how jurisdictions are advising the general public and people who (might) have the disease to prevent further spread, as well as measures in place to test and identify cases, trace contacts, and monitor the scale of the outbreak.

1.1 Health communication

On January 28, three days after the first case of COVID-19 was confirmed in Canada, a spokesperson for the Northwest Territories (NT) Department of Health and Social Services (HSS) told media that posters and other materials to educate people about hand hygiene and COVID-19 symptoms were being placed in public areas, and that healthcare providers had begun asking symptomatic patients about their travel history (CBC News & January 28, 2020). At this time, the department was monitoring the situation but viewed the risk of COVID-19 in NT as ‘low.’ On March 21, NT Chief Public Health Officer (CPHO) Dr. Kami Kandola announced via press release and press conference that the territory’s first case of COVID-19 had been confirmed the day before and the risk of acquiring COVID-19 had been elevated to ‘high’ (d’Entremont et al., 2020).

All public health communication and messaging are centralized within the territorial government. Initially, HSS created and coordinated all communication through a dedicated HSS webpage. On May 9, a new webpage directly under the territorial government web domain (www.gov.nt.ca/covid-19) was launched and described as a “cross-government” site. Since then, visitors to the old HSS page are redirected to the new page (Government of Northwest Territories, 2020ar). The page is updated daily on the current situation in NT and Canada, public health orders and advisories, and various announcements regarding health services and the pandemic response (Government of Northwest Territories, 2020a). This website also contains official advice regarding COVID-19 including prevention through good hand hygiene and respiratory etiquette, self-isolation orders, and self-monitoring/assessment tools.

In response to the evolving discussion on the use of face masks, on April 7 an official advisory was released and posted online that recommended residents use reusable or disposable cloth face coverings in public places. Information about how to make and use such face coverings was also made available (Health and Social Services, 2020m).

In addition to daily webpage updates, a Daily COVID-19 Brief is shared with the public via social media, namely a territorial government Facebook page and the official CPHO Twitter account. The CPHO also leads weekly media briefings, during which she is regularly joined by other key players in the territorial government pandemic response such as Premier Caroline Cochrane, Minister of Health and Social Services Diane Thom, and Ministers of other government departments. Members of the public are able to watch these media briefings via online livestream.

On April 17, NT launched an 8-1-1 COVID-19 Support Line. Support line workers do not provide medical advice, but callers can access general information about COVID-19, contact information to arrange local health services, as well as support to understand and enforce public health orders and other advisories (Government of Northwest Territories, 2020v). The line is staffed from 8 am to 8 pm every day, although one menu option allows the caller to be directed to a 24-hour line to report urgent noncompliance with

public health orders. Callers are informed that language interpretation, presumably in each of the 11 official languages of NT, is available upon request.

1.2 Physical distancing

In NT, school districts—not the territorial government—have the authority to close schools. On March 16, in the midst of the school spring break, the Minister of Education, Culture and Employment (ECE) R.J. Simpson made the decision based on CPHO advice to recommend that all schools remain closed until April 14 (CBC News, 2020b). On March 25, days after the territory’s first confirmed case of COVID-19, the same Minister met with education leaders and school district authorities via teleconference, the outcome of which was a collective decision to close schools for the remainder of the 2019-2020 school year (Government of Northwest Territories, 2020d). Citing operational challenges, this decision was upheld on May 19, following an announcement by the CPHO a few days earlier that schools could reopen if strict requirements were met (Government of Northwest Territories, 2020bc). The Department of ECE is working with education leaders and school district authorities to find options for remote delivery of educational programming to NT students, particularly those in grade 12 (Government of Northwest Territories, 2020d).

Physical distancing measures have been prioritized across sectors. On March 16, the NT Health and Social Services Authority (NTHSSA) announced that long-term care facilities and other in-patient sites would limit the number of visitors allowed (Health and Social Services Authority, 2020). The NTHSSA updated this advice the next day, cancelling all visitation to long-term care and Elder day programs, and limiting visitation to acute care sites to one person per visit (Health and Social Services Authority, 2020). On March 18, all visitation at corrections facilities were suspended except for circumstances such as family death or illness (Government of Northwest Territories, 2020b).

On March 19, the majority of government employees began working from home (Government of Northwest Territories, 2020f). Two days earlier on March 17, the CPHO recommended the cancellation of all gatherings that could exceed 50 people (Health and Social Services, 2020b). This advice was modified on March 22 to recommend the cancellation of all gatherings regardless of size or number of participants, or whether they are held indoors or outdoors (Health and Social Services, 2020a). In the same advisory, the CPHO recommended the following business be closed to enable physical distancing in communities: tour operators; bottle depots; gyms and fitness centres; bars and night clubs; museums and galleries; theatres and movie theatres; dine-in areas of restaurants; and personal service establishments where physical distancing is not possible (including but not limited to barber shops, nail and hair salons, spas and chiropractic services).

On April 10, the CPHO issued a public health order that prohibited most gatherings and closed certain businesses (Government of Northwest Territories, 2020t). The order came into effect on April 11. All private and public indoor gatherings of people from different households were banned, except in the case of essential work such as retail, childcare or services for at-risk populations (e.g., sobering centres and shelters). All public outdoor gatherings or private outdoor gatherings of 10 or more people were prohibited. Any private outdoor gatherings of 10 or fewer people had to respect physical distancing of a minimum of two metres. The order also closed recreational facilities, community centres and youth centres, as well as the same businesses that had been recommended to close in the March 22 advisory.

The order explicitly states that grocery stores, gas bars/stations, banks, pharmacies and liquor stores are essential retail stores that may remain open.

The media have described the ban on gatherings as part of a “crack down” on partying that continues to be reported across the territory despite previous recommendations (Brockman, 2020a). CPHO Dr. Kami Kandola has told media that these measures are part of a proactive approach to continue containing COVID-19 to the five cases confirmed as of April 14, and that this approach will continue until the disease has peaked in southern Canada (Brockman, 2020a).

On March 30, the territorial government, NT Association of Communities and Music NWT launched the Protect Our Elders campaign in support of physical distancing (Government of Northwest Territories, 2020p). The campaign includes two initiatives: encouraging NT residents to post selfies on social media with messages about how they are staying home to keep loved ones safe, and a radio ad writing competition to promote physical distancing, staying at home and good hygiene practices.

Also on March 30, the territorial government and Indigenous Services Canada announced that CA\$2.6 million in federal funding would be administered by the territorial government and distributed among community-based and regional Indigenous governments in NT to cover costs in support of their people going out on the land to practice safe physical distancing during the pandemic (Government of Northwest Territories, 2020h).

1.3 Isolation and quarantine

As of March 10, any person with flu-like symptoms and a history of travel outside the territory in the previous 14 days was being tested for COVID-19 and asked to self-isolate until their results were available (CBC News, 2020a). In addition, any person returning from travel in Iran or Hubei province in China was asked to self-isolate for 14 days even if they felt well (CBC News, 2020a).

On March 15, in alignment with Government of Canada advice, the territorial government asked travellers coming from any country to self-isolate and monitor their health for 14 days, even if they felt well or—in the case of international visitors—to return to their home country (Health and Social Services, 2020j). Anyone who had been in close contact with a person with COVID-19 was asked to self-isolate for 14 days since last exposure (Health and Social Services, 2020j).

On March 21, the day NT confirmed its first case of COVID-19, CPHO Dr. Kami Kandola issued a public health order making 14 days of self-isolation mandatory upon return from travel outside the territory (Government of Northwest Territories, 2020u). Self-isolation plans, which can be completed and submitted online for verification by a public health official (Government of Northwest Territories, 2020r), were made mandatory for all travellers arriving from outside the territory. According to this order, all self-isolation must occur in one of four communities—Yellowknife, Inuvik, Hay River or Fort Smith—before any onward travel to a smaller community. The territorial government arranges and covers the costs of accommodation and meals during self-isolation for any residents living in communities other than the designated self-isolation sites. These costs, in addition to security, staffing and transportation expenses, came to an estimated CA\$1.3 million in March and April (Williams, 2020l).

Exceptions to the mandatory 14 days of self-isolation include persons working in import/export, supply chain and flight crew workers, who must self-monitor and physically distance and immediately self-isolate and contact a public health official if they exhibit symptoms. Essential workers such as locum healthcare providers are also exempt from the mandatory 14 days of self-isolation; they must self-monitor and immediately contact a public health official for direction and a risk assessment (Government of Northwest Territories, 2020u).

The order also prohibited travel through all points of entry into the territory with the exception of travel by NT residents; persons providing services for the importation/exportation of goods and other supply chain transportation; flight crews; essential workers such as health and social service providers, peace officers and postal service workers; persons travelling from Nunavut for medical travel; persons participating in traditional harvesting and on the land activities who may cross the NT border but do not enter communities; transient workers in the mineral and petroleum resources industry; workers on territorial government capital infrastructure projects; and corrections officers and inmates in transit (Government of Northwest Territories, 2020u).

On April 27, the territorial government amended its March 21 public health order, tightening self-isolation and self-monitoring requirements for essential workers (Government of Northwest Territories, 2020ag). The rewritten order required all essential workers entering the territory to self-isolate for 14 days unless their employer receives written permission from the CPHO. Even if the written permission is granted, the employee must file a symptom check form with the territorial government every four days throughout the 14 days. These self-monitoring checks were also applied to returning NT residents, regardless of line of work. The rule changes do not apply to supply chain workers or flight crews in the territory for 36 hours or less, though these workers must self-isolate when not working.

HSS encourages NT residents with credible, specific complaints about the order not being followed to email or call Protect NWT, a complaint and enforcement structure (Government of Northwest Territories, 2020e). In response to nearly 200 complaints, on April 8 Premier Caroline Cochrane, Minister of Health and Social Services Diane Thom and CPHO Dr. Kami Kandola announced the formation of a compliance and enforcement taskforce (Government of Northwest Territories, 2020e). Formerly the assistant deputy minister of operations for the Department of Lands, Conrad Baetz was appointed deputy chief public health officer and head of the taskforce on April 8. Around 30 public health officers have been redeployed from other territorial government enforcement positions (e.g., wildlife officers, environmental health officers, land use inspectors) to enforce public health orders and investigate non-compliance across all 33 NT communities (Government of Northwest Territories, 2020e). At the time the taskforce was created, the only order in place was the one concerning mandatory self-isolation and travel restrictions. Since then, the public health order that prohibited gatherings and closed certain non-essential businesses has also been issued. The taskforce will be backed up by RCMP and members of municipal enforcement as needed (Williams, 2020f) If necessary, public health officers can issue written warnings, tickets up to \$1,500 and court summons and—provided there is imminent, significant risk to public health—apprehend or detain someone.

Disobeying a public health order carries a maximum penalty of a CA\$10,000 fine and six months in jail (Williams, 2020f). NT residents may seek exemptions from certain restrictions within public health orders

on a case-by-case basis to address exceptional circumstances, including if the orders place someone in an unsafe situation (Health and Social Services, 2020c).

1.4 Monitoring and surveillance

NT uses national case definitions for surveillance. Three regional health and social services authorities (NT Health and Social Services Authority, Hay River Health and Social Services Authority and Tłıchq Community Services Agency) conduct sentinel surveillance and reporting as organized and directed by the CPHO, in accordance with the *Public Health Act* (Department of Health and Social Services, 2020). Suspected and confirmed COVID-19 cases are reported to the Office of the CPHO using forms that are available on an HSS webpage dedicated to healthcare providers (Government of Northwest Territories, 2020a).

Testing any resident or visitor with symptoms is an important component of enhanced surveillance to allow for early identification and management of cases (Government of Northwest Territories, 2020j). Contact tracing for people confirmed to have contracted COVID-19 is conducted by public health professionals and begins with contacts in the 48 hours before the person became symptomatic (Williams, 2020c). The Office of the CPHO has developed an interim algorithm for the public health management of cases and their contacts (Government of Northwest Territories, 2020c). Contact management begins with grouping contacts into high, medium or low/no risk. High-risk contacts are advised to self-isolate and self-monitor for 14 days after last exposure and may undergo daily monitoring whereas medium-risk contacts are advised to self-monitor for 14 days after last exposure. All contacts are given information resources.

When the population of a community is small enough such that the personal privacy of a confirmed case is at risk, the CPHO does not release the name of the community (Health and Social Services, 2020d). The decision not to publicly inform residents if COVID-19 is confirmed in a small community has angered a number of local leaders (Gleeson, 2020a). A debate among community leaders over privacy legislation is taking place in the news and social media channels (CBC News, 2020e). At time of writing, only one case has been confirmed in a small community.

1.5 Testing

In March, the NT government launched an online self-assessment tool for COVID-19 to help residents assess their symptoms and be directed to their local healthcare centre or emergency services, as needed (Government of Northwest Territories, 2020x). Tests were initially restricted to those who showed flu-like symptoms and had travelled outside the territory (CBC News, 2020a), but quickly opened to anyone with flu-like symptoms, even without a history of travel (Pruys, 2020a). During her weekly media briefing on April 15, CPHO Dr. Kami Kandola said that testing criteria were being broadened so that people with milder symptoms, such as sore throat or runny nose, could also be tested (Brockman, 2020b). Health officials were expected to release new clinical protocols within days of this announcement. On April 22, the CPHO announced that the territorial government would also start testing groups of people who work with high-risk populations, such as doctors and nurses (Brockman, 2020d).

Off-site testing is operational in the communities of Yellowknife, Behchokò, Fort Smith and Inuvik. In Yellowknife, a weekday drive-through testing site opened to the public in late March and then, due to reduced need and demand, closed on May 11 (Northwest Territories Health and Social Services Authority, 2020a). Behchokò and Fort Smith have established in-car screening services by health centre nurses

(McBride, 2020). Inuvik has established off-site screening that could quickly adapt to a drive-through model if needed (McBride, 2020).

At the start of the pandemic, two different types of swabs were used in NT to test for COVID-19: a nasopharyngeal swab inserted deep into the back of the nose, and a swab collection kit that involves collecting a specimen from inside the nostril (Health and Social Services, 2020f). The regional health and social services authorities collected these swabs and send them to Alberta Precision Laboratories in Edmonton to be processed (Health and Social Services, 2020f). The average wait time for a test result from Alberta is approximately four days but can be as long as one week or more due to transportation and high volume in Alberta (Williams, 2020d).

In early April, health officials announced that they had purchased new test systems that would significantly reduce turnaround time for results. Two types of test systems were ordered: GeneXpert, which can analyze molecules in a nasal swab in less than an hour, and Spartan Cube, for use in non-laboratory settings (Last, 2020b). Two GeneXpert devices are currently in use, though only in the laboratory of the territorial hospital in Yellowknife, which has capacity to administer more complex tests. Because of a national shortage of testing cartridges for this device, only high-risk patients are prioritized for rapid testing (Van Dusen, 2020).

A simpler, mobile test, the Spartan Cube was intended for distribution among hospitals and health centres in Yellowknife, Fort Smith, Inuvik and Hay River (Last, 2020b). In early May, Spartan Bioscience voluntarily recalled the Spartan Cube after Health Canada restricted its use due to reliability concerns. None of the Spartan kits had arrived in the territory. The territorial government has said that the GeneXpert system is sufficient for now to expand its community surveillance program (Williams, 2020k).

More people per capita have been tested in NT than in most other jurisdictions in Canada, though in April numbers began falling from approximately 60 to 70 results received per day to an average of around 25 (Williams, 2020h). This may be due to reduced travel into the territory and the end of the flu season (Williams, 2020h). As of May 22, out of 2,093 tests conducted, 2,051 were confirmed negative, 5 were confirmed positive, and 37 results were pending (Government of Northwest Territories, 2020a). All five of the positive cases have fully recovered. A case is considered recovered after all symptoms have cleared and the individual has two negative tests completed within a 24-hour window (Sponagle, 2020).

2. Ensuring sufficient physical infrastructure and workforce capacity

Infrastructure and workforce capacity are crucial for dealing with the COVID-19 outbreak, as there may be both a surge in demand and a decreased availability of health workers. This section considers the physical infrastructure available in the jurisdiction and where there are shortages, it describes any measures being implemented or planned to address them. It also considers the health workforce, including what jurisdictions are doing to maintain or enhance capacity, the responsibilities and skill-mix of the workforce, and any initiatives to train, protect or otherwise support health workers.

2.1 Physical infrastructure

As of early April, NT had 19 ventilators and six beds in intensive care units (Last, 2020c). Health officials had previously reported that stockpiles of personal protective equipment (PPE) such as masks, gowns and gloves had been increased (Cohen, 2020a). However, according to news reports on April 13, PPE supplies were low enough that actions to limit overuse were required (Williams, 2020g). Physicians and nurses performing procedures likely to produce microdroplets are wearing N95 masks and others treating patients with risk of COVID-19 (or providing other normal medical procedures such as surgeries) are wearing surgical masks (Gleeson, 2020c). Continuous masking is currently implemented in long-term care and in services to chemotherapy patients (Gleeson, 2020c).

On April 16, health officials stated there were enough N95 face masks for healthcare providers to last “several weeks,” yet in light of a shortage across North America, the CPHO authorized the use of a British Columbia decision-making framework to allocate scarce PPE during the pandemic (Gleeson, 2020c). The CPHO also authorized entering into the fourth stage of the framework, which outlines actions for when at least one item of PPE will be depleted in a matter of days (British Columbia Ministry of Health, 2020). She clarified that authorizing implementation of the fourth stage was a proactive measure and did not reflect the current supply of PPE (Gleeson, 2020c). Since then, the territorial government has acknowledged challenges in its procurement of PPE. In a May 15 news release, the government announced that bulk orders of KN95 masks sent to communities, Indigenous governments and non-government organizations throughout the territory were being recalled, in line with a May 11 recall by Health Canada (Government of Northwest Territories, 2020ax).

The territorial government has procured thousands of bottles of medical grade hand sanitizer produced by a Yellowknife business for distribution among long-haul truckers, businesses and clinics (Government of Northwest Territories, 2020ay). The government is also developing a list of individuals and businesses in the territory who are able to create non-medical cotton face masks for sale (Government of Northwest Territories, 2020aw). Funding is available for businesses and artists to make PPE and other non-medical products. Businesses and artists can submit business case proposals for funding up to CA\$1,000 for non-medical products like cloth face masks, or up to CA\$25,000 for certified medical products like face masks or hand sanitizer (Government of Northwest Territories, 2020z).

2.2 Workforce

One of the base assumptions written into the territory’s pandemic plan is that the emergence of the COVID-19 pandemic will further intensify pre-existing human resource shortages in the health sector, impacting surge capacity and possibly requiring assistance from front-line healthcare workers from outside the territory (Department of Health and Social Services, 2020). The health and social services authorities are focused on ensuring their staff are as well prepared as possible, not only in terms of supplies but also with regard to training and certifications, including being aware of new processes or practices put in place to respond to COVID-19 (Taylor, 2020). In Inuvik, where there is a regional hospital, three family practitioners have cross-trained with a general practitioner anaesthetist to gain basic skills in ventilation (Taylor, 2020). An NTHSSA spokesperson said that healthcare providers have accessed online training from other jurisdictions, and that the authority is working with Alberta Health Services to deliver training on COVID-19 acute care. The hospitals in Yellowknife and Inuvik have run simulations in its

emergency department, intensive care units and operating rooms to practice skills in intubation, emergency surgery and various other scenarios (Taylor, 2020).

Locum healthcare providers including nurses, surgeons and general practitioners have long comprised an important segment of the healthcare workforce in NT. These workers are currently exempt from the March 21 public health order that makes 14 days of complete self-isolation mandatory upon entry into the territory (Government of Northwest Territories, 2020u). Instead, they must self-isolate outside of work hours, are closely monitored for symptoms, and wear a mask during their first 14 days in the territory (Mosher, 2020). Health officials do not want to stop locum providers from entering the territory but aim to limit the frequency with which they cross the border (Mosher, 2020). Territorial Medical Director Dr. Sarah Cook has indicated that some locum providers have committed to working for several months at a time rather than the usual shorter term of a few days to two weeks (Mosher, 2020). CPHO Dr. Kami Kandola suggested on April 15 that a public health order specific to these essential workers was forthcoming (Mosher, 2020).

The territorial pandemic plan recognizes that, whether or not the virus is present in the territory, media attention on the pandemic will increase pressure on the health and social services system through a rise in questions and service requests from residents (Department of Health and Social Services, 2020). The plan calls for preparations for the optimal use of human resources in frontline and non-frontline positions. On March 25, a widescale redeployment of non-essential territorial government employees began to move staff into new positions helping with phone lines and administrative tasks, thus enabling frontline staff to focus on delivering essential services (Williams, 2020b). The plan also directs managers to be familiar with legislation for emergency licensing during a public health emergency, namely the *Public Health Act* and *Medical Professions Act*, and leaves open the possibility of bringing in medical students or retirees to enhance workforce capacity (Department of Health and Social Services, 2020).

One of the main reasons why daycares and in-home babysitting services are exempt from the April 10 public health order about gatherings and business closures is to ensure essential workers like healthcare providers are still able to arrange care for their children. On April 24, the territorial government announced CA\$5.1 million would be put toward childcare for healthcare workers and other essential workers in the pandemic response (Government of Northwest Territories, 2020z). Of this funding, CA\$1.9 million would go toward subsidizing one third of childcare costs for parents; CA\$1.3 million would top up wages for each worker at a licensed facility providing childcare or early learning support; CA\$665,000 would purchase PPE for daycare and day home staff and clients, and pay for cleaning; and CA\$1.24 million would subsidize fixed costs, such as rent and utilities, for childcare programs and centres.

3. Providing health services effectively

This section describes approaches for service delivery planning and patient pathways for suspected COVID-19 cases. It also considers efforts by jurisdictions to maintain other essential services during periods of excessive demand for health services.

3.1 Planning services

The territorial pandemic plan permits establishing alternate sites in the community to divert potentially infectious individuals away from others. In the town of Fort Smith, an offsite sick clinic was set up in April to facilitate screening people with COVID-19 symptoms; due to decreasing demand, this service changed their weekend and holiday hours to an appointment-only service starting May 16 (Northwest Territories Health and Social Services Authority, 2020c).

The plan also acknowledges that if health system capacity is challenged during the pandemic, other services may need to be scaled down to a basic level (Department of Health and Social Services, 2020). A number of steps have been taken to reconfigure service delivery throughout the territory. On March 16, one of the two laboratories in Yellowknife was closed and assigned to the COVID-19 response, with all other standard laboratory testing and diagnostic services redirected to the laboratory and diagnostic imaging department within the territorial hospital (Health and Social Services, 2020k). The next day, NTHSSA announced that non-essential medical travel to Alberta and within the territory would be reduced, with an increase in virtual appointments where possible (Health and Social Services, 2020h). Similarly, virtual appointments would be scheduled where possible in lieu of physicians travelling to small communities to hold specialist clinics (Health and Social Services, 2020h).

Whereas initiatives were already ongoing to roll out virtual care services, the pandemic response instigated a sudden increase in their availability. New options for appointments using the phone or video messaging apps such as WhatsApp or FaceTime became available in March and are being promoted among patients seeking services such as chronic disease monitoring and management, prescription or laboratory requests, mental health screens and follow-ups, and initial assessments of minor symptoms or concerns that may require referrals to a specialist (Government of Northwest Territories, 2020m; Health and Social Services, 2020j). The health centre in the community of Fort Providence has even held a three-day virtual clinic with a physician working from his home office in Alberta, community health nurses helping examinations and technical issues in the community, and prescriptions verified using the physician's virtual/voice over audio signature (Northwest Territories Health and Social Services Authority, 2020b).

On March 19, NTHSSA announced a reduction in services at community health centres, prioritizing a range of essential services including sick clinic, emergency care, immunizations, sexually transmitted infection screening, Well Child clinic, and pre- and post-natal services (Health and Social Services, 2020i). Elective surgeries and rehabilitation travel clinics were suspended, and only the highest priority outpatient rehabilitation clients would receive care (Health and Social Services, 2020i). Residents were also told that walk-in appointments would be converted to same-day appointments; calling ahead for an appointment would become necessary and rather than wait in the waiting room, clients would be asked to present for their appointment, leave the premises, and return at a specified time (Health and Social Services, 2020i).

On April 29, the NTHSSA announced that with pandemic plans firmly in place and no active cases of COVID-19 in the territory, elective surgeries, lower-priority diagnostic testing and medical travel were being reinitiated (Cohen, 2020b). Surgeries are being booked according to urgency and length of time on a waitlist. Authority officials hope to be at full capacity by June, barring any changes in the course of the pandemic (CBC News, 2020f).

3.2 Managing cases

Primary care providers are the first points of contact for clients, either in medical clinics (only in Yellowknife and other larger communities) or community health centres. These providers are responsible for the assessment and treatment of ambulatory COVID-19 patients (Department of Health and Social Services, 2020). The Office of the CPHO has developed interim algorithms for the assessment of patients who may have COVID-19 or been exposed to it (Government of Northwest Territories, 2020ac), and for public health management, including management of cases and their contacts (Government of Northwest Territories, 2020c).

All residents are asked to call ahead to their medical clinic or health centre if they require screening, testing or treatment for COVID-19. As of April 20, only one of the five confirmed COVID-19 cases was hospitalized on account of underlying conditions; the other four cases were considered mild enough to recover at home (CBC News, 2020d). There is no publicly available information regarding the treatment this patient received. The HSS website emphasizes there is no specific treatment for most people with COVID-19 (Health and Social Services, 2020l).

As detailed above in section 1.1 (health communication), NT launched a new COVID-19 Support Line on April 17. The purpose of the line is not to provide medical advice but rather to provide a one-stop shop for information and support, including self-assessment and seeking care (Government of Northwest Territories, 2020v).

3.3 Maintaining essential services

As detailed above in section 1.3 (isolation and quarantine), essential workers are exempt from the mandatory 14 days of self-isolation upon entry into the territory (Government of Northwest Territories, 2020u). Employers of essential workers are advised to implement risk assessments and mitigation measures that allow essential services to continue while minimizing the risk to public health and safety (Health and Social Services, 2020j)

The territorial government has provided up to CA\$5 million to secure temporary housing units for homeless people with no options to self-isolate, including CA\$1.4 million to create 61 units in Yellowknife and CA\$3.6 million to set up 130 units in the communities of Fort Simpson and Inuvik (CBC News, 2020c). The NT Housing Corporation announced on April 1 that it was cooperating with stakeholders to identify needs and suitable buildings in other communities and would collaborate with HSS and other partners to ensure other supports (e.g., addictions, mental health, income support) were in place for individuals moving into the temporary units (CBC News, 2020c).

Starting May 4, 25 units in a transitional housing apartment building were made available to homeless individuals who would be at high risk of serious illness if they contracted COVID-19 (e.g., people over 60

years old or those with underlying conditions). The units were made available through a partnership between the Yellowknife Women’s Society and territorial government (Government of Northwest Territories, 2020a).

Also, on May 4, the Yellowknife day shelter and sobering centre re-established normal operations as a drop-in day shelter and sobering centre with services seven days a week. In early April, the centre had been closed to all but 30 high-risk homeless adults who agreed to isolate there. This move had raised concerns among homelessness advocates who said many vulnerable people were consequently left with nowhere to go for support or shelter (Blake, 2020). The territorial government began operating a temporary day program at the Salvation Army in response to this need, but no replacement for the sobering centre was provided at the time. With the day and sobering centre back in operation as of May 4, the program at Salvation Army will continue to operate during the pandemic (Government of Northwest Territories, 2020a).

HSS has compiled a new list of mental health resources and services on its COVID-19 webpage, though it is unclear whether there are efforts to expand access to mental health services (Health and Social Services, 2020g).

4. Paying for services

Adequate funding for health is important to manage the excess demands on the health system. This section considers how provinces are paying for COVID-19 services. The subsection on health financing describes how much is spent on health services, where that money comes from, and the distribution of health spending across different service areas. The section also describes who is covered for COVID-19 testing and treatment, whether there are any notable gaps (in population coverage and service coverage), and how much people pay (if at all) for those services out-of-pocket.

4.1 Health financing

The federal government announced on April 14 an injection of CA\$23.4 million into the NT health and social services system, administered by the NT government (Van Dusen & April 15, 2020). At this time, Premier Caroline Cochrane suggested that the funds could go toward more PPE for healthcare providers and more COVID-19 tests, though no final allocation decisions had yet been made (Van Dusen & April 15, 2020).

4.2 Entitlement and coverage

Residents are eligible to enrol in the NT Health Care Plan once they have lived in the territory for three months. The costs of medically necessary health services at a hospital, health centre or medical clinic, including testing, medical treatment, and pharmaceuticals provided in hospital, are covered for anyone with a valid NT Health Care Card (Health and Social Services, 2020e). In light of the COVID-19 pandemic, the territory is automatically extending expiring and expired healthcare cards (Burke, 2020; Health and Social Services, 2020n).

5. Governance

The governance of the health system with regard to COVID-19 relates to pandemic response plans and the steering of the health system to ensure its continued functioning. It includes emergency response mechanisms, as well as how information is being communicated, and the regulation of health service provision to patients affected by the virus.

On March 13, the Legislative Assembly announced an early suspension of its ongoing sitting so as to refocus efforts and resources toward the COVID-19 pandemic response (Williams, 2020a). The next day, the government released the *Northwest Territories COVID-19 Pandemic Planning Guide* (Last, 2020a). The guide, adapted from similar frameworks at a national and Alberta provincial level (*Alberta Health: Alberta's Pandemic Influenza Plan*, 2014; Pan-Canadian Public Health Network, 2018), outlines pandemic roles and responsibilities as well as how public communication and messaging is centralized and coordinated by the department of HSS for the territorial government. In addition to the pandemic planning guide, the government has created a checklist for the health system to review local, regional and territorial pandemic plans (CBC News, 2020a).

On March 18, the Minister of Health and Social Services declared a 14-day public health emergency under the *Public Health Act*, expanding the CPHO's powers to issue legally binding orders (Government of Northwest Territories, 2020m). The public health emergency was renewed for additional 14-day periods on April 1, April 15, April 29 and May 12 (Government of Northwest Territories, 2020af, 2020ak, 2020aa, 2020an). The Minister may extend a public health emergency as often as necessary by a maximum of 14 days for each extension.

The health sector response to COVID-19 is led and coordinated by the Office of the CPHO and department of HSS, with three regional health and social services authorities (NT Health and Social Services Authority, Hay River Health and Social Services Authority and Tłı̄chq Community Services Agency) developing and implementing pandemic plans specific to their respective regions (Department of Health and Social Services, 2020). There is also a health emergency management steering committee composed of senior managers from the department and the three authorities.

The broader territorial government response is led by a territorial Emergency Management Organization, housed within the Department of Municipal and Community Affairs (MACA), with membership from across government departments (Williams, 2020e). The Emergency Management Organization identifies emergency preparedness needs of communities and potential impacts to communities and critical infrastructure (Government of Northwest Territories, 2020j). On March 30, Russ Neudorf was appointed a new associate deputy minister of MACA, primarily to oversee the Emergency Management Organization (Government of Northwest Territories, 2020q). A communications working group was also established to support timely and accurate communication of information to the public (Government of Northwest Territories, 2020j).

On March 24, the Minister of MACA declared a 14-day territorial state of emergency under the *Emergency Management Act* (Government of Northwest Territories, 2020ad). This declaration gave the Emergency Management Organization authority to direct the territorial government and public agencies in support of the effective implementation of orders by the Chief Public Health Officer. The state of emergency was renewed on April 6, April 15, April 29 and May 12 in alignment with the most recent extension of the

public health emergency (Government of Northwest Territories, 2020ak, 2020aa, 2020au). On April 7, the Premier of Northwest Territories assumed control of MACA as Minister and therefore direct oversight of the territorial government's broad emergency response (Williams, 2020e).

On May 12, the territorial government published its recovery and reopening plan, *Emerging Wisely*, which outlines a five-part approach to move the territory from containment measures through four phases of progressively eased restrictions on people, businesses and activities until a vaccine or effective treatment is available to NT residents. The plan describes the requirements for each new phase and anticipated timelines. The plan also outlines three scenarios where the territory would have to return to stricter measures: travel prohibition and restriction failures; loss of contact tracing abilities; or health system breakdown (Government of Northwest Territories, 2020bd).

On May 15, after confirmation of no community spread for 28 days since the last negative COVID-19 test was collected for the final recovered case, the territory entered the first phase of the plan (Government of Northwest Territories, 2020ba). In the first phase, NT residents are able to have more interpersonal contact and outdoor gatherings of up to 25 people, as long as physical distance is maintained, and are seeing some businesses and organizations opening with some restrictions. The first phase introduces a new model for indoor visits—called the 'friendship circle,' 'favourite five' or 'social bubble'—wherein a household may have up to five people they do not live with visit their home, with a maximum of 10 inside the house at any time. The orders restricting travel, essential workers, and industry remain (Government of Northwest Territories, 2020bd).

Members of the Legislative Assembly plan to resume sitting in person, under strict safety measures, on May 26 (Williams, 2020p).

6. Measures in other sectors

Many measures beyond the immediate scope of the health system are being taken to prevent further spread of the virus. This section contains information on many of these areas, including border and travel restrictions and economic and fiscal measures, among others.

6.1 Border restrictions

On March 21, CPHO Dr. Kami Kandola issued a public health order prohibiting all travel into the territory with the exception of travel by NT residents; persons providing services for the importation/exportation of goods and other supply chain transportation; flight crews; essential workers such as health and social service providers, peace officers and postal service workers; persons travelling from Nunavut for medical travel; persons participating in traditional harvesting and on the land activities who may cross the NT border but do not enter communities; transient workers in the mineral and petroleum resources industry; workers on territorial government capital infrastructure projects; and corrections officers and inmates in transit (Government of Northwest Territories, 2020u). Exceptions were made in the case of two northern Alberta communities, allowing their residents to continue to receive essential services such as gas, healthcare, groceries and postal services from the NT border community of Fort Smith (Government of Northwest Territories, 2020ae).

In March, the British Columbia/NT border on Highway 7 closed to all traffic except emergency and inspection vehicles (Government of Northwest Territories, 2020i). Highway 8 (Dempster Highway), which begins at the Yukon/NT border, closed to all traffic in early May. This was in part due to the thawing of ice roads at river crossings, but the closure was also meant to support public health measures by reducing travel between communities (Government of Northwest Territories, 2020aq).

Highway 1 at the Alberta/NT border is currently the only highway connected to the south that remains open to traffic. Effective May 14, the territorial government's checkpoint on this highway was moved to the border from the community of Enterprise, approximately 80 kilometres away. A border checkpoint could not be set up earlier due to winter weather (Williams, 2020n).

6.2 Mobility

In addition to the ban of non-essential travel into the territory, detailed above in section 6.1 (border restrictions), the CPHO advises all NT residents to avoid all non-essential travel outside of the territory, and all international travel (Health and Social Services, 2020j).

The government has adjusted ferry services for the summer season, including new passenger limits, requiring passengers to stay in their vehicles, and enhanced sanitizing measures (Government of Northwest Territories, 2020bb).

Specific restrictions on public transportation within communities have not been mandated at a territorial level. However, the City of Yellowknife, which runs the only public transit system in the territory, temporarily waived transit fees while encouraging riders to limit their use of public buses to essential travel only and implementing measures to ensure riders maintain a two metre distance from the drivers (City of Yellowknife, 2020).

6.3 Maintaining supply of food and essential goods

Supply chain support workers such as long-haul truckers were exempted from the March 21 travel restriction order in light of the essential service they provide to communities. However, situations arose where businesses and communities refused services like restrooms, showers and food purchase to these workers. On April 20, the Office of the CPHO issued a clarification regarding services for long-haul truckers, seeking to encourage businesses and communities to continue providing basic services to long-haul truckers while maintaining physical distancing and disinfection protocols (Government of Northwest Territories, 2020y).

In recognition of the role that aviation services also play in supplying essential goods and services throughout the territory, the federal government announced on April 14 that funding in the amount of \$8.7 million would be given to the territorial government to distribute among five airlines in the territory (Van Dusen & April 15, 2020). How this funding would be allocated among the airlines was announced on May 8 (Government of Northwest Territories, 2020ap).

On April 9, the territorial government announced that it would not close liquor stores on account of the hardship such closure could create for individuals living with addictions who may then, in turn, place more pressure on the health system (Government of Northwest Territories, 2020ai). In response to concerns from community and Indigenous leaders across the territory about bootlegging in dry communities, on

April 16 the territorial government announced changes to the territorial Liquor Regulations, placing daily limits on the amount of liquor that can be sold to individual customers (Government of Northwest Territories, 2020ai). On May 8, further amendments to the regulations were announced, making it possible for licensed establishments to sell beer, wine and spirits for takeout and home delivery, with some restrictions (Government of Northwest Territories, 2020ao).

6.4 Financial support and economic relief

The territorial government created an economic relief package valued at CA\$21.459 million to support NT businesses and residents (Government of Northwest Territories, 2020w). Of this amount, CA\$5 million is allocated to temporary self-isolation housing for the homeless; CA\$1.5 million in low-interest emergency loans to businesses; \$1.617 million to a one-time emergency allowance for income assistance recipients; and CA\$270,000 to additional benefits to income assistance clients (Government of Northwest Territories, 2020w). Most of the rest of the relief package comes in the form of waived fees or deferred loan payments (Bird, 2020). As of April 21, 61 emergency business loans had been granted and 23 applications denied on account of poor credit, deficient licensing or inability to demonstrate need (Brockman, 2020c).

Up to CA\$6.2 million has been allocated by the territorial government to top up wages for workers making less than CA\$18 per hour. Businesses must apply for temporary funding to increase the salaries of low-wage workers, for a maximum of 16 weeks between April and July. The federal government contributed CA\$4.74 million to this program (Government of Northwest Territories, 2020av).

In addition, the territorial government has enacted a number of relief and recovery programs for specific sectors or programs:

- On April 30, the government announced one-time payments of CA\$5,000 to recycling depots and processing centres to offset any loss of income during the state of emergency (Government of Northwest Territories, 2020aj).
- On May 6, the government publicized a contribution of CA\$86,000 to NT Community Futures Development Corporations to allow them to defer loan payments for their clients (Government of Northwest Territories, 2020am).
- On May 11, the government revealed that it had topped up funding of the SEED (Support for Entrepreneurs and Economic Development) program to CA\$4 million and would begin taking applications from business owners to support proposals focused on recovery in a post-COVID-19 economy (Government of Northwest Territories, 2020as).
- On May 15, NT residents working in the arts, film and media may apply for grants (CA\$3,000 for individuals and CA\$5,000 for businesses or collectives) as part of a CA\$250,000 program for those whose income has been affected by the pandemic (Government of Northwest Territories, 2020az).

On March 24, the Northwest Territories Power Corporation, owned by the territorial government, signed a mutual aid agreement through the Canadian Electricity Association to allow the corporation to request aid from other utilities in NT and across Canada if needed to maintain or restore power (Government of Northwest Territories, 2020k). The corporation has committed to not disconnecting any customers who fall behind on electricity payments during the pandemic and will allow customers to defer payments, but will not reduce customers' bills (Pruys, 2020b). Even though many residents pay at least two to three

times the rates charged in southern provinces and see increasing costs on account of working or studying at home, the territorial government has stated that reducing power rates would in turn reduce the government's ability to support other necessary initiatives in the pandemic response and would hinder saving to eventually replace aging utilities infrastructure (Williams, 2020i).

Measures have also been taken to provide mechanisms for tenants to defer rent payments if they have lost their job or otherwise seen a significant decline in income during the pandemic. On April 15, the territorial government confirmed a new temporary regulation to allow tenants who demonstrate financial hardship to defer rent payments with their landlord's knowledge (Government of Northwest Territories, 2020l). The same regulation also suspends a landlord's ability to evict a tenant for clearly defined reasons related to consequences of the pandemic (Government of Northwest Territories, 2020l). The territorial government has also modified and prolonged its pre-existing Transitional Rent Supplement Program, making it easier for residents to apply for CA\$100 to CA\$500 in monthly rental relief until the federal Canadian Housing Benefit opens in September (Government of Northwest Territories, 2020ah). Rent relief was also extended to leaseholders on public land when the government announced on May 11 that it would waive CA\$2.7 million in fees, namely residential, recreational, commercial mining and other commercial leases (Government of Northwest Territories, 2020at). However, the territorial government rejected a temporary ban on landlords evicting businesses unable to pay their rent during the pandemic, citing faith in landlords to do the right thing and not wanting to amend legislation on this issue (Williams, 2020o).

On April 29, Premier Caroline Cochrane presented an economic recovery plan, dubbed *Emerge Stronger*, to Members of the Legislative Assembly (Williams, 2020j). The plan speaks generally to a need to make changes in the way the government does business, in consultation and partnership with businesses, Indigenous communities and the health and social services sector. However, the plan does not currently include a detailed action plan or budget.

With regard to the Canada Emergency Response Benefit or the Canada Emergency Student Benefit, the territorial government has taken the stance that NT income assistance recipients who also receive either of these federal benefits will not have to count them as unearned income, which would affect their income assistance benefit (Brackenbury, 2020).

6.5 Home education support

On March 30, the Department of ECE released a plan for educating students remotely (Government of Northwest Territories, 2020o). Remote teaching methods will vary by community and school, largely dependent on the quality of internet, student internet access and the location of teachers. Where internet-based learning is impossible, schools may need to mail or arrange pick-up of paper handouts. All students from junior kindergarten to grade 12 will be given a report card with final grades for the year. ECE continues to work with education bodies to meet student and family needs, notably with regard to ensuring the continued availability of remote counselling services, food programs, and support to individuals and schools in making requests for Jordan's Principle and Child First Initiative funding (Government of Northwest Territories, 2020an).

6.6 Corrections

On March 25, the Justice Department released information on its website about measures to be taken in the territory's correctional facilities to protect inmates and employees (Zingle, 2020). These measures include PPE for corrections officers, cancelling personal visits, and limiting the number of inmates in each cell to one. New inmates will be screened for COVID-19 symptoms and any inmate with symptoms will be given a mask, isolated and tested. Furthermore, inmates who do not pose a risk to public safety and have supports outside jail are being temporarily released, starting with those who have neared the end of their sentence (Gleeson, 2020b). As of May 5, more than 125 confirmed or prospective criminal trials in Territorial Court have been put on hold (O'Connor, 2020).

6.7 Mining and exploration

Mining and exploration comprise the largest source of private sector jobs and income for NT residents (Government of Northwest Territories, 2020g). In this light, workers at mine sites are considered essential workers and exempt from travel restrictions. Even so, on April 10 CPHO Dr. Kami Kandola issued a legally binding public health order mandating several measures to be taken by all companies, employers and employees operating mining and oil and gas projects in the territory (Government of Northwest Territories, 2020s). The measures include health screenings before each shift and before arriving on site; immediate self-isolation if showing symptoms; not allowing those with symptoms to work; physical distancing on and off rotation; and an end to buffet-style catering. Although on-site COVID-19 testing is not mandated by the public health order, in May the Diavik diamond mine began testing all workers upon arrival at the mine and before they leave. The mine says that the program is implemented in collaboration the CPHO and is run by GuardRX, a not-for-profit vaccine research group (Williams, 2020m).

The public health order specific to mining, oil and gas excludes a single mine remediation project outside Yellowknife because of the significant risk of environmental damage if the project is not appropriately staffed (Government of Northwest Territories, 2020s).

The territorial government has declared its support for a letter submitted jointly by the Yukon Chamber of Mines and the NT and Nunavut Chamber of Mines seeking emergency funding under the Canada Emergency Wage Subsidy program, specifically for mining businesses in the three territories (Government of Northwest Territories, 2020g).

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