

North American COVID-19 Policy Response Monitor: Canada

February 9, 2021

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 provinces and territories 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). This Canadian report is also available on the interactive HSRM website: <https://www.covid19healthsystem.org/countries/canada/countrypage.aspx>

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List of Acronyms and Abbreviations

BC	British Columbia	iPHIS	integrated Public Health Information System
BCCDC	British Columbia Centre for Disease Control	ISC	Indigenous Services Canada
CAF	Canadian Armed Forces	ITK	Inuit Tapiriit Kanatami
CAREB	Canadian Association of Research Ethics Boards	NML	National Microbiology Laboratory
CBS	Canadian Blood Services	NIHB	Non-Insured Health Benefits (NIHB) program
CBSA	Canadian Border Services Agency	NRC	National Research Council
CEBA	Canada Emergency Business Account	NWT	Northwest Territories (alt. NT)
CERB	Canada Emergency Response Benefit	PEI	Prince Edward Island
CESB	Canada Emergency Student Benefit	PPE	Personal protective equipment
CEWS	Canada Emergency Wage Subsidy	PPHL	Provincial public health laboratory
CIHI	Canadian Institute for Health Information	PHAC	Public Health Agency of Canada
CIHR	Canadian Institutes of Health Research	PT	provincial and territorial and/or province and territory
CFB	Canadian Forces Base	PTM	Provincial, territorial and municipal
CRA	Canada Revenue Agency	PUI	Person Under Investigation
CSC	Correctional Service of Canada	RRRF	Regional Relief and Recovery Fund
EI	Employment Insurance	Rt	Reproduction rate
FNHA	First Nations Health Authority, BC	SAC	Special Advisory Committee on the Novel Coronavirus
FPT	Federal/provincial/territorial	SARI	Severe Acute Respiratory Infections
ICU	Intensive care unit	US	United States
IHR NFP	International Health Regulations National Focal Point	WHO	World Health Organization

1. Preventing transmission

1.1 Health communication

On January 20, 2020, Canada’s Chief Public Health Officer (Dr. Theresa Tam) and Deputy Chief Public Health Officer (Dr. Howard Njoo) held their first media briefing on the novel coronavirus (PHAC, 2020a). The announcement conveyed that there was a low risk of the virus spreading to or within Canada but precautions were being taken at the Vancouver, Toronto, and Montreal airports (Gunn, 2020). These included screening questions at electronic kiosks for all incoming international travellers, handouts with information for arriving travellers, new signage in French, English, and Chinese, and available staff from the Public Health Agency of Canada (PHAC) (Tam, 2020b). This information was relayed on social media, where Dr. Tam continued to inform Canadians to follow travel notices (see Section 6), monitor symptoms while travelling abroad, maintain hand hygiene and respiratory etiquette, and regularly visit the COVID-19 page of the Government of Canada website for updated information (Tam, 2020a). On January 30, Dr. Tam and other public health officials began urging Canadians to avoid stigmatizing individuals of Asian descent and issuing warnings about false information related to COVID-19 (Vogel, 2020).

To date, updates and public health messaging continue to be provided through briefings, social media, a mobile app, a dedicated information telephone line, and the federal COVID-19 website. The website currently includes information on the transmission of COVID-19, prevention and risks of contracting the disease, travel restrictions and exemptions, symptoms and treatment, financial supports and the distribution and safety of authorized vaccines (PHAC, 2020n). Recommendations are provided for social distancing, hand and respiratory hygiene, personal protective equipment, and travel. The Government of Canada website also includes a page on “Awareness Resources” for public education and dissemination. These include audio clips, videos, infographics, and information sheets on COVID-19 (PHAC, 2020j). The first of these resources was published on February 21, 2020, and the page is regularly updated (PHAC, 2020j). On April 2, 2020, Canada launched the “Canada COVID-19 app” to provide Canadians with the latest information on COVID-19 and allow them to check their symptoms (Canada, 2020a). On April 30, 2020, Canada announced additional digital tools for COVID-19 communication (Health Canada, 2020e). These include a web-based email service that provides subscribers with information related to the pandemic and an app, “ArriveCAN,” that allows travellers arriving to Canada to input their 14-day isolation or quarantine information upon arrival (Health Canada, 2020e).

On March 13, 2020, Canadian Prime Minister Justin Trudeau provided what would be his first daily video briefings to the country on COVID-19 (Tumilty, 2020a). The Prime Minister proceeded to deliver 26 consecutive days of briefings and, until the end of June, continued to provide daily updates from Ottawa, missing only a few days (e.g. Easter) (Grenier, 2020). On June 29, the Prime Minister announced he would be scaling back his daily briefings, providing updates a few times a week (Bensadoun, 2020). Notably, on March 12, Prime Minister Trudeau announced that he was self-isolating after his wife developed symptoms of COVID-19 after returning from the United Kingdom; while self-isolating Prime Minister Trudeau delivered all media briefings from outside his Ottawa home, the Rideau Cottage (Connolly, 2020b). The Prime Minister has continued to deliver all but a handful of his daily media briefings from this location, unaccompanied by other officials (Connolly, 2020b).

As well, since March 19, 2020, PHAC has hosted daily news conferences, including Drs. Tam and/or Njoo, as well as the Federal Minister of Health (Honourable Patty Hajdu) and/or other ministers and Government of Canada officials, as appropriate to the daily agenda (Service Canada, 2016). On March 20, the federal government launched a CA\$30 million advertising campaign, featuring Dr. Tam and other notable Canadians (e.g. athletes) to promote the importance of hand hygiene, physical distancing and other measures that every Canadian could do to prevent the spread of COVID-19; these advertisements (in English and French) appeared on television, radio, print and online mediums through March and April (The Canadian Press, 2020a).

The Government of Canada has made available translated COVID-19 health resources and videos in several Indigenous languages on the website of Indigenous Services Canada (ISC) (Canada, 2020bb). Also on the ISC website is a public service announcement about COVID-19 translated to 20 different Indigenous languages (Canada, 2020c). Other COVID-19 information for Indigenous Peoples are provided by regional bodies, such as the First Nations Health Authority (FNHA) in British Columbia (FNHA, 2020); with wide variations in the information available across jurisdictions as reported by the Union of British Columbia Indian Chiefs, a political body representing numerous First Nations in British Columbia (Union of British Columbia Indian Chiefs, 2020). Resources and protocols are also communicated via regional Indigenous governing bodies such as local Band Councils where many First Nations websites list current updates and may direct visitors to the Band Council's Facebook page for more informal community-specific updates regarding COVID-19 (Eabametoong First Nation, n.d.; Pictou Landing First Nations, n.d.; Six Nations Of The Grand River, n.d.; Sweetgrass First Nation, n.d.).

In addition to information for the public, PHAC provides information for provincial and territorial (PT) public health authorities and health care professionals, including guidance on measures to mitigate the spread of COVID-19 (PHAC, 2020i). While many public health orders are within the purview of provincial, territorial and municipal (PTM) authorities, PHAC has released several official statements regarding specific issues of public health importance throughout the pandemic. For example, on April 7, 2020, PHAC released an official statement regarding the use of non-medical masks by the public (PHAC, 2020o). It announced that, while wearing a non-medical mask has not been proven to protect the person wearing it, non-medical masks could be an additional measure to protect others (PHAC, 2020o). In the meantime, PHAC recommended that medical masks should be conserved for health care workers (PHAC, 2020o). On April 14, 2020, the Government of Canada announced that all travellers arriving in Canada will be required to wear a non-medical mask to proceed to their final destination, where they will be required to self-isolate (PHAC, 2020r). As of April 20, 2020, individuals will not be able to travel by air in Canada without wearing a face covering (Transport Canada, 2020b).

Further, the federal government has communicated that those aged 65 and over and with compromised immune systems and/or underlying medical conditions pose the highest risk to more severe outcomes from COVID-19 (PHAC, 2020m). Deaths in long-term care and seniors' homes had accounted for three-quarters of COVID-19-related deaths in the country as of May 3, 2020 (Hsu et al., 2020). While the provision of long-term care services is generally the responsibility of PT governments, PHAC has strongly advised organizations supporting these populations to work with staff to limit their work to a single facility, support staff to allow them to avoid working if symptomatic, discontinue any planned outings for residents, follow the recommendations for infection prevention and control and to not allow visits or non-essential on-site services at their facilities (except under compassionate or special circumstances), (PHAC,

2020u). Notably, throughout the pandemic, the Canadian Armed Forces have worked with provinces, such as Quebec and Ontario, to deploy personnel to long-term care homes to address staffing shortages and support enhanced infection prevention and control procedures (Canada, 2020o); several medical professional organizations have called on federal, provincial and territorial governments to undertake public inquiries investigating the systemic issues in long-term care facilities that have been highlighted by the pandemic (Ontario Long Term Care Association, 2020).

In a statement issued by Dr. Tam on August 31, the federal government acknowledged International Overdose Awareness Day, recognizing that current public health measures designed to reduce the spread of COVID-19 may increase isolation and increase barriers to people to access the supports they need (PHAC, 2020af).

On October 28, the Chief Public Health Officer of Canada's Report on the State of Public Health in Canada was released. The report is entitled "From Risk to Resilience: An Equity Approach to COVID-19" and offers "evidence-based opportunities to build on the collaboration to strengthen Canada's preparedness for future health emergencies" (PHAC, 2020ah). The report calls for action in three main areas: (1) sustaining leadership and governance at all levels for structural change; (2) harnessing the power of social cohesion; and (3) strengthening public health capacity (PHAC, 2020ai).

Notably, on November 27, the federal government announced that Major-General Dany Fortin and other general officers and staff of the Canadian Armed Forces (CAF) and Department of National Defence (DND) would be assisting the government efforts to ensure Canadians have access to COVID-19 vaccines as they become available (PHAC, 2020am).

Forthcoming Vaccination Strategies

The federal government has also been providing updates on vaccine research and development. A number of clinical trials assessing new therapeutics and vaccines have been authorized by Health Canada, and details of these trials are published publicly on the Government of Canada website; as of May 31, 2020, there were 37 clinical trials authorized by Health Canada (Canada, 2020n). On March 23, 2020, the Government of Canada announced it was providing CA\$275 million to support COVID-19 research and medical therapies, as part of Canada's CA\$1 billion COVID-19 Response Fund (Canada, 2020f). Of which, CA\$192 million would directly support the development and production of vaccines and treatments for COVID-19 in Canada, including funds for the Vancouver-based AbCellera, to support their work on drug treatments; Quebec City-based Medicago, for vaccine testing and production; the University of Saskatchewan's Vaccine and Infectious Disease Organization, for vaccine development and clinical trials; and the National Research Council in Montreal, to prepare for the roll-out of any approved vaccines (ibid). On May 4, 2020, Canada contributed CA\$850 million to global COVID-19 research to support the production and access to a COVID-19 vaccine (The Canadian Press, 2020b). On May 12, 2020, the National Research Council announced that it will begin evaluating its first vaccine candidate in Canada (NRC, 2020a). A number of COVID-19 vaccine trials were led by Canadian research teams or, otherwise, include Canadian participants (Canada, 2020l). On August 5, 2020, the COVID-19 Vaccine Task Force was announced. Members of this Task Force advise the federal government on how to best support vaccine research in Canada and ensure Canada stays one of the leaders in vaccine development worldwide. Along with this announcement, and with the recommendations of this Task Force, two agreements were made

with Pfizer and Moderna to secure millions of doses of COVID-19 vaccine candidates (Innovation, Science and Economic Development Canada, 2020).

On September 22, the Minister of Public Services and Procurement announced that the Government of Canada had signed agreements with Sanofi and GlaxoSmithKline (GSK) to secure up to 72 million doses of a COVID-10 adjuvanted recombinant protein-based vaccine candidate (Canada, 2020bw). Following this, on September 23, the federal government announced an investment of CA\$173 million through the Strategic Innovation Fund in Quebec City-based Medicago (Canada, 2020cn). The project, valued at CA\$428 million, aimed to advance Medicago's virus-like particle vaccine (Canada, 2020cn). As well, on September 25, the Prime Minister announced an agreement with AstraZeneca to procure up to 20 million doses of its COVID-19 vaccine candidate (Canada, 2020ca). More information on the confirmed vaccination strategy in Canada is outlined in section 3.1.

1.2 Physical distancing

Physical distancing measures were largely determined at a provincial, territorial, and municipal (PTM) level in response to timing and intensity of the virus activity (PHAC, 2020d).

Initially, at the federal level, the Public Health Agency of Canada (PHAC) developed a guide on community-based measures for provincial and territorial (PT) public health authorities for mitigating the spread of COVID-19 (PHAC, 2020d). It is not clear when this guide was first published but it was most updated on March 25, 2020 (PHAC, 2020d). It provided the following recommendations for social/physical distancing, defined as measures taken to minimize close contact with other individuals in the community: avoid crowded places, avoid non-essential travel, maintain a 2-meter physical separation from individuals not in your household, avoid physical contact-based greetings (e.g. handshakes), high-risk individuals are encouraged to stay home unless necessary, and limit the number of individuals gathering in one place (as per PT regulations) (PHAC, 2020d).

The Government of Canada has recommended that everyone practice physical distancing of at least 2 arms lengths, or approximately 2 meters, from others (PHAC, 2020t). All Canadians are advised to stay at home, avoid all non-essential trips, not gather in groups, limit contact with those at higher risk (older adults and those in poor health), and keep their distance (PHAC, 2020n). Household contacts do not need to distance from each other unless they are sick, have travelled in the last 14 days, or are recommended to self-isolate for other reasons (PHAC, 2020n).

Decisions around school closures, workplace and community-setting closures, and mass-gathering events are based on risk assessments conducted at the PT level (PHAC, 2020d). On March 16, PHAC initially recommended in-person gatherings of more than 50 attendees be cancelled or postponed (National Post Staff, 2020), and that individuals maintain at least two metres distance between one another, where possible (PHAC, 2020n). Vulnerable populations – those aged 65 and over, with compromised immune systems, and with other underlying medical conditions – were told to re-consider attending any gatherings (PHAC, 2020n). On February 10, PHAC released guidance on when to cancel postpone, or restrict large gatherings, recommending a risk assessment be taken with relevant health authorities and measures be taken to reduce transmission; however, PTM jurisdictions are responsible for legislating and enforcing specific measures to prevent mass gatherings (PHAC, 2020n).

Although Canada was seeing a slow and steady rise in hospitalizations and intensive care admissions, on April 16, Prime Minister Trudeau cautioned that physical distancing restrictions will not be relaxed until measures are in place for “massive” testing and contact tracing (O’Kane et al., 2020). However, many infectious disease experts cautioned that Canada did not currently have testing or contact tracing capacities that would be necessary to support successful reopening strategies (Crowe, 2020b). Health Minister Hajdu agreed that, although Canada had made many improvements over the course of the pandemic, further improvements would be necessary to support successful reopening strategies (ibid). On May 11, 2020, as the number of new cases continued to decline across Canada, Dr. Theresa Tam underscored that the successful reopening of schools and business will continue to rely heavily on testing, contact tracing, and other infection control efforts, such as physical distancing and hand and respiratory hygiene (Rabson, 2020). On May 22, 2020, Prime Minister Trudeau announced that Canada plans to adopt a contact tracing mobile app to help manage the spread of COVID-19; Ontario would be the first province to pilot the app (date to be determined, initial estimated launch date: July 2, 2020) (Tunney, 2020c). Further, to support contact tracing needs, Statistics Canada has trained 1,700 new employees and existing public service employees to perform up to 23,600 contact tracing calls per day, as of May 2020 (Aiello, 2020).

In June 2020, Inuit Tapiriit Kanatami (ITK), a national organization that represents the interests of Inuit in Canada, published a report regarding the potential impacts of COVID-19 on Inuit Nunangat (the Inuit homeland encompassing 51 communities across the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador) in part explaining that the PHAC recommendations for physical distancing is difficult, and potentially impossible, for many who live in Inuit Nunangat due to the overcrowded housing conditions and high proportion of homelessness (Inuit Tapiriit Kanatami, 2020).

On July 2, a statement from Dr. Tam reminded individuals across Canada to avoid the “three C’s” as much as possible to prevent the spread of COVID-19 (PHAC, 2020ac): (1) closed spaces (and especially those with poor ventilation), (2) crowded places, and (3) close contact where two metres physical distance from others cannot be maintained (PHAC, 2020ac).

As regions within Canada experienced a decline in the number of new COVID-19 cases, some provinces and territories made decisions ease limits on gatherings (see Transition Measures: Physical distancing); however, in the second wave of the COVID-19 pandemic, many of these stricter measures have been put back in place (see Re-Imposition of Stricter Measures: Physical Distancing)

Transition Measures: Physical distancing

As regions within Canada experienced a decline in the number of COVID-19 cases in May 2020, some PTs eased limits on gatherings. Many regions took a staged approach to re-opening, whereby increasingly larger gathering sizes were permitted; the specifics of these approaches have varied across PTs. For example, on May 15, 2020, Alberta announced that their ban on outside gatherings would increase to allow no more than 50 people, while indoor gatherings would remain restricted to no more than 15 people (Government of Alberta, 2020c, p. 63). In contrast, since April 30, Newfoundland and Labrador has permitted two households to interact without physical distancing, which they’ve referred to as the

“double-bubble” and allowed for the size of social gatherings (with physical distancing) to increase from a maximum of five to ten people (CBC News & April 30, 2020).

Re-Imposition of Stricter Measures: Physical distancing

In the Fall of 2020, as daily case numbers started to rise again, many regions re-imposed limits on gatherings. For example, Ontario reduced gathering limits to 10 people at an indoor event and 25 at an outdoor event in September, from the previous respective 50 and 100 person limits (Ontario, 2020l). Similarly, British Columbia suspended all events and social gatherings in November (British Columbia, 2020h).

1.3 Isolation and quarantine

PHAC’s COVID-19 webpage provides specific guidance regarding self-monitoring, isolation and quarantine measures. Specifically, **self-monitoring** for symptoms of COVID-19 is recommended for all individuals and, particularly, those at increased risk of acquiring COVID-19; **self-isolation** is recommended for any symptomatic person suspected of having, or known to have, COVID-19; any asymptomatic person with high-risk of exposure to the virus; and, known as quarantine, travellers entering the country from abroad (PHAC, 2020d). Further, **protective self-separation** (maintaining two-metre separation from others when outside of the household) for any person at high-risk for severe illness from COVID-19 is recommended (PHAC, 2020d).

Notably, early in the COVID-19 pandemic, all written communication from PHAC used terminology that is inconsistent with technical epidemiological language, as appropriately used in most other countries, when describing quarantine and isolation requirements (PHAC, 2020d). Namely, PHAC recommended “self-isolation” for individuals confirmed to have COVID-19 and recent travellers, while individuals possibly exposed to COVID-19 were asked to “isolate” for 14 days (PHAC, 2020d). The correct terminology was sometimes used during press briefings by Drs. Tam and Njoo, although not consistently. This resulted in considerable confusion among the public and health officials, particularly given the closeness of the terms “isolation” and “self-isolation”. Since April, PHAC’s communication has increasingly used the terminology of quarantine and isolation (PHAC, 2020d); albeit, the use of terminology sometimes still does not align with their technical definitions and, often, both sets of terms are used. For example, asymptomatic individuals with close contact to a confirmed/ probable COVID-19 case or otherwise exposed to COVID-19 are asked to “quarantine (self-isolate)”, while individuals diagnosed with COVID-19 (or awaiting laboratory confirmation of COVID-19), having symptoms of COVID-19, recent contact with a confirmed or suspected COVID-19 case, or otherwise told by public health officials are asked to “isolate” (PHAC, 2020ae). Asymptomatic travellers arriving in Canada from abroad are subject to a mandatory 14-day “quarantine”, while symptomatic travellers are subject to a mandatory “isolation” period (PHAC, 2020ae).

According to PHAC, isolation includes not going to school, work, or any other public area, avoiding public transportation, and having supplies delivered to the home (PHAC, 2020ae). If leaving home for a medical reason, a mask should be worn, and the health care facility should be notified in advance (PHAC, 2020ae). While isolating, individuals are asked to monitor symptoms and will be advised by local public health authorities when they are no longer required to isolate ((PHAC, 2020ae). Isolation/quarantine is generally recommended for 14 days, except in the case of symptomatic individuals, who are required to isolate until their symptoms have resolved (PHAC, 2020ae). Specific recommendations are provided by local public

health authorities, e.g. some require an individual to isolate for at least 24-48 hours after symptoms have resolved (PHAC, 2020ae).

On February 3, 2020, Health Canada announced an order under the *Quarantine Act* which mandated that individuals arriving by the federally secured aircraft to repatriate residents from Hubei province, China to Canadian Forces Base (CFB) Trenton must remain at the site for a 14-day period and undergo any health assessments that a quarantine officer required (Department of Justice, 2020a). On February 6, the first Canadian-operated repatriation flight arrived at CFB Trenton (MOH, 2020a). On February 17, the above order was expanded to include any person arriving in Canada by means of flight organized by the Government of Canada from a foreign country in which there was an outbreak of COVID-19 (Department of Justice, 2020a).

Starting February 8, 2020, all travellers from Hubei, China were asked to self-isolate for 14 days upon entering Canada (Staples, 2020b). The Government of Canada extended its COVID-19 screening requirements on February 9, 2020 to include travellers from “affected areas” and advised voluntary self-isolation for those who were symptomatic, according to media sources (Staples, 2020b). On February 11, officials stated they were considering extending their self-isolation request to include all travellers from China; this decision was further supported by a group of Chinese-Canadian physicians on February 27, who urged PHAC to extend this order to include travellers from all of China and other high-risk areas (Blackwell, 2020b). The following day, Canada’s Customs and Immigration Union urged officials to deploy more public health staff, particularly quarantine officers, to airports (Vogel, 2020). Since February 26, 2020, PHAC has recommended that individuals travelling from the affected region list self-monitor for 14 days after arrival to Canada (Staples, 2020b).

On March 11, Dr. Tam announced that every international traveller was being advised to self-monitor and, since March 13, all Canadians have been advised to avoid all non-essential travel outside of Canada (Staples, 2020a). On March 16, the federal government recommended all Canadians entering the country to voluntarily self-isolate (quarantine) for 14 days, even if asymptomatic (Staples, 2020a). Further, for those who are asymptomatic, self-isolation (quarantine) has been advised if individuals had close contact with someone who has, or is suspected to have, COVID-19 or if they were told by public health authorities that they may have been exposed and need to quarantine (PHAC, 2020n).

On March 25, 2020, the Minister of Health announced that all travellers entering Canada must quarantine for 14 days upon entry, with the exception of workers who are essential to the movement of goods and people (PHAC, 2020e). This is mandated by an emergency order under the *Quarantine Act*. Maximum penalties include a fine up to CA\$750,000 and/or imprisonment for six months. A person who causes a risk of imminent death or serious bodily harm to another person while contravening this act or the regulations could be liable for a fine of up to CA\$1,000,000 or imprisonment of up to three years, or both (PHAC, 2020e).

On April 14, 2020, an emergency order under the *Quarantine Act* was updated to require that any traveller arriving in Canada (whether symptomatic or not) cannot isolate or quarantine in a place where they would be in contact with vulnerable populations, such as adults aged 65 years or over or with pre-existing medical conditions (PHAC, 2020r). Upon arrival, every traveller will also need to confirm that they have a suitable and credible place to isolate/quarantine; e.g. travellers cannot isolate in the same residence as

an elderly person (ibid). Travellers are expected to make plans for where they will isolate/quarantine in advance of arriving to Canada (ibid). Travellers who do not have an appropriate isolation/quarantine plan, will be required to go to a location, designated by Canada's Chief Public Health Officer, until their isolation/quarantine period is over or until a suitable plan is delivered to authorities (ibid).

The Government of Canada advises individuals to follow quarantine and self-isolation recommendations from provincial and territorial (PT) public health authorities to prevent transmission of COVID-19 (PHAC, 2020d). However, similar measures have been taken across the provinces and territories. On February 6, 2020, the Ministry of Health and Social Services in Quebec first recommended isolation/quarantine for 14 days for individuals travelling from Hubei province, and as of March 12, all individuals entering Quebec from a foreign country were asked to isolate/quarantine (MSSS, 2020a). The British Columbia (BC) government has legally required all travellers entering the province from abroad or other parts of Canada to submit a 14-day self-isolation plan since April 8, 2020 (British Columbia, 2020e). The plan can be submitted online or completed in person on arrival and must show that arriving travellers have the ability to safely self-isolate for two weeks (i.e. plans to order groceries online instead of visiting grocery stores) (British Columbia, 2020e). If an individual has an inadequate plan, the person may be taken to a site to begin quarantine until the outstanding details of their plan are included (British Columbia, 2020e).

On September 11, the federal government announced CA\$13.9 million in funding for Toronto Public Health in Ontario to establish a voluntary self-isolation centre (PHAC, 2020ag). The centre provides 140 rooms to individuals needing a location to isolate (PHAC, 2020ag). Another CA\$6.5 million investment was announced in November 2020 to establish another voluntary isolation site in Peel, Ontario (PHAC, 2020al).

In addition to isolation and quarantine measures, some First Nations communities have instituted community-wide curfews to limit the transmission of COVID-19, as reported in local news sources. For example, on March 24, Fort McKay First Nation and the neighbouring community of Fort McKay Métis in Alberta implemented a 'Stay Safe at Home' curfew prohibiting vehicle traffic between 9pm and 5am daily (Fort McKay First Nation, 2020). The following day, March 25, a similar order was implemented by Peerless Trout First Nation in Alberta who instituted a community-wide curfew between the hours of 10pm and 6am daily for all members of the First Nation with a CA\$500 penalty for those found to violate the curfew (Peerless Trout First Nation, 2020a). On May 14 this curfew was revised to 12am to 6am (Peerless Trout First Nation, 2020b). Amidst a rising rates of COVID-19 infection on the reserve, Siksika First Nation in Alberta instituted a community-wide curfew between the hours of 11pm and 5am daily announced by Chief Crowfoot on July 3, 2020 via video posted on Facebook (*Siksika Nation Administration on Facebook Watch: July 3, 2020 Update from Chief Crowfoot, 2020*).

1.4 Monitoring and surveillance

The Government of Canada provides the following case definitions to aid surveillance: a *Person Under Investigation (PUI)* is an individual with a fever and/or cough who meets the exposure criteria and for whom a laboratory test is requested; a *Probable Case* is a person with fever and/or new onset of (or exacerbation of chronic) cough and meets COVID-19 exposure criteria and in whom laboratory diagnosis of COVID-19 is inconclusive, negative, or positive but not confirmed by the National Microbiology Laboratory (NML) or a provincial public health laboratory (PPHL); a *Confirmed Case* is a person with

laboratory confirmation of infection with the virus that causes COVID-19 (performed at a PPHL or NML) (PHAC, 2020b).

Provinces and territories (PTs) each have access to an integrated Public Health Information System (iPHIS) and Panorama, which are information systems used in Canada to report case information and facilitate national surveillance (PHAC, 2012). Identification of an individual as a PUI, probable, or confirmed case of COVID-19 triggers management from the relevant PT public health authority (PHAC, 2020h). PT public health authorities are required to report confirmed and probable cases of COVID-19 nationally to PHAC within 24 hours (PHAC, 2020h). PHAC does not accept reports from the public or individual health care providers (PHAC, 2020h). The extent of monitoring of cases and PUIs varies by PT public health authority but generally encompasses daily contact with the case/PUI to monitor the progression of illness and provide public health instruction to the individual and/or their household (PHAC, 2020h).

All confirmed and probable cases, including those in long-term care and home care settings, should be reported to the Public Health Agency of Canada (PHAC). Since January 22, 2020, COVID-19 has been a nationally reportable communicable disease in Canada; thus, all medical authorities, including physicians and hospitals, are required by PT laws to report all confirmed and suspected cases of COVID-19 to their local public health authority (i.e., medical officer of health) within 24 hours of identification (Grant & Andrea, 2020). As the country experiences outbreaks of COVID-19 within long-term care facilities, PTs have expanded their public health measures within these settings. For example, on April 15, 2020, Ontario released a COVID-19 action plan that detailed efforts for more aggressive testing, screening, and surveillance in these communities (Ontario, 2020f).

Close contacts of confirmed and probable cases are traced by PT public health authorities (PHAC, 2020h) except for those occurring among First Nations peoples on-reserve where close contacts of confirmed cases are traced by the Indigenous Services Canada (ISC) Communicable Diseases Team and, in certain cases, alongside PT authorities (Canada, 2020ay). The federal government provides the following recommendations: for any suspected or confirmed case, a contact risk assessment should be conducted by the PT public health authority, whereby the contact's exposure risk is determined (high, medium, or low) (PHAC, 2020h). This classification guides the conditions of required isolation and the contact management by the PT public health authorities (PHAC, 2020h). An individual with a high-risk level is recommended to self-isolate at home for 14 days from the last unprotected exposure, while a medium-risk level case would require self-monitoring for the same time period, and a low-risk level case would require no monitoring (PHAC, 2020h). Medium- and low-risk patients must still follow recommendations for the entire population, including staying at home as much as possible, practice physical distancing, avoiding crowded places, and isolating themselves should symptoms develop. Suspected or confirmed cases should isolate at home until symptoms are resolved and the individual has met the clinical and laboratory criteria set by their local PT public health authorities for discontinuing isolation (PHAC, 2020h).

On April 9, 2020, the Government of Canada released its national-level COVID-19 trajectory models, for the first time; these models included simulations of the impact of various public health measures on COVID-19 case counts, hospitalizations, intensive care admissions and mortality, which included a projection of 500-700 deaths by April 16 (PHAC, 2020p). A federal update released on June 4, 2020, demonstrated that Canada's reproduction rate (Rt) had trended near one since early April (Breen, 2020).

The latest update was released on June 29, confirming that Canada's R_t had been below one for eight weeks (PHAC, 2020aa). Several provinces have also released their own COVID-19 modelling projections.

Beginning the week of March 8-14, ISC released data on confirmed COVID-19 cases among First Nations communities weekly that is disaggregated by province of location, age, and sex (Canada, 2020ae). ISC data does not include First Nations people living off-reserve and Métis people, or those living in the territories (Canada, 2020ae). This gap in data collection was acknowledged by Minister of Indigenous Services Marc Miller in a press conference on May 9 as reported by Raisa Patel of the CBC (Raisa, 2020).

On May 19, 2020 Sioux Lookout First Nations Health Authority in Ontario assumed responsibility for public health surveillance, case management, contact tracing, and contact management across the 33 communities under their jurisdiction. ISC continues to provide funding for these services and remains responsible for both community and public health nursing while Sioux Lookout has taken over responsibility for setting public health directives and policies from the federal government (ISC) (Canada, 2020aw).

Over the course of the pandemic, several PTs published plans for increasing testing and contact tracing, including mobile applications ("apps"). For example, Alberta launched its own contact tracing application, AB TraceTogether, on May 1, the first of its kind in North America (Government of Alberta, 2020a, p. 41). The app is voluntary and aimed to help Albertans protect themselves and others while maintaining their privacy. Meanwhile, the Government of Ontario announced that their efforts to hire more personnel and attract volunteers significantly increased contact tracing capacity (Ontario, 2020h).

On July 31, the federal government announced a new national exposure alert mobile app, COVID Alert (Canada, 2020bh). The app helps notify users if they have been exposed to someone who has tested positive for COVID-19. When an individual tests positive for COVID-19 they can enter a one-time key in the app; once the key is entered, users who may have come in close contact with that person for at least 15 minutes in the past 14 days is notified (ibid). The mobile app was first launched in Ontario while the federal government worked with PTs to rollout the technology. The app later became available in Newfoundland and Labrador on September 3, 2020 (Canada, 2020bt), in Manitoba on October 1 (Canada, 2020ce), in Quebec on October 5 (Canada, 2020ck), and in the Northwest Territories on November 26 (Canada, 2020cx). In a federal announcement on October 30, it was confirmed that updates to COVID Alert enabled the app to send notifications based on a more precise timeline, providing a better estimate of the period in which an individual may have been most infectious to others (Canada, 2020cq).

On September 11, 2020, the federal government announced that Transport Canada, provincial and territorial governments, public health authorities, and Canada's largest air carriers had established a consistent approach for air carriers to ensure they are collecting and sharing passenger information to be able to accurately inform people who may have been exposed to COVID-19 (Canada, 2020bv).

1.5 Testing

The Provincial public health laboratory (PPHL) coordinates the provision of specimens to the National Microbiology Laboratory (NML) for further testing, as necessary (PHAC, 2020h). The guidelines for testing, as well as the settings in which patients are tested and the capacity for testing, are dictated by PT public health authorities and PPHLs (PHAC, 2020h). A positive result must depend on either nucleic acid

amplification tests on at least two specific genome targets, or a single positive target with nucleic acid sequencing (PHAC, 2020b).

On March 18, 2020, an interim order was signed by Health Canada to expedite access to COVID-19 diagnostic laboratory test kits and other medical devices (Health Canada, 2020a). The order was designed to provide more flexible approval for the importation and sale of diagnostic tests and, so far, it has allowed easier access to 18 new diagnostic tests (Health Canada, 2020a). During March 2020, many PPHL were certified by the NML to report negative COVID-19 swab results, without awaiting confirmation from NML; subsequently, numerous PPHL have also received validation to report positive swab results without NML confirmation (Newfoundland and Labrador, 2020a).

On April 23, 2020, Prime Minister Justin Trudeau announced a CA\$350 million investment to expand national testing and modelling efforts (K. Harris, 2020a). He also announced the creation of a new COVID-19 immunity task force focused on serology testing (ibid). The COVID-19 Immunity Task Force will gather samples from one million Canadians over two years and provide insight into the level of immunity in the general population (K. Harris, 2020a). On April 24, PHAC released a guidance document to manufacturers of serological assays intended to detect antibodies to SARS-CoV-2 (PHAC, 2020v). It outlines recommendations for the minimum testing to be performed for an application authorized under the interim order for medical devices (described above). On May 12, 2020, Health Canada authorized the first COVID-19 serological test for use in Canada (Health Canada, 2020f).

Each PT is responsible for determining its own testing criteria and procedures, as well as ensuring adequate supply of testing kits; thus, testing guidelines and capacity vary across Canada. Many provinces have developed plans to increase the number of tests completed per day and, further, have expanded testing eligibility criteria over the course of the pandemic.

For example, in Ontario, the government expanded its COVID-19 testing capacity in the spring after facing criticism of under-testing and having low number of tests conducted relative to other provinces (Ontario, 2020e). Ontario also began testing asymptomatic residents and staff in select long-term care facilities in April 2020 as part of their Action Plan for Protecting Long-term Care Homes (Ontario, 2020f). On May 14, 2020, the Ontario government further expanded its eligibility criteria for testing to include anyone with symptoms of COVID-19 (Ottawa Public Health, 2020). Further, on May 29, Ontario began rolling out an expanded testing strategy that includes “targeted campaigns” to test workers in communities and sectors experiencing outbreaks (Ontario, 2020j). This included testing asymptomatic individuals from long-term care homes and other shared living spaces, e.g. shelters and group homes, as well as workplaces in priority settings where physical distancing has proven challenging (Ontario, 2020j). However, in May 2020, the province was still not meeting its testing capacity targets; in response, Prime Minister Trudeau stated on May 21 that the federal government would be prepared to provide financial and logistical support to help Ontario and other PTs increase their testing and contact tracing capacity.

On May 16, 2020, Dr. Tam announced that Canada was testing an average of 26,000 to 28,000 people daily (PHAC, 2020y). As of May 27, 1,528,239 people were tested for COVID-19 across the country (40.65 tests per 1,000 people) (PHAC, 2020x). Over the week of June 1-7, Canada was testing an average of 33,000 people daily (PHAC, 2020z); as of July 5, Canada had tested an average of 39,000 people per day over the previous week (PHAC, 2020ad). In November, 2020, Health Canada made efforts to increase

testing options by expediting the review of COVID-19 tests as well as supported PT COVID-19 testing capacity by providing funding of CA\$4.28 billion to help regions conduct testing, perform contact tracing and share public health data (PHAC, 2020ak). The average number of people tested per day increased weekly in the Fall of 2020, and as of November 11, Canada had an average of 90,448 people tested per day (PHAC, 2020ak).

On September 3, the federal government announced that the National Research Council of Canada Industrial Research Assistance Program (NRC IRAP) would be providing CA\$95,000 to Tronosjet Manufacturing Inc. towards their development of 3D-printed nasal testing swabs (Canada, 2020bu). Following this, on September 29, 2020 the government of Canada announced they had signed an agreement with Abbott Rapid Diagnostics ULC to purchase up to 7.9 million ID NOW rapid point-of-care tests once these tests were approved by Health Canada (Canada, 2020cc).

2. Ensuring sufficient physical infrastructure and workforce capacity

2.1 Physical infrastructure

Provincial and territorial (PT) governments have primary responsibility for the administration of their health care systems, including ensuring physical and workforce capacity. The federal government is responsible for health protection and regulation, consumer safety, and disease surveillance and prevention, and has introduced some measures to increase supply (Health Canada, 2011). On March 13, 2020, the Government of Canada committed a CA\$1 billion investment in public health measures (PHAC, 2020c). In particular, CA\$500 million was allocated to PTs for health system needs and mitigation efforts (PHAC, 2020c).

The Canadian Institute for Health Information (CIHI), a pan-Canadian agency, provides Canada-wide data on the supply of hospital beds and other physical infrastructure (CIHI, 2020). CIHI reports that there were 3,876 adult intensive care unit (ICU) beds across the country, as of 2017-18 (CIHI, 2020). Hospital occupancy rates have been historically high in Canada (Crawley, 2020); as a result, there have been many concerns about health system capacity during the pandemic (Crowe, 2020a).

Further, the Government of Canada has stated that it is actively monitoring the supply of over-the-counter drugs, natural health products and medical devices in Canada and is aware of the possibility of supply disruptions due to COVID-19 (PHAC, 2020k). Companies that sell prescription drugs in Canada are required to report anticipated or actual drug shortages (ibid). Drug and medical device shortages are also reported at the PT level of government (ibid).

Ahead of the COVID-19 pandemic, many First Nations and Inuit communities across Canada had insufficient physical infrastructure and supplies needed to manage an outbreak. They faced challenges with overcrowded housing conditions, lack of potable water, limited access to healthcare equipment, and limited access to healthy foods (Inuit Tapiriit Kanatami, 2020; Pasternak & Houle, 2020).

As noted in Section 1.5, in order to mitigate medical device shortages, the federal government signed an interim order on March 18, 2020 to allow expedited access to COVID-19-related diagnostic kits and medical devices (PHAC, 2020i). This is one of the fastest mechanisms available to the Government of

Canada to help make health products available to address large-scale public health emergencies. The order enables faster and more flexible importation of medical devices needed to respond to COVID-19, including test kits (PHAC, 2020i). Under this measure, products that are usually subject to specific regulatory requirements, such as hand sanitizer, masks, gowns, and swabs, will be permitted to be sold in Canada if they are authorized for sale but not fully compliant with Health Canada requirements or if they are not authorized for sale but are authorized in other jurisdictions outside Canada with similar regulations (PHAC, 2020i).

On March 20, 2020, the Government of Canada also called on Canadian manufacturers to help meet the need for medical supplies (Canada, 2020d). The “Call to Action” asks businesses to scale production and re-tool manufacturing lines to develop products, including critical health and safety supplies and equipment, such as personal protective equipment (PPE), sanitization products, diagnostic and testing products. It also calls upon efforts to enhance and develop disease tracking technology (Canada, 2020d).

On March 31, the federal government announced progress under “Canada’s Plan to Mobilize Industry” to fight COVID-19, including signing new procurement agreements with Canadian companies Thornhill Medical, Medicom, and Spartan Bioscience to purchase and boost capacity to manufacture equipment and supplies, e.g. portable ventilators, surgical masks and rapid testing kits (Canada, 2020g). Through these agreements the government ordered millions of supplies to ease pressure on Canadian health care facilities (Canada, 2020e). Other agreements have also been signed with five other companies to produce additional test kits, hand sanitizer, and PPE (e.g. masks and gowns) (Canada, 2020g). In addition, companies such as Magna, General Motors, Toyota Motor Manufacturing Canada, Ford, Linamar, Shell, Suncor, Alibaba Group, and The Home Depot have donated PPE and safety equipment, as well as sanitizing supplies (Canada, 2020g).

On April 3, the Government of Canada announced a partnership with Amazon in an effort to deliver PPE to front-line health care workers (Canada, 2020h). This partnership will allow the federal government to manage the distribution of PPE and other supplies to support the COVID-19 response. Amazon is providing these services at cost, without profit (Canada, 2020f).

On April 3, Prime Minister Trudeau also issued a warning to the United States’ (U.S.) Trump Administration against their proposed block of trade of essential goods to Canada, particularly against a proposed order to stop exporting N95 respirators, made by the American company 3M, to Canada (Leblanc & Morrow, 2020). On April 7, 3M reached a deal with the U.S. government to continue exporting N95 respirators to Canada, though it remained unclear whether this deal extended to other PPE (Leo, 2020).

On April 7, the federal government announced that they were teaming up with several Canadian companies to produce up to 30,000 ventilators (Tunney, 2020a). The partnership includes Thornhill Medical, CAE, Ventilators for Canadians, and a group of manufacturers led by StarFish Medical (Tunney, 2020a). According to the federal government, this will increase the ventilator supply six-fold (Tunney, 2020a). With this announcement, the Public Services and Procurement Minister announced that Canada has sourced more than 230 million surgical masks and 113,000 litres of hand sanitizer (Tunney, 2020a).

On May 6, the Government of Canada announced that they would waive tariffs on certain medical goods, including PPE, in an effort to reduce the cost of imported COVID-19 supplies, which typically can face tariffs of up to 18% (Canada, 2020x).

In the spring of 2020, many provinces faced shortages of medical supplies, including PPE (CBC News, 2020c). However, Alberta, was an exception; the government of Alberta announced on April 11 that it would be sending PPE to other provinces including British Columbia (BC), Ontario, and Quebec (Alberta, 2020e). The province sent N95 masks, procedural masks, gloves, goggles and ventilators to these provinces (Alberta, 2020b).

First Nations communities without their own source for PPE can request supplies from ISC (Union of British Columbia Indian Chiefs, 2020). On May 29, Chief Wally Burns of the James Smith Cree Nation reported to the CBC that their community was looking to alternative suppliers of PPE after failing to acquire the essential supplies in a timely manner from the ISC (Barrera, 2020). This delay in essential supplies acquisition has also been reported by the Métis Nation Council to Global News (Wright, 2020b).

At the subnational level, efforts have been made to make more hospital beds available to facilitate the anticipated surge in COVID-19 cases. For example, the Ontario and BC governments announced in mid-March (Ontario on March 15, and BC on March 16) that they would be ramping down non-essential surgeries in hospitals to free up hospital resources (Ministry of Health, 2020a; Zussman, 2020). Plans to resume scheduled surgeries and procedures are discussed in Section 3.3. Multiple provinces have also taken supply chain measures to mitigate medical supply shortages. For example, in Ontario, the Ministry of Government and Consumer Services and the Ministry of Health have taken control of the management of all public sector supply chains (Ministry of Government and Consumer Services, 2020); in BC, the provincial government has established a new Provincial Supply Chain Coordination Unit to coordinate the distribution of essential goods and services (British Columbia, 2020d).

Notably, Canada operates a National Emergency Strategic Stockpile; however, the focus of this stockpile is for the rapid response to natural disasters, not biological threats (Tumilty, 2020b). While the stockpile changes in response to expected demands, it was not stocked with PPE and was never intended to support PT health care systems (ibid). Such stockpiles would be under the authority of PTs.

2.2 Workforce

The Canadian Institute for Health Information (CIHI) reports on Canada's health care workforce capacity. In 2018, CIHI reported there were 89,911 physicians and 431,769 nurses in Canada (CIHI, 2020). However, the availability of various trained health care personnel varies across the countries, with many provinces experiencing historical shortages in staffing (CIHI, 2007). As such, numerous federal, provincial and territorial actions have been taken to prepare for the pandemic surge.

Measures at the federal level to ensure sufficient workforce capacity have included, for example, removing barriers for international students working in essential services. On April 22, 2020, the federal government announced they would remove the restriction that prohibits international students for working more than 20 hours per week while classes are in session, provided they are working in an essential service (Canada, 2020s). As well, to recognize the effort of essential workers in Canada, on May 7, the federal government announced that they had come to an agreement, or were in the process of coming to an agreement, with all provinces and territories to cost share wage top-ups for essential workers (Canada, 2020y).

To support the long-term care sector, on April 17, the federal government announced the deployment of Canadian Armed Forces (CAF) medical personnel and resources to assist in long-term care facilities which were experiencing shortages in staff, PPE and other critical resources and had been particularly affected by the pandemic (Canada, 2020o). A federal update on May 7, 2020 reported that the CAF had over 1,020 personnel committed to the support of 20 long-term care facilities in Quebec, including over 670 medical and support personnel contributing inside facilities and nearly 350 individuals providing essential day-to-day support, such as delivering PPE and other needed supplies (Canada, 2020z). Over the following days, CAF planned to deploy a total of 1,350 members to 25 long-term care facilities in Quebec (ibid). On April 28, additional CAF members were also deployed to Ontario long-term care facilities, including approximately 265 medical and support personnel serving in five long-term care facilities (Canada, 2020z). A federal update on May 15 confirmed that there were approximately 1,400 personnel assisting 25 long-term care facilities in Quebec and 275 members assisting five long-term care facilities in Ontario (Canada, 2020de).

In addition, the CAF's Canadian Rangers, who live and work in remote, isolated and coastal communities across Canada, have been deployed to support COVID-19 efforts in remote communities, including Nunavik, Côte-Nord and Basse-Côte-Nord (Canada, 2020de). For example, in Northern Saskatchewan, the Canadian Rangers are providing logistical support including wellness checks, transportation and distribution of local supplies to community members (Canada, 2020de). On June 26, the Government of Canada announced that CAF deployment is no longer required in Quebec long-term care facilities and, further, announced that the federal government would provide support by funding the Canadian Red Cross to rapidly scale up a new humanitarian workforce to complement existing health measures in long-term care and residential facilities (Canada, 2020ax). With this announcement, the federal government confirmed that they would maintain ten military teams made up of medically trained support personnel in Quebec to serve as a rapid-response force in the event of any emergency situations developing in long-term care facilities (Canada, 2020ax)

On May 12, Prime Minister Trudeau stated that the federal government would work with the PT governments to find “lasting solutions” to improve long-term care facilities across the country and to address the issues that have been highlighted during the pandemic (K. Harris, 2020b).

Measures have also been taken at the PT level to mitigate workforce shortages. In an effort to support the continued availability of health care workers throughout the pandemic, several governments have made efforts to ensure childcare is available for all essential service workers, particularly as schools have been ordered to close; for example, most PTs have exempted certain day cares from mandatory closure orders for the explicit purpose of caring for the children of essential workers and some have provided financial support to cover/supplement day care costs (Ministry of Children and Family, 2020; Ontario, 2020c; Quebec, 2020a). While safety precautions are in place to reduce the spread of COVID-19 in these facilities, some outbreaks have occurred including an outbreak of 13 staff and 7 children at a childcare centre in Toronto (Aguilar, 2020). Various PTs have also announced legislation to ensure that health and social services organizations, such as hospitals, can take measures to ensure they have the workforce capacity needed to manage the COVID-19 outbreak. These measures include allowing organizations to redeploy staff to different units or facilities, cancel vacations or leaves, transfer personnel as needed, and modify work schedules (Ontario, 2020b). Ontario, for example, launched a Health Workforce Matching

Portal offering health care providers a range of experiences to join in the province's response to COVID-19 (Ontario, 2020d).

3. Providing health services effectively

3.1 Planning services

Health service provision, including public health and medical services, is primarily the responsibility of provincial and territorial (PT) governments. To strengthen coordination across the country, a federal/provincial/territorial (FPT) Special Advisory Committee on the Novel Coronavirus (SAC) was established on January 28, 2020 to advise senior bureaucratic officials (Deputy Ministers) across Canada on the outbreak.

COVID-19 Vaccination Strategy

As of September 25, 2020, the Government of Canada, under the advice of the COVID-19 Vaccine Task Force put together by the Canadian government, had signed agreements with the following companies for supplying vaccine doses under the condition that they pass clinical trials and receive regulatory approval from Health Canada: AstraZeneca, Sanofi, Johnson and Johnson, Novavax, Pfizer, and Moderna (Canada, 2020ca). The government of Canada also announced its commitment to supporting the COVID-19 Vaccine Global Access (COVAX) facility, which is investing in vaccine production capacity across multiple vaccine candidates worldwide. Canada committed CA\$220 million to procure up to 15 million vaccine doses for Canadians, and an additional CA\$220 million to purchase doses for low- and middle-income countries (Canada, 2020ca).

On October 23, the Prime Minister announced an investment of CA\$173 million through the Strategic Innovation Fund (SIF) to support the development of a vaccine and antibody production facility within Canada, Medicago, based in Quebec City. These funds will help develop Medicago's vaccine through clinical trials and help form a "large-scale vaccine and antibody production facility to increase Canada's domestic biomanufacturing capacity" (ibid). An additional CA\$18.2 million was announced through the SIF for Precision NanoSystems Incorporated, based in Vancouver, to advance a COVID-19 vaccine candidate through clinical trials, and CA\$23.2 million through the national Research Council of Canada Industrial Research Assistance Program to advance six other COVID-19 vaccine candidates in various stages of clinical trials (Canada, 2020cn). On October 23 2020 the federal government announced a CA\$173 million investment through the Strategic Innovation Fund to help the respond to COVID-19 and improve Canada's preparedness in the future (Health Canada, 2020n).

On November 27, it was announced that Major-General Dany Fortin and other general officers and staff of the Canadian Armed Forces and the Department of National Defence will assist with logistical planning of the distribution of vaccine doses across Canada (PHAC, 2020am).

On December 7 2020, the Government of Canada awarded a contract to FedEx Express Canada and Innomar Strategies Inc. for ensuring the end-to-end distribution of COVID-19 vaccines (Canada, 2020dc).

Health Canada approval was granted for the Pfizer-BioNTech vaccine on December 9, 2020 (Health Canada, 2020o), with 249,00 doses to be delivered in December 2020 (Canada, 2020db). On December

12, authorization was granted to this vaccine to be distributed with English-only carton and vial labels (Health Canada, 2020p).

On December 15, 168,000 doses of the Moderna COVID-19 vaccine were purchased in addition to doses of Pfizer's vaccine, contingent on Health Canada authorization, for arrival in December 2020 (Canada, 2020dd). Authorization for distribution of this vaccine with English-only vial and carton labels was granted on December 23 2020 (Health Canada, 2020r).

3.2 Managing cases

The Government of Canada instructs those who become symptomatic to visit a health care professional or connect with their local (e.g., regional or municipal) public health authority (PHAC, 2020l). In either case, individuals are advised to call ahead to receive instruction for next steps (PHAC, 2020l). The triage of *Person Under Investigation* (PUIs) is determined by local public health authorities (PHAC, 2020h). Clinical management of cases/PUIs is guided by the treating health care provider based on the patient's condition and the provider's discretion (PHAC, 2020h). The Government of Canada does not provide recommendations on specific clinical treatment protocols/pathways (PHAC, 2020i) but has published a guidance document for infection prevention and control for COVID-19 in acute health care settings (PHAC, 2020i). PHAC has released interim guidance on the clinical management of patients with moderate to severe COVID-19 illness (last updated April 9, 2020) (PHAC, 2020i). It is not meant to replace clinical judgement or specialist consultation, but instead strengthen the management of patients with evidence-informed guidelines. It also provides best practices for triage and supportive care (PHAC, 2020i).

Neither the Government of Canada nor the PTs advocate for the use of any treatment not licensed by Health Canada (Canada, 2020n). Health Canada has communicated that new health products related to COVID-19 must first be shown to be safe and effective before they are used routinely (ibid). To date, the use of convalescent plasma and proposed drugs, such as hydroxychloroquine and chloroquine, have not been recommended for use in Canada (Health Canada, 2020g). Notably, on April 25, 2020, Health Canada published a recall and safety alert on the use of chloroquine and hydroxychloroquine, citing concern that Canadians may be purchasing it for independent treatment of COVID-19 (Health Canada, 2020d). The safety alert stressed the importance of only using these drugs under the direction of a physician (ibid). On July 28, 2020, it was announced that Health Canada approved the use of Remdesivir, produced by Gilead Sciences Canada, for the treatment of COVID-19 patients with severe symptoms of pneumonia and who require supplemental oxygen (Health Canada, 2020l). On September 15 2020, Health Canada approved the temporary importation of Remdesivir, which can treat adults and adolescents with pneumonia due to COVID-19 (Health Canada, 2020b). This would quicken access to the drug for Canadians, who otherwise would be waiting for the Canadian-labelled, VEKLURY (ibid).

In response to the increased rate of COVID-19 cases and deaths in long-term care facilities across the country, the Government of Canada published a guidance document specific to long-term care homes (last updated April 8, 2020) (PHAC, 2020q). It details important measures to prevent introduction and spread of COVID-19 in long-term care homes, including restricting visitors to those deemed essential and training staff and volunteers on use of personal protective equipment and droplet/contact precautions and case management (PHAC, 2020q). A number of other guidance documents have also been created for

health care professionals on infection prevention and control within acute care, long-term care, and home care settings (PHAC, 2020w).

Many PTs have created clinical decision-making tools to facilitate coordination among long-term care and acute care facilities. For instance, the British Columbia Centre for Disease Control (BCCDC) published an algorithm to be used when a long-term resident tests positive for COVID-19 (BCCDC, 2020). It details who should be notified or consulted with and which onsite supportive measures should be provided, such as fluids, respiratory support, and symptomatic relief (BCCDC, 2020).

On April 21, PHAC announced that it had launched a study with the Canadian Pediatric Society to investigate the impact of COVID-19 on children, another vulnerable group for which much about the impact of COVID-19 remains unknown (Ferreira, 2020).

3.3 Maintaining essential services

The provision of essential services is generally determined by provincial and territorial (PT) governments. However, the Government of Canada remains responsible for special “federal populations,” including First Nations and Inuit Peoples residing on reserves (and land claims areas), active members of the Canadian Armed Forces (CAF), inmates in federal correctional facilities (described in Section 6.4), and consular staff abroad (PHAC, 2020c). Public Safety Canada developed a set of functions deemed essential in the context of the COVID-19 pandemic. This guidance document was published on April 2, 2020 and provides necessary services and functions for communities to uphold to maintain the health and safety of populations (Public Safety Canada, 2020).

The Public Health Agency of Canada (PHAC) states that it is working closely with Indigenous Services Canada and its regional emergency management coordinators, communicable disease coordinators, and medical officers to support access to health services (PHAC, 2020c). On March 26, 2020, Prime Minister Justin Trudeau announced a CA\$305 million investment to support this work and the immediate needs in First Nations, Inuit, and Métis Nation communities (PHAC, 2020f). Since April 22, 2020, Indigenous Services Canada has been transporting essential service personnel and supplies via charter flights (Indigenous Services Canada, 2020a). As of April 2020, 242 nursing professionals were flown into these communities to assist with critical services (ibid).

PHAC guidance also recommended that remote and isolated communities have a back-up of supplies and clean water, monitor illness in schools, and provide messaging tailored to the local culture, health literacy, and language preferences of communities (PHAC, 2020d). This guide is now archived, as updated guidance documents have been provided (PHAC, 2020i).

The CAF has implemented strict measures on its missions as it adjusts to COVID-19. Deployed Task Forces will not participate in training activities, events, or public gatherings that are at risk for spreading of COVID-19 and CAF members who have had high-risk exposures to COVID-19 are required to self-isolate (National Defense, 2020). The Chief of Defence Staff announced on March 27, 2020 that COVID-19 response forces are being organized, should the military be called upon to assist with the pandemic (Berthiaume, 2020a). On April 3, 2020, the CAF was dispatched to Nunavik in northern Quebec to support the community during a regional lockdown; further, CAF Rangers have supported local public health officials in screening for and managing the transmission of COVID-19 (Banerjee, 2020). (Berthiaume,

2020a). Starting April 18, 2020, members of the CAF were sent to long-term care centres in Quebec to alleviate staffing shortages (Reynolds, 2020). In light of emerging COVID-19 cases among CAF members, the CAF announced that it would be providing biweekly updates to inform the number of CAF members affected by the coronavirus (National Defence, 2020). In the meantime, standard CAF deployed operations will be scaled back but will continue to operate throughout the pandemic (Berthiaume, 2020a).

Global Affairs Canada is providing 24/7 consular support to Canadians abroad through their Emergency Watch and Response Centre (PHAC, 2020c). Consular staff are assisting Canadians by providing information and updates on local situations, providing assistance with quarantine and hospitalization, and liaising with family in Canada (PHAC, 2020c).

On April 6, 2020, the Minister of Seniors announced that organizations under the New Horizons for Seniors Program may use funding previously provided for community projects to provide essential services to seniors impacted by COVID-19 (Employment and Social Development Canada, 2020b). Regardless of the nature of the previously approved project, organizations can use the funding to support seniors' current needs (Employment and Social Development Canada, 2020b). On May 16, 2020, the Government of Canada announced a CA\$350 million Emergency Community Support Fund for community-based organizations across the country (Employment and Social Development Canada, 2020c). This fund will be disseminated to support volunteer-based home deliveries, provide transportation services, and train and distribute supplies for volunteers.

On April 4, 2020, the Government of Canada detailed a CA\$207.5 million investment for vulnerable populations, including those experiencing homelessness and women fleeing gender-based violence during the COVID-19 pandemic (Employment and Social Development Canada, 2020a). The COVID-19 Disability Advisory Group was announced on April 10, 2020, with the aim to support persons with disabilities to maintain their health and safety during the pandemic (Employment and Social Development Canada, 2020a). Canada also produced a guidance document for providers of services for people experiencing homelessness (PHAC, 2020s).

On April 15, 2020, the Minister of Health launched a new portal dedicated to mental wellness (Health Canada, 2020c) (see Section 4.2 for additional details). This portal, Wellness Together Canada, will connect Canadians to peer support workers, social workers, psychologists, and other professionals for chat sessions or phone calls (Health Canada, 2020c). On April 15, 2020, the Minister of Health launched a new portal dedicated to mental wellness (Health Canada, 2020c). This portal will connect Canadians to peer support workers, social workers, psychologists, and other professionals for chat sessions or phone calls (Health Canada, 2020c).

Early in the pandemic, Canadian Blood Services (CBS) experienced an increase in the number of cancellations for blood donor appointments; while the agency stated that Canada's blood supply was strong, they wanted to prepare for a potential increase in blood demand, as had been experienced by other countries affected by COVID-19 (Dunham, 2020a). On March 19, 2020, Prime Minister Trudeau urged Canadians to donate blood, if they could, and reminded them that it was still safe to do so (ibid). CBS had implemented screening procedures for all appointments to identify individuals at high-risk of COVID-19, e.g. based on recent travel history (ibid).

While initial efforts have been focussed on expanding capacity in hospitals, primary care physicians have been critical in providing support for patients in the community (Bhattacharyya & Agarwal, 2020). Throughout Canada, primary care physicians have been involved in triaging minor acute illnesses and working with patients to manage chronic diseases and prevent exacerbations that could lead to hospitalizations (Bhattacharyya & Agarwal, 2020). In the event of a surge due to COVID-19, primary care physicians are preparing to respond and care for patients with severe acute illnesses and provide home-based palliative care (Bhattacharyya & Agarwal, 2020). Further, provinces around the country have provided new billing codes for all physicians to be compensated for virtual consultations and physician bodies have responded by creating webinars and toolkits to facilitate uptake of telemedicine or virtual care when possible (Royal College of Physicians and Surgeons of Canada, 2020).

Transition measures: Maintaining essential services

Provinces and territories (PTs) across Canada are unveiling plans to resume scheduled surgeries and procedures. For example, Ontario released a framework to help hospitals assess their readiness and begin gradual resumption of procedures on May 7, 2020 (Ontario, 2020i). The framework contains clear criteria that must be met before hospitals can resume scheduled surgeries, including having a stable number of COVID-19 cases in the province, supply of personal protective equipment and medications, adequate capacity of beds, and ability to support patients after discharge (Ontario, 2020i). Specifically, hospitals are expected to reserve 15% of acute care capacity to respond to a COVID-19 surge (i.e., maintain 85% occupancy or have the ability to immediately provide additional 15% capacity when needed) (Ontario, 2020i).

Similarly, the British Columbia Ministry of Health released a document detailing their plans to launch a surgical renewal, that aims to begin scheduled services on May 18, 2020 and, ultimately, run at full capacity from June 15, 2020 onwards (British Columbia, 2020f). The document notes that there may be a second wave of COVID-19 in the fall/winter of 2020/21, in which case the focus should be to continue surgery at most sites and scale back surgical services in dedicated COVID-19 hospitals, as needed (British Columbia, 2020f).

4. Paying for services

4.1 Health financing

On March 13, 2020, the Government of Canada committed over CA\$1 billion for various public health measures (PHAC, 2020c). Of this, CA\$500 million (50% of the additional funding) was dedicated to supporting provinces and territories (PTs) and their health care system needs (PHAC, 2020c). On March 25, 2020, Bill C-13 was passed, granting an additional CA\$107 billion towards COVID-19 relief efforts (Parliament, 2020, p. 13). This additional funding is largely dedicated towards economic relief efforts and additional funds for individuals in the country who are financially struggling as a direct consequence of the COVID-19 crisis (see Section 6). However, the Bill also gives the federal ministers of health and finance the power to approve any borrowing or spending related to the COVID-19 state of emergency through to September 30, 2020 (Parliament, 2020, p. 13).

Each PT has also declared a state of emergency, which allows their governments to dedicate additional funding and services towards their COVID-19 response, in addition to providing other powers. For example:

- The Government of Ontario made an official Declaration of Emergency on March 17, 2020 and the province also invested CA\$3.3 billion to increase capacity (Ontario, 2020b, 2020c); other investments have also been made to support COVID-19 measures and economic reliefs.
- In British Columbia (BC), of the CA\$5 billion that the BC government has earmarked for COVID-related relief efforts in BC, CA\$1.7 billion have been dedicated to funding critical services (Ministry of Finance, 2020). Of these, two areas of funding are for health care pressures from the COVID-19 pandemic and additional support for social services and vulnerable populations (Ministry of Finance, 2020). Additionally, the provincial government has allocated additional funding for the BC First Nations Health Authority (Ministry of Finance, 2020).

On May 18, 2020, the Canadian government announced CA\$306 million in funding for international humanitarian organizations, such as the International Red Cross and Red Crescent movement, to support global COVID-19 mitigation efforts (Global Affairs Canada, 2020d). These can include tackling food security, safe drinking water and sanitation, reproductive health and shelter services worldwide (Global Affairs Canada, 2020d).

On July 27, 2020, the Federal government announced an additional investment of CA\$4.28 billion for expanding testing and contact tracing efforts to ensure both can continue for the remainder of the year. In addition, CA\$7.5 billion was announced for additional PPE (Health Canada, 2020m). This is part of a larger federal investment of CA\$19 billion intended to help provinces and territories safely restart their economies following the pandemic (Prime Minister of Canada, 2020a).

4.2 Entitlement and coverage

Health coverage is under the purview of each of the 13 provincial and territorial (PT) governments; thus, each has its own application process and list of insured services for its universal health coverage program. Generally, non-residents and newcomers to Canada are not covered until they have resided in the country for a minimum of three months, at which point they can apply for coverage through their PT health insurance program (Canada, 2009). Notably, certain refugee newcomers are provided health insurance through the federal government immediately upon arrival to Canada (ibid). Residents moving from one Canadian jurisdiction to another are covered for this three-month wait period by the originating PT government (ibid).

Some provinces have waived the wait period for new residents moving to Canada from other countries in response to the COVID-19 pandemic (Canada, 2009). For example:

- On March 20, 2020, the Government of Ontario waived its three-month wait period for newcomers and extended coverage for COVID-19 screening, testing, and treatment to individuals who do not qualify for provincial coverage to better control the spread of COVID-19 (MOH, 2020b).
- In British Columbia (BC), COVID-19 testing is provided free of charge for all who need it, whether or not they are BC residents; treatment still requires individuals to have a BC health insurance card (Ministry of Health, 2020b). The usual coverage wait period (i.e., three months)

has also been waived for those arriving from a COVID-19 affected area who intend to stay in BC (Ministry of Health, 2020b).

While most out-of-hospital mental health services are generally not covered by provincial health insurance plans, the Government of Canada released a mental wellness portal designed to support individuals who are facing mental health challenges as a result of the pandemic on April 15, 2020. This website, “Wellness Together Canada”, features free modules for mental health education and connects Canadians to counsellors and psychologists (Health Canada, 2020c). Other national services have reported increased demands over the pandemic and have called on the federal government for additional financial supports. For example, on April 27, Crisis Services Canada, which operates the country’s only national suicide prevention hotline, reported receiving a 30-50% increase in calls since the pandemic began, as well as a decline in volunteer and donor supports; thus, the service requested additional funding from the federal government to meet the increased demand and ensure the organization would not need to close any of its distress centres during the pandemic (Wright, 2020a).

Temporary changes have been made to the health coverage program for eligible First Nations and Inuit for services not included in the PT universal health coverage programs (e.g., dental care, prescription drugs, vision care) – the Non-Insured Health Benefits (NIHB) program (Canada, 2019). In March 2020, Indigenous Services Canada (ISC) published their first COVID-19 pandemic update on the NIHB communicating that services may be delayed due to the pandemic, and described temporary changes to expedite access to services (e.g., removing needs for prior approvals for certain prescription medications). Since then, 3 subsequent COVID-19 related updates have been released, two in April and one in May 2020 (Canada, 2020ba). In the second COVID-19 pandemic update (April 2020), the ISC acknowledged delays in renewing status cards but noted that an expired status card should not lead to a denial of health services for eligible NIHB clients. The third update (April 2020) announced the postponement of non-emergency dental services, and temporary coverage for virtual dental consultations to assess need for emergency care (Canada, 2020ba). The NIHB extended health benefits coverage of unregistered infants from 18 months to 24 months, due to possible delays in registering an infant for First Nations status (Canada, 2020ba). The fourth update (May 2020) described the resumption of some health care services, and some additional funds available for sanitation (Canada, 2020ba).

ISC announced that they will continue to support First Nations children through the ISC First Nations Child and Family Services for those who reach the age of majority during the COVID-19 pandemic for at least 6 months or for the duration of the outbreak (Canada, 2020cm)

5. Governance

Prior to the COVID-19 pandemic, the Government of Canada had a pandemic response plan in place called the federal/provincial/territorial (FPT) Public Health Response Plan for Biological Events (PHAC, 2018). It is maintained by the Centre for Emergency Preparedness and Response, a division of the Public Health Agency of Canada (PHAC), and is revised every three years (PHAC, 2018). It was last revised in October of 2017 (ibid). This plan is to be activated when a biological hazard is identified that may need coordination between FPT governments. The first step is a situational assessment that classifies the response needed on a scale of 1 to 4. The rest of the plan is set into motion if a Level 3 or 4 response (“Escalated” and

“Emergency”, respectively) is determined to be needed, as was the case for the COVID-19 pandemic on January 15, 2020 (PHAC, 2020c).

In addition, there exists a Canadian Pandemic Influenza Preparedness (CPIP) plan, detailing guidance for the health sector (Canada, 2006). This Plan was largely influenced and improved by the 2009 SARS pandemic, and last updated in August 2018. It aims to minimize serious illness and deaths first, and then to minimize societal disruption among Canadians. It details the relevant components of managing a potential influenza pandemic, including surveillance, laboratory services, public health measures vaccination and antiviral distribution, occupational health and health care services, and guidelines for clinical care and research (Canada, 2006).

The goals of this plan are outbreak control, outbreak prevention, risk mitigation, exposure control, and providing support and aid to the population (PHAC, 2018). The plan provides a detailed list of objectives for each goal. The plan outlines that relevant FPT stakeholders should meet to discuss actions that sufficiently address these goals (PHAC, 2018). A special advisory committee for establishing this plan is made up of three branches: (1) technical (representing laboratories, public health branches from each province, research teams, etc.); (2) communications (e.g. for information dissemination to the public); and (3) logistics (e.g. for procurement of equipment and health care delivery) (ibid). The advisory committee is responsible for implementing the plan and, following the threat, a response review and de-escalation process should occur (PHAC, 2018). This de-escalation is to be informed by situational and risk assessments and when the risk of infection for Canadians is considered “low”, the Special Advisory Committee on the Novel Coronavirus (SAC) will develop a de-escalation plan in consultation with the provinces and territories. The plan makes a distinction between de-escalation, e.g. bringing the risk category down from Level 3 or 4 and continuing to manage the public health threat, and recovery, i.e., the aim to restore normal activities once the threat has passed (ibid). Recovery activities are outside the scope of the FPT Plan.

The SAC was established at the end of January 2020, as per the “Public Health Response Plan” (PHAC, 2020c). A Level 3 threat, according to the Public Health Response Plan, was announced by Dr Theresa Tam on February 27, 2020 (Young, 2020). A Cabinet Committee on the federal response to the coronavirus disease was also established on March 5, 2020 to provide pan-Canadian leadership (PHAC, 2020c). This Cabinet Committee is currently co-chaired by the Deputy Prime Minister and the President of the Treasury Board and exists to address health, economic, and social impacts of COVID-19 (PHAC, 2020c).

Bill C-13, the COVID-19 Emergency Response Act, passed on March 25, 2020, which provides CA\$107 billion in extra financing for COVID-related measures, defers CA\$55 billion in federal taxes until early September, and allows both the federal Minister of Finance and Minister of Health to approve any borrowing or spending until September 30, 2020 (Parliament, 2020). In addition, the Quarantine Act, originally assented to in 2005, came into force on April 14, 2020 to allow federal, provincial and territorial law enforcement agencies more power in issuing tickets to individuals who do not comply with mandatory quarantine measures (Department of Justice, 2020b). The Quarantine Act provides regulations on the quarantining of travellers, disposal of human remains, information collection and gives the Health Minister and their officers the power to quarantine specific areas of the country (Legislative Services, 2020).

On March 18, 2020, the federal Minister of Health approved an interim order opening a COVID-19-specific application process for medical devices, including ventilators and test kits, to speed up the review and approval process by Health Canada (Canada, 2020f). For instance, many manufacturers have expressed willingness to produce disinfectants (ibid). The specific application process has resulted in numerous approved suppliers manufacturing technical-grade ethanol for use in hand sanitizers; on April 18, 2020, the federal government released a set of conditions to produce this ethanol (Health Canada, 2020d). The federal government has also made fast-tracked research grants available through the Rapid Response Research Grants of the National Science Foundation (Canada, 2020f). On March 31st, 2020, Canada announced a new partnership with 3,000 Canadian industries to bolster diagnostic testing and the purchase of ventilators and PPE, with a CA\$2 billion investment (Canada, 2020g). On May 12, 2020, the National Research Council of Canada (NRC) partnered with the University of Saskatchewan's Vaccine and Infectious Disease Organization – International Vaccine Centre (VIDO-InterVac) for the development of a COVID-19 vaccine (NRC, 2020b). Similarly, also on May 12, the NRC partnered with CanSino Biologics Inc. to help advance the bioprocessing of a vaccine that is currently in clinical trials in China (NRC, 2020a). On the same date, Health Canada authorized the first serological test for COVID-19 for use in Canada, which allows for the detection of COVID-19 antibodies (Health Canada, 2020g). On June 9, 2020, the Government of Canada launched a new online hub to aid organizations buying and selling PPE (Public Safety Canada, 2020). This hub contains information for all provinces and territories and facilitates PPE purchasing by providing a supplier list (Public Safety Canada, 2020).

On May 27, 2020, Health Canada, the Canadian Institutes of Health Research (CIHR) and Canadian Association of Research Ethics Boards (CAREB) released a joint statement regarding the urgent need to conduct clinical trials to evaluate the safety and efficacy of a drug, vaccine or medical device to be used for managing COVID-19 (Health Canada, 2020k). They announced a new initiative to have monthly engagement sessions on clinical trial oversight, led by Health Canada, so that policy makers, regulators, funders and oversight bodies can share information on clinical trials across Canada to make the process more efficient (Health Canada, 2020k). This was closely followed by two guidance documents published the same day to support the interim order Respecting Clinical Trials for Medical Devices and Drugs Relating to COVID-19 (Health Canada, 2020h). This interim order outlines the procedure to be followed for clinical trials during the pandemic (Health Canada, 2020j). It introduced an alternate pathway intending to facilitate clinical trials for potential COVID-19 drugs and medical devices and, further, allowed for flexibility for broader types of clinical trials (ibid). It reduces administrative requirements, allows for alternate means of obtaining patient consent, broadens the criteria of a qualified health professional who can carry out the investigator duties and expands the range of applicants who are able to apply for a clinical trial authorization (Health Canada, 2020j). Also, as of May 27, Health Canada had approved, to date, 37 clinical trials for COVID-19 therapies and vaccines (Health Canada, 2020i).

Surveillance begins with municipal/provincial/territorial laboratories; in the case of municipal or hospital laboratories, positive cases are reported to provincial authorities (PHAC, 2020g). For example:

- In Ontario, the provincial laboratory is Public Health Ontario Laboratories, a division of Public Health Ontario, the office of public health for the province that is responsible for coordinating Ontario's public health response and reporting (PHAC, 2020g). Specifically, testing of suspected cases is carried out in accordance with the Canadian Public Health Laboratory Network guidelines, Protocol for Microbiological Investigations of Severe Acute Respiratory Infections

(SARI) (PHAC, 2020g). Importantly, all cases sent for testing are considered positive for the purposes of delivering self-quarantine advice until determined otherwise (ibid). In some cases, provincial laboratories are required to conduct a second, confirmatory test before reporting the positive case to the Public Health Agency of Canada (PHAC) (PHAC, 2020g).

- In Quebec, the Ministère de la Santé et des Services Sociaux (MSSS), Quebec’s ministry of health, states that a second test by its provincial laboratory is not required (Laboratoire de Santé Publique du Québec) before reporting to PHAC (MSSS, 2020b). This decision was made March 9, 2020 (MSSS, 2020b).

Surveillance for the pandemic at the federal level is conducted by PHAC, which provides an online form for use by PTs to report cases (PHAC, 2020g) (see Section 1). As COVID-19 is a nationally notifiable disease, all confirmed cases identified in Canada are to be reported to PHAC, by the designated PT authority, within 24 hours through this form (ibid). Reporting is voluntary and is performed according to mutual agreements with PTs; each PT has its own legal requirements for reporting specific “notifiable” or “reportable” diseases of public health importance, such as COVID-19. Canada has a voluntary obligation, under the International Health Regulations, to inform the World Health Organization (WHO) of events of international public health concern; new cases of COVID-19 are typically reported by PHAC to the WHO within 24 hours of PHAC receiving the above form (ibid). Copies are also sent to the United States and Mexico within 24 hours of national notification, under Article 6 of the International Health Regulations National Focal Point (IHR NFP) (PHAC, 2020g).

Communication about the virus, precautionary measures, and country-wide epidemiological data is coordinated by and through the Government of Canada website, with each PT communicating similar information on their local websites (National Collaborating Center for Infectious Disease, 2015; PHAC, 2020c). On April 2, 2020, Canada launched a COVID-19 mobile app (for iOS and Android) with the latest COVID-19 information and a symptom checker (Turnbull, 2020). On April 30, the Government of Canada announced the release of a new email service, “Get Updates on COVID-19”, and the ArriveCAN mobile app (Health Canada, 2020e). More details of these can be found in Section 6.2.

Further governance structures and legislation exists at the PT and municipal levels. For example, in Ontario, the pandemic response plan is the *Emergency Management and Civil Protection Act*; once triggered, this act allows the province to close any public or private establishment, restrict travel, and procure necessary goods and services (Ontario, 2020a). It was triggered on March 17, 2020 when the province declared a state of emergency (Ontario, 2020a). In British Columbia (BC), the overarching pandemic governance plan is the “BC Pandemic Provincial Coordination Plan”, last updated March 5, 2020 (British Columbia, 2020a). The plan includes isolation as required, rapid diffusion of health information, and mobilization of a rapid response team (ibid). The actions described in the plan can be enacted through two acts, the *Emergency Response Act* (British Columbia, 1994) and the *Public Health Act* (British Columbia, 2008).

The federal government is primarily responsible for the administration of health services for First Nations Peoples living on-reserve. There are some exceptions: for example, the BC First Nations Health Authority (FNHA) is responsible for coordinating health specific requests from Indigenous communities and the governments of the Yukon, Northwest Territories, and Nunavut are responsible for the delivery of community and public health services within their jurisdictions. The Government of Quebec is responsible

for the delivery of primary and public health for residents of Nunavik, the homeland of Inuit within the province of Quebec. Within Nunatsiavut, the homeland of the Labrador Inuit, the Government of Newfoundland and Labrador is responsible for the delivery of primary health care and the Government of Nunatsiavut is responsible for the delivery of public health services within the area (Canada, 2020e)

On May 27, 2020, Health Canada, the Canadian Institutes of Health Research (CIHR) and Canadian Association of Research Ethics Boards (CAREB) released a joint statement regarding the urgent need to conduct clinical trials to evaluate the safety and efficacy of a drug, vaccine or medical device to be used for managing COVID-19 (Health Canada, 2020k). They announced a new initiative to have monthly engagement sessions on clinical trial oversight, led by Health Canada, so that policy makers, regulators, funders and oversight bodies can share information on clinical trials across Canada to make the process more efficient (Health Canada, 2020k). This was closely followed by two guidance documents published the same day to support the interim order Respecting Clinical Trials for Medical Devices and Drugs Relating to COVID-19 (Health Canada, 2020h). This interim order outlines the procedure to be followed for clinical trials during the pandemic (Health Canada, 2020j). It introduced an alternate pathway intending to facilitate clinical trials for potential COVID-19 drugs and medical devices and, further, allowed for flexibility for broader types of clinical trials (ibid). It reduces administrative requirements, allows for alternate means of obtaining patient consent, broadens the criteria of a qualified health professional who can carry out the investigator duties and expands the range of applicants who are able to apply for a clinical trial authorization (Health Canada, 2020j). As of May 27, 2020, Health Canada approved 37 clinical trials for COVID-19 therapies and vaccines (Health Canada, 2020i).

Transition measures: Governance

Most restrictions on education, working, and large gatherings are put in place at the provincial and territorial (PT) level and most PTs have published, and begun to execute, their own exit strategies. For example, the Government of Alberta has laid out their exit plan in three stages; the first stage began on May 14, 2020 to reopen some business and recreation sites (camp sites, golf courses) and to permit gatherings of up to 15 people (Government of Alberta, 2020b); notably, the province's two largest cities did not enter Stage 1 until June 1 (Government of Alberta, 2020b). In contrast, the Government of Ontario released a three-stage framework for reopening the province, without specific dates at which each stage will be triggered, the kinds of restrictions to be lifted, and the types of businesses to be opened (Ontario, 2020g). Ontario has taken a staged regional approach in response to the local epidemiology of COVID-19 in public health units; for example, the province moved to stage 1 of reopening on May 19 and most regions in the province moved to Stage 2 in early June (Ontario, 2020g). All regions in the province had moved on to Stage 2 as of July 8, 2020 (Ontario, 2020k).

On June 11, 2020, the federal government announced it was accelerating the usual payment to PTs through the federal Gas Tax Fund, in response to increased infrastructure needs due to COVID-19 (Infrastructure Canada, 2018). This funding is usually provided twice a year to PTs but, in light of the COVID-19 pandemic, it was decided that both payments would be provided as one single payment in June this year (ibid). Communities will still be free to choose the projects that will be supported by this funding (Infrastructure Canada, 2018). The amount of funding that each PT has received is intended to be used during the 2020-21 fiscal year. Payments vary by population size and range from CA\$16.5 million (Infrastructure Canada, 2020) to CA\$816 million .

Also on June 11, the federal government announced two new funds to help Indigenous-led and -owned small businesses and microbusinesses that have suffered a loss of income due to COVID-19 (Indigenous Services Canada, 2020b). The first was a CA\$133 million fund specific to Indigenous businesses, of which CA\$117 million is dedicated to community-owned First Nations, Inuit and Metis businesses (Indigenous Services Canada, 2020b). A second CA\$16 million fund was also made available for businesses operating in the Indigenous tourism sector (Indigenous Services Canada, 2020b).

On June 12, 2020, the federal government announced additional measures to help the territories by increasing the borrowing limit of the Yukon from CA\$400 million to CA\$800 million (Department of Finance, 2020d), the Northwest Territories from CA\$1.3 million to CA\$1.8 million (Department of Finance, 2020c), and Nunavut from CA\$650 million to CA\$750 million (Department of Finance, 2020b). The borrowing limits of the Yukon and the Northwest Territories were increased at the request of their respective territorial governments (Department of Finance, 2020d, 2020c).

On July 27, 2020, the Government of Canada passed Bill C-20, *An Act respecting further COVID-19 measures*, to ensure that the Canada Emergency Wage Subsidy is extended until December 19, 2020 and becomes progressively accessible to employers who have experienced less than a 30% revenue loss, the previous threshold for this subsidy (Department of Finance, 2020e) (see section 6.5 for more details).

On July 16, 2020, the Prime Minister and Deputy Prime Minister announced the Safe Restart Agreement, with a CA\$19 billion investment from the federal government, to be used over six to eight months to restart the economy while protecting the health of Canadians. This Agreement focuses on seven key priorities: (1) testing, contact tracing, and data management; (2) health care capacity, including mental health and substance use; (3) protecting vulnerable populations, including seniors in long-term care facilities; (4) securing personal protective equipment; (5) child care for returning workers; (6) support for municipalities including for public transit; and (7) sick leave (Intergovernmental Affairs, 2020). As part of the Safe Restart Agreement, provinces and territories were asked to submit letters to the Federal government detailing how funds would best be allocated within provinces within their jurisdictions. These letters were submitted and reviewed, and it was announced on September 16 2020 that this federal funding will be transferred to provinces and territories (Prime Minister of Canada, 2020b). All Provincial letters detailing plans for their Safe Restart funding can be found [here](#).

On September 29, 2020, the Government of Canada signed an agreement with Abbott Rapid Diagnostics to purchase up to 7.9 million ID NOW rapid point-of-care tests, to be deployed across PTs once Health Canada authorization is obtained (Canada, 2020cc).

On October 9, 2020, Canada's Minister of Health announced an investment of more than CA\$10.2 million in mental health and substance use research. This supports 55 research teams across the country in tackling the mental health and substance use crisis that worsened as a result of the pandemic. Findings from these research teams were immediately used to inform policy and practice across the country (CIHR, 2020).

On November 10, 2020, an additional agreement for COVID-19 antigen rapid tests was signed with Becton, Dickinson and Company to purchase 7.6 million rapid tests and over 2000 analyzers to ramp up COVID-19 testing across the country (Canada, 2020cu). In addition, on November 24, the Government of Canada signed an agreement with Eli Lilly for an order of 26,000 doses of COVID-19 monoclonal antibody therapy,

to be used between December 2020 and February 2021 to treat individuals infected with COVID-19 (Canada, 2020cv). This therapy, Bamlanivimab, was approved for distribution with English-only labels on December 18, 2020 (Health Canada, 2020q).

On December 14, 2020, a contribution of CA\$230 million was announced to procure COVID-19 treatments for developing countries; this enables UNICEF to procure up to 3 million courses of antibody therapeutics as soon as clinical trials and regulatory approvals have been completed (Global Affairs Canada, 2020e).

6. Measures in other sectors

6.1 Declaration of State of Emergency

Provinces and territories (PTs) across the country have declared states of emergency in response to COVID-19. For example, Quebec first declared a state of emergency on March 13, 2020 (Government of Quebec, 2020); British Columbia and Ontario first declared one on March 17 (British Columbia, 2020b; Ontario, 2020a). All of these PT declarations have similar terms that allows PTs to make purchases or conclude contracts to protect the health of the population and impose measures to reduce the transmission of COVID-19 (e.g. closing of public spaces).

While all PTs declared states of emergency, a national state of emergency has not yet been declared. In March 2020, such a move was considered the “measure of last resort” (Tasker, 2020); however, in April, the federal government consulted with PTs as a first step toward invoking a national emergency under the *Emergency Measures Act* (formerly the *War Measures Act*) (Tunney, 2020b). A national state of emergency would grant the federal government increased powers, such as to use property, regulate the distribution of essential services and equipment and establish emergency hospitals among other things.

6.2 Advice to travellers

On January 25, 2020, Health Minister Patty Hajdu announced that Canada was taking border control measures to mitigate the risk of introduction and spread of COVID-19, including messages on arrival screens in airports (Dunham, 2020b). On January 26, the government advised Canadians against any non-essential travel to Wuhan (Global Affairs Canada, 2020b). Since January 30, Canada has recommended residents avoid all non-essential travel to China and, particularly, Hubei province and, further, began efforts to evacuate any Canadians from China, who wished to return home to Canada over the subsequent week (Connolly, 2020a).

Starting in February 2020, Canada also began deferring deportation (Vogel, 2020), e.g. for unsuccessful refugee claimants, to Hubei and other high-risk areas to allow these individuals to stay in Canada temporarily (Blackwell, 2020a). The following month, the Canada Border Services Agency (CBSA) announced it would stop deporting all people, except for “seriously criminal cases” evaluated on a case-by-case basis and would begin to turn away asylum seekers arriving through the United States effective March 18, 2020. Previously, the government had isolated incoming asylum seekers for 14 days (Keung, 2020).

On February 3, the Public Health Agency of Canada (PHAC) ordered any repatriated person arriving by federally organized aircraft to Canada directly or indirectly from Hubei province, China, to remain at the

Canadian Forces Base Trenton for a 14-day quarantine period (Canada, 2020b). On February 17, a new order stated that anyone who arrives in Canada, directly or indirectly from any foreign country in which there is an outbreak of COVID-19 by means of a flight that is organized by the Government of Canada or a foreign government for the purpose of transporting persons from the foreign country who have or may have been exposed to the virus, must remain at a government quarantine facility for a 14-day period (Canada, 2020b).

On March 9, the PHAC recommended that Canadians avoid all cruise ship travel (Jones, 2020a). Following this, on March 13, the Government of Canada advised that all Canadians avoid non-essential travel abroad, especially to high-risk countries with a Level 4 travel advisory that included China, Italy, and Iran (Global Affairs Canada, 2020c). On March 16, the Government of Canada announced that it will provide financial assistance to Canadians abroad through the “Emergency Loan Program for Canadians Abroad” (Global Affairs Canada, 2020a). The program provides an emergency loan of up to CA\$5,000 to help Canadians return home or cover short-term needs while they work toward their return (ibid). On this date the government announced it would also start restricting international flights from coming into Canada beginning March 18 (Global Affairs Canada, 2020a). Thus, the Prime Minister urged all Canadians to avoid unnecessary travel outside of the country, until further notice, and urged travellers to return home to Canada while commercial means remained available (ibid); he also urged all travellers to self-isolate for 14 days after returning to Canada (ibid). In response to this warning, more than 1 million Canadians and permanent residents returned to Canada from abroad over the following week, according to the Canada Border Services Agency (Jones, 2020b).

On April 17, the government introduced new measures for people travelling by air, requiring all passengers to wear a non-medical mask or face covering during travel (Transport Canada, 2020b). Passengers travelling by marine modes of transportation are encouraged to wear non-medical masks or face coverings whenever possible.

On April 30, a new mobile application (“app”) called ArriveCAN was introduced (Health Canada, 2020e). Through the app, travellers arriving to Canada can input their 14-day isolation /quarantine information quickly, easily and securely upon arrival in Canada.

On June 3, a federal news release confirmed that Transport Canada had implemented new measures to reduce the risk of transmission of COVID-19 (Canada, 2020ap). The measures included increased sanitation, health checks for passengers, and allowing passengers to remain in their vehicles on ferries (Canada, 2020ar). Following this, on June 12, additional measures were announced for travellers at Canadian airports, including mandatory temperature screenings for all passengers travelling to Canada or travellers departing Canadian airports for either international or domestic destinations (Canada, 2020at). The Government of Canada has taken a phased approach to implementing these screening requirements; the country is currently in Phase 1, which requires air operators to provide temperature screenings at the point of departure prior to boarding (ibid). By the end of July 2020, the country plans to move to Phase 2 by implementing self-screening stations in the departure zones of Canada’s four largest international airports (i.e., Montreal, Toronto, Calgary, and Vancouver), which are currently the only airports approved for international travel (ibid). By September, the Canadian Air Transport Security Authority plans to move to phase 3 by introducing additional screening stations in the countries 11 next-busiest airports (ibid). Any traveller with an elevated temperature, without a medical certificate to support a cause not related to

COVID-19, will not be permitted to travel and will be asked to re-book after a 14-day waiting period (ibid). Further, all personnel entering a restricted area of the airport will also be subject to temperature screening procedures, performed by Canadian Air Transport Security Authority personnel (ibid).

On June 30, the Government of Canada announced that they would be extending the Emergency Order that requires mandatory isolation/quarantine for travellers entering Canada until August 31 (PHAC, 2020ab). The 14-day isolation/quarantine requirement applies to anyone entering Canada, whether they arrive by air, land or sea (PHAC, 2020ab). The announcement made on this date also clarified when travellers are required to wear a non-medical mask or face covering; e.g. individuals who are otherwise exempt from isolation/ quarantine requirements are still recommended to wear a non-medical mask or face covering when in public settings, if physical distancing cannot be maintained (PHAC, 2020ab).

In a federal news release on August 14, the Government of Canada confirmed that they continue to recommend Canadians avoid non-essential international travel (Canada, 2020bn). As well, the Minister of Transport announced Canada's Flight Plan for Navigating COVID-19, a plan outlining the foundation for Canada's current and future efforts to reduce the public health risks of COVID-19 while travelling by aircraft (Canada, 2020bn). The plan includes information on travel restrictions, mandatory use of face masks, mandatory health checks, temperature screening, restricted services and enhanced cleaning and sanitation protocols (Canada, 2020bq).

On September 29, the federal government implemented temperature screening stations at 11 additional Canadian airports including: St. John's, Halifax, Québec City, Ottawa, Toronto – Billy Bishop, Winnipeg, Regina, Saskatoon, Edmonton, Kelowna and Victoria (Canada, 2020cd).

On October 2, the federal government announced changes to regulations for entry into the country for extended family members of Canadian citizens and Canadian permanent residents (Canada, 2020cg). Under the new regulations extended family members of Canadian citizens may be eligible to travel to Canada if the individual is in an exclusive dating relationship with a Canadian citizen or permanent resident for at least one year or the individual is a nondependent child, grandchild, sibling or grandparent (Canada, 2020cg). These travellers will be subject to the 14-day mandatory quarantine period (Canada, 2020cg).

On November 2, 2020, new travel measurements were announced, requiring all air travellers whose final destination is Canada to submit their information electronically through ArriveCAN prior to boarding their flight (effective November 21) and strongly encouraging travellers entering Canada by land or marine to also use the ArriveCAN application (PHAC, 2020aj). As well, travellers who enter Canada by air, land or marine modes are required to submit information through ArriveCAN or through a toll free number during their quarantine or isolation period (PHAC, 2020aj).

6.3 Border controls and internal travel

Border restrictions, beginning March 18, 2020, prohibited foreign nationals from entering Canada for non-essential travel; originally, those arriving from the United States (U.S.) were exempted (PHAC, 2020k). This restriction has been extended several times and is still in place (Canada, 2020cb). Since March 21, 2020, a collaborative agreement between the U.S. and Canada has restricted all non-essential travel across the border but has allowed all essential travel related to commerce and trade to continue (ibid). Since then, the border closure has been extended three times; it is currently in place until least December 21, 2020

(Canada, 2020cy). On March 25, a new order under the *Quarantine Act*, made a 14-day self-isolation mandatory for all individuals entering Canada, whether or not they have symptoms of COVID-19 (see Section 1) (PHAC, 2020e). On April 14, Canadian Border Services (CBSA) announced they would be temporarily reducing service hours at 27 Canadian land border locations in response to reduced border crossings during the COVID-19 pandemic (CBSA, 2020a).

Prime Minister Trudeau first announced domestic travel restrictions on March 28, banning all travellers showing symptoms of COVID-19 from domestic flights and trains (Gardner, 2020). Following this, on March 30, the government announced that all passengers flying in Canada will be subject to a health check prior to boarding (PHAC, 2020k).

New measures for ferries and commercial passenger vessels were announced by the Minister of Transport on April 5, 2020 (Transport Canada, 2020a). Beginning April 6, the government prohibits all commercial marine vessels with a capacity of more than 12 passengers from engaging in non-essential activities, prevents any Canadian cruise ship from mooring, navigating or transiting in Canadian Arctic waters, and requires ferries and essential passenger vessel operators to immediately reduce the maximum number of passengers that may be carried on board by 50% and implement alternative practices to reduce the risk of spreading COVID-19 (ibid).

On April 6, the federal government announced new measures at Canadian land borders, including new screening measures and requirements to complete contact forms to help the Public Health Agency of Canada (PHAC) monitor and enforce the 14-day self-isolation period (Canada Border Services Agency, 2020a). They also announced regulatory changes to facilitate entry into Canada for residents driving U.S. plated vehicles without paying duties and taxes for up to 60 days from the date of importation (ibid). Following their 14-day mandatory isolation, residents can use temporarily imported U.S. plated vehicles for essential purposes such as getting groceries or medical supplies

An exemption to the above land border travel restrictions allows Americans to travel through Canada for the sole purpose of travelling to Alaska from the mainland U.S. for essential reasons, such as returning home or employment. Travel from Alaska through Canada to the lower 48 states is prohibited except for extenuating circumstances (K. Harris, 2020c). Further, while travelling through Canada, Americans are prohibited from making any unnecessary stops in Canada and are required to practice physical distancing, only leave their vehicles for essential purposes, and follow all local laws and public measures (ibid). For example, if required to stay at a hotel during their travels, residents of Alaska must not leave their hotel room (ibid). Failure to comply with the above can result in fines, for which the maximum value varies by PT (ibid).

On April 13, the Government of Canada granted an exemption for temporary foreign workers from the travel restrictions in Canada (Agriculture and Agri-Food Canada, 2020). Employers must pay workers for the two-week isolation period and provide workers with transportation, accommodations and access to food and basic supplies (ibid). The government has committed to providing CA\$1,500 for each temporary foreign worker to employers or those working with them to ensure requirements are fully met (ibid). Notably, skilled foreign workers are integral components of Canada's agricultural and fishing sectors and, thus, the country's food supply chain; many agricultural and fishing companies voiced concerns about the potential to lose their annual harvest without the aid of foreign workers (ibid). The travel restriction

exemption also applies to other foreigners with student and work visas, provided they adhere to the 14-day isolation protocol (ibid).

On April 30, a new mobile app called ArriveCAN was announced, which allows travellers to input their 14-day isolation or quarantine information quickly, easily and securely upon arrival (Health Canada, 2020e). On May 12, the federal government announced that they would be suspending service at certain small vessel reporting sites, small airports of entry, ferry terminals, and to the Remote Area Border Crossing program (Canada Border Services Agency, 2020b). The suspension included 342 small vessel reporting sites and 126 small airports (ibid).

On May 14, the Government of Canada announced new measures to reduce the spread of COVID-19 in remote and vulnerable Arctic communities (Canada, 2020ag). These measures included prohibiting pleasure craft from operating within Canada's Arctic coastal waters, as well as in the coastal areas of northern Quebec and Labrador (beginning June 1, 2020 and continuing until at least October 31, 2020) (ibid). On May 15, the CBSA announced temporary suspension of service at the Four Falls, New Brunswick port of entry along the Canada-U.S. land border (Canada Border Services Agency, 2020c).

On May 28, the federal government announced that cruise ships with the capability of providing overnight accommodations to 100 people or more were prohibited from operating in Canadian waters until October 31, 2020. As well, starting July 1, all other passenger vessels must follow provincial, territorial, local and regional health authority requirements for timelines and processes to resume operations (Canada, 2020ap).

On June 8, the CBSA announced changes to travel restrictions for immediate family members of Canadian citizens and permanent residents (CBSA, 2020b). Foreign nationals who are immediate family members of Canadian citizens and permanent resident, and who do not have any symptoms of COVID-19 or who do not have any reason to believe they have COVID-19, will be exempt from the prohibition on entry to Canada if entering to be with an immediate family member for a period of at least 15 days (CBSA, 2020b). Foreign nationals coming into Canada must still quarantine for 14 days upon arrival (CBSA, 2020b).

On July 30, the federal government announced that beginning July 31, stricter rules and additional entry conditions will be in place for travellers transiting through Canada to Alaska for non-discretionary purpose (CBSA, 2020c). These restrictions require in-transit foreign nationals to enter Canada at one of the five CBSA ports of entry. As well in-transit foreign nationals will be allowed a reasonable period of stay to carry out transit, will be limited to travel within Canada using the most direct route, and will be required to report to the nearest CBSA to confirm their exit from Canada.

Various measures to support international students have also been implemented, including allowing international students who had a valid study permit or who were approved for a study permit on or before March 18, 2020 to be exempt from travel restrictions that prevented most foreign nationals from countries other than the United States from entering Canada (Canada, 2020bc)

On August 31, in anticipation of the upcoming Labour Day weekend, the CBSA issued a news release to remind travellers of the restrictions in place for all Canadian international border crossings (CBSA, 2020d).

On October 29, the federal government announced the measures in place for cruise ship and pleasure craft travel would be extended until February 28, 2021 (Canada, 2020cp).

In a news release on October 30, the federal government announced the extension of the Mandatory Isolation Order and temporary travel restrictions for all non-U.S. travellers, unless travel is for non-discretionary reasons (Canada, 2020cr). As well, changes to allow some practical Canada-U.S. cross border travel were made including allowing residents of Campobello Island, New Brunswick; Stewart, British Columbia; Northwest Angle, Minnesota; and Hyder, Alaska to be exempt from mandatory 14-day quarantine only to access necessities from the nearest Canadian or American community (Canada, 2020cr). As well, students who cross the border to attend school, along with one driver, and children subject to shared custody agreements are also exempt from the mandatory 14-day quarantine (Canada, 2020cr).

On October 2, the federal government announced they would be strengthening public health presence at borders and enhancing quarantine monitoring (Canada, 2020cg). Federal public health officers will cover 36 ports of entry (Canada, 2020cg). As well, the PHAC deployed digital portals for travellers to share information through the ArriveCAN app so information can be shared quickly with PTs (Canada, 2020cg).

Domestic travel

Domestic travel restrictions are under the purview of PT and municipal authorities. Throughout March and April, many regions advised residents to only leave their homes for essential activities, such as medical appointments and purchasing groceries or medicines; further, many regions advised residents to purchase at least two weeks of essentials, such as groceries, to ensure their home was adequately supplied, in case isolation was required, and to reduce the number of non-essential trips outside of the home. Many PTs have also introduced orders banning short-term rentals to further deter domestic travel (Bresge, 2020). As PTs have begun to reopen, these recommendations have relaxed such that residents may travel for recreational purposes, e.g. travel to a cottage. In several PTs, more restrictive orders are in place; an overview of these is provided below.

A number of regions have also implemented formal travel restrictions. For example, on April 3, 2020, 14 communities of the Nunavik region of northern Quebec began a formal lockdown prohibiting non-essential travel into and out of these communities (CBC News, 2020a). Notably, many of these communities in Nunavik are geographically isolated and only accessible by air. Under the lockdown, no passenger flights were allowed into any of the communities and all regular flights were cancelled (CBC News, 2020a). In response to this announcement, the Canadian Armed Forces were deployed to assist these communities (ibid). On May 21, 2020, the Government of Quebec announced they would be releasing a reopening plan for the territories of Nunavik and the Cree Territory of James Bay; however, as of September 4, the plan has not yet been released (Quebec, 2020b). Quebecers are able to travel to other parts of the province but officials encourage residents to limit non-essential inter-regional travel. Notably, access to one of Quebec's island communities, Îles-de-la-Madeleine, requires road and/or ferry travel through two other provinces; travel to Îles-de-la-Madeleine requires completion of a self-declaration form with a valid reason for travel (Quebec, 2020b). There are no border closures or self-isolation requirements for out-of-province travellers; however, all international travellers are required to self-isolate for 14 days upon arrival in Quebec, as per federal orders (Quebec, 2020b). The official provincial website with instructions to travellers states that there are currently no isolation measures for people arriving from other Canadian provinces, but that non-essential travel should nonetheless be avoided (Government of Quebec, 2020az).

Rural and remote First Nations communities have introduced travel restrictions to limit non-residents from entering their geographically defined communities (reserves), except for emergency and essential services (Union of British Columbia Indian Chiefs, 2020). Examples can be seen as early as March 20 (Fort McKay First Nation and Fort McKay Métis communities) (Mitchell, 2020), on March 21, (Pimicikamak Cree Nation, located more than 770 kilometres north of Winnipeg) (Bogart & Macyshon, 2020), and on June 26 (Eabametoong First Nation, a remote fly-in community in northern Ontario) (Eabametoong First Nation, 2020).

In Newfoundland and Labrador, Bill 38 passed on May 4, 2020, which amended the province's *Public Health Protection and Promotion Act* to prevent non-residents from entering the province, except in extenuating circumstances. A request to enter the province must be obtained from the Chief Medical Officer of Health and, after entering the province, travellers are required to self-isolate for 14-days (ibid). A number of remote, isolated communities have implemented more restrictive measures preventing non-residents from entering their communities. For example, the communities of Wabush and Happy Valley-Goose Bay have set-up barricades and checkpoints to prevent non-essential travel into their communities; a letter is required to provide proof of essential need or worker status (CBC News, 2020d). Until July 3, Prince Edward Island (PEI) currently prohibits all non-essential travel into their province, except for seasonal residents; all other travellers must apply for pre-travel approval to enter the province (Prince Edward Island, 2020). In the other neighbouring Atlantic provinces (i.e., Nova Scotia and New Brunswick), borders are monitored and non-residents are able to freely enter the province; however, travellers are screened prior to entry, required to submit a declaration form (specific to non-residents) and are required to self-isolate for 14-days after arrival (New Brunswick, 2020a; Nova Scotia, 2020). New Brunswickers returning from travel from another Canadian PT for essential purposes, e.g. work, are not required to isolate 14 days (New Brunswick, 2020a). Effective June 19, New Brunswick relaxed its border measures to allow Canadian travellers with immediate family or property in New Brunswick entry (ibid). Since July 3, residents of the four above Atlantic provinces are permitted to travel freely between the four provinces without the requirement to self-isolate, referred to as the "Atlantic Bubble" (New Brunswick, 2020a; Newfoundland and Labrador, 2020b; Nova Scotia, 2020; PEI, 2020a). New Brunswickers returning from travel from another Canadian PT for essential purposes, e.g. work, are not required to isolate 14 days. As cases started to rise in regions in the Atlantic Bubble, provinces decided to suspend the Atlantic Bubble travel system. On November 23, PEI announced that they would be suspending their participation in the Atlantic Bubble for two weeks as a result of the increased cases in other regions. This meant that all non-essential travel within the region would be suspended (PEI, 2020b). Two days later, on November 25, Newfoundland and Labrador also left the bubble, requiring all travellers entering the province to self-isolate for 14 days (Newfoundland and Labrador, 2020c). Following this, on November 26, New Brunswick suspended the Atlantic Bubble, and to date, all provinces that were in the Atlantic Bubble have their own travel restrictions for isolation when entering the province (New Brunswick, 2020b).

In Ontario, non-essential travel is discouraged but there are no formal domestic travel restrictions. However, several municipalities have implemented informal measures to deter domestic travellers, such as cottage owners or renters, from entering their communities. For example, in May, the medical officer of health for several communities along the popular waterfront area of Lake Erie introduced an order banning cottagers from seasonal properties, with a potential for fines of up to CA\$5,000; however, this order was quickly rescinded (Humphreys, 2020). Further, several local mayors also implemented

municipal orders; for example, the Mayor of Huron-Kinloss enacted an order preventing water being turned on for seasonal residences (Charlebois, 2020). Requests for cottagers to forgo non-essential travel during the Easter and May holiday long weekends were also repeatedly made by the Premier, particularly for the purposes of containing the virus and protecting the residents of these rural communities (ibid).

In Manitoba, out-of-province travellers are required to self-isolate for 14 days; however, starting June 21, this requirement was waived for asymptomatic travellers from Western Canada (i.e., BC, Alberta, Saskatchewan, Yukon, and Northwest Territories) and north-western Ontario (Manitoba, 2020c). Certain exemptions are also in place for essential workers, e.g. health care professionals and law enforcement (ibid). Further, a public health order was introduced on April 17 prohibiting non-essential travel to northern Manitoba (north of the 53rd parallel of latitude) and to remote communities that are not connected to the provincial highway system by a year-round all-weather road (i.e., remote “fly-in” communities); however, this order was terminated on June 26, 2020 (Manitoba, 2020b). Travellers to northern Manitoba are asked to respect any restrictions put in place by local communities and First Nations (ibid). On October 13, a new order was put into effect prohibiting Travel to Northern Manitoba (Manitoba, 2020a).

In Saskatchewan, there are no formal province-wide travel restrictions or self-isolation requirements. However, travellers from out of province are asked to self-monitor for 14 days. On April 24, a public health order issued by the provincial government prohibited any travel to or outside the Northern Saskatchewan Administration District (NSAD), except for people living in this area, employees of the district required to enter for working purposes, persons delivering critical public services and allowable business services, Aboriginal persons engaging in activities such as exercising their constitutionally protected right to hunt, fish or trap, and persons who need to travel for medical treatment (Saskatchewan, 2020ap). On May 6, the travel restrictions in the NSAD were lifted at the request of the communities of Stony Rapids and La Ronge, in consultation with local public health officials (Saskatchewan, 2020ax).

In Alberta, there are no travel restrictions; however, officials advise against non-essential travel into or out of the province (Alberta, 2020a). This recommendation will not be lifted until the province enters Stage 3 of its reopening plan (date yet to be determined) (ibid). As of August 31, the province is in Stage 2 of its reopening plan (Government of Alberta, 2020b).

In British Columbia, non-essential intra- and inter-provincial travel is discouraged but there are no formal province-wide restrictions or isolation orders in place. However, access to some roads into the Yukon or Northwest Territories (NWT) is restricted to essential travel and certain communities, particularly isolated Indigenous communities, are closed to non-residents. For example, on March 18, the Council of the Haida Nation issued a letter urging against non-essential travel to their island communities (British Columbia, 2020g; Haida Nation, 2020) and on July 8 Haida Nation President Gaagwiis affirmed that the Haida Nation remains closed to non-residents and non-essential travel despite the reopening of travel elsewhere in British Columbia (Council of Haida Nation, 2020).

In Nunavut, a travel ban was implemented on March 25, 2020 prohibiting non-essential travel into Nunavut from any PT (Nunavut, 2020). Except for essential asymptomatic workers, all individuals who have obtained an exemption to enter Nunavut from the Chief Public Health Officer are required to self-isolate for 14 days at one of the four designated facilities outside of Nunavut (Ottawa, Winnipeg,

Edmonton, or Yellowknife)(*ibid*). Effective June 15, residents of Nunavut and NWT can cross the border without self-isolating, provided they have not left their territory in the two weeks prior, and NWT residents will be required to complete a declaration form prior to entry (*ibid*). Effective July 13, 2020, travel is allowed between Nunavut and Churchill, Manitoba but does not extend to other regions of Manitoba. Prior to travel, travellers must not have left either Nunavut or Churchill for two weeks and Nunavut residents must provide a written declaration and their contact information to the Office of the Chief Public Health Officer for Nunavut prior to travel (Nunavut, 2020). Travel from the rest of Canada remains prohibited at this time.

In NWT, non-essential travel was prohibited since March 21, 2020, with exemptions for Nunavut residents requiring medical services, essential workers, importation/exportation of goods, transient workers, and individuals with Aboriginal or treaty rights to harvest in unpopulated areas of NWT (Northwest Territories, 2020). Checkpoints are in place and fines for travelling without permission are CA\$1,500 daily, with a daily CA\$225 “victim surcharge” (Northwest Territories, 2020). Further, NWT residents returning from out-of-territory travel must self-isolate for 14 days in one of four NWT communities: Yellowknife, Inuvik, Hay River or Fort Smith (*ibid*). Residents travelling outside of their communities may also be asked to self-isolate before returning home and cannot isolate in their community (*ibid*). All travellers, including NWT residents, are required to submit a self-isolation plan prior to travel, submit a symptom check form, and self-monitor for COVID-19 symptoms (*ibid*). Further, there are special passes permitting travel across the NWT-Alberta border in the Fort Smith area (*ibid*). Effective June 12, Nunavut residents are not required to self-isolate when travelling within NWT, if they have not travelled outside of the two territories in the 14 days prior.

In the Yukon, border restrictions were introduced on April 27 to prohibit non-essential travel under the *Civil Emergency Measures Act* (Yukon, 2020b). Anyone permitted to enter the Yukon, such as residents and essential workers, must submit a declaration at the border checkpoint and isolate for 14 days after arrival (*ibid*). Residents of several neighbouring communities (Atlin, Lower Post, Fraser, Jade City, Fireside or Pleasant Camp) were exempt from the 14-day isolation period, provided they had not travelled outside of Yukon or their home community in the 14 days prior (Yukon, 2020a). Further, all Yukon residents were advised to avoid non-essential inter-provincial travel and travel into Yukon’s rural communities; residents of rural communities were also advised to limit their visits to the capital, Whitehorse (*ibid*). Since July 1, 2020, as the Yukon moved to Phase 2 of its reopening plan, the Yukon-BC land border reopened and all residents of Canada are permitted to travel into Yukon for non-leisure purposes; however, the requirement to self-isolate in Whitehorse may still apply (*ibid*). Also, travellers who are residents of Yukon, BC, NWT or Nunavut are no longer required to self-isolate, provided they have not travelled outside of these areas in the 14 days prior; this is referred to as the “Pacific Northwest Bubble” (*ibid*). All other travellers must show a detailed self-isolation plan to border officers and isolation will continue to occur in Whitehorse (*ibid*). Yukoners living in communities outside of Whitehorse are permitted to isolate in their home communities (*ibid*). For residents of Alaska, travel through the Yukon is permitted provided the transit time does not exceed 24 hours, certain measures are followed, travellers are asymptomatic, and a designated travel route is followed (*ibid*).

Notably, several of the above border restrictions have resulted in legal challenges (S. Harris, 2020). For example, critics argue that these measures violate Canada’s *Charter of Rights and Freedoms*, which states that every Canadian has the right to live and work in any PT (Canada, 2020u).

6.4 Correctional facilities

The Correctional Service of Canada (CSC) has introduced measures to address COVID-19 within federal correctional facilities (Kraig, 2020). While it is unclear what strategies the Government of Canada is considering, government officials and advocates are calling for the release of non-violent offenders and youth, asylum seekers, and immigrants in custody (Germano, 2020). This is in response to growing concerns of outbreaks in facilities and the ability to maintain the health and safety of inmates during the pandemic. On March 20, 2020, the province of Ontario announced its first confirmed case of COVID-19 in its jail system – a correctional officer at a Toronto detention centre (Howorun, 2020). The officer had recently returned from travel in Europe but until earlier that week, asymptomatic correctional officers were expected to report for shift, regardless of travel history (ibid). Previously, on March 14, 2020, the CSC suspended visits from the public and volunteers, temporary absences from institutions (unless medically necessary), work releases for offenders, and electronic parole hearings (Correctional Services Canada, 2020a). The CSC also stated it has contingency plans in place in each of its operational units to respond to crisis situations, along with preventative measures in place, including cleaning, disinfection, laundry, and waste disposal processes (Correctional Services Canada, 2020a).

Over March and April, several federal and PT correctional bodies took measures to release “low risk” offenders from correctional facilities to limit the spread of COVID-19. For example, the total inmate population across all provincial jails in Ontario fell from 8,344 on March 16 to 6,025 on April 9, according to the Ministry of the Attorney General (CBC News, 2020b). On April 16, 2020, one day after Canada’s first death of an inmate from COVID-19, federal corrections authorities agreed to release their first prisoner due to medical vulnerability increasing the risk of COVID-19-associated death (Fine, 2020). On April 24, 2020, CSC confirmed that, while there have been confirmed COVID-19 cases in correctional institutions across the country, only 1% of the total inmate population had been affected to date (Correctional Service Canada, 2020d). On May 14, the Commissioner of the CSC announced that a working group will be established to guide plans to lift restrictions around COVID-19 (Correctional Service Canada, 2020e, p. 14). This group will decide when visits, regular programming, and activities will be reinstated (ibid). Likewise, the Canadian Department of Justice established an Action Committee on Court Operation in Response to COVID-19 to provide national leadership as administrators restore operation of the country’s courts and develop court-specific health and safety guidelines to support provincial and judicial decision-making (Department of Justice, 2020c).

While there have been no widespread “lockdowns” of correctional facilities in Canada, specific facilities have implemented time-limited lockdowns in response to threats of COVID-19 outbreaks. For example, on March 27, while there were no confirmed cases of COVID-19 in federal prisons, a lockdown was put in place at the Drumheller Institution, a federal medium-security unit in Drumheller, Alberta, as a precautionary measure after inmates showed symptoms consistent with COVID-19 (Correctional Services Canada, 2020b). On March 30, Correctional Service Canada announced that two inmates at a maximum security facility, Port-Cartier Institution in Quebec, tested positive for COVID-19 (Correctional Service Canada, 2020a). Prior to the inmates being diagnosed, nine employees of the facility had also tested positive for COVID-19 (ibid). No lockdown was implemented but all infected individuals were isolated and contact tracing was performed (ibid). On April 8, Mission Institution, a medium security federal correctional institution in British Columbia, entered a lockdown due to inmates testing positive for COVID-19 (Correctional Service Canada, 2020b). Further, on April 15, a lockdown was put in place in the multi-

security unit at the Federal Training Centre in Quebec, as inmates showed symptoms consistent with COVID-19 (Correctional Service Canada, 2020c).

On June 25, the Commissioner confirmed in an announcement that there were no COVID-19 outbreaks in any Canadian Correctional Services institutions (Correctional Services Canada, 2020c). As of this date there had been 360 confirmed cases of COVID-19 reported in federal correctional institutions (Canada, 2020r). Of these, 231 were from institutions in Quebec; 8 from institutions in Ontario; and 121 from institutions in British Columbia. As of August 31, no additional cases had been reported (Correctional Services Canada, 2020c).

On November 9, CSC announced that two inmates tested positive for COVID-19 at the Edmonton Institution for Women in Alberta (Correctional Service Canada, 2020f). Following this on November 10, CSC advised one inmate at Stoney Mountain Institution in Manitoba had tested positive for COVID-19 (Correctional Service Canada, 2020g). On this date it was also reported that two inmates from Drummond Institution in Quebec had tested positive (Correctional Service Canada, 2020h). Most recently, there are 113 reported active cases in federal institutions, including 89 in Manitoba from the Stoney Mountain Institution and 24 from Saskatchewan from Saskatchewan Medium Penitentiary (Correctional Services Canada, 2020c).

6.5 Financial Support

Support for individuals

Expenditure measures outlined in Canada's Economic Response Plan include financial support for individuals and businesses negatively impacted by COVID-19 (Department of Finance, 2020a). Support for individuals and families includes: (1) increasing the Canada Child Benefit by providing an extra CA\$300 per child; (2) the Special Goods and Service Tax credit payment, a one-time payment for low- and-modest income families of up to CA\$400 for single individuals and CA\$600 for couples; and (3) mortgage support on a case-by-case basis (ibid).

The new *Canada Emergency Response Benefit* (CERB) provides additional support for eligible individuals aged 15 years and older facing unemployment and people who are sick, quarantined, or in self-isolation (ibid). The taxable benefit provides CA\$2,000 per month for up to four months to workers who must stop working due to COVID-19 and do not have access to paid leave or other income support; workers who are sick, quarantined, or taking care of someone as a result of COVID-19; working parents who must stay home without pay to care for children that are sick or need additional care because of school and day care closures; wage earners and self-employed individuals, including contract workers who are not eligible for Employment Insurance (EI) (ibid). To be eligible for CERB, individuals must have earned at least CA\$5,000 in 2019, or the 12 months preceding their application (ibid). Applications for the CERB opened on April 6, with payments back-dated to March 15, 2020 (ibid). To avoid a potential crashing of the Canada Revenue Agency (CRA) CERB application website or overwhelming the CRA telephone lines, applications were available according to birth month (e.g. individuals born in January, February or March could apply on Mondays) (ibid). On April 15, 2020, the federal government announced that they would be expanding access to the CERB benefit by changing eligibility rules to allow people to earn up to CA\$1,000 per month while collecting CERB, extend the CERB to seasonal workers who have exhausted their EI regular benefits and are unable to undertake their usual seasonal work, and to extend the CERB to workers who recently

exhausted their EI regular benefits and are unable to find a job or return to work because of COVID-19 (Canada, 2020l). As well, the government announced that they are working with provinces and territories (PTs) through a new transfer to cost-share temporary top-up to the salaries of workers deemed essential who make less than CA\$2,500 a month (ibid).

Other supports for individuals include:

- April 15: announcement of the New Indigenous Community Support Fund, which provides CA\$305 million for a new distinctions-based support fund to address the needs of First Nations, Inuit, and Métis Nation communities (Canada, 2020l).
- April 15: federal government committed to reducing minimum withdrawals from Retirement Income Funds by 25% (Canada, 2020l).
- April 3: federal government announced support for food banks and other local food organizations through an investment of CA\$100 million (Canada, 2020i). This funding will be provided to organizations such as Food Banks Canada, Salvation Army, Second Harvest, Community Food Centres Canada and the Breakfast Club of Canada to purchase food and other basic necessities (ibid).
- May 12: new free virtual tax clinics on an interim basis to help individuals who rely on this regularly provided in-person service (CRA, 2020b).
- May 12: all seniors who qualify for Canada's Old Age Security benefit or the Guaranteed Income Supplement program to receive a one-time, tax-free payment of CA\$300 and CA\$200, respectively, in June 2020, for a total of CA\$500 to help cover increased financial pressures caused by COVID-19 (Canada, 2020av).

On August 10, the federal government confirmed that with the economy restarting, they are preparing to transition many Canadians back to EI (Employment Insurance) by the end of August. With this transition, the government announced a new minimum unemployment rate of 13.1%, effective August 9, to be applied temporarily for all EI economic regions across the country (Canada, 2020bl). Following this, on August 20, the proposal for three new benefits was announced by the federal government (Canada, 2020bp). These include: (1) The Canada Recovery Benefit (CRB) to provide CA\$400 per week for up to 26 weeks to workers who are self-employed or not eligible for EI and who still require income support and who are available and looking for work; (2) The Canada Recovery Sick Benefit (CRSB) to provide CA\$500 per week for up to two weeks for worker who are sick or must self-isolate for reasons related to COVID-19; and, (3) The Canada Recovery Benefit (CRCB) to provide CA\$500 per week for up to 26 weeks per household who are unable to work because they must care for a child under the age of 12 due to the closures of schools or day cares, a family member with a disability or a dependent because their day program is closed due to COVID-19, or a child, a family member with disability or a dependent who is not attending school, day care, or other care facilities under the advice of a medical professional due to being at high-risk if they contract COVID-19 (Canada, 2020bp).

On September 24, the federal government announced Bill C-2, which proposed three temporary Recovery Benefits to support individuals who are unable to work due to the COVID-19 pandemic (Canada, 2020cf). These include:

- Canada Recovery Benefit (CRB): CA\$500 per week for 26 weeks to workers who are self-employed and not eligible for EI

- Canada Recovery Sickness Benefit (CRSB): CA\$500 per week for up to two weeks for workers who must self-isolate
- Canada Recovery Caregiving Benefit (CRCB): CA\$500 per week for up to 26 weeks per household for individuals unable to work because they must care for a child under the age of 12 (Canada, 2020bx).

Following this, on September 27, the federal government announced the transition from CERB to a flexible and more accessible EI program. Through the program, EI will be available to more people than have qualified in the past, providing a taxable benefit of at least CA\$500 per week or CA\$300 per week for extended parental benefits (Canada, 2020by).

On December 2, the federal government introduced new legislation to provide support to Canadians through Bill C-14 (Canada, 2020cz). The measures support for individuals through the legislation include introducing temporary and immediate support for low- and middle-income families through a benefit of CA\$1,200 in 2021 for each child under the age of six for families entitled to the Canada Child Benefit.

Support at the PT level, through PT action plans, is also in place for individuals affected by the COVID-19 pandemic. In Ontario, for example, the Ontario Action Plan includes measures to help families pay for extra costs associated with school and day care closures, increased Guaranteed Annual Income System (GAINS) payment for low-income seniors for six months, support to families for their energy bills, and other financial support to people facing economic hardship (Ontario, 2020c). BC's Action Plan includes CA\$5 billion investment in income support, tax relief and direct funding for people, businesses and services (British Columbia, 2020c).

Support for students

On April 15, the federal government announced a moratorium on the repayment of Canada Student loans (Canada, 2020l). Following this, on April 22, the federal government introduced the Canada Emergency Student Benefit (CESB), providing students who cannot find summer employment as a direct result of COVID-19 and do not qualify for the CERB or EI with CA\$1,250 per month from May through August 2020 (Canada, 2020t). Notably, CESB provides CA\$2,000 per week to students with dependents or a disability (ibid). On May 15, eligible post-secondary students, and recent post-secondary and high-school graduates, could start applying for the CESB (Canada, 2020ab).

With this announcement, other support measures for students were also outlined including: (1) launching the "I Want to Help" online platform to provide information about service opportunities available in Canada; (2) a CA\$153.7 million investment in the Youth Employment and Skills strategy to help youth develop the skills and gain the experience they need to successfully transition into the labour market; (3) changes to the Youth Employment and Skills Strategy's Canada Summer Jobs program including expanding eligibility and providing increased wage subsidies; (4) a CA\$80 million investment in the Student Work Placement Program to support up to 20,000 post-secondary students to obtain paid work; (5) a CA\$15 million investment in the Supports for Student Learning Program to serve an additional 14,700 youth; (6) additional support for the Canada Service Corps to expand support for meaningful youth service projects; (7) a CA\$40 million investment in Innovation, Science and Economic Development to support Mitacs in order to create 5,000 new job placements; (8) a CA\$75.2 million investment to provide additional distinctions-based support to First Nations, Inuit and Metis Nation post-secondary students; (9) a

CA\$291.6 million investment to support up to 40,000 student researchers and post-doctoral fellows through the federal granting councils; and (10) a CA\$7.5 million investment to support students through the National Research Council (Canada, 2020t). Furthermore, the government has committed to changing the Canada Student Loan Programs eligibility requirements to allow more students to qualify for supports to pay for tuition for Fall 2020 (ibid).

On August 26, the federal government announced CA\$2 billion in funding to support provinces and territories through the Safe Return to Class Fund. The funding is intended to help provinces work with local school boards to ensure the safety of staff and students as they return to school in September (Canada, 2020bs). Facilitative measures to support international students who have been affected by the COVID-19 pandemic have also been introduced by the federal government including making changes to the process to apply for a study permit and changing the eligibility for the post-graduation work permit program (Canada, 2020br).

Bill-14, introduced on December 2, included measures to ease the financial burden of debt for students by eliminating the interest on repayment of the federal portion of Canadian Student Loans and Canada apprentice Loans for one year (Canada, 2020cz).

Support for vulnerable populations

As noted in Section 3.3, on April 4, the Government of Canada reconfirmed its investment of CA\$207.5 million to support Canada's most vulnerable populations including those experiencing homelessness and women fleeing gender-based violence (Employment and Social Development Canada, 2020a). The funding will include CA\$157.5 million to the Reaching Home program, CA\$40 million to Women and Gender Equality Canada, and CA\$10 million to Indigenous Services Canada (ibid). On May 16, the Government of Canada announced that this funding had been disbursed to over 500 women's shelters and sexual assault centres across Canada (Canada, 2020ak). Further, on April 6, the federal government announced flexibility for organizations under the New Horizons for Seniors Program to use funding previously received through the community-based stream to provide immediate and essential services to seniors impacted by COVID-19 (Employment and Social Development Canada, 2020b).

On April 14, Prime Minister, Justin Trudeau announced additional support to address the health, economic and transportation needs in northern communities in Canada (Canada, 2020k). The support includes a transfer of CA\$72.6 million to the governments of Yukon, Northwest Territories, and Nunavut to support their COVID-19 health and social services preparations and response, including up to CA\$17.3 million to the governments of Yukon, Northwest Territories, and Nunavut to support northern air carriers, making CA\$15 million available in non-repayable support for businesses in the territories to help address the impact of COVID-19, and providing an additional CA\$25 million to Nutrition North Canada to increase subsidies so families can afford food and personal hygiene products (ibid).

As noted in Section 1.4, ISC is not able to accurately track COVID-19 cases across Indigenous communities due to the limitations of their jurisdictional focus. On May 9, the ISC announced a fund of CA\$250,000 to improve data collection for Indigenous peoples impacted by COVID-19 (Union of British Columbia Indian Chiefs, 2020).

On May 13, the federal government announced funding of CA\$2.3 million to support efforts to combat COVID-19 in north-western Saskatchewan (Canada, 2020ae). The funds will go toward supporting security checkpoints in impacted communities, measures to address food security, provision of homecare supplies, and enhancement of regional and community capacity, including youth engagement (ibid). As well, on May 16, the Government of Canada announced they were working with the United Way Centraide Canada, the Canadian Red Cross and the Community Foundations of Canada to disburse the CA\$350 million Emergency Community Support Fund (Employment and Social Development Canada, 2020c).

On May 22, the Government of Canada launched a web-based benefits finder tool called “Find financial help during COVID-19”; the tool provides individuals with information on federal, provincial and territorial benefits programs available to them (Canada, 2020am). Further, the federal government announced a CA\$1.1 million investment to support national disability organizations through the Social Development Partnership Program to enhance their communications and engagement to address the impact of COVID-19 on persons with disabilities (Canada, 2020as).

On July 20, the federal government announced that CA\$10 million of previously announced funding to support organizations providing services to women and their families fleeing violence would be distributed to other organizations that provide important services to those experiencing gender-based violence (Canada, 2020be). Approximately 1,000 organizations across the country will benefit from this funding (ibid). Following this, on July 31, the federal government announced investments in supports for temporary foreign workers (CA\$6 million investment), enhanced inspection regime and improvements to how tips and allegations of employer non-compliance are treated (CA\$16 million investment), and support to employers to improve the health and safety of Canadian and temporary foreign workers on farms (CA\$35 million investment) (Canada, 2020bi). Another announcement on July 31 stated that the federal government would be investing 59.6 million to strengthen the Temporary Foreign Worker Program and safeguard the health and safety of temporary forging workers from COVID-19 (Canada, 2020bg).

In August, additional support for Indigenous organizations was announced. On August 6, the federal government announced a CA\$13.5 million investment to support the Toronto Aboriginal Support Services Council during the COVID-19 pandemic (Canada, 2020bj). Following this, on August 9, the federal government announced support for 18 projects in Quebec Indigenous communities through a CA\$4.2 million investment (Canada, 2020bk). On August 12, the federal government announced an additional CA\$305 million to support Indigenous Peoples during the pandemic through the Indigenous Community Support Fund (Canada, 2020bm).

On October 30, the federal government announced over CA\$200 million in new funding to provide support to Indigenous communities. The funding includes CA\$120.7 million to help Indigenous early learning and childcare facilities operate safely, CA\$59 million for First Nations to adapt their on reserve community infrastructure, and CA\$25.9 million to provide immediate support to Indigenous post-secondary institutions (Canada, 2020cs). Following this, on November 25, the federal government announced they would be providing CA\$19.36 million in immediate funding to support the Government of Nunavut, Inuit communities and Inuit organizations in their response to the pandemic (Canada, 2020cw).

On December 2, the legislation under Bill C-14 included additional funding of up to CA\$133 million to support access to virtual care, mental health tools and substance use programming (Canada, 2020cz).

Support for businesses

Federal expenditure measures currently in place to support businesses include: (1) extending the Work-Sharing program to provide small businesses with wage subsidies for a period of three months, equal to 10% of remuneration paid during that period up to a maximum of CA\$1,375 per employee and CA\$25,000 per employer; (2) establishing a business credit availability program to provide more than CA\$10 billion of additional support to small-and medium-sized businesses through the Business Development Bank of Canada and Export Development Canada; (3) increasing credit available to farmers by CA\$5 billion in lending capacity; and (4) re-launching the Insured Mortgage Purchase program, initially developed in response to the 2008-9 financial crisis, which stated that the Government of Canada is prepared to purchase up to CA\$150 billion of insured mortgage pools through the Canada Mortgage and Housing Corporation (CMHC) (Department of Finance, 2020a). Additional investments continue to be made, including:

- April 8: temporary changes to the Canada Summer Job program such as an increase in the wage subsidy and extension to the end date of employment, to support businesses and young Canadians (Canada, 2020j)
- April 16: expansion to the Canada Emergency Business Account to businesses that paid between CA\$20,000 and CA\$1.5 million in total payroll in 2019 and announcing its intent to introduce the Canada Emergency Commercial Rent Assistance for small businesses (Canada, 2020m)
- April 17: CA\$675 million to small and medium-sized businesses that are unable to access the government existing COVID-19 support measures, CA\$287 million to support rural businesses and communities, CA\$500 million to establish a COVID-19 Emergency Support Fund for Cultural, Heritage and Sport Organizations to help address the financial needs of affected organizations within these sectors, CA\$250 million to assist innovative, early-stage companies that are unable to access existing COVID-19 business support, and CA\$20.1 million in support of Futurpreneur Canada, a non-profit organization that provides funding and support to young aspiring business owners (Canada, 2020p). Additional investments were announced to support the energy sector in an effort to create jobs during the COVID-19 pandemic including an investment of up to CA\$1.72 billion to clean up orphan and/or inactive oil and gas wells, and up to CA\$750 million to create a new proposed Emissions Reduction Fund to reduce emissions in Canada's oil and gas sector, and expansion of eligibility for the new Business Credit Availability Program (ibid).
- April 18: new support for Indigenous businesses including CA\$306.8 million in funding to help small and medium-sized Indigenous businesses and to support Aboriginal Financial Institutions that offer financing to these businesses (Canada, 2020q).

In an effort to further support employers facing challenges during the COVID-19 pandemic, the federal government launched the Canada Emergency Wage Subsidy (CEWS) and Canada Emergency Wage Subsidy Calculator for Employers on April 21, 2020 (CRA, 2020a). The CEWS provides a 75% wage subsidy of up to CA\$847 per employee per week to eligible employers for up to 12 weeks, retroactive to March 15, 2020 (ibid). The wage subsidy calculator, found on the Canada Revenue Agency (CRA) website, includes detailed information and instructions about who can apply for the subsidy, how eligibility is assessed and how the subsidy is calculated (CRA, 2020c). Employers can print a statement and use this information to

inform decisions about retaining and re-hiring workers. On May 15, the federal government announced that they would extend the CEWS by an additional 12 weeks, until August 29, 2020 (Canada, 2020ai). On May 15, the government also extended the eligibility for the program to allow partnerships with one or more non-eligible members, Indigenous government-owned businesses, registered Canadian Amateur Athletic Associations, registered journalism organizations, and non-public educational and training institutions who meet the other eligible criteria to be eligible (Canada, 2020ah). On July 15, the federal government announced they were proposing a further extension of CEWS until December 19, 2020 (Canada, 2020bd). On August 11, the federal government announced that they had launched an updated Canada Emergency Wage Subsidy Calculator (CRA, 2020d). As part of this announcement, the government reported that the CEWS had provided CA\$26.58 billion in subsidies to more than 275,000 employers.

In early May the federal government announced additional support for businesses, including:

- May 5: announced CA\$77 million for food processors to outfit workers with PPE and reconfigure plants to support physical distancing (Blaze Baum et al., 2020). Notably, a meat packing plant in Alberta was the site of Canada’s largest outbreak of COVID-19, which resulted in the plant closing and workers calling for the plant to remain closed, citing concerns that the safety issues that contributed to the outbreak had not yet been resolved (ibid).
- May 11: establishing a Large Employer Emergency Financing Facility to provide bridge financing to Canada’s largest employers, expanding the Business Credit Availability Program to mid-sized companies with larger financing needs, and continue to provide financing to businesses through Farm Credit Canada (Canada, 2020aa).
- May 13: introducing a new Regional Relief and Recovery Fund (RRRF) (Canada, 2020ad). The Minister of Economic Development and Official Languages announced CA\$962 million will be available for businesses through the program (ibid). The program, aimed to help businesses and organizations that are key to the regions and local economies, is delivered by regional development agencies across the country (ibid). The funding includes CA\$110 million for Atlantic Canada, CA\$211 million for Quebec, CACA\$34.3 million for Northern Canada, CA\$252.4 million for Southern Ontario, CA\$49.5 million for Northern Ontario and CA\$304.2 million for Western Canada (Canada, 2020ac).
- May 14: in partnership with the Ontario provincial government, the federal government announced they would be investing up to CA\$2.25 million to help farmers protect employees and ensure the continued supply of health food products (Canada, 2020af). The funding will be part of the second intake of the Agri-food Workplace Protection Program (ibid).
- May 15: announcing additional support for the dairy sector that has experienced “significant fluctuations in the demand for many dairy products” due to the COVID-19 pandemic. The *Canadian Dairy Commission Act* has been amended and the Canadian Dairy Commission’s borrowing limit has been increased by CA\$200 million for temporary storage of butter and cheese (Canada, 2020aj).
- May 19: changes to Canada Emergency Business Account (CEBA) to increase the number of farmers that are eligible, e.g. farmers without payroll to access the CA\$40,000 interest-free loan available under CEBA, with up to CA\$10,000 of the loan forgiven if the rest is repaid by December 31, 2022 (Canada, 2020al).
- May 25: announcing a new four-week hotline service called Business Resilience Service to support entrepreneurs and small business owners in need of financial planning advice (Canada, 2020al). The service included access to 125 members of Chartered Professional Accountants Canada to provide free, customized financial guidance to business owners (Canada, 2020an).

Prime Minister Trudeau also announcing that the federal government has pledged to work with PTs to ensure that all workers have access to 10 paid sick leave days per year (Berthiaume, 2020b). No specifics were provided but it was anticipated that such a policy will be presented when the House of Commons resumes voting in September 2020 (ibid).

- June 1: new supports announced for businesses operating in Canada’s national parks, national historic sites and national marine conservation areas, e.g. up to 75% of eligible commercial rents for the months of April, May and June 2020 would be waived (Canada, 2020aq)
- June 15: changes to the Canada Emergency Businesses Account announced which would allow owner-operated small businesses that had been ineligible for the program to now be eligible (Canada, 2020au)
- June 30: extension of the existing rent relief program (CECRA) for small businesses by one additional month to cover eligible small business rents for July 2020 (Canada, 2020az)
- July 31: extension of CECRA by one month to help eligible small businesses pay rent for August (Canada, 2020bf).
- September 8: extension of the CECERA for small businesses by one month (Canada, 2020bf).
- September 25: new supports announced for the audio-visual industry through the Short-Term Compensation Fund for Canadian audio-visual productions, making CA\$50 million available for the industry (Canada, 2020bz).
- October 2: CA\$60.2 million in additional funding announced for the Atlantic Canada Opportunities Agency to help business through the Regional Relief and Recovery Fund (RRRF) (Canada, 2020cj); CA\$184 million in additional funding announced for FedDev Ontario to help businesses across southern Ontario through the RRRF (Canada, 2020ci); and CA\$69.8 million in additional funding announced for Canadian Economic Development to help businesses in Quebec (Canada, 2020ch)
- October 9: new targeted supports for businesses announced including a new Canada Emergency Rent Subsidy to provide rent and mortgage support until June 2021 for qualifying organizations, a top-up Canada Emergency Rent Subsidy of 25% for organizations shut down by a public health order, an extension of the Canada Emergency Wage Subsidy until June 2021, and an expanded Canada Emergency Business Account (Canada, 2020cl).
- October 26: changes to the Canada Emergency Business Account allow businesses operating out of a non-business banking account to be eligible (Canada, 2020co).
- November 3: announcement of new support for measures to help Canadian small businesses access global markets through CanExport SME program (Canada, 2020ct). Program pivoted to small businesses by developing and expanding e-commerce presence by covering partial costs associated with online sales platforms and digital strategy consulting, attending virtual trade shows and other business to business events and navigating new COVID-related trade barriers by helping pau for new international market certifications and requirements (Canada, 2020ct).
- December 2: new legislation to provide support to Canadians through Bill C-14 which formally provided that an expenses can qualify for the Canada Emergency Rent Subsidy when they are due so they businesses can access the subsidy before they have to pay for the expense (Canada, 2020cz).
- December 4: eligible businesses able to access a second CEBA loan of up to CA\$20,000 on top of the initial CA\$40,000 that was available to businesses. Half of this loan will be forgivable if the loan is repaid by December 31, 2022 (Canada, 2020da).

As well, on August 17, the Canadian Centre for Occupational Health and Safety (CCOHS) released an e-

course called, Pandemic Planning: Reopening for Business, in an effort to provide organizations the resources to help them safely return to work during the COVID-19 pandemic (Canada, 2020bo). The course is intended to guide employers, supervisors, managers and workers on what controls are needed to protect the health and safety of everyone.

At the provincial level, there are also various supports for businesses facing financial strain. For example, Ontario, Quebec, and BC have programs in place to provide loans to businesses struggling with cash flow (Canada, 2020am).

Tax measures

Tax measures have also been implemented to support individuals and businesses. Support for individuals and families includes the Special Goods and Service Tax credit payment, a one-time payment for low-and-modest income families of up to CA\$400 for single individuals and CA\$600 for couples, and extended the deadline to file individual income tax (from June 1 to August 31) without interest penalties (Department of Finance, 2020a).

Several national companies have also implemented measures to assist individuals and businesses facing financial challenges during the pandemic. For example, on March 18, 2020 Canada's six largest banks announced they would allow mortgage deferrals for up to six months and relief on credit products for individuals in financial crisis as a result of the pandemic (Deschamps, 2020).

6.6 Maintaining the supply of food and essential goods

In an effort to maintain critical goods and supplies, the Government of Canada has created a COVID-19 Supply Council (Canada, 2020w). The council includes a diverse group of leaders to provide advice on the procurement of critical goods and services required in Canada (ibid). On May 2, 2020, the government announced a joint action plan to facilitate the flow of goods, services and personnel amid COVID-19 (Canada, 2020v). After a virtual meeting with representatives from Australia, New Zealand, Singapore and South Korea, a joint statement was signed, agreeing to facilitate cross-border movement of essential goods to maintain open and connected supply chains (ibid).

On May 26, the Government of Canada announced that they were taking steps to ensure “the resilience of the food supply chain and to provide support to keep the agriculture sector strong” (Canada, 2020ao). The commitment included a CA\$9.2 million investment to enhance the Youth Employment and Skills Program and fund up to 700 positions for youth in the agriculture industry (ibid). The funding is intended to help organizations with labour shortage and provide youth with job experience in agriculture that will provide career-related work experience (ibid).

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Appendix A. Key Information and Links

Public health measures in response to COVID-19 are the shared responsibility of the federal government and provincial and territorial (PT) governments, provincially-delegated health authorities, as well as local governments.

Detailed provincial and territorial reports are produced by the North American Observatory on Health Systems and Policies: <https://ihpme.utoronto.ca/research/research-centres-initiatives/nao/covid19/>

The first case in Canada was confirmed January 25, 2020 in Ontario (originated in Wuhan, China). As of April 13, 2020 there were 25,680 confirmed cases in Canada.

The number of total cases, confirmed cases, and mortality from COVID-19 are tracked nationally by the Government of Canada: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Also the federal government measures introduced in response to COVID-19 are summarized on this site: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?topic=tilelink#wb-auto-5>

Each province and territory tracks its COVID-19 cases with daily updates, e.g. Ontario's is here: <https://www.ontario.ca/page/2019-novel-coronavirus#section-0>; Alberta's is here: <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>.

Visit the NAO's webpage for more key links and resources:
<https://ihpme.utoronto.ca/research/research-centres-initiatives/nao/covid19/>

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Contact Information

North American Observatory on Health Systems and Policies
155 College Street, Suite 425
Toronto, ON M5T 3M6



www.uoft.me/NAObservatory



naobservatory@utoronto.ca



[nao_health](https://twitter.com/nao_health)