McMaster University | HEALTH FORUM

COVID-END COVID-19 Evidence Network to support Decision-making ... in Canada

COVID-19 Living Evidence Profile #4

(Version 2: 15 June 2021)

Question

What went well and what could have gone better in the COVID-19 response in Canada, as well as what will need to go well in future given any available foresight work being conducted?

Background to the question

With increasing numbers of Canadians getting vaccinated, now is the time to examine the response to the COVID-19 pandemic while it is still fresh in the minds of policymakers and stakeholders. Answers to questions about what could have been done better and what was done well are necessary to allow us to learn from both the missteps and the successes in the COVID-19 responses that were implemented during the pandemic. This reflexive lens will help to ensure that Canada is well positioned for future waves of the pandemic, for any future pandemics, and for future public-health challenges that share characteristics with this one. We have used the two organizing frameworks below to provide a thematic analysis of lessons learned from evidence documents, opinion pieces that meet one or more explicit criteria (explicit assessment of pros and cons, cited data and/or evidence that was explicitly used in deriving lessons learned, documented stakeholder-engagement process, and/or endorsements of lessons learned by a formal group or a large, informal group of signatories), and the experiences of Canadian provinces and territories as captured by their governments and associated agencies. We have also developed a complementary summary of lessons learned from select other countries using the same organizing frameworks (which can be found on this webpage as living evidence profile 5.1).

Box 1: Our approach

We identified research evidence addressing the question by searching the COVID-END inventory of best evidence syntheses, the COVID-END guide to key COVID-19 evidence sources (which includes several databases containing COVID-19-specific single studies and COVID-19 specific pre-prints, such as COVID-19+, L*VE and TRIPP), EMBASE, and select additional grey-literature sources in the 31 May to 4 June 2021 period. For this update, we conducted searches in English. For next month's update we will conduct searches using French-language terms as well.

We identified experiences related to the question by hand searching federal and provincial/territorial government and government agency websites. We included documents from the municipal level if they were reported on these websites (but we did not search municipal government websites separately). We reviewed both English- and French-language websites.

We searched primarily for empirical studies (including those published in the peer-reviewed literature, as pre-prints, and in the 'grey' literature) and opinion pieces (specifically those that justify the position(s) taken in one or more ways described in Appendix 1). As part of the search for empirical studies, we also searched for full systematic reviews (or review-derived products such as overviews of systematic reviews), rapid reviews, protocols for systematic reviews, and titles/questions for systematic reviews or rapid reviews that have been identified as either being conducted or prioritized to be conducted. Empirical studies, reviews and opinion pieces have been included when they have an explicit assessment of the pros and cons of a course of action compared to the alternatives available. However, for some documents, this assessment has been difficult to apply and we will continue to refine out assessments for future updates of this living evidence profile (LEP).

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Organizing frameworks

We organized our results by COVID-19 response type (rows in Table 1) and by part of the question being addressed (columns in Table 1) using an explicit equity lens. We used different treatment of fonts to profile the gradation in evidence, with **bolded** text representing themes that are found in multiple sources of evidence documents or government and agency reports. In next month's update, we hope to be able to provide further gradation with weight assigned based on a combination of volume and quality and distinguished using **bolded**, regular and *italic* fonts.

The first organizing framework is for type of COVID-19 response:

- cross-cutting by federal vs provincial (vs municipal) and by shift in policy instrument (and/or condition, treatment, sector, or population);
- public health measures (e.g., stockpiling personal-protective equipment), by federal vs provincial (vs municipal) and by shift in policy instrument;
- clinical management, by condition and/or treatment (typically provincial for topics like drug formularies);
- health-system arrangements, by sector (e.g., long-term care) and population (e.g., essential workers and racialized communities) and by federal/pan-Canadian/cross-provincial vs provincial) and by shift in policy instrument;
    - governance arrangements (e.g., dividing up or keeping public-health functions together),
    - financial arrangements,
    - delivery arrangements; and
- economic and social, by sector and by federal (vs provincial) (vs municipal) and by shift in policy instrument.

The second organizing framework is for the three parts of the question:

- what went well;
- what could have gone better; and
- recommendations on what will need to go well in the future given any available foresight work being conducted.

Box 1: Our approach (continued)

For this update we used AMSTAR to appraise the methodological quality of full systematic reviews and rapid reviews deemed to be highly relevant. We also identified the methodology of included empirical studies deemed to be highly relevant and undertook quality assessments for quasi-experimental studies using the Maryland Scientific Methods Scale. For the next update, we will present quality appraisals for highly relevant experimental studies (using the Cochrane risk of bias assessment), quantitative observational studies, (using ROBINS-I), and highly relevant qualitative studies (using either CASP or JBI).

This LEP was prepared in the equivalent of three days of a 'full-court press' by all involved staff and will be updated again in July and August.

What we found

In this update we identified an additional seven evidence documents, of which we deemed six to be highly relevant, including:

- one rapid review;
- four single studies; and
- one opinion piece.

This is in addition to the 23 evidence documents we deemed to be highly relevant from the previous version of this profile, which included:

- one protocol for a review that is underway;
- 15 single studies; and
- seven opinion pieces that met one or more explicit criteria.

In the thematic analysis below (Table 1), we itemize lessons learned from the highly relevant evidence documents and from government and government agency reports included in the jurisdictional scans. Where equity-related findings appear in documents, we have explicitly drawn these out and included them in the lessons below. The table includes lessons learned from any point in the pandemic, however, in future editions we hope to be able to distinguish between lessons based on when they emerged (e.g., in wave 1 vs in waves 2 and 3). We outline the type and number of all documents that were identified in Table 2.

For those who want to know more about our approach, we provide a detailed summary of our methods in Appendix 1. We provide a summary of key findings from the newly identified evidence documents and government reports and analyses in Appendix 2, while those identified in previous updates are included in Appendix 3. Detailed insights from newly identified evidence documents are provided in Appendix 4 (including their relevance to the categories in the organizing frameworks, key findings, and when they were conducted or published), while highly relevant evidence documents are previous updates can be found in Appendix 5. We provide detailed summaries of reports by government and government agencies for each province and territory in Appendix 6. Documents excluded at the final stages of reviewing are provided in Appendix 7.

Thematic analysis

Common themes emerged from both evidence documents and government reports from Canadian federal, provincial and territorial governments. The majority of lessons learned came from analyses of the federal response or responses in B.C. and Ontario, with relatively little found for other Canadian provinces and territories. That said, many of these themes may resonate across provinces and territories and we will continue to update the thematic analysis with lessons learned from other provinces and territories as additional reports become available.

Lessons learned also concentrate within certain response types in the first organizing framework, namely in: cross-cutting responses, public-health measures, health-system arrangements, and economic and social responses. We did not find any themes related to clinical management.

With respect to what went well, three key themes emerged. The first theme is that once problems became known to governments, their responses helped to reduce the impact of COVID-19. This was seen both at the federal level with the government stepping up to support procurement of person protective equipment (PPE) and at the provincial level with public-health measures to manage outbreaks in long-term care homes. The second theme is that provinces such as B.C. that acted quickly to safeguard the long-term care sector were more successful than those that delayed action. Finally, the provision and roll-out of Canadian Economic Recovery Benefit was viewed as a success.

With respect to what could have gone better, documents focused on the challenge of decentralized decision-making leading to varied responses and varied successes in these responses across jurisdictions. At the federal level, the lack of PPE stockpiling was described across several

documents, while provincial themes included limited capacity for testing, contact tracing, and addressing the long-standing issues that contributed to the crisis in the long-term care sector. A final theme was the exacerbation of systemic inequities throughout the pandemic (particularly for Indigenous communities), which contributed to limiting adherence to public-health guidelines.

Explicit lessons learned related to equity came largely from government reports and select opinion pieces. They all were all relevant to what could have gone better and include:

- the exacerbation of systemic inequities affecting Indigenous peoples (as noted above);
- the inability to meet requests for additional healthcare staff in remote Indigenous communities;
- increases in the number of young immigrant women not in employment, education or training compared to their non-immigrant counterparts;
- a reduction in the percentage of women participating in the labour force; and
- increases in the educational disparities between high- and low-performing students.

Recommendations about what will need to go well in future were largely found in government documents and opinion pieces rather than from the included single studies. Recommendations with multiple supporting sources include:

- implement outreach approaches for preventive-care services that were delayed during the pandemic;
- develop and test preparedness plans for future pandemics or public-health crises in the long-term care sector; and
- increase staff levels and retention programs and strengthen inspection and enforcement processes in the long-term care sector.

Table 1: Lessons learned from evidence documents and government reports (with bolded text representing themes found in multiple evidence documents or government reports)

Organizing framework	What went well?	What could have gone better?	Recommendations for what will need to go well in the future
Cross-cutting	None identified	• **Decentralized decision-making between federal and provincial levels led to fragmented responses and unequal 'epidemiological success' across provinces and territories** (two observational studies – 1, 2) • Use of vague and indefinite language over the course of the pandemic resulted in confusion for residents, especially with respect to policy communication (one observational study) Provincial level • **The Ontario Command Table was not led by public-health officials unlike in other provinces such as British Columbia and Prince Edward Island** (one government report; one observational study) • Lessons learned from the SARS outbreak were not implemented in Ontario prior to COVID-19 (one government report)	• Greater centralization of pandemic responses at the federal level, as demonstrated in other countries, may support a more coordinated response (one observational study)
Public-health measures	Federal level • **The Public Health Agency of Canada improved how it managed the assessment and allocation of PPE and medical devices across provinces and**	Federal level • **Limited stockpile of PPE led to shortages at the beginning of the pandemic** (one government report and one opinion piece) • The federal health portfolio and national guidance for pandemic response was out	Federal level • The Public Health Agency of Canada should develop and implement a comprehensive National Emergency Strategic Stockpile management plan (one government report)

	territories (one opinion piece; one government report) • Health Canada and Public Services and Procurement Canada modified their licensing and procurement processes to response to rapidly increasing demand (one government report) • The Public Health Agency of Canada responded quickly to daily reports from Global Public Health Intelligence Network and communicated risk to provincial officials (one government report) • The Canada Border Services Agency acted quickly to prohibit entry of foreign nationals, with an exemption for essential workers (one government report) • A protocol for a systematic review outlines a plan to examine the effects of lessons learned from 'health in all' policy approaches used during the COVID-19 pandemic (one protocol) Provincial level • **Early implementation of rigorous public-health measures in British Columbia, including in long-term care homes which were critical to preventing and managing outbreaks** (two primary studies –	of date and testing of the plans were not completed prior to the pandemic (one government report) • Lack of coordination across provinces and territories on re-opening plans resulted in confusion about differing colour codes and staged approaches (one primary study) • Data-sharing agreements with provinces and past recommendations on data sharing was not finalized when the pandemic began (one government report) • Lack of national data-collection standards, including disaggregated surveillance data led to inconsistencies in how surveillance data was collected and reported (one opinion piece) Provincial level • **Laboratory-testing capacity in Ontario delayed testing symptomatic individuals and obscured the full epidemiological picture compared to other provinces** (one government report and one opinion piece) • **Limited human-resource capacity and unclear guidelines reduced contract tracing across multiple provinces** (one government report and one opinion piece) • **The pandemic exacerbated systemic inequities affecting Indigenous peoples across multiple provinces,**	• The Public Health Agency of Canada should enforce the terms and conditions of its contracts with third-party warehousing and logistic service providers to control inventory of PPE (one government report) • Health Canada should determine whether respirators are appropriately classified (one government report) • The Public Health Agency of Canada should finalize the annexes to data sharing agreements with provides to ensure complete and accurate surveillance data (one government report • The Public Health Agency of Canada should improve its processes for administering mandatory quarantine and collecting contact information to verify compliance (one government report)

	one observational and one qualitative) • **External infection prevention and control teams (IPAC) who can provide access to education and training helped to control and manage outbreaks in long-term care homes in British Columbia and Ontario** (three primary studies – two observational - 1, 2, and one qualitative)	**limiting the ability to adhere to select public-health measures and increasing risk of outbreaks in Indigenous communities** (one opinion piece and one government report) • Insufficient exercise of powers by the Chief Medical Officer of Health, diminished role of Public Health Ontario in the response, and confusion about the roles and responsibilities of local medical offers of health reduced the effectiveness of the provincial response in Ontario (one government document) • Oscillating between strict and loose stages was less effective than policies that maintained a stringent lockdown level (one government report) • There was significant variation across provinces in the timing and implementation of public-health measures in long-term care homes with those that delayed such as Ontario experiencing worse outcomes (one observational study)	
Clinical management	None identified	None identified	None identified
Health-system arrangements	By sector • Acute care o Early response to the pandemic managed to avoid overwhelming the acute-care system (one opinion piece) o Efforts to increase infection prevention and control equipment	By sector • Home and community care o Despite expanding access to contract nurses and paramedics, over half of requests for additional health care staff to respond to COVID-19 care needs in 51 remote or isolated	By sector • Home and community care o Indigenous Services Canada should work with the 51 remote or isolated Indigenous communities to consider approaches to address shortage of nurses in these

	within hospitals was successful by the second wave (one government document) • Long-term care ○ **Single-site work policies in long-term care helped to reduce the spread of COVID-19 in Ontario and British Columbia** (two primary studies – 1 and 2) ○ **Collaboration between long-term care and other sectors was effective at preventing and managing outbreaks in Ontario and British Columbia** (two primary studies – one observational and one qualitative)	Indigenous communities were not met (one government report) • Acute-care sector ○ **Second waves of the pandemic led to cancelling and delaying of preventive and elective procedures** (one rapid review - 2/9 AMSTAR rating; two observational studies – 1,2) ○ Training of surgical residents was more negatively impacted by pandemic restrictions than those other countries because of the focus on competency-based learning (one rapid review - 2/9 AMSTAR rating) • Long-term care ○ **Long-standing issues in the long-term care sector across provinces contributed to outbreaks, including** ▪ **Labour-force challenges including lack of standardization in training** ▪ **Outdated infrastructure including multi-bed facilities and old ventilation systems** ▪ **Limited collaboration with other sectors in the health system** ▪ **Poor communication between long-term care homes and resident's family and caregivers** (one opinion piece; two observational studies – 1,2; government reports- 1,2,3)	communities (one government report) • Acute-care sector ○ **Implement outreach approaches for preventative care services that were delayed during the pandemic** (two observational studies – 1,2) ○ Consider regional-level strategies to manage backlog for select specialty services such as cancer screening (one observational study) ○ Accelerate service delivery and integrate health-equity considerations to reduce backlogs in elective procedures (one government report) • Long-term care ○ **Develop and test preparedness plans for future pandemics or public-health crises** (two government reports – 1, 2) ○ **Increase staff levels and retention programs** (two government report – 1, 2) ○ **Improve home-inspection and enforcement processes** (two government reports – 1, 2)
Economic and social responses	By sector	By sector	By sector

	• Employment
	  ○ **Use of existing infrastructure to deliver the Canada Emergency Response Benefit supported a successful roll out and the financial resilience of Canadians throughout the pandemic (**three government reports – 1,2,3; and one opinion piece)
	  ○ Canada Emergency Response Benefit was targeted well for those employed in industries that were severely affected by the lockdowns and low-wage workers being the most likely to receive payments (one government report)
	  ○ The Canadian Emergency Wage Subsidy was quickly provided to Canadian employers (one government report)
	• Housing
	  ○ British Columbia established a rental supplement, halted evictions and froze rents from the beginning of the pandemic until August 31, which helped with safeguarding housing from the economic impacts of the pandemic (one observational study)
		• Economic development
		  ○ Significant variation in productivity has been observed across sectors in the economy (one government report)
		  ○ There was an increase in the rate of young people aged 15 to 29 not in employment, education or training, with the most significant increases being among young men when compared to young women, and among young immigrant women when compared to non-immigrant women (one government report)
		• Employment
		  ○ **Percentage of women participating in the labour force has dropped significantly during the pandemic due in part to lack of affordable childcare** (three opinion pieces – 1, 2, 3)
		• Education
		  ○ School closures in Ontario have increased educational disparities between students, with average shortfalls in learning estimated at four months among average students and seven among lower-performing students (one modelling study)
		• Immigration
		  ○ During the pandemic admissions to Canada under all classes of immigration fell substantially with refugee and family reunification class
			• Employment
			  ○ Conduct a full economic evaluation of the Canada Emergency Wage Subsidy (one government report)
			  ○ Strengthen compliance efforts for GST and HST (one government report)
			  ○ Undertake targeted audits of the Canada Emergency Wage Subsidy (one government report)
			  ○ Implement mandatory gender-based analyses for labour policies (one opinion piece)
			• Education
			  ○ School authorities in Ontario should offer or continue to offer high-quality and targeted supplementary interventions over the summer to compensate for lost time, and shift some of the load of learning off of parents (one modelling study)
			  ○ School online instructions in Ontario should build in more real-time interactions between students and teachers if additional waves of COVID-19 force students online beyond the end of the 2020-2021 school year (one modelling study)
			• Immigration
			  ○ Prioritize programs such as the Provincial Nominee Program and Atlantic Immigration Program to

		having the greatest impact (one opinion piece)	encourage immigrant retention in smaller communities (one opinion piece) ○ Expand skill and credential recognition for immigrants to improve economic outcomes following immigration (one opinion piece) ○ Consider greater balance between classes of immigration particularly between economic migrants and family reunification and refugee classes (one opinion piece)

Table 2: Overview of type and number of documents related to lessons learned from the COVID-19 response

Type of document	Total (n= 49)*	Cross-cutting responses (n=8)	Public-health measures (n=22)	Clinical management (n=4)	Health-system arrangements (n=17)	Economic and social responses (n=8)
Full systematic reviews	-	-	-	-	-	-
Rapid reviews	3	1	1	-	3	-
Protocols for reviews that are underway	1	-	1	-	-	-
Titles/questions for reviews that are being planned	-	-	-	-	-	-
Single studies that provide additional insight	36	6	17	4	13	3
Opinion pieces	9	1	3	-	1	5

*Some documents were tagged in more than one category so the column total does not match the total number of documents.

Waddell KA, Wilson MG, Bain T, Bhuiya A, Al-Khateeb S, Sharma K, DeMaio P, Lavis JN. COVID-19 living evidence profile #4 (version 4.2): What went well and what could have gone better in the COVID-19 response in Canada, as well as what will need to go well in future given any available foresight work being conducted? Hamilton: McMaster Health Forum, 15 June 2021.

To help health- and social-system leaders as they respond to unprecedented challenges related to the COVID-19 pandemic, the McMaster Health Forum is preparing rapid evidence profiles like this one. This rapid evidence profile is funded by the Public Health Agency of Canada. The opinions, results, and conclusions are those of the McMaster Health Forum and are independent of the funder. No endorsement by the Public Health Agency of Canada is intended or should be inferred.

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