Assessing Canada's Response to the COVID-19 Pandemic.

by

Nikolaos I. Liodakis, PhD

Associate Professor
Department of Sociology
Wilfrid Laurier University
Waterloo, ON Canada
nliodakis@wlu.ca

6th Annual International Conference on Public Health
ATINER, Athens, Greece
June 22-23, 2020

The Political and Policy Contexts

- Health Care (HC) is a Provincial responsibility (Federal State)
- Canada Health Act (Federal framework for public, universal HC)

- Federal financial assistance was swift and helpful

- Different Provinces respond differently to HC issues
- Differential responses to COVID-19 (as expected)

- Differential impact of COVID-19 (we will see **data** later)

- Differential impact even **within** Provinces (regional, city- and hospital-specific). Challenging problems for all.
- Was Canada ready? Did Canada respond well (given SARS 2003)?
- Short answer: **Better than USA and some EU countries** but overall,
- **NO - below our expectations.**
- **What are some of the problems?**

Latest Data – June 20, 2020

- Source: Worldometers
- https://www.worldometers.info/coronavirus

- https://www.worldometers.info/coronavirus/country/canada/

- Total Population**:** **37,733,415**

- Confirmed cases: **100,629**
- Deaths: **8,346**
- Deaths to confirmed cases ratio: **8,346 / 100,629 = 0.0829 (8.29%)**
- Recovered: **63,003**
- Active cases: **29,280**

- Total cases per million: Ranked **43rd**
- Total deaths: Ranked **12th**
- Deaths per million: **221 - HIGH**; Ranked **19th**
- Total tests: Ranked **11th**
- Total tests per million: Ranked **37th**

Latest Data – June 20, 2020

- You may want to also see: https://howsmyflattening.ca/#/dashboard

- Crowd-sourced and organized because government reporting was (is?) inadequate

Data within: June 20, 2020

- Source: CBC
- https://newsinteractives.cbc.ca/coronavirustracker

- **Quebec is doing worse than any other province/territory.**

- **Ontario follows.**

- **Alberta is doing well.**

- **British Columbia also did very well (clear messages, decisive public health leadership and action).**

- **Data warning: There exist great variations within Provinces (e.g., Northern Ontario vs. Toronto).**

- **Policy Implications?**

Province/Territory	Confirmed Cases	Deaths
Alberta	**7,625**	**152**
British Columbia	**2,790**	**168**
Manitoba	311	7
New Brunswick	164	2
Newfoundland and Labrador	261	3
Nova Scotia	1,061	62
Ontario	**33,301**	**2,640**
Prince Edward Island	27	0
Quebec	**54,674**	**5,408**
Saskatchewan	716	13
Northwest Territories	5	0
Nunavut	0	0
Yukon	11	0

Data within: June 20, 2020

- **Averages conceal variations within:**
- E.g., In Ontario, there exist **5** Health Authorities; **3** in the City of Toronto alone, which shoulder most of the pandemic burden.
- In Ontario's North, **1** Health Authority for **500,000** people – **ZERO (0) deaths.**
- Urban vs. rural
- E.g., Quebec: most of deaths in Homes for the Aged.
- Social determinants of health (what data do we **need**?).

Several Problems

- **Federalism (institutionally) –> "Balkanization"?**
- Inter-governmental relations issues.

- **MAJOR contradiction: a federal state but centro-centric actions / responses in cities, regions, and provinces.**

- **Each city, county, and health region has its own public health agency, and their situation, messaging, response were not (and could not be) the same.**

- **E.g., the problems Toronto faces are much more different (and difficult) to manage than other cities or areas.**

Several Problems:

- **Slow response.** Could have done a lot better, given SARS 2003 (learnt a lot since then, e.g., Hospital Protocols, but not enough). **No plan(s).** Make it up as you go.

- Several governments tried to slow down hospital pressures but lost the battle in long-term care homes (mostly in Quebec and Ontario).

- Bureaucratic, hierarchical systems went into **command and control mode** and applied the same formula for all, when many challenges are much different (e.g., rural vs. urban areas).

Several Problems:

- **Quality and type of data.**
- Why do we gather data?
- What types of data **we need vs.** what types of data **we gather**?

- **Ineffective methods of data gathering.**

- **Poor sharing of gathered data - poor coordination. We continue facing challenges with contact tracing and testing.**

- **Raised expectations – poor delivery. Rhetoric:** Evidence-based policy- and decision- making but, **in reality**, quite the opposite occurred. E.g. Ontario Premier Ford: "We will do 20,000 tests" – The system could only deliver 9,000.

- Several hospitals were ahead of the Province (e.g., Ontario) but Ministry bureaucrats were either to slow to respond or had completely different priorities (Media PR **vs.** frontline needs).

Data Gathering

- Difficulties gathering real-time epidemiological info - **FEDERAL** data on COVID-19.
- How many people have the disease?
- Who has it?
- What is the “social profile” of the people who have it? E.g., region, age, gender, class, ethnicity / “race”, etc.
- Provinces gather data but have been **reluctant** to share them with Federal Government.
- A culture of **“data hugging.”** Many scientists have become **“data raccoons.”** (David Fisman – University of Toronto).
- We did learn from SARS 2003 - but not a lot!

Data Gathering

- Data are gathered by local jurisdictions (local hospitals, city?-based health authorities).
- Then, data are communicated to Provincial health authorities.
- Then, they are finally sent to the Public Health Agency of Canada (Federal level).

OFTEN, information is collected in paper records and faxed up the chain.

Canada's technological capacity not fully utilized.

Q: who decides what data to gather? With what criteria?

Sharing Gathered Data

Poor performance on testing - syndromic tests only - not random tests (wider, world issue). Reactive data gathering – not proactive. Methodologically-sound data-gathering: an after thought.

Data are not aggregated in a timely manner for use by policy experts.

Data are not dis – aggregated in a timely manner for use by policy experts.

- **Provinces, often, do not keep data on social characteristics of infected and dead.**
- **E.g., in Ontario, Toronto Public Heath began gathering data on "race" as late as April 20th, 2020.**
- **Relation of class with gender and ethnicity / "race."**

In Summary

- Overall, Canada has not done as well as expected, given our reputation of excellent, universally accessible HC systems.
- Past and current (neoliberal) policies of underinvestment in long-term care was Canada's Achilles hill during this pandemic.
- Alberta and BC did well, Ontario and Quebec not so.
- Responses were "PR-ed" – not driven by science and people's needs. Canada could have done much better. In the future, it has to act faster, improve its data gathering and evidence-based policy and decision-making.
- Hopefully, Canada will learn from the COVID-19 pandemic be better prepared to respond to the next one.