

Pan-Canadian Public Health Network  
*Partners in Public Health*

*Annual Report*

*covering fiscal years*

*2008-2009 and 2009-2010*

*August 9, 2010*

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## Message from the Co-Chairs

We are pleased to present the Annual Report for the Pan-Canadian Public Health Network (PHN). This report reflects the PHN's progress and deliverables for the fiscal years 2008-2009 and 2009-2010.

The Public Health Network (PHN) Council serves as the central senior governance body of the PHN. The PHN Council is responsible for taking a strategic, coordinated view of the ongoing conduct and operation of the PHN and provides policy advice to the Conference of FPT Ministers and Deputy Ministers of Health on public health matters.

Prior to April 2009, the PHN was in the process of moving forward on three fundamental initiatives: streamlining its pandemic-related planning structures through a process led by the Pandemic Preparedness Oversight Committee (PPOC); strengthening the Pan-Canadian Healthy Living Strategy through collaboration across relevant Network groups; and undergoing a PHN Review to assess the effectiveness and efficiency of the PHN.

While those efforts continue, the PHN experienced a significant shift in focus in 2009-2010 with the emergence of the pandemic H1N1 flu virus.

The planning and response efforts for H1N1 represented the first major mobilization of the PHN in a public health emergency since its establishment in 2005. This report highlights the tremendous contributions and achievements of Canada's top technical/scientific experts, policy and communications advisors within the PHN in response to this global event. Information on H1N1 evolved at a rapid pace for decision-makers, stakeholders, media, and citizens. The Canadian Pandemic Influenza Plan (CPIP) assisted in these efforts to ensure Canadians received the best coordinated, evidence-informed advice on how to protect themselves and their families.

However, planning for and responding to public health emergencies tells only one part of the public health story in Canada. This report highlights the outstanding contributions and achievements of the PHN in assisting governments and other public health partners in preventing chronic disease and injury, protecting the health of citizens and reducing health disparities through effective pan-Canadian collaboration.

Moving beyond 2009-10 the PHN will face some new challenges and significant new opportunities, but at this time we wish to celebrate the accomplishments of the PHN and another successful two years of operation.

Dr. David Butler-Jones, Chief Public Health Officer  
Federal Co-Chair, Public Health Network Council

Dr. André Corriveau, Chief Medical Health Officer, Alberta  
Present Provincial/Territorial Co-Chair, Public Health Network Council

Dr. Perry Kendall, Provincial Health Officer, British Columbia  
Past Provincial-Territorial Co-Chair, Public Health Network Council

## **Introduction**

The Pan-Canadian Public Health Network presents an annual report of the Network's activities to F/P/T Ministers of Health, *via* the Conference of F/P/T Deputy Ministers of Health. This is the Network's 3<sup>rd</sup> Annual Report and provides an overview of years four and five of the Public Health Network's operations, including the status of both 2008-09 and 2009-10 deliverables. In addition, the Report provides an overview of the priorities for the Network in 2010-11.

## **The Pan-Canadian Public Health Network: At-A-Glance**

### ***Mandate***

The Federal, Provincial and Territorial Ministers of Health announced the creation of the Public Health Network in April 2005 as a key intergovernmental mechanism for public health collaboration. The Network's establishment responded to the First Ministers' commitment in the *10-Year Plan to Strengthen Health Care* to work together in a collaborative and cooperative fashion to improve public health capacity in Canada.

Reporting to the Conference of F/P/T Deputy Ministers of Health, the mandate of the Network is three-fold:

- Providing policy and technical advice to F/P/T Deputy Ministers of Health on public health matters as requested and on emerging public health issues;
- Supporting the public health challenges jurisdictions may face during emergencies and/or crises; and
- Facilitating the sharing of information and best practices among all jurisdictions in Canada.

### ***Public Health Network Governance, Accountability and Composition***

The Network is led by a 17 member Council – representing the public health leadership of each jurisdiction. Members are appointed by the Deputy Minister of Health of each jurisdiction. Dr. David Butler Jones (Chief Public Health Officer for Canada) serves as federal co-chair. Dr. Perry Kendall (Chief Provincial Health Officer of British Columbia) served as provincial/territorial co-chair until March 2010. In June 2009, P/T Deputy Ministers appointed Dr. André Corriveau (Chief Medical Officer of Health of Alberta) to be provincial/territorial co-chair for a two-year term beginning in April 2010.

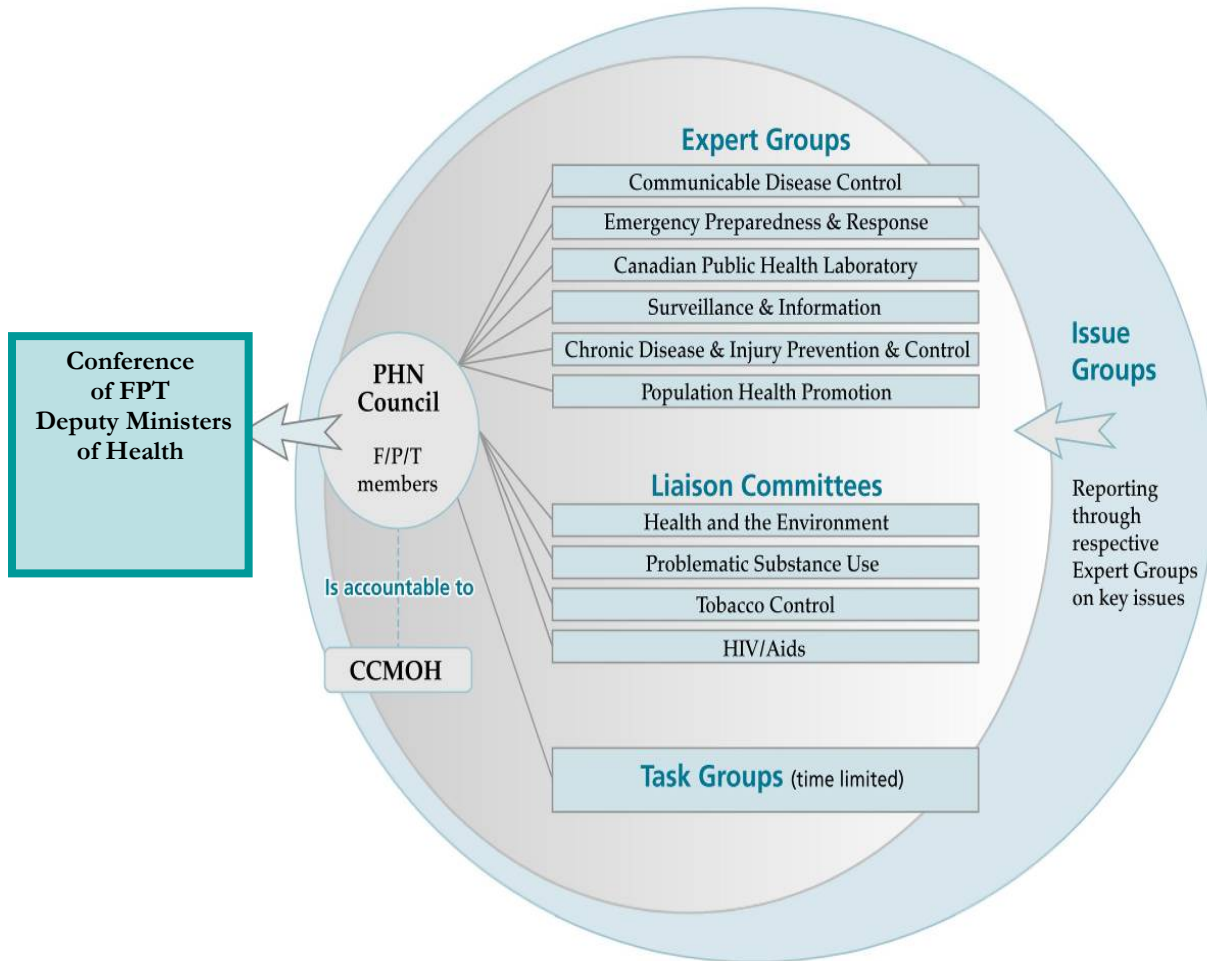
At the time of the drafting of this document, the PHN was undergoing an Operational Review. This Review builds upon the review conducted in 2008 for Deputy Ministers by Garry Curtis, and is focused on developing recommendations to ensure clarity of the PHN mandate and strengthen the governance, accountabilities and management of the various components of the Network. The anticipated completion date for the Operational Review is September 2010.

In addressing Network priorities over the 2008-2010 period, PHN Council was supported by a structure of six Expert Groups in the areas of Communicable Disease Control, Emergency Preparedness and Response, Canadian Public Health Laboratories, Surveillance and Information, Chronic Disease and Injury Prevention and Control and Population Health Promotion. Expert Groups have jurisdictional representation which may include academics, scientists, public servants; some have additional members from related organizations. Expert Groups are supported, as needed, by Issue Groups. In addition, the Council of Chief Medical Officers of Health provides advice from the perspective of the most senior medical officer of health employed by each jurisdiction.

Four Liaison Committees: the Committee on Health and the Environment, the F/P/T Committee on Problematic Substance Use, the Tobacco Control Liaison Committee and the F/P/T Advisory Committee on HIV/AIDS, report through the Public Health Network to F/P/T Deputy Ministers of Health.

In addition, several time-limited task groups report to PHN Council and include representation from academics, scientists, public servants and members of non-governmental organizations.

**Figure 1. Public Health Network Composition as of March 31, 2010**



## *Pandemic H1N1(2009) Governance*

In response to the emergence of pandemic H1N1, a new time-limited F/P/T Emergency Management Structure was utilized to allow for collaboration in several core response functions including: planning, operations, logistics, communications, and health services. A key component in this structure was the F/P/T Special Advisory Committee on H1N1 which was established in April 2009 and co-chaired by the Co-Chairs of the Public Health Network Council with membership that included the Chief Medical Officers of Health (CCMOH) and the PHN Council. Reporting directly to the F/P/T Deputy Ministers of Health, this group was specifically created to bring the CCMOH and PHN Council together and provide timely policy and technical advice to F/P/T Deputy Ministers to support H1N1 planning and response efforts.

In June 2009, SAC re-purposed the PHN Pandemic Preparedness Oversight Committee (PPOC) to be the Pandemic Coordination Committee (PCC). Drawing on preliminary work undertaken by PPOC, PCC provided oversight to the overall management of pandemic preparedness and response activities under the SAC structure. PCC received direction from SAC regarding pandemic related issues requiring resolution and reported on a regular basis to the SAC on H1N1 flu virus through meetings and/or teleconferences. PCC was supported by several task groups composed of technical/scientific experts from across Canada, all guided by the general planning assumptions identified in the Canadian Pandemic Influenza Plan (CPIP) for the Health Sector and its related annexes.

SAC and PCC maintained a complementary teleconference business cycle throughout the planning and response phases, supported by a workplan composed of deliverables assigned to the various task groups reporting to PCC.

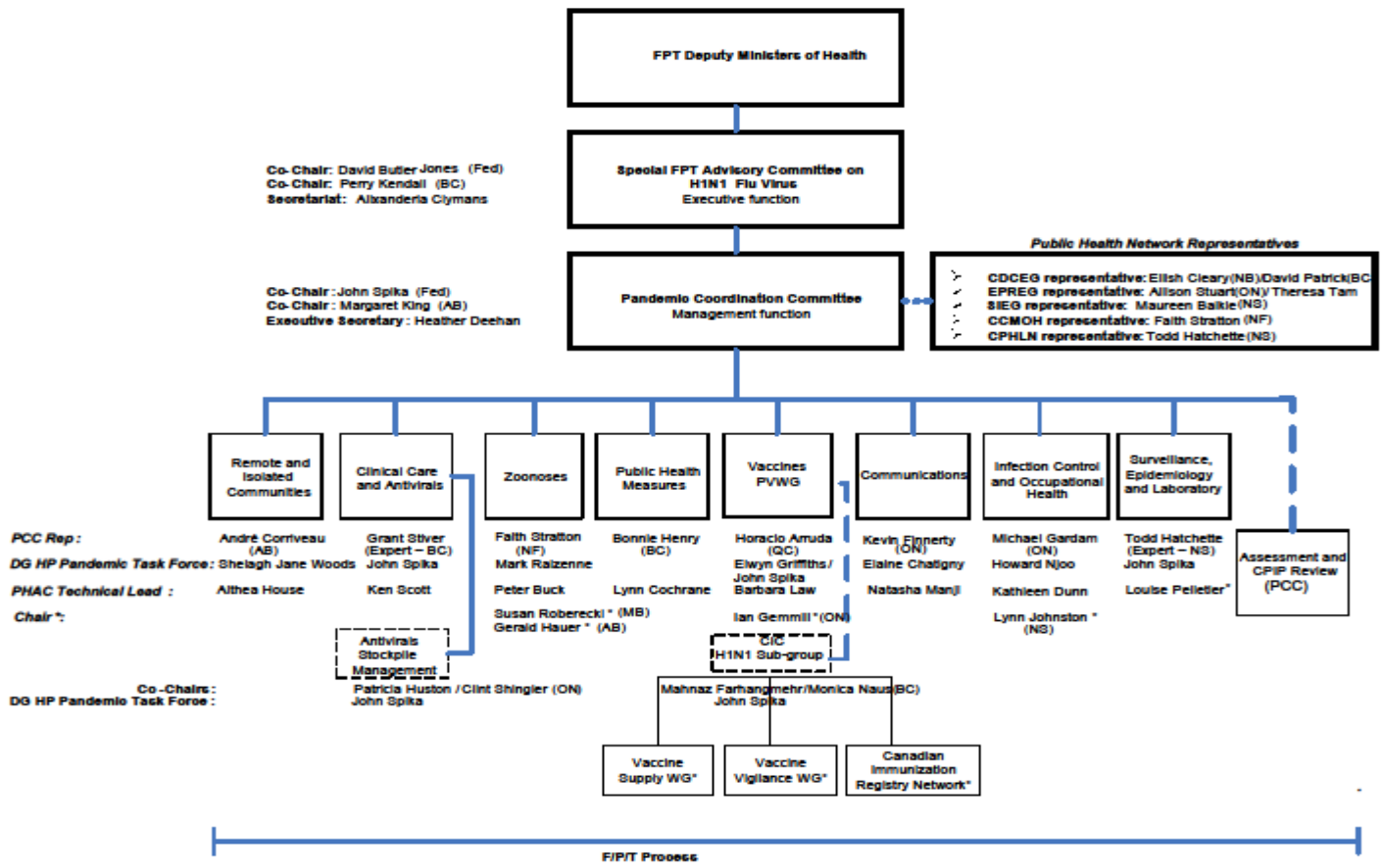
Following the March 9-10, 2010 meeting of the SAC, the Committee was sunset and regular business resumed with the Public Health Network Council and the Council of Chief Medical Officers of Health.

Prior to its sunset, SAC assigned a number of items to various groups within the PHN to ensure the lessons learned are identified and implemented through the work of the Network. SAC directed the re-establishment of the PPOC to provide advice on the PHN's ability and capacity to address pandemic influenza issues and manage related activities during the inter-pandemic and pandemic periods.

Through the PHN Operational Review and through various lessons learned exercises in each jurisdiction, work continues on assessing how the PHN was mobilized in the response to H1N1. These assessments aim to make recommendations on how future PHN structures should operate in between and during major public health events; and to clarify the role of the PHN event vis-à-vis other committee structures reporting to the Conference of F/P/T Deputy Ministers of Health.

Figure 2, PHN H1N1 Governance Structure

**Public Health Network H1N1 Governance Structure: September 15, 2009**



\*Chair: Existing groups in the Public Health Network have been leveraged and the Chairs of those groups are recognized for providing leadership on H1N1 PCC Task Group activities

**Changes in PHN Council Membership**

During April 1, 2008 – March 31, 2010, there were several changes in Council membership. The Public Health Network wishes to thank the following people for their service as members of Council:

- Ms. Joanne Fairlie, Yukon
- Dr. Ross Findlater, Saskatchewan
- Mr. Andrew Hazlewood, British Columbia
- Ms. Jennifer Jeans, Newfoundland and Labrador
- Dr. Wayne MacDonald, New Brunswick
- Mr. Ian Potter, Federal Member
- Ms. Anne-Marie Robinson, Federal Member
- Dr. David Williams, Ontario

The Public Health Network is also pleased to welcome the following new members to Council:

- Ms. Rosemary Boyd, Newfoundland and Labrador
- Dr. Eilish Cleary, New Brunswick
- Dr. André Corriveau, Alberta (previously the member for Northwest Territories)
- Dr. Paul Gully, Federal Member
- Mr. Dana Heide, Northwest Territory
- Dr. Arlene King, Ontario
- Mr. Rick Trimp, Saskatchewan
- Ms. Sherri Wright, Yukon

In June 2008, PHN Council also welcomed Mr. Duff Montgomerie, Deputy Minister, Nova Scotia Health Promotion and Protection, as the first P/T Liaison Deputy Minister to the PHN. The Liaison DM position was created in response to a Review of the Network in 2008 which called for strengthening PHN communications and accountability to the Conference of Deputy Ministers of Health.

### **Reporting on Years Four and Five: *Priorities & Deliverables***

The key priorities for the Public Health Network in 2008-2009 and 2009-2010, were:

1. preparing for and responding to public health emergencies, communicable disease control and prevention;
2. building the public health infrastructure and organization; and
3. health promotion and chronic disease prevention, including the development and management of the Pan-Canadian Healthy Living Strategy.

<b>Key accomplishments from 2008-2010 PHN Work Plan Priorities</b>	
<b>2008-2009</b>	<b>2009-2010</b>
<ul style="list-style-type: none"> <li>❖ Finalized two key inter-jurisdictional Memoranda of Understanding agreements:               <ul style="list-style-type: none"> <li>○ MOU on the Provision of Mutual Aid in relation to Health Resources during Emergency Affecting the Health of the Public;</li> <li>○ MOU on the Sharing of Information during a Public Health Emergency</li> </ul> </li> <li>❖ Developed recommendations on National Antiviral Stockpile diversification and expiring stock;</li> <li>❖ Developed recommendations concerning the use of Antivirals for Prophylaxis;</li> </ul>	<ul style="list-style-type: none"> <li>❖ Strengthened PHN Pandemic Influenza capacity (including H1N1) through the development of guidelines and public health advice related to vaccines, surveillance, remote and isolated communities, clinical care and antivirals, public health measures, infection prevention control;</li> <li>❖ Enhanced communications support for PHN Council and Chief Medical Officers of Health;</li> <li>❖ Updated annexes of the Canadian Pandemic Influenza Plan for the Health Sector throughout the response to H1N1;</li> <li>❖ Provided pan-Canadian public health recommendations and timely advice to the Conference of Deputy Ministers on the H1N1 Pandemic Vaccine Strategy, including Vaccine Sequencing Guidelines, vaccine supply, and recommendations on the use of H1N1 flu vaccine;</li> </ul>



## Key accomplishments from 2008-2010 PHN Work Plan Priorities

- ❖ Updated main body and several annexes of the Canadian Pandemic Influenza Plan (CPIP) (on-reserve FN communities; recommendations for use of antivirals; infection prevention and control; public health measures; surveillance guidelines; developed new annex on psychological measures)
- ❖ Drafted a Business and Contingency Plan for Laboratory Response to Pandemic;
- ❖ Initiated the first phase of the Real Time Pandemic Planning Exercise, which was undertaken by the Public Health Network Council at the February 2008 meeting;
- ❖ Developed recommendations on the Human Papillomavirus Vaccine (HPV);
- ❖ Held a National Forum on Emergency Management;
- ❖ Co-Hosted 2008 Cross Border Influenza Summit with Association of Public Health Laboratories;
- ❖ Developed an Action Plan and for Strengthening Chronic Disease and Injury Surveillance, which was approved by the Conference of F/P/T Deputy Ministers of Health; and
- ❖ Developed a report on national indicators of health inequalities and key determinants of health in Canada.
- ❖ Launched the PHN Infection Prevention Citizen Readiness Campaign and related public messaging, including the launch of the [www.fightflu.ca](http://www.fightflu.ca) web portal;
- ❖ Developed a Public Health Laboratory Assessment Tool;
- ❖ Developed Advice for Consideration of Quadrivalent (A, C, Y, W135) Meningococcal Conjugate Vaccine, for use by Provinces and Territories;
- ❖ Developed Guidelines for the Prevention and Control of Mumps Outbreaks in Canada;
- ❖ Key policy decisions made for the development of the Multi-lateral Information Sharing Agreement (MLISA);
- ❖ Led collaboration across the Network on a strengthened Integrated Pan-Canadian Healthy Living Strategy Framework, and initiated the development of a joint F/P/T Framework for Action to address Childhood Obesity and a Declaration on Prevention and Promotion;
- ❖ Developed an Enumeration pilot project with British Columbia and Nova Scotia to create knowledge and dialogue with jurisdictions to maintain and update data on the public health workforce;
- ❖ Developed a systematic review of factors in the school environment that lead to mental health outcomes;
- ❖ Developed a report *Bringing Health to the Planning Table - A Profile of Promising Practices in Canada and Abroad*;
- ❖ Initiated a formal PHN Operational Review focused on ensuring clarity of the mandate and strengthening the governance, accountabilities and management of the Network; and
- ❖ National Microbiology Laboratory (NML) collaborative response for the V2010 Olympic and Paralympic Games.

## Advice to F/P/T Deputy Ministers of Health

A key function of the Public Health Network Council is to provide advice to the Conference of Deputy Ministers of Health on public health matters in Canada.

During the years 2008-2009 and 2009-2010, the Public Health Network provided advice and recommendations to the Conference of F/P/T Deputy Ministers of Health on the following key public health issues:

- MOUs on the Provision of Mutual Aid and Information Sharing During a Public Health Emergency, which were subsequently endorsed by F/P/T Ministers of Health;
- A strengthened Integrated Pan-Canadian Health Living Strategy Framework and priority areas for healthy living;
- A Joint Policy Statement with Sport, Physical Activity and Recreation Ministers in support of F/P/T children and youth physical activity targets;
- A proposed initiative to include toll-free quitline numbers on tobacco packaging;
- Various pandemic planning initiatives, including the completion and public release of revised annexes of the Canadian Pandemic Influenza Plan, the development of a Pan-Canadian Pandemic Social Marketing Framework, and development of a Real Time Pandemic Exercise;
- Approval of a PHN Action Plan to build on the existing FPT Diabetes Surveillance System and expand it to a national chronic disease surveillance system, adding other chronic diseases;
- Completion of a major review of the PHN, and as part of implementation of recommendations, the creation of a new Liaison DM position to the PHN and initiation of an operational review of the Network;
- National recommendations on the use of Antivirals for Prophylaxis During Pandemic Influenza;
- Management of the National Antiviral Stockpile (NAS);
- Action Plan to enhance capacity for surveillance of chronic disease and injury;
- Establishment of the HPV Vaccine Evaluation and Research Fund;
- Pan-Canadian public health recommendations and timely advice to the Conference of Deputy Ministers on H1N1 planning and response, including the H1N1 Pandemic Vaccine Strategy, Vaccine Sequencing Guidelines, vaccine supply, and recommendations on the use of H1N1 flu vaccine;
- Endorsement by FPT Ministers (except Quebec) to sign the MOU on Roles and Responsibilities in Pandemic Influenza and Response for the Health Sector in the 2009 H1N1 Outbreak, and;
- H1N1 lessons learned.

### PHN “Under the Microscope”

#### *Contribution of the Canadian Public Health Lab Network (CPHLN) to the Pandemic H1N1 2009 Pan-Canadian Response*

CPHLN involvement with Pandemic H1N1 2009 (pH1N1) was swift and comprehensive. CPHLN's contribution to this international crisis began in April 2009 shortly after the Mexican government approached the Public Health Agency of Canada for assistance with the diagnosis of an outbreak of severe respiratory illness. Within hours the National Microbiology Laboratory (NML), the first laboratory outside Mexico to respond to the crisis, activated their Emergency Operations Center (NML-EOC) and alerted CPHLN member facilities across the country to watch for samples that tested positive for influenza A with an unknown subtype.

The leadership demonstrated by the NML was quickly replicated by other CPHLN member laboratories. Utilizing primers and a protocol developed by the NML for this crisis, labs across the country began identifying the novel virus in-house. This marked the initial movement to the next phase of pandemic response as outlined in Annex C of the Canadian Pandemic Influenza Plan for the Health Sector.<sup>1</sup>

The response work of CPHLN between waves of the pandemic focused on both documentation and the development of a testing kit to identify antiviral resistant pH1N1. In August 2009, the Pandemic Influenza Laboratory Preparedness Network (PILPN) of CPHLN met at the NML to develop Interim Best Practice Guidelines<sup>2</sup> for detection and characterization of pH1N1. This document was developed to ensure a consistent approach to specimen collection, transportation, testing and biosafety specific to pH1N1.

Development of the testing kit showcased CPHLN's ability to function as a cohesive network: the Public Health Microbiology & Reference Laboratory of the British Columbia Centre for Disease Control (BCCDC) developed a protocol to test for antiviral resistance; the CPHLN Secretariat utilized contacts at the Association of Public Health Laboratories and the US Centers for Disease Control and Prevention (CDC) to acquire samples; samples were then sent from the CDC to NML who redistributed them to the BCCDC; once validated the protocol was exported back to the NML, who in turn reconfigured it for the testing platform utilized by all provincial public health labs; once reconfigured the protocol and a kit were distributed to each of the provincial public health laboratories.

This string of events allowed Canada to increase its antiviral resistance testing capacity and successfully address laboratory aspects of the pandemic.

### **External Communications**

The Public Health Network has continued to increase its external communications efforts over the last two years. At the 2008 Canadian Public Health Association (CPHA) Conference, the PHN hosted a pre-conference workshop and also presented an exhibit booth, providing information materials about the PHN.

In 2009, the Public Health Network hosted an armchair discussion, engaging CPHA delegates in a dialogue about the role and purpose of the PHN in advancing public health priorities. The Public Health Network also hosted an exhibit booth, providing a presentation, and information materials including data sticks promoting the PHN for conference delegates. In addition, the PHN has updated its website (<http://www.phn-rsp.ca>), which provides access to a variety of information on the mandate, structure, and expert groups reporting to the Public Health Network Council, as well as reports and publications.

At the 2010 Centenary CPHA conference, the Public Health Network hosted a pre-conference session which provided an overview and discussion of the initiatives and ongoing work of the Public Health Network, highlighting the work that is being done to advance public health issues in Canada. The Public Health Network also hosted an exhibit booth at this conference, providing information to delegates about the Public Health Network.

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<sup>1</sup> The Canadian Pandemic Influenza Plan for the Health Sector was developed by the Pandemic Influenza Laboratory Preparedness Network (PILPN) of the Canadian Public Health Laboratory Network.

<sup>2</sup> Please visit [CPHLN.ca](http://CPHLN.ca) to obtain a copy of this and other CPHLN documentation.

## Funding

PHN business and administration is supported financially by the Public Health Agency of Canada (PHAC), with annual P/T contributions for policy support and research, as well as coordination for the P/T Co-chair and Liaison Deputy Minister.

## Looking Ahead

Moving ahead into its sixth year of operations in 2010-2011, the PHN will continue to build on its achievements to date. Of particular importance this year will be to respond to Ministerial and DM direction, specifically with respect to:

- Addressing H1N1 Lessons Learned and moving forward on the next phase of pandemic planning, including a strategy for the revision of the Canadian Pandemic Influenza Plan; and
- Continued focus on healthy living through the advancement of a framework for action to promote healthy weights for Canadian children and the Declaration on Prevention and Promotion for endorsement by the Conference of Ministers of Health;
- Completion of the PHN Operational Review and implementation of recommendations on mandates, governance and accountabilities within the Network;
- Development of an Aboriginal Engagement Strategy for the PHN;
- Advice in the negotiation of future pandemic and seasonal influenza vaccine contracts;
- Enhancement of existing surveillance and epidemiological capacity to strengthen public health surveillance.

The Public Health Network will also continue to expand its external communications efforts, through participation in conferences and other appropriate fora, through improving utilization of the Canadian Network for Public Health Intelligence (CNPHI) and by further enhancing the PHN website.

## Conclusion

The Public Health Network has established itself as a Pan-Canadian forum for public health matters, where public health threats can be anticipated, prepared for, and responded to in a coordinated manner.

The PHN strives to conduct this intergovernmental work in a manner that is respectful of the authority and jurisdiction of each government to manage public health operations within their own domain.

The Public Health Network has accomplished a great deal since its creation in April 2005, will continue to assist governments and other public health partners in providing a high quality, efficient and responsive public health system for Canadians.

As evidenced in this report, the Public Health Network has become – in its first five years of operation - *the* focal point for collective F/P/T action in public health in Canada. The Network has focused its efforts on delivering on the commitments and priorities identified by the Conference of F/P/T Deputy Ministers of Health (CDMH) and the F/P/T Ministers of Health, including those articulated in the F/P/T Special Task Force report, *Partners in Public Health*.

The Public Health Network looks forward to reporting on further progress made in 2010-2011.

# Pan-Canadian Public Health Network

*Partners in Public Health*

## Public Health Network Council Members as of March 31, 2010

Provincial/Territorial Co-Chair	Federal Co-Chair
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