



LEARNING FROM THE RESPONSE TO COVID-19

REPORT AND RECOMMENDATIONS

LEÇONS APPRISSES DE LA RÉPONSE À LA PANDÉMIE DE COVID-19

RAPPORT ET RECOMMANDATIONS

Le present document contient la traduction
française du sommaire et du message du ministre

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Message from the Premier

The COVID-19 pandemic impacted every aspect of our society. It changed our fundamental assumptions about the way we worked, lived, and did business. The Government of the Northwest Territories responded to the significant threat to public health with urgency and intensity to protect residents from serious illness and death, to maintain our already limited health care resources and avoid the disruption to society that many places were experiencing.

I believe the GNWT learned a lot in managing a public health crisis of this magnitude. The response impacted all government services and put us to the test over the two years that the Northwest Territories was in a state of public health emergency. In order to consolidate these learnings and consider the actions taken in a dynamic environment and under extraordinary pressure, we wanted to hear from public servants most directly involved in responding to the pandemic, and from residents, Indigenous governments, Indigenous organizations, and other northern leaders about the GNWT's operational management of the pandemic. The experiences of people who offered responses show us how the GNWT could better coordinate and implement emergency responses specific to a long-term public health emergency.

I would like to thank all participants for their input. Participants in our surveys and interviews described very real challenges, but also how people made their best efforts to respond to rapidly changing and unprecedented circumstances. I would like to take this opportunity to thank those people who worked tirelessly, within the GNWT, and across the Northwest Territories to respond to the pandemic. I also acknowledge northerners for demonstrating resilience and resourcefulness as we grappled with unfamiliar and often frustrating realities.

As COVID-19 becomes endemic, we are wise to remember the severity of the illness caused by the virus in the early phases of the crisis and the disruption it caused around the world. The pandemic was a challenging time for everyone. The Northwest Territories is one of the first jurisdictions in Canada to publicly reflect on its operational management of the COVID-19 pandemic. The lessons we learned from our successes and shortcomings during this period are valuable and should help us as a government to better serve residents in a time of a public health emergency.

Caroline Cochrane
Premier of the Northwest Territories

Message de la première ministre

La pandémie de COVID-19 a affecté tous les aspects de notre société et a bouleversé la vision fondamentale que nous avons du travail, de notre mode de vie et des affaires. Le gouvernement des Territoires du Nord-Ouest (GTNO) a pris la mesure de la situation et a réagi promptement à cette lourde menace pour la santé publique, afin de protéger les Téoïois des risques de maladies graves et de complications mortelles, de préserver nos ressources déjà limitées en matière de soins de santé et d'éviter les perturbations qui se sont produites dans de nombreuses régions.

J'estime que le GTNO a beaucoup appris de la gestion d'une telle crise sanitaire publique. La réponse apportée a affecté l'ensemble des services gouvernementaux et nous a tous mis à rude épreuve, pendant les deux années qu'a duré l'état d'urgence sanitaire aux TNO. Pour consolider les leçons tirées de cet épisode et examiner les mesures prises dans un contexte changeant et sous une pression hors norme, nous avons souhaité recueillir les témoignages des fonctionnaires ayant participé directement aux efforts de maîtrise de la COVID-19, ainsi que ceux des résidents, des gouvernements et des organisations autochtones et d'autres représentants du Nord à propos de la gestion opérationnelle de la pandémie par le GTNO. Les commentaires des personnes concernées nous indiquent dans quelle mesure le GTNO pourrait améliorer la coordination et la mise en œuvre d'interventions adaptées à un état d'urgence sanitaire de longue durée.

Je souhaite adresser mes remerciements à tous les participants. Dans le cadre de nos sondages et entrevues, les répondants ont fait état de défis bien réels, mais aussi des efforts qu'ils ont déployés pour réagir, face à une situation inédite et en constante évolution. Je tiens à remercier les personnes qui ont travaillé sans relâche, au GTNO comme dans l'ensemble des Territoires du Nord-Ouest, afin de gérer la pandémie. Je salue également la résilience et la débrouillardise dont ont fait preuve les Téoïois alors que nous étions confrontés à des circonstances déroutantes et bien souvent frustrantes.

À mesure que la COVID-19 devient une infection endémique, il convient de rappeler la gravité de la maladie causée par le virus au début de la crise, ainsi que les perturbations qu'elle a engendrées à travers le monde. La pandémie a été difficile pour tous. Au Canada, les Territoires du Nord-Ouest sont l'une des premières régions à se pencher publiquement sur la gestion opérationnelle de la COVID-19. Les leçons tirées de nos réussites et de nos faiblesses pendant cette période nous sont précieuses et devraient nous aider, en tant que gouvernement, à mieux servir les Téoïois en cas d'urgence sanitaire.

Caroline Cochrane

Première ministre des Territoires du Nord-Ouest

Executive Summary

In its response to the COVID-19 pandemic, the Government of the Northwest Territories (GNWT) was relatively successful in minimizing serious illness and death, avoiding overburdening health care resources, and limiting societal disruption. While the GNWT's pandemic response had profound impacts on government operations and residents' daily lives, the Northwest Territories avoided community spread of the virus for months, particularly in the period before vaccines were available.

After the state of public health emergency was lifted, the Premier tasked a small group of public servants with conducting a review of the GNWT's operational response to the pandemic. The review considered four aspects of the GNWT response: emergency management coordination at the outset of the pandemic; the implementation and coordination of public health measures, including the establishment of the COVID-19 Coordinating Secretariat; the policy and legislative framework for public health emergencies; and compliance and enforcement measures. Over the summer of 2022, a public survey was conducted, and 53 interviews were conducted with GNWT employees who were directly involved in the pandemic response. Input was also sought from Indigenous Governments through a similar survey and invitations for an interview. Members of the Legislative Assembly and community government leaders were also invited to respond to a survey and participate in an interview.

Responses to the surveys and interviews provided important insights into how the GNWT might have improved its pandemic response and be better prepared for future public health emergencies of this magnitude and duration. The review makes 23 recommendations for the GNWT to better coordinate measures, improve accountability and better serve the public and support its employees in responding effectively to a public health emergency. The impacts of the pandemic were significant, far-reaching and involved all GNWT departments and agencies. It is hoped that positive aspects of the pandemic response, and lessons learned from the experience can inform the GNWT's path forward in providing services to residents in a time of public health emergency.

Sommaire

Dans le cadre de sa réponse à la pandémie de COVID-19, le gouvernement des Territoires du Nord-Ouest (GTNO) a obtenu des résultats relativement satisfaisants en ce qui concerne les objectifs suivants : réduire le nombre de maladies graves et de décès, éviter une surcharge des ressources de santé et limiter les perturbations sociétales. Bien que les mesures prises par le GTNO contre la pandémie aient eu des répercussions profondes sur les activités gouvernementales et sur le quotidien des Téoïois, les TNO sont parvenus à éviter une propagation du virus dans les collectivités pendant plusieurs mois, notamment pendant la période antérieure à l'arrivée des vaccins.

Après la levée de l'état d'urgence sanitaire, la première ministre a mandaté un petit groupe de fonctionnaires pour effectuer un examen de la réponse opérationnelle à la pandémie du GTNO. Cet examen portait sur quatre aspects : la coordination des mesures d'urgence au début de la pandémie; la mise en œuvre et la coordination des mesures de santé publique, y compris la création du Secrétariat de coordination pour la COVID-19; le cadre politique et législatif relatif aux urgences sanitaires; et l'application et le respect des mesures d'urgence. Au cours de l'été 2022, un sondage public a été organisé et 53 entrevues ont été menées auprès d'employés du GTNO qui ont participé directement aux efforts de lutte contre la pandémie. Les gouvernements autochtones ont reçu un sondage similaire et des demandes d'entretien. Certains députés et responsables des administrations communautaires ont également été invités à répondre à un sondage et à participer à un entretien.

Les commentaires ainsi obtenus offrent des points de vue importants sur la façon dont le GTNO aurait pu améliorer sa réponse à la pandémie et sur la façon dont il pourrait mieux se préparer à de futures situations d'urgence sanitaire d'une ampleur et d'une durée semblables. De cet examen découlent 23 recommandations destinées à aider le GTNO à mieux coordonner ses mesures, à renforcer sa responsabilisation, ainsi qu'à mieux servir le public et à soutenir ses employés, tout en réagissant efficacement à une situation d'urgence sanitaire. La pandémie a eu de vastes et lourdes retombées, qui ont touché l'ensemble des ministères et des organismes.

Nous espérons que les aspects concluants de la lutte contre la pandémie, de même que les leçons tirées de cette expérience, pourront guider, à l'avenir, le GTNO dans sa prestation de services aux résidents en cas d'urgence sanitaire.

Introduction

COVID-19 is the name given by the World Health Organization (WHO) on February 11, 2020 for the disease caused by the novel coronavirus SARS-CoV2. It started in Wuhan, China in late 2019 and quickly spread worldwide, where it was declared a pandemic by the WHO on March 11, 2020. Under the Northwest Territories (NWT) *Public Health Act*, the Minister of Health and Social Services declared a territory-wide public health emergency, as recommended by the Chief Public Health Officer (CPHO), on March 18, 2020. The State of Public Health Emergency would be renewed multiple times as the various waves of the pandemic arrived, extending until April 1, 2022.

The goals of the Government of the Northwest Territories' (GNWT) pandemic response were to minimize serious illness and death, avoid overburdening health care resources, and limit societal disruption. The NWT experienced relative success in meeting these goals in the early stages of the pandemic: community spread was avoided for months – especially during the period of time before vaccines were available - and the number of deaths, hospitalizations and cases were lower than in many other jurisdictions. Despite the early success in keeping COVID-19 case numbers low, the pandemic had profound impacts on the lives of NWT residents and government operations. Significant resources were directed towards protecting the health and safety of northerners. Decisions around the rapid deployment of support programs (with significant cost implications) and adaption to service delivery were made in a dynamic environment. The GNWT's pandemic response was far-reaching and involved all GNWT departments and agencies, Indigenous Governments, community governments and communities.

March 2020 brought with it the beginning of a number of public health measures: incoming NWT travel was restricted, mandatory 14-day self-isolation for all incoming travelers was introduced, ProtectNWT was launched, and gatherings of any size were restricted. The Emergency Management Organization stood up a COVID-19 Incident Management Team (IMT) to implement public health orders at the outset of the pandemic including establishing isolation centres and border checkpoints. NWT schools were closed to in-person learning for the remainder of the 2019-20 school year, employers asked employees to work from home where possible, and the federal *Quarantine Act* was in effect. In April 2020, the GNWT launched a compliance and enforcement taskforce, COVID-19 testing was expanded and the 811-call centre was implemented. In September 2020, the GNWT created the COVID-19 Coordinating Secretariat, the COVID-19 Incident Management Team was stood down, and wastewater testing began in Yellowknife and other regional centres. On December 31, 2020, the first vaccines were administered in the NWT, beginning an unprecedented campaign that would expand to all residents over age 18 by March 2021 and extend to non-resident workers in mines. In April 2021, travel-related self-isolation requirements were reduced for fully vaccinated individuals and remote tourism orders allowed operators to welcome out-of-territory guests.

An outbreak occurred in Yellowknife at the end of April 2021 and a mandatory masking order was made in early May. Later that month vaccines became available to youth ages 12 and up across the NWT. In June 2021, the GNWT released *Emerging Wisely 2021*, that outlined a path for the NWT to eventually end public health restrictions. Outbreaks in various communities in August 2021 led to community spread, fueled by a wave of the more transmissible Delta variant of the virus. In November 2021, the WHO

identified the highly contagious Omicron variant as a “variant of concern” and by December 2021 the Omicron strain had become the dominant variant in the NWT. The idea that COVID-19 would never be eradicated or fully contained started to gain acceptance over time. Scientific and public knowledge about the virus, its transmission and how to mitigate personal and public risk increased, as did the number of fully vaccinated individuals. At the national level, the number of overall deaths and hospitalizations was decreasing.

By mid-2022, COVID-19 was becoming recognized as endemic. When the state of public health emergency ceased on April 1, 2022, the NWT had recorded 10,773 resolved cases, 610 active cases and 20 deaths. The COVID-19 Coordinating Secretariat was closed. Most northerners sought to return to pre-pandemic norms, while recognizing that the virus was still present.

The pandemic was an unprecedented event and the response had profound impacts on society, the economy and government operations. The GNWT has undertaken a review of its internal operational management of the COVID-19 pandemic to help make improvements and prepare for future public health emergencies.

How We Engaged – Methodology

Between July 11 and August 15, 2022, GNWT senior officials as well as Indigenous Government (IG) and community government leaders were invited to respond to a questionnaire and participate in an interview. The NWT public was also invited to participate in an online public survey during the same period.

Survey and interview questions were generally the same, focusing on:

- emergency management coordination, including stakeholder, Indigenous Government and community government engagement, collaboration and communications;
- the implementation and coordination of public health measures through the establishment of the COVID-19 Coordinating Secretariat;
- the existing legislative framework for public health emergencies, including the CPHO’s authority in the development of public health orders; and
- compliance and enforcement measures, and potential improvements that could be made in the operational management of the pandemic.

The link to the public survey was posted on Cabin Radio, Facebook, GNWT websites, Northern News Services and the internal GNWT newsletter. The Premier of the Northwest Territories sent letters to Indigenous Governments and community governments, advising them that the GNWT would be reviewing its response to the COVID-19 pandemic, and inviting their representatives to participate in an interview. An email with links to an online survey was sent to Members of the Legislative Assembly, including Ministers and GNWT officials.

A total of 545 responses to the public survey were received. Respondents were asked to identify the community from which they were responding. Of the respondents:

- 75.9% were from Yellowknife;
- 9.7% were from Hay River;
- 3.7% were from Fort Smith; and
- 1.7% were from Inuvik

The remaining responses were received from: Behchokò, Dettah, Enterprise, Fort Good Hope, Fort Liard, Fort McPherson, Fort Providence, Fort Resolution, Fort Simpson, Gametì, Nahanni Butte, and Norman Wells.

The large proportion of responses from Yellowknife was considered when survey results were reviewed. The recommendations in this report attempt to fairly balance the needs and perspectives of the territory as a whole.

It should be noted that, as the public survey respondents were self-selected, inferences should not be drawn that the opinions expressed by the survey respondents reflect the opinions of the general public.

Thirteen survey responses were received from Members of the Legislative Assembly and GNWT officials. With regards to community governments, there was only one response received from a municipality, and no responses to the survey were received from Indigenous Governments. Notwithstanding the limited response rate from partner governments, GNWT officials in many cases worked directly with community governments and Indigenous Governments throughout the pandemic and were able to offer observations during the interviews that were valuable in helping inform the recommendations.

In addition to the surveys, 53 interviews were conducted with GNWT officials who were directly involved in the GNWT's operational management of the COVID-19 pandemic. One interview was also conducted with a community government. All survey responses were provided anonymously, and respondent confidentiality was ensured for interview responses. This report presents the results of the survey (Public Perspectives) and trends in response to the interviews (Internal Perspectives).

Emergency Management Coordination – The Early Days of the Pandemic

In March 2020, the CPHO established clear objectives for the GNWT response to the COVID-19 pandemic: control the spread of COVID-19 in the NWT for as long as possible; prevent the spread of COVID-19 into smaller communities with limited health care resources; and protect the NWT healthcare system from being overwhelmed by the pandemic.

On March 24, 2020, the Minister of Municipal and Community Affairs declared a territory-wide State of Emergency under the *Emergency Management Act* to support ongoing efforts to protect public health in the NWT. This state of emergency was renewed for consecutive 14-day periods until it ended in July 2020.

The *Emergency Management Act* and associated NWT Emergency Management Plan are designed to describe responsibilities at the local, regional, and territorial levels. NWT communities have varying levels of resources and capacities, meaning local emergency responses vary from community to community. Regional planning involves identifying contingencies if local resources are overwhelmed. Regional planning also maps regional resources, including evacuation centres and similar resources. Territorial plans bring together the resources available across the NWT and include links to Federal agencies and resources.

Public Survey Perspectives

Public survey respondents generally agreed that at the outset of the pandemic, GNWT emergency measures were introduced at the right time, quickly implemented after decisions were announced, and effectively prevented the spread of COVID-19. Respondents felt less strongly that emergency measures were consistently implemented throughout NWT communities and felt that emergency measures could have been better coordinated with other parties. Several respondents specifically felt that emergency measures and public health measures could have been better coordinated on a federal level and as amongst provinces and territories, particularly as the pandemic went on.

Internal Perspectives

Interview participants' assessment of the coordination of the GNWT's response varied. It is important to note that pandemic planning was underway prior to the declaration of a state of emergency in late March 2020. The Territorial Emergency Management Organization (EMO) and all five Regional EMOs were activated to coordinate the GNWT response in support of the Public Health Emergency. The Department of Health and Social Services activated its Emergency Operations Centre (HSS EOC) to coordinate the NWT health and social services system response; however, interview participants described a lack of coordination between those two bodies. Initially, the Head of the EMO participated in HSS EOC meetings which a representative of the Office of the Chief Public Health Officer (OCPHO) and the HSS Emergency Planner also attended; however, direct communication between the OCPHO and the territorial EMO was

limited after the state of public health emergency was declared. Appropriate authorities struggled to decide how they would coordinate their work and how aspects of the pandemic response not directly related to health services, such as border control, safe isolation for high-risk populations, engagement with industry or the business community and other government services would be carried out. No GNWT-wide plan was developed to prepare for the eventual arrival of COVID-19 in the NWT. In large part, participants believed this lack of coordination and overall planning within the GNWT contributed to the CPHO assuming a commanding lead for the GNWT response. A lack of clarity surrounding responsibilities, and a lack of shared understanding of initiatives, were common issues identified by GNWT interview participants. Major decisions about the design and implementation of public health orders were made under the statutory authority provided to the CPHO during a state of public health emergency, with limited opportunity to consider societal disruption or implementation challenges.

Some participants felt that stronger leadership from the EMO and a better understanding of its role and function may have helped improve the effectiveness of the GNWT response and alleviate some of the burden on the health system. Based on observations of interview participants, systemic and structural challenges within the GNWT contributed to this experience, more so than the actions of specific authorities, officials, or agencies. In fact, consensus emerged among interview participants that individuals across all systems tried their best to carry out their duties in response to a pandemic, but a lack of overall coordination limited the effectiveness of many of these efforts.

The complexity of the initial response to COVID-19 in the early days was compounded by the requirement that, beginning in mid-March 2020, GNWT employees were requested to work from home where possible. Interview participants felt that, overall, the GNWT did an adequate job in coordinating the transition from working in an office environment to working in a home environment when it came to ensuring that employees had the necessary equipment to do their job. An observation was made that given this was the first time the GNWT workforce was directed to work from home – and that the effort was being co-ordinated during a pandemic - the result in terms of the logistical accomplishments was generally satisfactory.

The “work from home” experience differed among GNWT employees. Some interview participants reported that employees – particularly those with young children who were not attending school on account of the pandemic – struggled with the competing demands to do their job in a home environment while simultaneously caring for and educating their children. Others felt a sense of loneliness and isolation from their work peers. Conversely, there were employees who adapted well to the new work arrangement and preferred it to the traditional office environment.

Community Perspectives

Under the *Emergency Management Act*, community government pandemic plans identified local resources that could be mobilized to support the health and social services system in the event of a local outbreak. These plans were shared with the health and social services EOC; however, the GNWT responses to local COVID-19 outbreaks that were coordinated through the GNWT Department of Health and Social Services with support from the COVID Secretariat did not align with most community governments’ pandemic plans. In some cases, this contributed to confusion at the community level, and a perception of inefficient use of both local and GNWT resources. Community plans could not

accommodate the requirements of the health and social services response plan. This disconnect may be largely attributable to a lack of public health involvement during local response planning.

Staff from various GNWT departments worked with community governments on their response plans and observed that community governments often expressed dissatisfaction with the reliance on user groups to develop their own exposure control plans to be implemented in public and recreational facilities. Community governments own the recreational facilities and public spaces that user groups regularly access. Community governments were forced to manage a variety of different restrictions placed on their facilities and based on plans they were not involved in developing. They felt both a lack of public health support, and pressure from the GNWT to share their limited resources.

Recommendations

The Incident Command System (ICS) was widely highlighted as a possible solution to help simplify and streamline the GNWT response to extraordinary events in the future. The ICS is a standardized system designed to enable effective, efficient incident management. It has been effectively employed in NWT wildfire management and is the structure adopted in the NWT Emergency Plan. The ICS can be adapted by any agency responding to emergency incidents and is well suited for objective-based decision making, given that its foundation is built on defining clear roles, responsibilities, and accountability.

The wide adoption of the ICS could streamline future emergency responses and help resolve many of the challenges experienced with coordination of the initial COVID-19 emergency response.

It is recommended that:

- The GNWT: (i) mandate the implementation of a coordinated ICS across all departments and agencies; (ii) establish and document roles and responsibilities with appropriate authority, expertise and resources within the GNWT, including specific and generic job descriptions that may support the timely redeployment of staff to support the expertise required to respond to such events; and (iii) formally establish a process to identify and resolve issues that may arise with use of the ICS structure.
- The GNWT identify specific competencies and skill sets to respond to urgent situations, support the ICS and ensure the most effective teams can be obtained in a short timeframe.

Coordination and Implementation of Public Health Measures: September 2020 and beyond

The GNWT's initial pandemic response became increasingly difficult to sustain, as resources had to be provided and coordinated across multiple government organizations, while continuing to provide regular services and maintain budgets. The COVID-19 Coordinating Secretariat (COVID Secretariat) was established on September 3, 2020 as a single agency to coordinate the GNWT's response to the pandemic and manage the implementation of the CPHO's public health orders and recommendations for the duration of the Public Health Emergency. The COVID Secretariat consolidated pandemic services and adjusted them to meet the ever-changing conditions presented by the pandemic, and was responsible for services needed to support implementation of the CPHO's orders.

Public Survey Perspectives

Most public survey responses indicated that the creation of the COVID Secretariat had limited effect on the GNWT's response to the pandemic. Public expectation was that the GNWT would respond to the pandemic and the circumstances it created. It was more important that these services were accessible and well-understood than the nature of the internal structure that was used to support their delivery.

Internal Perspectives

Interview participants expressed an overall sense that the creation of the COVID Secretariat was a success, in that it addressed the need for a coordinating body to serve as the central agency in the GNWT response to COVID-19. Amalgamation created efficiencies and improved services, but many interview participants suggested the same outcome may have been accomplished without creating a secretariat, had clearer direction been provided with respect to roles and responsibilities at the outset of the pandemic. Capacity challenges remained an issue across government in all aspects of pandemic response and in maintaining government programs and services.

Redeployments to the COVID-19 Coordinating Secretariat

Redeployment of GNWT staff was essential to support the response to COVID-19. While it is critical to ensure the GNWT has adequate resources to respond to circumstances such as a public health emergency and extraordinary circumstances, it is apparent that staff redeployments had an impact on many essential services, employees' workload, morale, and staff management.

Interview participants who were redeployed to the COVID IMT and the COVID Secretariat described the substantial burden of taking on a new job, and often designing and implementing new procedures to support their new position. The workload was significant, an experience that, for most, did not subside once they returned to their home positions, as many were left to deal with months or years of backlogged work to address. Staff losses during and immediately after the pandemic, along with pressure to return to normal operations as quickly as possible, were reported as exacerbating the situation. Interview participants discussed their sense of a lack of recognition and support. Many participants

perceived a stark imbalance between employees who were redeployed, particularly to demanding, frontline positions, and those who worked from home.

Responses to questions regarding redeployment also revealed a need to examine how staff are matched with new roles and duties, and how the GNWT might balance the needs of responding to future public health emergencies and extraordinary circumstances while maintaining core and essential services. The GNWT uses a competency-based staffing and development model which might assist future redeployment by matching appropriate skills and competencies with short-term organizational needs. Responses to public health emergencies and extraordinary circumstances require broad subject matter expertise both to direct appropriate response at the command level and carry out effective response on the front line. The GNWT delivers a wide range of programs and services and may need to draw on specific competencies and expertise in response. The probability of success in responding to an emergency is greater when the individuals carrying out the response already have developed skills in the area related to, or easily transferrable to, their roles in emergency response.

Interview participants also offered views on the human resource policies that were introduced during the pandemic. While the needs of individual departments vary based on the type of program or service they provided to the general public, a number of participants felt that more consistency as amongst the rules would have been helpful. Participants felt that return-to-work policies, exposure control plans, and vaccination policies should have been consistent and applicable to the entirety of the GNWT, and not individualized to departments. They felt that this would have reduced confusion to employees.

Internal and External Communication

The CPHO is mandated to provide public health advice and authorized to make legally binding orders to protect public health, but does not necessarily have the expertise to implement these orders as they apply to other parts of public government. Across interview responses, consensus emerged that measures were implemented with very little notice to departmental staff, or consideration given to how they would practically impact services at borders, local businesses, recreational facilities, front-line health and social services facilities, places of worship and other public areas. Interview participants observed that internal information did not always flow from the OCPHO to frontline staff efficiently. Internal communications remained an ongoing challenge especially when trying to balance the confidential nature of the information and the implementation of new or changed orders. Toward the end of the pandemic, more lead time was available on changes to orders which helped make internal communications more effective. The additional lead time meant COVID Secretariat staff were informed before changes were made to Public Health Orders, resulting in improved service quality and higher staff morale.

Notable exceptions to the communication challenges were the school system, licensed day cares and the mineral and petroleum sectors. These sectors benefitted from direct involvement and advice from the OCPHO early in the pandemic. It would not have been possible for the OCPHO to provide this level of support to all organizations required to respond to public health orders – the OCPHO experienced capacity challenges as did many other public health organizations across Canada - but the lessons learned from these experiences underscore the importance of collaboration among subject matter experts to successfully design and implement exposure control plans and communicate effectively. Improved communication and collaboration between the OCPHO and the rest of the GNWT may have resulted in

less frustration among all parties, better coordination of services and resources, and more effective communication with the public.

This observation was also reflected in comments in the public survey: bringing appropriate subject-matter expertise into the development of public health orders earlier in the process would have helped with the longer-term implementation of public health orders. The rollout of public health orders, including how the public was expected to respond to those orders, was seen to be lacking. The urgency with which public orders needed to be changed and put into place was understandable, but detracted from the reality that people cannot govern their actions if they are unclear about what they are supposed to do.

Confidentiality was required around the development of Public Health Orders and related processes until they were completed and information could be shared. However, given the COVID Secretariat's important role in public communications, involving COVID Secretariat operations into Public Health Order development would have been beneficial to operations and potentially resulted in more clear, timely and accurate public communications.

Communications, both internally and with the public, was a significant part of the GNWT's response to the COVID-19 pandemic and the work of the COVID Secretariat. The COVID Secretariat developed content and coordinated activities through the GNWT website, radio (including a regular phone-in show with the CPHO and Chief Medical Director on CBC radio), print, social media platforms, information screens and a Frequently Asked Questions section on the COVID-19 website, as well as regular media briefings and responses to media requests. Online navigation tools and campaigns designed to promote healthy behaviors were also created. Communications were fast-paced and multi-faceted. Information came in large volumes and changed quickly.

Results from the survey as well as interviews suggested a level of dissatisfaction among respondents with information that was provided by the 811 service. The concern was that information provided by the 811 service was often inconsistent with what was being provided by Public Health or other entities within the health care system and could change depending on who was providing advice over the 811 service line at any time. This would seemingly support some of the concerns raised with communications and the speed at which public health orders and other health information was being conveyed to the public in response to the rapidly changing environment the virus presented.

The public survey asked participants to rank the effectiveness of multiple communication channels. Generally, public survey responses indicated that websites external to the GNWT were most effective in communicating the contents of Public Health Orders. Radio and print ads ranked second among public responses, while GNWT email updates ranked second among internal participants. Both internal and external responses consistently highlighted Cabin Radio as the most reliable source of information about Public Health Orders throughout the pandemic; however, given that most responses were from Yellowknife, this observation may not reflect the preferences of residents of other regional centres and small communities. Numerous responses also included comments that some communication channels, such as emails from an employer, did not apply or that respondents were unclear about how to rank each channel.

Both public survey responses and internal interview participants commented that communication methods must be sensitive to literacy levels including reading level, computer literacy and online navigation ability and language proficiency, and to community needs and preference for receiving trusted information. The COVID Secretariat acknowledged that translators and translation services are limited under ideal circumstances, but that more products in Indigenous languages would have been helpful and appreciated. Further engagement with regional centres and small communities may be necessary to develop a communication strategy that addresses the needs of all residents.

Recommendations

It is recommended that:

- The GNWT continue to support transfer assignments and other mechanisms of hiring to help stabilize workload, and contribute corporate knowledge and expertise, while remaining agile to respond to emergency circumstances.
- The GNWT continue to develop appropriate tools and resources to support managers and employees who work from home or manage staff working from home.
- The GNWT develop phased approaches to stand down emergency organizations, and the transition of staff back to their home positions and duties while accommodating the need for recuperation and reorientation.
- Public health officials, ICS officials, along with representatives from GNWT departments and agencies, be closely involved in the development of local health-related emergency plans with community governments through the Local EMO.
- Where community government facilities are identified for use during a health-related emergency response, consideration be given to collaboration with the Office of the Fire Marshal and other regulators, to ensure plans comply with fire codes and other regulatory requirements, and public health officials work with community governments to ensure alignment with community emergency plans.

Communication and Collaboration

It is recommended that:

- GNWT communications products, protocols and processes should be reviewed to consider the development of crisis communication responses in an emergency. The GNWT should consider adopting an ICS approach to crisis communication, which would enable a streamlined approval and implementation process.
- Staff workload and capacity should be evaluated continually to ensure adequate resources are available, recognizing the demand for increased communications during a crisis.
- Information about new and changing Public Health Orders should be provided in advance to groups responsible for preparing frontline staff for changes, and to groups responsible for modifying public facing communications (i.e. - websites), to ensure that these channels accurately reflect the most up-to-date information as soon as new or amended orders are released.
- Internal communications material should be developed in a manner that provides clearer guidance and support to frontline workers as they inform and communicate with the public.
- The GNWT evaluate the effectiveness of communications in Indigenous languages at the GNWT level with respect to capacity for translation and ensure resources are available for timely and reliable translation in crisis situations.

Policy and Legislation

Public survey responses on the effectiveness of public health orders, the State of Public Health Emergency, and the level of public accountability for public health orders were almost evenly divided between those who strongly disagreed with the orders and those who strongly agreed with them. This trend reflects the polarity of public opinion that evolved around public health measures, particularly as the pandemic continued. Some survey respondents decried the measures and loss of personal freedom and strongly disagreed that the measures were effective, while an almost equal number of respondents expressed support, agreed that measures were effective and even commented on their concern with public health orders having been repealed as COVID-19 becomes endemic.

As a starting point, it is important to note that the virus evolved over time. Scientific knowledge surrounding the virus changed over time too. The situation was responsible for creating a level of frustration and confusion amongst some members of the public over what they perceived were constantly changing public health orders and advice in terms of how to best protect oneself from contracting the virus. There were questions as to whether scientific evidence could support some of restrictive measures that were in place, and whether, as the virus evolved, some of those restrictions could have been removed in a more timely fashion.

Survey responses also suggested that factors other than public health should be considered in future government responses to a pandemic. There must be a broader appreciation for other considerations that society wishes to see reflected in such decisions; notably, the desire to remain socially connected, as well as the need and desire to earn income in a wage economy. Decision making based solely on science, while not considering other factors that members of society may wish to see included in the decision-making process, is an issue that should be examined. What those “other factors” are will undoubtedly be a matter of debate and opinion, but there are expectations that those debates will occur.

Some public survey responses and interviewees felt that, given the response to COVID-19 was focused almost entirely on health outcomes directly related to the virus, the impact on businesses and on the overall mental health of citizens was particularly pronounced. Some businesses were prohibited from opening; others were permitted to open, but on a reduced scale that, in some cases, made it financially unviable to do so. Requirements for contact tracing needed to be implemented. Difficult questions emerged surrounding certain practices, leading to questions from the public about whether certain restrictions “made sense”; recognizing again, that such questions may have stemmed from a lack of understanding about how the virus evolved over time.

The developmental impacts resulting from closed schools and reduced social interactions, and the mental health impacts resulting from increased loneliness and social isolation, made more difficult by the geographic isolation of the NWT and the fact that many Northerners have family outside of the NWT, were other consequences of COVID-19 that some felt did not receive the attention that they deserved.

Some participants expressed the view that the approach the GNWT took to responding to the pandemic could be distinguished based on the actions it took “pre-vaccine availability” and “post-vaccine availability”. Some participants felt that, overall, the GNWT’s response to the virus during the first year of

the pandemic when vaccines were not readily available in the NWT, was satisfactory: measures needed to be implemented to ensure people remained safe and hospitals were not overburdened. However, some participants felt that the measures that remained in place (notably, isolation requirements) were not warranted once residents had been provided the opportunity to become vaccinated by May 2021. Participants felt that the onus was on individuals to choose to either accept the vaccine or not, but for those who chose to become vaccinated, it was unfair that they were still subject to certain pandemic restrictions.

Most interview participants expressed concern about the level of OCPHO authority over GNWT operations and the public for prolonged periods of time and felt that this level of authority should be limited in the future. Among all interview participants, there was clear consensus that the CPHO should provide expert advice on matters related to public health and is the appropriate authority to address public health concerns. There was also common agreement that the CPHO must be involved in pandemic planning, but decisions directly involving GNWT operations and the public needed to involve input from those authorities that may be impacted. Subject matter expertise should inform how public health orders are implemented.

Operationally, interview participants observed that legislation and legislated processes needed greater flexibility to respond to an urgent situation and allow for efficient and effective processes to be implemented in a short amount of time. In extraordinary circumstances, such as a pandemic, quick responses and actions may be hindered by statutory provisions that were not designed to accommodate the flexibility required to address immediate needs. Examples in areas that extended beyond the *Public Health Act* include: the *Access to Information and Protection of Privacy Act* (specifically timelines for responses); *Financial Administration Act* (procurement); *Official Languages Act* (translation); and the *Employment Standards Act* (human resources).

It should be noted that the Legislative Assembly of the Northwest Territories passed the *Temporary Variation of Statutory Time Periods (COVID-19 Pandemic Measures Act)* in June 2020. The purpose of the legislation was to allow for the creation of temporary orders that could vary a date, deadline or a time period set out in an Act in response to the pandemic. The legislation was used on only one occasion. Participants reported that some of the most challenging timelines to meet during the initial stages of the pandemic were those found in the *Access to Information and Protection of Privacy Act (ATIPP)*; the *COVID-19 Pandemic Measures Act*, however, specifically prohibited the temporary adjustment of a time period prescribed in *ATIPP*.

Another example of the need for greater flexibility in legislation in responding to public health emergency situations, appeared when the GNWT and City of Yellowknife worked to address the need of the city's population affected by homelessness. The result was a declaration of a state of emergency for a specific geographic area (in lieu of a local state of emergency), which allowed the GNWT to acquire and utilize a facility that was otherwise unavailable due to the constraints of the *Community Planning and Development Act*.

Interview participants also highlighted the need for the public service and the GNWT to act quickly and exercise greater flexibility during the pandemic. A significant number of policies, and policy tools, were implemented or considered during the pandemic in an effort to provide programs and services.

For example, implementation of a managed alcohol program at isolation centres exposed gaps in mandate and capacity. Interview participants acknowledged that exceptional efforts were undertaken to address these issues as they arose, but long-term solutions to these gaps should be explored.

Recommendations

It is recommended that:

- Internal timelines for changes to public health orders should build in adequate time: to share the information internally as between GNWT departments and agencies; to provide feedback; prepare internal communications and implementation plans; and to notify the public in advance of changes to the orders as efficiently as possible.
- Order-making authority under the *Public Health Act* should be examined to ensure that there is the appropriate level of public accountability for decisions that are made during a pandemic.
- The 14-day time period for which a public health emergency can be in force under the *Public Health Act* should be examined to determine whether that time period could be lengthened in the legislation, and whether there should be a maximum number of times that a public health emergency declaration can be renewed consecutively. The authority responsible for first issuing a public health emergency, as well as the question of whether a public health emergency should undergo an additional level of scrutiny after it has been in force for a certain period of time (i.e. – 30 or 60 days) should also be examined.
- Legislative processes and timelines within the *Access to Information and Protection of Privacy Act*, *Financial Administration Act*, *Official Languages Act*, and *Employment Standards Act* should be re-examined to determine whether they are effective and achievable in an emergency response situation.
- The interplay between the provisions in the *Public Health Act* and the *Emergency Management Act* should be examined, to avoid duplication of powers and authorities in the *EMA* and the *PHA* related to public health emergencies.
- Policies and procedures that were adapted to meet emergent needs during the pandemic should be examined by the GNWT Red Tape Reduction Working Group as there may be lessons learned that could improve ongoing GNWT programs and services.

Compliance and Enforcement

Most respondents to the public survey felt that public health orders were not easy to understand, and did not fairly balance the protection of public health with the maintenance of personal liberties. The role of the NWT Compliance and Enforcement Taskforce was poorly understood. Most responses to the public survey indicated neutrality around the roles and effectiveness of other public agencies in enforcing public health orders.

Internal to the GNWT, interview participants observed that clearer communication at the outset of the pandemic about Public Health Officers' designation, and their authority to access personal health information (and recognition that they are bound by a code of conduct) would have made information easier to access, especially during investigations. Enforcement of Public Health Orders required all levels of authority to work together within their own scope of authority and capacity. Other interview participants stated that they were not necessarily certain of the role or effectiveness of the compliance and enforcement taskforce.

Survey and interview responses from individuals who were redeployed from other departments and cross-appointed as Public Health Officers felt that their training was insufficient, and that their roles and responsibilities were unclear. While these public servants had undergone enforcement training within their legislated roles and had some transferable skills, it was expressed that the court rejected tickets because they were improperly issued by individuals who lacked appropriate training.

Client service was a necessary function of Compliance and Enforcement Officers at border crossings and was observed to be as important a factor as enforcement to assist travelers. Remote connectivity and availability of timely information challenged effective border enforcement during the pandemic. To effectively control land entries into the NWT, it is recommended that border checkpoints be located as closely as practical to the geographical border location and that reliable, timely means of communication be available for Compliance and Enforcement Officers and the public. Border checkpoints also need to be equipped with basic infrastructure (i.e. – facilities to sleep in, washrooms, etc.).

Some community governments established their own checkpoints at entry points to their communities. The legislation as it currently exists does not provide authority for community governments to control traffic on public highways. Residents at the checkpoint did not appear to have any legal authority to stop a vehicle, turn people away or collect personal information about the occupants of a vehicle. Furthermore, they may not have had the training or tools to manage interpersonal conflicts that can arise if someone is unwilling to have their travel impeded at a checkpoint. The GNWT recognized communities' desire to feel safe and monitor incoming traffic, and supported community governments in establishing "information checkpoints". These checkpoints provided public safety information and guidance on complying with public health measures.

Additionally, there were some Indigenous Governments that did not feel as though their organizations were contemplated in the GNWT emergency management approach when it came to describing their roles in an emergency response.

Recommendations

It is recommended that:

- Individuals designated as Public Health Officers or transferred into specialized roles such as those individuals who staffed isolation centres, be given appropriate training, supervision and that there be a shared understanding of their roles and responsibilities.
- Core skills and competencies required for emergency response be identified as part of emergency planning and taken into consideration for redeployments, including experience in procurement, policy, financial administration, crisis management and mental health first aid.
- Should a future public health emergency result in border control measures, border checkpoints should be located as close as practical to the geographical border. Reliable means of communication should be made available in a timely manner for Compliance and Enforcement Officers and the public.
- The GNWT should support community governments in their desire to protect residents and inform travelers in the case of future public health emergencies insofar as it is within a community government's authority.
- The GNWT should encourage Local Authorities to engage with Indigenous Governments to determine whether the Indigenous Governments would like to participate in emergency response activities through the Local EMO and, if so, to reflect those commitments in the relevant Local Authority's Emergency Plan.

Conclusion

The response to the COVID-19 pandemic created lasting operational change for the GNWT and many other organizations. As a result of the pandemic, the GNWT transitioned to a single platform for remote work and finalized a Remote Work Policy. The pandemic accelerated the development of virtual health care solutions including improved phone and video-based consultation and e-prescribing. There is greater awareness of the need to bridge the “digital divide” between northern communities and the rest of the world. Anecdotally, there has been increased emphasis on outdoor activities, more sensitivity about people coming to work sick and the need for paid sick days. Around the world, people observed the environmental impacts of a shutdown as urban environments experienced clean air and animals expanded their habitats. Within a year of the declaration of the pandemic, the NWT was part of the most widespread vaccination campaign in history.

COVID-19 has become endemic, and its long-term impacts on public health, the economy and other aspects of society are still not fully known. As global travel continues to rebound and given that most jurisdictions have considerably scaled back measures against the spread of COVID-19 or similar pathogens, it is possible that we could experience another crisis event of considerable magnitude. The lessons learned from the GNWT’s response to the COVID-19 pandemic can assist the government and society at large in becoming better prepared to respond effectively and responsibly to such future events.

Appendix A: Survey Questions

The Government of the Northwest Territories is undertaking a review of its internal operational management of the COVID-19 pandemic. The purpose of the review is to gather information from a variety of stakeholders, both internal and external to the GNWT, to present policy advice and recommendations to improve preparedness for future public health emergencies. Recommendations may provide policy rationale for proposed amendments to existing NWT laws or for managing certain responses to a public health emergency in a different manner in the future.

The following questions focus on three major topics: Emergency Measures Coordination; Coordination and Implementation of Public Health Measures; and the Legislative Framework. Please reflect on decisions and actions that worked well, and on those areas where there is room for improvement.

Please be assured that all responses are completely anonymous. No personally identifiable information is captured unless you voluntarily offer personal or contact information in any of the comment fields.

Additionally, your responses are combined with those of all other respondents and will be summarized in a report. We will not directly attribute any statements made by individuals in the response to this survey.

Emergency Measures Coordination

1. At the outset of the pandemic in March 2020, the GNWT implemented a number of emergency measures to prevent the spread of COVID-19 in the Northwest Territories. The GNWT's initial response to COVID-19 involved all departments and agencies, as well as the Government of Canada, all Indigenous governments of the Northwest Territories and NWT community governments.

Q1: What is your level of agreement with the following statements on a scale of 1-5?

(1- Strongly Disagree, 3- Neither Agree nor Disagree, 5- Strongly Agree)

At the outset of the pandemic in March 2020, GNWT emergency measures were:

- a. timely (measures were introduced at the right time)
- b. quickly implemented (measures were implemented quickly after decisions were announced)
- c. consistently implemented throughout NWT communities
- d. effective in preventing the spread of COVID-19
- e. well-coordinated with other parties

Please tell us why you chose your answers above.

Coordination and Implementation of Public Health Measures

2. As the impacts of the pandemic continued, the need for a longer term, sustained response became apparent. The Covid Secretariat was created in September 2020 to address this issue.

Q2: What is your level of agreement with the following statements?

1-5 (1- Strongly Disagree, 3- Neither Agree nor Disagree, 5- Strongly Agree)

The creation of the COVID Secretariat in September 2020 improved:

- a. the timeliness of the pandemic response
- b. the implementation of the pandemic response (measures were implemented more quickly after decisions were announced)
- c. consistency of implementation
- d. effectiveness of the pandemic response (prevented the spread of COVID-19)
- e. coordination with other parties

Please tell us why you chose your answers above.

3. GNWT public communications performed numerous functions during the pandemic including providing information about public health orders.

Q3: In your opinion, which of the following communication channels MOST effectively communicated public health orders?

- News coverage
- Online broadcasts of CPHO briefings
- Social media
- Email updates
- Radio
- Television information screens
- Print media

Please tell us why you chose your answer(s) above.

4. In addition to public health orders, public communications also provided messaging intended to influence residents' choices and behaviours to help prevent the spread of COVID-19, general information about COVID-19 and outbreak-specific advisories.

Q4: What is your level of agreement with the following statement?

1-5 (1- Strongly Disagree, 3- Neither Agree nor Disagree, 5- Strongly Agree)

In general, appropriate channels and means to communicate with the public were used.

Please tell us why you chose your answer above.

Legislative Framework

5. Public health legislation in the NWT affords the Chief Public Health Officer (CPHO) broad decision-making powers, under which the CPHO may implement legally binding Public Health Orders.

Q5: What is your level of agreement with the following statements?

1-5 (1- Strongly Disagree, 3- Neither Agree nor Disagree, 5- Strongly Agree)

- The CPHO was publicly accountable for the decisions made.
- Orders issued by the CPHO effectively addressed the pandemic.

Please tell us why you chose your answer above.

6. The GNWT declared a territory-wide Public Health Emergency under the *Northwest Territories Public Health Act* in response to the COVID-19 pandemic on March 18, 2020. The purpose of calling an emergency was to allow the Chief Public Health Officer to take strong, binding actions to protect all Northwest Territories residents, and swiftly respond to the daily-evolving needs of the healthcare system as it tackled the pandemic.

Under the *Act*, Public Health Emergencies may last up-to 14 days. However, if the risk to public health remains, the Minister of Health and Social Services may re-declare a Public Health Emergency, as often as necessary. In the NWT, the State of Public Health Emergency was renewed every two weeks between March 18, 2020 and March 29, 2022.

Q6: What is your level of agreement with the following statements on a scale of 1-5?

- I understood the reasons why the Public Health Emergency was automatically renewed every two weeks.
- The reasons for automatically renewing the Public Health Emergency was well understood by others.
- The GNWT/CPHO did a good job of explaining the reasons why the public health emergency needed to be reviewed

Please tell us why you chose your answers above.

7. Under the Public Health Emergency, the Chief Public Health Officer had the authority to issue public health orders to protect NWT residents and prevent the spread of COVID-19. Public health orders included (but were not limited to): restrictions on travel, self-isolation requirements for people who travelled and/or tested positive for COVID-19, limits on the size of public and private gatherings. These orders were enforced by the NWT Compliance and Enforcement Taskforce. The taskforce was supported in its role by other public agencies, including the RCMP and community bylaw officers.

Q7: What is your level of agreement with the following statements on a scale of 1-5?

- I understood the public orders when they were issued.
 - I understood the NWT Compliance and Enforcement Taskforce’s role in enforcing public health orders.
 - I understood the roles of other public agencies in enforcing public health orders.
8. Under the *Public Health Act*, a state of public health emergency lasts up to 14 days and may be extended if a public health emergency continues to exist and the extension is required to protect public health.

Q8: Do you think legislation should include a mechanism to review the decision to renew a State of Public Health Emergency after being in effect for a specific duration?|

1-5 (1- Strongly Disagree, 3- Neither Agree nor Disagree, 5- Strongly Agree)

Please tell us why you chose your answer above.

Appendix B: Summary of Recommendations

Emergency Measures Coordination

1. The GNWT: (i) mandate the implementation of a coordinated ICS across all departments and agencies; (ii) establish and document roles and responsibilities with appropriate authority, expertise and resources within the GNWT, including specific and generic job descriptions that may support the timely redeployment of staff to support the expertise required to respond to such events; and (iii) formally establish a process to identify and resolve issues that may arise with use of the ICS structure.
2. The GNWT identify specific competencies and skill sets to respond to urgent situations, support the ICS and ensure the most effective teams can be obtained in a short timeframe.

Coordination and Implementation of Public Health Measures

3. The GNWT continue to support transfer assignments and other mechanisms of hiring to help stabilize workload, and contribute corporate knowledge and expertise, while remaining agile to respond to emergency circumstances.
4. The GNWT continue to develop appropriate tools and resources to support managers and employees who work from home or manage staff working from home.
5. The GNWT develop phased approaches to stand down emergency organizations, and the transition of staff back to their home positions and duties while accommodating the need for recuperation and reorientation.
6. Public health officials, ICS officials, along with representatives from GNWT departments and agencies, be closely involved in the development of local health-related emergency plans with community governments through the Local EMO.
7. Where community government facilities are identified for use during a health-related emergency response, consideration be given to collaboration with the Office of the Fire Marshal and other regulators, to ensure plans comply with fire codes and other regulatory requirements, and public health officials work with community governments to ensure alignment with community emergency plans.

Communication and Collaboration

8. GNWT communications products, protocols and processes should be reviewed to consider the development of crisis communication responses in an emergency. The GNWT should consider adopting an ICS approach to crisis communication, which would enable a streamlined approval and implementation process.
9. Staff workload and capacity should be evaluated continually to ensure adequate resources are available, recognizing the demand for increased communications during a crisis.
10. Information about new and changing Public Health Orders should be provided in advance to groups responsible for preparing frontline staff for changes, and to groups responsible for modifying public facing communications (i.e. - websites), to ensure that these channels accurately reflect the most up-to-date information as soon as new or amended orders are released.

11. Internal communications material should be developed in a manner that provides clearer guidance and support to frontline workers as they inform and communicate with the public.
12. The GNWT evaluate the effectiveness of communications in Indigenous languages at the GNWT level with respect to capacity for translation and ensure resources are available for timely and reliable translation in crisis situations.

Policy and Legislation

13. Internal timelines for changes to public health orders should build in adequate time: to share the information internally as between GNWT departments and agencies; to provide feedback; prepare internal communications and implementation plans; and to notify the public in advance of changes to the orders as efficiently as possible.
14. Order-making authority under the Public Health Act should be examined to ensure that there is the appropriate level of public accountability for decisions that are made during a pandemic.
15. The 14-day time period for which a public health emergency can be in force under the Public Health Act should be examined to determine whether that time period could be lengthened in the legislation, and whether there should be a maximum number of times that a public health emergency declaration can be renewed consecutively. The authority responsible for first issuing a public health emergency, as well as the question of whether a public health emergency should undergo an additional level of scrutiny after it has been in force for a certain period of time (i.e. – 30 or 60 days) should also be examined.
16. Legislative processes and timelines within the Access to Information and Protection of Privacy Act, Financial Administration Act, Official Languages Act, and Employment Standards Act should be re-examined to determine whether they are effective and achievable in an emergency response situation.
17. The interplay between the provisions in the Public Health Act and the Emergency Management Act should be examined, to avoid duplication of powers and authorities in the EMA and the PHA related to public health emergencies.
18. Policies and procedures that were adapted to meet emergent needs during the pandemic should be examined by the GNWT Red Tape Reduction Working Group as there may be lessons learned that could improve ongoing GNWT programs and services.

Compliance and Enforcement

19. Individuals designated as Public Health Officers or transferred into specialized roles such as those individuals who staffed isolation centres, be given appropriate training, supervision and that there be a shared understanding of their roles and responsibilities.
20. Core skills and competencies required for emergency response be identified as part of emergency planning and taken into consideration for redeployments, including experience in procurement, policy, financial administration, crisis management and mental health first aid.
21. Should a future public health emergency result in border control measures, border checkpoints should be located as close as practical to the geographical border. Reliable means of communication should be made available in a timely manner for Compliance and Enforcement Officers and the public.

22. The GNWT should support community governments in their desire to protect residents and inform travelers in the case of future public health emergencies insofar as it is within a community government's authority.
23. The GNWT should encourage Local Authorities to engage with Indigenous Governments to determine whether the Indigenous Governments would like to participate in emergency response activities through the Local EMO and, if so, to reflect those commitments in the relevant Local Authority's Emergency Plan.