

FOR THE RECORD

Inadequate surveillance

The Public Health Agency of Canada's capacity to detect, monitor and control infectious disease threats remains sorely lacking even though 4 years have elapsed since it was established, says Auditor-General of Canada Sheila Fraser.

Fraser cast the agency's surveillance as largely ad hoc and piecemeal, because of fractured jurisdiction over health, growing pains, and managerial flaws, including a "failure to apply certain management principles, such as setting priorities, tracking performance, and periodically evaluating progress."

The agency is now essentially incapable of meeting Canada's international obligations to report disease outbreaks, said Fraser, whose audit examined the Infectious Disease and Emergency Preparedness Branch's \$139.4 million budget in fiscal 2006/07. According to agency figures, the branch will consume \$282.5 million of its overall \$669.8 million budget in fiscal 2007/08.

The public health agency "has not done enough to assess and document the information needs of users, to establish common surveillance standards, to implement a data quality framework, to evaluate its surveillance systems, and to obtain data-sharing agreements with the provinces and territories," Fraser states in the report, tabled in Parliament on May 6, 2008. "We are concerned that a nationally standardized approach to disease reporting remains years away."

A follow up to 1999 and 2002 audits of Health Canada surveillance programs, the report says little progress has been made in ensuring that reliable information is obtained from provinces. What data is shared is often incomplete or inadequate as comprehensive standards have not yet been developed governing such factors as the diseases reported, definitions used, information to be provided, reporting timelines, mode of submission and parties responsible for reporting,

An information sharing agreement was recently reached with Ontario to obtain routine surveillance data (after 2 years of non-sharing). But there are no similar agreements with the remaining provinces or territories. "This limits its [the Public Health Agency of Canada's] ability to provide Canadians with a complete and consistent national picture of infectious diseases as a basis for public health actions."

Ministerial approval has not yet been given to a similar intergovernmental agreement for sharing information in public health emergencies like the 2003 SARS outbreak. But even if approved, it's missing such "critical" elements as "procedures for notifying other parties, and protocols affecting the collection, use, and disclosure of personal information."

Lacking such data, the Public Health Agency of Canada will be unable to meet Canadian obligations for notifying the World Health Organization of outbreaks within the deadlines specified by International Health Regulations.

The Public Health Agency of Canada has also failed to reach an agreement with the Canadian Food Inspection Agency as to which zoonotic diseases — such as West Nile Virus, bird flu, Lyme disease or bovine spongiform encephalopathy — they will respectively monitor. "Responsibilities for surveillance of wildlife and pets, 2 potentially important sources of human disease, have not been sorted out."

The agency has also been slow to develop a framework for determining surveillance objectives and priorities, or for evaluating the effectiveness of its surveillance activities. The agency's Canadian Network for Public Health Intelligence is highly limited, while the federal government hasn't given the organization adequate legislative authority to conduct its surveillance activities.

In response, the Public Health Agency of Canada essentially disputed none of Fraser's conclusions and vowed measures to address the deficiencies. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.080729

Whatever happened to Jordan's principle?

Thirty-seven special needs children living on a remote Manitoba First Nation reserve are going without a variety of medical and social services because the federal and provincial governments cannot decide who should cover the costs.

Advocates for the community claim the prolonged dispute stands in stark defiance of Jordan's Principle, a resolution passed in the House of Commons in 2007 that stipulates that government's must adopt a "child first" principle in resolving jurisdictional disputes involving First Nations children (*CMAJ* 2008;178[3]:277).

"We were very hopeful Jordan's Principle would end these kinds of disputes," says Cindy Blackstock, executive director of the First Nations Child and Family Caring Society. "But once again, we have children in need and neither government is stepping forward to provide the services."

The dispute appeared resolved in early May, 2008, when federal Health Minister Tony Clement promised that the government would ante its share of the bill. But Health Canada spokesman Paul Spendlove later clarified that Clement's promise applied to existing services now being provided on the Norway House Indian Reserve, located 800 km north of Winnipeg. The provision of new services will be considered on a case-by-case basis, Spendlove said,



Walt Kippenhuck / iStockphoto.com

The Norway House Cree Nation has proposed to establish a new facility for special needs children, but the federal government has been mum on funding a share of the costs.