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ACCOUNTABILITY FOR CANADA'S COVID-19 RESPONSE

We can learn from the covid-19 pandemic management strategy of First Nations communities in Canada

First Nations communities in Manitoba were well prepared for covid-19 and their success shows how to prepare for the next pandemic, write Marcia Anderson and Melanie MacKinnon

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First Nations clinical leadership during the covid-19 pandemic bridged multiple jurisdictions and political mandates in delivering public health services for and with First Nations communities, providing valuable lessons for future public health emergency responses.

As covid-19 began circulating worldwide in early 2020 First Nations health and political leaders in the Canadian province of Manitoba reflected on experiences from the H1N1 flu outbreaks in 2009. They aimed to apply lessons from that outbreak to mitigate the challenges that lay ahead. First Nations communities were disproportionately affected by the 2009 outbreak, with 37% of Manitoba's H1N1 infections occurring in First Nations people.[1] The proportion of First Nations people affected by H1N1 grew with increasing infection severity.[1]

First Nations are one of three constitutionally recognised Indigenous peoples in Canada, and in Manitoba they comprise 10% of the population.[2 3] The enduring effects of colonisation mean that Indigenous communities in Canada experience inequities such as overcrowded housing and food and income insecurity that negatively affect their health, including disproportionate rates of respiratory infections.[4]

The federal government in Canada is responsible for responding to public health emergencies and delivering healthcare to Indigenous peoples on reserves, including over 93 000 First Nations people in Manitoba.[5] During the H1N1 crisis the government sent body bags to First Nation communities[6] and denied sanitisers to some communities, implying that alcohol based sanitisers were open to substance misuse.[7] These actions created mistrust between First Nation communities and the federal government and led to a desire to embed First Nations leadership in the covid-19 pandemic response. To accomplish this, the Manitoba chiefs assembly passed a resolution to create the Manitoba First Nations Pandemic Response Coordination Team. The team included leaders with primary care, nursing, and public health expertise. Their experience was critical for the logistic planning of the healthcare workforce, rapid tests, and vaccination deployment.

Coordinated response

During its covid-19 response planning, the response team leads considered the findings of the 2015 spring report of Canada's auditor general, which found concerns with the ability of the nursing stations to provide essential health services.[8] Ongomiizwin Health Services, which has historically provided healthcare to remote Indigenous communities in Northern Manitoba and the Kivaliq region of Nunavut,[9] was appointed to develop and deploy clinical surge supports for covid-19 outbreaks, which then became the rapid response team model. The rapid response teams were interdisciplinary and included physicians, physician assistants, nurses, physiotherapists, occupational therapists, and advanced care paramedics. They supported local health and community teams with contact tracing, testing, and active daily monitoring. They also supported the transfer of people with covid-19 and close contacts to alternative accommodation to isolate and interrupt transmission chains and they positioned people at higher risk of severe illness closer to tertiary care as needed.

The National Microbiology Laboratory of Canada worked with First Nation communities to deploy equipment for point-of-care covid-19 testing.[10] This required training team members to use the testing equipment, as well as understanding and navigating laboratory safety and certification processes to overcome barriers to equitable access to testing. The approach avoided delays when the waiting time for provincial laboratory based PCR testing was long. The rapid response team trained local health workers to use the testing devices, which were then left for ongoing community use after the team had left.

After the Canadian government decided to include First Nations people in the initial covid-19 vaccine rollout the First Nations Integrated Vaccine Operations Centre was created to.[11] The centre was led by Ongomiizwin Health Services, and this partnership based model coordinated all aspects of the First Nations vaccine rollout, including allocating the limited vaccine supply, decision making with provincial partners about eligibility criteria, deploying teams of immunisation providers to support mass community vaccine clinics, working with community leadership on mass clinic planning, and monitoring vaccine supply and uptake.

This First Nations led approach resulted in vaccine uptake of 90.3% for the first two doses in First Nations communities by 1 December 2022, an uptake higher than many other jurisdictions or countries.[12] Critical success factors for this excellent vaccine uptake were trust building through clinical responsiveness in earlier phases of the pandemic and consistent culture

and science based communications with First Nations people through multiple media platforms, partnerships with community leaders, and support from traditional healers and knowledge keepers for the vaccine.

The pandemic response shows the effectiveness of honouring Indigenous leadership (political and clinical) and self-determination, collaborative approaches led through agile and trusted clinical service delivery organisations, and shared decision making and resources, and these lessons present a path for future public health emergency resources. First Nations clinical leaders bring clinical and contextual expertise in building bridges across complicated jurisdictional settings, and the Manitoba response shows that using this expertise strengthens public health service delivery.

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