



Transparency too little, too late? Why and how Health Canada should make clinical data and regulatory decision-making open to scrutiny in the face of COVID-19

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Hard-won gains in the transparency of therapeutic product data in recent years¹ have occurred alongside growing reliance by regulators upon expedited review processes.² The concurrence of these two trends raises fundamental questions for the future of pharmaceutical regulation about whether the institutionalization of transparency will foster improved oversight of drugs, biologics, vaccines, and other interventions, or else, provide cover for a relaxing of regulatory standards of safety, effectiveness,

1 Matthew Herder & Peter Doshi, *Precedent pushing practice: Canadian court orders release of unpublished clinical trial data*, *BMJ BLOGS* (July 19, 2018), <https://blogs.bmj.com/bmj/2018/07/19/precedent-pushing-practice-canadian-court-orders-release-of-unpublished-clinical-trial-data/>.

2 Audrey D. Zhang et al., *Assessment of Clinical Trials Supporting US Food and Drug Administration Approval of Novel Therapeutic Agents, 1995–2017*, 3(4) *JAMA NETWORK OPEN* e203284 (2020), DOI: 10.1001/jamanetworkopen.2020.3284.

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An expert-generated tool for assessing policy capacity

Abstract: "Policy capacity" describes the ability of policy-making systems to do quality work. Better-quality policy work leads to more successful policies. There have been limited attempts to operationalize theoretical understanding of policy capacity, resulting in a lack of shared understanding and assessment metrics. In this Delphi study, health policy experts validated an existing multidimensional conceptual framework for policy capacity. Factors that contribute to policy success were identified and rated to represent aspects of policy capacity, and arranged within the conceptual framework, as were factor indicators. The resulting tool provides expert-generated items for transparently and systematically assessing policy capacity.

Sommaire : La « capacité stratégique » définit la capacité des systèmes de prise de décisions à faire un travail de qualité. Un meilleur travail de réflexion politique engendre des politiques plus efficaces. Les tentatives d'opérationnaliser les connaissances théoriques de la capacité stratégique ont été limitées, ce qui a conduit à un manque de compréhension commune et de mesures d'évaluation. Dans cette étude Delphi, des spécialistes en politique de santé ont validé un cadre conceptuel multidimensionnel préexistant pour la capacité stratégique. Les facteurs contribuant à l'élaboration d'une politique efficace ont été identifiés et classés afin de représenter les divers aspects de la capacité stratégique, puis organisés au sein du cadre conceptuel, ainsi que les indicateurs de facteurs. L'outil qui en résulte fournit des éléments établis par les experts pour évaluer la capacité stratégique de manière transparente et systématique.

Introduction

For over two decades, Canadian policy makers have wondered how to better advance the public good in light of the increasing complexity of public problems, technological change, and a more informed and demanding public. In 1995, policy capacity was one of nine task force areas recommended by the Canadian government to determine how to improve services to the public (Anderson 1996; Fellegi et al. 1996). Given both its breadth and place of importance, scholars have argued that enhanced policy capacity is required to

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Fare well to Nova Scotia? Public health investments remain chronically underfunded

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Abstract

Inspired by Fiset-Laniel et al.'s (2020) article entitled "Public health investments: neglect or wilful omission? Historical trends in Quebec and implications for Canada", we assessed public health investments since the establishment of the Nova Scotia provincial health authority in 2015. We analyzed Nova Scotia Department of Health and Wellness budgets from 2015–2016 to 2019–2020 and observed that less than 1% of funding was budgeted for public health annually, an amount well below the recommendation that 5–6% of healthcare funding be spent on public health. Healthcare spending has increased annually since 2015–2016, but proportions of funding to different programs and services have remained static. Specifically, we did not observe a change in investment in public health over time, suggesting that while the government does not necessarily spend too much or too little on healthcare, it spends far too little on public health. This chronic under-funding is problematic given the high rates of non-communicable diseases in Nova Scotia and health inequities experienced within the population. The 2020 COVID-19 pandemic has highlighted the importance of public health work, and the need for a pandemic recovery plan that prioritizes investment in all areas of public health in Nova Scotia.

Résumé

Inspirés par l'article de Fiset-Laniel et coll. (2020) intitulé « *Public health investments: neglect or wilful omission? Historical trends in Quebec and implications for Canada* », nous avons évalué les investissements en santé publique depuis la fondation de l'autorité sanitaire provinciale de la Nouvelle-Écosse en 2015. Nous avons analysé les budgets du ministère de la Santé et du Mieux-Être de la Nouvelle-Écosse de 2015–2016 à 2019–2020 et nous avons observé que moins de 1 % du financement était prévu pour la santé publique annuellement, un montant bien inférieur à la recommandation que 5–6 % du financement pour les soins de santé soit dépensé sur la santé publique. Les dépenses de santé ont augmenté annuellement depuis 2015–2016, mais les proportions du financement consacrés à différents programmes et services ont demeuré statiques. Spécifiquement, nous n'avons pas observé de changement dans l'investissement en santé publique au fil du temps, indiquant que tandis que le gouvernement ne dépense pas nécessairement trop ou trop peu sur les soins de santé, il dépense bien trop peu sur la santé publique. Ce sous-financement chronique est problématique étant donné les hauts taux de maladies non transmissibles en Nouvelle-Écosse et les inégalités en matière de santé qui existent au sein de la population. La pandémie de la COVID-19 de 2020 a souligné l'importance du travail lié à la santé publique, ainsi que la nécessité d'un plan de rétablissement suite à une pandémie qui priorise l'investissement dans tous les domaines de santé publique en Nouvelle-Écosse.

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Vulnerable

**The Law, Policy and Ethics of
COVID-19**



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Have the Post-SARS Reforms Prepared Us for COVID-19? Mapping the Institutional Landscape

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Abstract

Effective pandemic management requires a clear and straightforward structure of communication and accountability. Yet the political realities of Canadian federalism preclude this. The fundamental theme of pandemic management in Canada is thus the tension between the need to make clear, coherent, and timely decisions, on the one hand, and the need to involve an exceptionally large array of political actors across different levels of government, on the other. The sudden outbreak of SARS in 2003 exposed several problems in coordinating the public health system. This led to a major restructuring of public health institutions in Canada. The 2009 H1N1 pandemic tested these reforms and identified new issues underlying the coordination of governmental actors. This chapter presents the legal and institutional context within which COVID-19 has emerged, and identifies both lessons learned from the past and the challenges that remain.

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