INDIGENOUS SERVICES CANADA COVID-19 VACCINE PLAN

Indigenous Services Canada

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1. Introduction

The Government of Canada's top priority is the health and safety of all Canadians, including First Nations, Métis and Inuit peoples.

As vaccinations roll-out across the country following the December 9, 2020, approval of the Pfizer-BioNTech COVID-19 vaccine, and the December 23, approval of the Moderna vaccine, continued engagement with First Nations, Inuit and Métis leaders and partners is vital to ensuring timely and efficient administration of the vaccine, while encouraging high vaccine uptake in Indigenous communities.

Provinces and territories provide universal insured health services (physician and hospital services) to all residents, including First Nations, Inuit, and Métis peoples regardless of where they live.

Indigenous Services Canada (ISC) plays an important role in supplementing the health programs and services provided by the provinces and territories. ISC funds or directly provides health programs and services for First Nations communities (direct delivery in 51 communities) in the areas of community-based health, primary health care, health infrastructure support, and Non-Insured Health Benefits. This support is complementary to the role of the Public Health Agency of Canada and Non-Insured Health Benefits. For Inuit communities, provinces and territories provide the health care and public health services in Inuit communities, and ISC supports health promotion programs in Inuit communities. Consideration is also needed for helping reduce barriers and increasing uptake of vaccine in urban Indigenous populations served by provincial and municipal public health agencies.

ISC is committed to better alignment between federal and provincial/territorial health systems and support for First Nations, Inuit and Métis peoples and communities to have improved access and governance over health services to ensure federal, provincial and territorial health systems are more responsive to their needs.

Various health service partnership and transformation processes are underway across the country at the regional and community level that vary in size, scope and scale. This includes the province-wide devolution of health services to the First Nations Health Authority in British Columbia and Inuit-led health and wellbeing programs developed through land claim agreements.

1.1 Context

The COVID-19 pandemic has presented challenges and lessons for all Canadians, including First Nations, Inuit and Métis communities, and First Nations, Inuit and Métis peoples living in urban, rural, remote and northern communities. There are also unique experiences and perspectives in preparing and responding to the outbreak.

First Nations, Inuit and Métis communities and organizations have responded with resiliency, innovation, care and compassion in order to protect their community members and those they serve. This has included actions such as:

- early closure of their communities to non-community members, establishing communication mechanisms for COVID specific messaging within the community
- establishing alternate isolation or care sites including on-the-land approaches
- providing personal protective equipment
- offering food security
- support and outreach services for individuals and families
- mental health service adaptations and surge capacity
- adapting supportive and culturally responsive wrap around services

Some communities are at a higher risk for an outbreak due to factors rooted in the history of colonialism and resulting systemic barriers, such as higher rates of chronic disease, reduced access to health care, and a lack of infrastructure (such as housing, water infrastructure, and medical services). It is more difficult to follow best practices (such as self-isolation) in overcrowded households. Northern, remote, and isolated communities, where access to necessary supplies and health care services is limited or prohibitively expensive, may also be at a higher risk. These communities may have also experienced challenges prior to COVID-19 related to their existing capacity when it comes to the delivery of health care services, which has been exacerbated by COVID-19 in many cases.

Each community is unique. As such, measures taken to improve the public health response, including in the planning for COVID-19 vaccine administration, requires flexibility so communities can address the specific needs identified by their members in full recognition of their right to self-determination. It is essential for municipalities and provincial and territorial governments to engage and include Indigenous leaders in their COVID-19 vaccine co-planning and distribution discussions to recognize this right and ensure a successful vaccine campaign. Municipal, provincial and territorial governments should also consider the higher risks faced by First Nations, Inuit and Métis peoples living in urban centres, as evidence has demonstrated in several jurisdictions that not targeting interventions to reach these populations can impact the effectiveness of local public health responses. It is also noted that many First Nations, Inuit and Métis peoples are highly mobile and move between their home communities and urban settings. Therefore, there is a need to ensure the health services in urban settings meet the needs of the populations, and effective communication is in place to ensure that no one is lost or left behind

1.2 Government response

The Government of Canada's efforts to address COVID-19 is integrated into the broader pandemic public health and safety measures of the provinces, territories, and Indigenous governments. ISC provides or supports the provision of healthcare services to First Nations people living on-reserve, while health services for Métis, Inuit, and First Nations peoples living off-reserve are provided by the provinces and territories. To support linkages between provincial, territorial and Indigenous partners, ISC has established a COVID-19 Vaccine Planning Working Group; and, advocates at all levels of government for the inclusion of Indigenous partners in vaccine co-planning and distribution discussions. ISC works closely with Indigenous partners, the Public Health Agency of Canada, Health Canada, Public Safety's Government Operations Centre, and other federal departments, as well as their provincial and territorial counterparts to support First Nations, Inuit and Métis communities, including urban communities and organizations, in responding to COVID-19 and protecting the health and safety of all Indigenous peoples and communities.

ISC ensures that well-coordinated and effective measures are in place with associated funding to mitigate COVID-19 impacts among First Nations, Inuit and Métis peoples (see Annex A: Funding supporting COVID-19 response). As part of these efforts, a Federal, Provincial, Territorial Special Advisory Committee for COVID-19 was established, which reports to the Conference of Deputy Ministers of Health and is focussed on the coordination of federal, provincial and territorial preparedness and response across Canada's health sector, for all Canadians, including First Nations, Inuit and Métis. Informing decisions, and supporting the adaptation of guidance and plans developed by the Special Advisory Committee, is the COVID-19 Public Health Working Group on Remote and Isolated Communities, which includes Territorial governments and Indigenous community leaderships.
The Government of Canada's COVID-19 vaccine strategy and response for all of Canada, including First Nations, Inuit, and Métis peoples, is being led by the Public Health Agency of Canada and is documented in Canada's COVID-19 Immunization Plan: Saving Lives and Livelihoods. This planning document serves to provide more details specific to the planning and delivery of COVID-19 vaccines for Indigenous populations.

This work is in addition to the work of the ISC-led COVID-19 Vaccine Planning Working Group, which includes Indigenous partners, ISC-First Nations and Inuit Health Branch Regions, provinces and territories, Correctional Services Canada and the Public Health Agency of Canada.

1.3 First Nations, Inuit and Métis immunization: overview

Immunization delivery strategies for First Nations, Inuit and Métis communities are unique from those in the rest of Canada. Though many public health principles are the same, planning and operationalizing immunization clinics in communities must be tailored for their unique characteristics and consider the geographical, cultural, and risk factor contexts mentioned earlier in this document. Remote and isolated First Nations, Inuit and Métis communities require particular additional supports and approaches to planning related to vaccine deployment and administration.

ISC delivers or provides financial support to First Nations communities, tribal councils, or organizations (via contribution agreements) in the delivery of culturally safe immunization programming in First Nations on-reserve communities in Alberta, Saskatchewan, Manitoba, Ontario, Quebec and Atlantic Regions. In British Columbia, the First Nations Health Authority is responsible for health service design and delivery including immunization programming for First Nations living on-reserve. Inuit living in Inuit Nunangat receive care from their province or territory. First Nations, Inuit and Métis individuals living in urban and rural communities and in the territories, receive immunization services from the provinces and territories in which they reside.

For the COVID-19 vaccine, the provinces and territories will also allocate and supply the vaccine to on-reserve communities in their respective regions. To support vaccine administration, ISC will supply on-reserve First Nations communities and organizations with personal protective equipment, as well as supplies and equipment (needles, alcohol swabs, etc.), procured nationally by the Public Health Agency of Canada and shipped by ISC to communities from our warehouse where PPE is stored. A public health nurse, community health nurse, or other regulated health provider will administer vaccines; however, pending community capacity to administer vaccines the provinces and territories and ISC are reviewing options for broader professional groups who may be able to administer the vaccine (i.e. pharmacists), pending provincial and territorial legislation. These health providers will be ISC-employed in 51 on-reserve communities and Band-employed in others. In some provinces, provincial public health nurses visit and provide the on-reserve vaccination service with permission of the community. ISC is looking at the feasibility of supplementing local resources with mobile teams. Some on-reserve residents may choose to obtain vaccines through off-reserve health services, such as physicians, pharmacies and clinics, as they normally do for seasonal influenza and other vaccines. However, some off-reserve residents may choose to receive vaccination in their home community as they may feel more safe and trusting of health care services operating there. Regardless, Indigenous peoples should be supported in accessing COVID-19 vaccination wherever they will feel most comfortable doing so. It will be essential for provinces and territories to build on or develop new strategies to reach Indigenous people, including specific strategies for Inuit, First Nations, and Métis in urban settings (off-reserve), in partnership with Métis and Inuit governments, urban Indigenous organizations, and Indigenous medical practitioners and public health experts to facilitate culturally safe access for all.

Provinces and territories receive an allocation of the COVID-19 vaccine that is federally procured, and are responsible for allocating the vaccine to all those within their jurisdiction, including First Nations, Inuit, and Métis peoples. Provinces and territories are responsible for the allocation, distribution and the vaccination and providing the supplies to support vaccinations (including syringes, personal protective equipment and other supplies) for First Nations living off-reserve, Inuit and Métis peoples. Provinces and territories are encouraged to work with communities to meet their distinct vaccines needs, to confirm population and community considerations. As was the process for personal protective equipment, should Indigenous partners face challenges in receiving vaccination supplies, they are encouraged to contact ISC for support.

The Public Health Agency of Canada is the lead organization for COVID-19 vaccination planning in consultation with the National Advisory Committee on Immunization (NACI), the Canadian Immunization Committee (CIC) and Health Canada. Health Canada is the regulatory body for vaccine product approval. Ongoing federal, provincial and territorial consultation occurs through the special advisory committee on COVID-19 under the Pan-Canadian Public Health Network, governed by the Public Health Network Council. The Public Health Network Council is accountable to the Conference of federal, provincial and territorial Deputy Ministers of Health. There is no formal or structured mechanism for these committees to engage with Indigenous leaders at this time. Throughout COVID-19, Indigenous leaders have not been invited to speak to any of these committees, as discussions with Indigenous leadership is taking place though other venues, ranging from Ministerial meetings to collaborative working relationships. To further address this gap prior to the vaccine being deployed across the country, a COVID-19 Vaccine Planning Working Group was established by ISC. This working group supports linkages between provinces and territories, the Public Health Agency of Canada and First Nations, Inuit and Métis partners, and provides a space for exchange of information and advice to those responsible for vaccine planning, distribution and administration.

1.4 Purpose of the ISC COVID-19 Vaccine Plan

Provinces and territories carry a formal role in most of the vaccine planning within their jurisdictions, impacting all Indigenous communities. However; in light of the unprecedented nature of this global pandemic, ISC is playing a role in convening partners, including other federal departments, provinces and territories, and Indigenous partners to ensure the national, provincial and territorial COVID-19 vaccine plans have clear parameters and guidance considering the needs and culturally safe processes for Indigenous people's effective participation in the COVID-19 immunization campaign.

This plan is intended to:

- Clarify roles and responsibilities regarding COVID-19 vaccine planning, distribution, administration, reporting and communications targeted for First Nations, Inuit and Métis peoples;
- Detail the specific undertakings of ISC in supporting the COVID-19 vaccine access and delivery in First Nations communities across provinces outside of British Columbia, where ISC directly provides or funds health service delivery and programs;
- Describe the engagement processes to be undertaken with partners; and advocate for the inclusion of First Nations, Inuit and Métis peoples in municipal, provincial and territorial vaccine planning discussions;
- Describe surge capacity measures where needed to support efficient and effective responses;
- Provide a specific communications plan, developed with input from partners, to ensure Indigenous Peoples regardless of where they live, receive evidence-based information of the vaccines available, understand how and when they will have access, and build trust with the goal of achieving strong participation among Indigenous peoples in the federal, provincial and territorial immunization campaigns. This communication plan also recognizes the importance of supporting the communication initiatives developed and carried out by Indigenous partners themselves.

Oversight of the implementation of the plan will be provided by the ISC COVID-19 Vaccine Planning Working Group. The focus of this group is operational for sharing information, planning and coordination of vaccination services delivered by Indigenous and ISC service providers and provinces and territories. This working group is co-chaired by ISC's Communicable Disease Control Division and Primary Care Division. Membership includes:

- Key ISC Branches including communications and Regions
- Indigenous partners including, Assembly of First Nations (AFN), AFN Regional representatives, Inuit Tapiriit Kanatami (ITK), Inuit regional representatives, National Association of Friendship Centres, Métis National Council (MNC), regional Métis governments, Indigenous Physicians Association of Canada and First Nations Health Managers Association

- First Nation health authorities including, British Columbia First Nations Health Authority, Saskatchewan Health Authority, Saskatchewan's Northern Inter-Tribal Health Authority, and Northern Ontario's Sioux Lookout First Nations Health Authority
- Other federal departments including the Public Health Agency of Canada, Health Canada, and Correctional Services Canada
- Provinces and territories

On November 10, 2020, ISC presented to provincial and territorial representatives at the Canadian Immunization Committee on the ISC COVID-19 Vaccine Working Group, with the intention of highlighting this work, and inviting them to participate as members. As of January 3, 2021, the following provinces and territories have joined the working group: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Prince Edward Island, Newfoundland and Labrador, Yukon, the Northwest Territories and Nunavut.

Métis partners, the National Association of Friendship Centres, and the Indigenous Physicians Association of Canada, participate and support discussions for First Nations, Inuit, and Métis populations living in urban and related areas. Further members will be added as needed.

Provincial and territorial participation at this table, along with all partners, will support current planning efforts for vaccine logistics and eventual administration, in both on and off-reserve and urban contexts. Further, having provinces and territories at this table will help to facilitate a designated space, in additional to the planning tables currently in place at the provincial and territorial level, for provinces and territories to better understand Indigenous vaccination perspectives and be better able to engage accordingly.

This working group's primary focus is to plan for the administration of a COVID-19 vaccine, by establishing linkages with internal and external program partners and stakeholders to work collaboratively, to:

- Identify unique challenges and find the best solutions to administering the COVID-19 vaccine;
- Provide insight for the planning of the administration of a COVID-19 vaccine;
- Share expert opinions and views that are informed by professional or jurisdictional associations; and
- Monitor and evaluate the determined approaches, and where required, implement adjustment measures to meet the needs of Indigenous populations and communities.

Key items of work and discussion at the working group include, but are not limited to:

- Providing updates on the status of vaccine candidates;
- Planning for human health resources needs, including immunizers and administration support for the COVID-19 vaccine;
- Identifying supply and infrastructure needs;
- Identifying any potential drug shortages related to the COVID-19 vaccines, including epinephrine;
- Developing a communications approach that reflects regional diversity and Indigenous languages (both written and verbal); and
- Supporting coordination between Indigenous partners and provinces and territories, related to the co-planning, allocation and distribution of the COVID-19 vaccine

Terms of reference of January 4, 2021, are in Annex B: ISC COVID-19 Vaccine Planning Working Group.

A separate COVID-19 Vaccination Task Group for Urban First Nation, Métis and Inuit, co-chaired by the National Association of Friendship Centres and ISC, has also been established to bring attention to the need for inclusion of these populations in national, regional and local vaccine prioritization and planning.

2. Vaccine availability

PHAC has identified three tracks of potential vaccine rollout subject to regulatory approval of numerous vaccine candidates. It is anticipated that in the early stages of roll-out, supply availability will be limited as all vaccines must go through a rigorous review process for safety and efficacy before being made available to Canadians. COVID-19 vaccines will be distributed in Canada in a phased manner and, assuming a sufficient supply of safe and effective vaccine is available, it is anticipated that supply will meet demand over the course of 2021.

The quantity and schedule of availability of vaccines will be the subject of ongoing discussions with provinces, territories, and Indigenous partners to manage expectations and plans for delivery. The provinces and territories will be supplying COVID-19 vaccines, which are federally procured, to all populations living within their jurisdiction, including on-reserve Indigenous communities.

Pfizer's mRNA vaccine was approved by Health Canada on December 9, 2020, and Moderna's COVID-19 vaccine was approved by Health Canada on December 23, 2020. Many other COVID-19 vaccines remain in clinical trials at this time.

The National Advisory Committee on Immunization released Guidance on the prioritization of initial doses of COVID-19 vaccine(s).

Current Guidance for key populations for early COVID-19 immunization has recently been released by NACI. See link here: https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-prioritization-initial-doses-covid-19-vaccines.html.

Please note that the information below is subject to change as further information becomes available from vaccine manufacturers.

During the week of December 28, 2020, Canada began to see the distribution and administration of vaccines to on-reserve communities and Inuit regions.

As of January 10, 2021, many Indigenous communities across the country have received and begun administering the COVID-19 vaccine from provinces and territories.

For more information on the number of vaccines that have been delivered, please see the Public Health Canada's webpage on vaccine roll-out: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/covid-19-vaccine-treatment/vaccine-rollout.html

Track 1:

Pfizer is an mRNA vaccine that requires two doses approximately 19 to 23 days apart. The vaccine received Health Canada approval on December 9, 2020. Canada received its initial shipment of doses on December 13, 2020, with the first vaccine being administered on December 14, 2020.

This vaccine requires an ultra-low temperature freezer for stability (minus 80 degree Celsius). It can only be transported in a frozen state, and once thawed, can be refrigerated for no more than 5 days at 2 to 8^0 C. It cannot be refrozen once thawed. The primary method of delivery of the vaccine for the first shipment(s) is directly from the manufacturer to the points of administration, in a minimum allotment of 975 doses (195 doses in one tray), packaged with dry ice to maintain adequate storage. It can be stored for up to 15 additional days with dry ice replenishment every five days or longer in an ultra-low temperature freezer. These freezers are in short supply and high demand internationally at this time. The Public Health Agency of Canada and the National Operations Centre for the COVID-19 vaccine is currently working on procurement on a national scale for distribution to regional locations.

Moderna is an mRNA vaccine requiring two doses 28 days apart and was approved by Health Canada on December 23, 2020. It is transported to Canada from the overseas manufacturer by the Government of Canada to a primary distribution depot. From there the vaccine will be

provided to provinces and territories to distribute using their existing vaccine supply chains to regional delivery points, including Indigenous communities. The vaccine can only be transported in a frozen state (under review). Transportation can be done using a portable freezer or a thermal pack with cold packs. This vaccine requires a storage temperature of -20^0 C utilizing specialized freezers which are in short supply and high demand internationally at this time. The Public Health Agency and National Operations Centre for COVID-19 vaccine is currently working on procurement on a national scale for distribution to regional locations.

First Nations, Inuit, and Métis communities are included in provincial cold temperature-controlled supply chain transportation and storage planning, known as a cold chain, so as to identify what locations require ultra-low temperature or frozen (-20^0 C) capacity freezers. ISC will be reviewing these requirements and assisting to address gaps where identified. Locations needing additional vaccine fridge capacity for 2 to 8^0 C storage should notify ISC to discuss options for addressing this gap.

For all vaccines, data logging devices and temperature logging will be essential for ensuring vaccine viability prior to administration.

Detailed product monographs and instructions are provided to vaccine administration sites.

Track 2:

Canada has also signed agreements with manufacturers of other promising vaccines. In the spring and summer of 2021, NovoVax, AstraZeneca, Janssen, Sanofi and Medicago vaccines are expected to be ready for market, pending any delays in trials and regulatory approvals. These vaccines have more standard logistical requirements, and will be easier to plan for, as the cold chain requirements are the same as standard vaccines administered in Canada, for example, being stored at 2 to 8^0 C, utilizing the existing infrastructure in place in First Nations communities for the administration of this vaccine. Infrastructure in Inuit and Métis communities will need to be assessed to determine if surge infrastructure is required for track 2 vaccines.

Track 3:

Canada is waiting to procure track 3 vaccines, for vaccination in the fall of 2021, and onwards, to allow time to review evidence emerging from clinical trials. At that time, immunizing special populations may be considered (such as children, pregnant women) depending on availability of safety and efficacy data observed to date.

The National Advisory Committee on Immunization will inform population-specific strategies as new evidence emerges, which will inform the vaccination strategy for these populations including the ISC COVID-19 Vaccine Plan.

3. Prioritization

Current guidance from The National Advisory Committee on Immunization as of December 4, 2020, lists the following as the key populations for early COVID-19 immunization (note – on December 12, 2020, the National Immunization Committee on Immunization released information to describe who may fall under each key population identified in the December 4, 2020, guidance):

- residents and staff of congregate living settings that provide care for seniors
- adults 70 years of age and older, beginning with adults 80 years of age and older, then decreasing the age limit by 5-year increments to age 70 years as supply becomes available
- health care workers (including all those who work in health care settings and personal support workers whose work involves direct contact with patients)
- adults in Indigenous communities where infection can have disproportionate consequences

- Racialized and marginalized populations, including those in urban setting

Based on input from partners, ISC has been signalling at Federal/Provincial/Territorial and Indigenous tables that this minimum age range should be lowered for Indigenous communities populations, reflective evidence of lower life expectancy, incidence of co-morbidities at a young age and COVID-associated morality at a young age. Several provinces have adjusted their age ranges for Indigenous peoples based on these factors. ISC has also been signalling at Federal/Provincial/Territorial and Indigenous tables that this should include all Indigenous communities – remote, isolated and urban (including unsheltered individuals and those living in congregate settings).

Further work is underway for identifying subsequent priority groups who would be considered for vaccination as more supplies become available.

Provinces and territories receive an allocation of the COVID-19 vaccine that is federally procured, and are responsible for allocating the vaccine to all those within their jurisdiction, including First Nations, Inuit, and Métis peoples, and are encouraged to align the allocations with the National Advisory Committee on Immunization's guidance.

Decision making processes for Indigenous specific prioritization may wish to, but is not limited, to, the following:

- community population over the age of 55
- communities that have experienced a COVID-19 outbreak
- remoteness of the community
- if the community is fly-in only
- communities that are located near or in a provincial and territorial red zone for COVID-19
- number of people with co-morbidities associated with more severe outcomes of COVID-19, including diabetes, COPD, heart disease, asthma, overweight and those who smoke.

4. Vaccine distribution and ordering

4.1 Lessons learned – H1N1

ISC regional offices and various Indigenous organizations such as the First Nations Health Authority were heavily involved in the H1N1 pandemic response. A review of this experience was conducted and the lessons learned identified informed the current ISC COVID-19 Vaccine Plan:

Roles and responsibilities

- Additional clarity of roles between provinces and territories and federal departments needed
- Response: increased coordination with provinces and territories, including the creation of the COVID-19 Vaccines Planning Working Group, with provinces, territories, local health authorities, Indigenous partners

Remote and isolated

- Remote and isolated communities were a priority for immunizations by the special advisory committee; however, the definition of remote and isolated was not consistently applied.
- Response: The Special Advisory Committee for COVID-19 has defined remote and isolated communities for the COVID-19 vaccine prioritization to meet the needs of Indigenous communities

Vaccine prioritization

- First Nations communities experienced variability in the timely access to the vaccine, as prioritization was often left to the discretion of local public health units. This created

inconsistencies in access within and across jurisdictions. This led to confusion, insecurity, and political interventions from communities which caused significant pressures on front-line health staff
Response: ISC is working with the Public Health Agency of Canada, provinces and territories and Indigenous partners to ensure that Indigenous peoples have a voice in vaccine prioritization through national and regional co-planning

Overall:

- During the H1N1 outbreak, First Nations communities across jurisdictions experienced variability in the timely access to the vaccine, because prioritization was often left to the discretion of provincial, territorial and local public health departments.

Variability across First Nations communities exists in terms of how routine immunization programs are delivered which can further lead to complexity in efficient and effective COVID-19 vaccine deployment.

In addition, during the first wave of the COVID-19 outbreak, some First Nations peoples living off-reserve, Inuit and Métis urban-based populations faced challenges in accessing the support they needed, such as personal protective equipment, from provincial and territorial health systems. This is being taken into consideration for planning of vaccine supplies (such as needles and alcohol swabs) to ensure that all Indigenous communities and organizations will be prepared once vaccine becomes available.

4.2 Roles and responsibilities – COVID-19 vaccine distribution and ordering

COVID-19 vaccination will be the most complex public health initiative ever undertaken in Canada due to the number of doses, demanding requirements for distribution and storage, the geographic dispersion of the population, and the governance structures and jurisdictional relationships that must be respectfully navigated in decision-making and action.

COVID-19 vaccine procurement, distribution, administration and reporting involve multiple players. The federal government has procured enough vaccines to ensure that all Canadians who wish to be vaccinated are able to.

As previously identified, the National Advisory Committee on Immunization has prioritized populations for early vaccination. Provinces and territories will work to allocate vaccine distribution within their jurisdiction, which will include delivery to First Nations, Inuit and Métis peoples, living on and off-reserve. From there, local service providers (Indigenous health care providers, ISC, or provincial health provider serving the community) will directly administer or support the administration of the COVID-19 vaccine. This will include meeting the mandatory reporting regarding vaccine administration in those communities. ISC provides a national support, coordination and reporting role for readiness for vaccination, identifying equipment or human resource gaps for the vaccine rollout.

Work is underway to further refine the logistics for the administration of the vaccine as evidence becomes available on both the Pfizer and Moderna vaccines, working with ISC Regions, the Public Health Agency of Canada, Indigenous partners and provinces and territories.

Where vaccine plans have not been shared to date, ISC continues to advocate for the equitable and timely distribution to Indigenous populations; and, has worked with the Public Health Agency of Canada to allow for distinctions-based reporting on COVID-19 vaccine reporting forms by provinces and territories.

5. Vaccine administration

5.1 Context

Immunization programming in First Nations on-reserve communities in Alberta, Saskatchewan, Manitoba, Ontario, Quebec and Atlantic Regions are delivered primarily by First Nations-run public health services (funded through contribution agreements) or through ISC managed programs and staff (in 51 communities), in collaboration with provinces and territories who are responsible for vaccine supply. In British Columbia, the First Nations Health Authority has responsibility for health service design and delivery including Immunization programming for First Nations living on-reserve. In some provinces, some Indigenous communities receive public health services through provincial public health service providers, with permission of the community.

First Nations, Inuit and Métis populations living off-reserve and in the territories receive immunization services from the provinces and territories in which they reside. It is recognized that Indigenous peoples may face barriers to accessing provincial and territorial health services including systemic racism, less accessible service delivery locations, and mistrust of locally available services. Planning will need to consider means of addressing these barriers, such as supporting existing or new Indigenous culturally safe urban service delivery options. This planning must be inclusive of Indigenous service providers, in partnership and coordination with local public health services.

Indigenous peoples, on-reserve, off-reserve and those living in cities or towns across Canada, experience a high burden of illness due to social, environmental, and economic factors, rooted in the history and ongoing impacts of colonization. Therefore, Indigenous populations face a higher risk for communicable disease outbreaks, including elevated risks for infection and adverse health impacts. Indigenous peoples need to be prioritized for access to vaccines, including the COVID-19 vaccine, to help address these risks.

Work is underway with the COVID-19 Vaccine Planning Working Group to prepare and address challenges of administration for various vaccine candidates and in a variety of settings. This work includes, but is not limited to:

1. Drawing on existing vaccine processes where applicable
2. Exploring human health resource surge teams to administer the vaccine, drawing on potential support from the Canadian Red Cross or shared health professional models
3. Assessing the need for supplies and infrastructure support
4. Working with provinces and territories, partners and ISC Regions to plan for the administration of vaccines to Indigenous peoples in urban, and culturally safe settings

5.2 Health Human Resources

ISC is working through the COVID-19 Vaccine Planning Working Group to identify and articulate the health human resources needs in Indigenous communities to administer a COVID-19 vaccine. This information will be collected and updated on an ongoing basis.

The provision of additional human resources will need to consider availability of vaccine and be scheduled accordingly. Careful planning and coordination will be required to ensure that there are sufficient human resources available (locally, externally, or a combination) at short notice to administer vaccines when available. At the same time, having an excess of human resources on hand before the vaccine is available needs to be avoided as well, especially given the need for health human resources for public health response and patient care for COVID-19 outbreaks.

The Canadian Armed Forces has partnered with ISC to assess the needs of Indigenous communities across Canada. Following this assessment, ISC will work with the Canadian Armed Forces to engage communities on how to best support the need for health human resources.

ISC's Nursing Relief Coordination Unit has a number of contracts to support nursing services in First Nations remote, isolated and semi-isolated communities. In addition to the existing Regional Registered Nurses and Nurse Practitioner contracts for Alberta, Manitoba, Ontario and Quebec and the back-up standing offers, during COVID-19, the Nursing Relief Coordination Unit negotiated and signed temporary surge contracts for licensed practical nurses, registered

practical nurses and paramedics in some regions. All contracts are designed to support nursing stations on reserve and not designed to support services delivered by provinces and territories in urban or rural centers. ISC is currently working with regions to update the key functions of the specific roles of nursing needs in communities in order to enhance the capacity of the contractors. This is key to signal clearly to contractors so they can recruit properly. Contractors have signalled that they have limited resources and are encountering shortages. Options to expand to other providers outside of these existing contracts will need to be explored to meet needs in each region. Consideration should also be given to exploring all types of regulated health human resources who have immunization included in their scope of practice, such as pharmacists.

Some First Nations communities are facing challenges to fill vacancies in critical health care roles (such as nurses, clinicians) and ensuring adequate infrastructure is in place to administer a COVID-19 vaccine while maintaining existing health services.

Regional ISC and Indigenous public health immunization coordinators are currently engaged in consulting with their communities on anticipated health human resources needs. The ISC Office of Population and Public Health Communicable Disease Coordination team is conducting regular bilateral discussions with the coordinators in every region to identify possible human health resources needs based on current staffing shortages ongoing pressures in communities and will continue to articulate these needs to ISC senior management and partners.

5.3 Training for vaccine administration

The Public Health Agency of Canada is currently developing education and guidance to support the administration of the COVID-19 vaccines. ISC has been given the opportunity to provide feedback into the training. Initial training sessions were provided in English and French December 14 to 15, 2020, and are now available online. As further education opportunities and materials become available, they will be provided to immunization providers through the ISC COVID-19 Vaccine Working Group.

ISC will continue to work with the Public Health Agency of Canada to ensure training for vaccine administration is culturally safe.

This training is in addition to training offered by the vaccine manufacturing companies, which is also distributed to the working group.

5.4 Supplies and Health Infrastructure Support

To support provinces and territories and the Public Health Agency of Canada is procuring the necessary supplies to administer the COVID-19 vaccine, including needles and, syringes alcohol swabs, sharps containers, gauze, and bandages. ISC is receiving an allocation from the Public Health Agency, and supplies which are being sent to the ISC warehouse where personal protective equipment is currently stored. ISC is working with communities to deploy the PPE and supplies needed to support vaccine administration.

The Public Health Agency of Canada is also supplying provinces and territories with supplies to support the administration of the COVID-19 vaccine to all who live in their jurisdiction, including all First Nations Inuit and Métis populations. In some regions, local communities and coordinators have identified existing supply provision relationships with their respective province, who is also receiving supplies through PHAC for this purpose. In such cases, the existing relationship is respected, with unneeded supplies being held by ISC for deployment elsewhere to address unforeseen gaps.

Supplies from the Public Health Agency of Canada began arriving to ISC warehouses the week of December 7th. ISC is pre-positioning supplies in communities based on population numbers.

The Public Health Agency of Canada will also be providing a stockpile of epinephrine to ISC, who will store it in its warehouse and provide to regions/communities, upon their request, to ensure availability for treatment of vaccine induced anaphylaxis (life-threatening allergic reaction).

Vaccine supplies are being distributed based on the required amount to vaccinate a percentage of the adult population, as selected by the community. By pre-positioning supplies to immunize the entire population for whom the vaccine is approved, communities will be prepared to administer the vaccine as it is made available for specific population groups. The amounts allocated for each community are based on a calculator that determines the proportion of an item required for a single vaccine and calculates what is required to vaccinate 25%, 50%, 75%, and 100%, based on each community's population of adult individuals. These populations were defined by ISC- First Nations and Inuit Health Branch Regions using available data sets, including the Indian Registry. ISC is aware that not all populations are registered and we are prepared to provide additional supplies if there is an increase in members in community at the time of vaccination.

For the Track 1 Pfizer vaccine, the Public Health Agency of Canada canvassed provinces and territories and federal jurisdictions for the number of ultra-low temperature freezers required to support the cold chain integrity of this vaccine. At the same time, ISC is collecting information from the members of the COVID-19 Vaccine Working Group to determine the allocation to submit to the Public Health Agency of Canada and the National Operations Centre for COVID-19 vaccine for this specialized equipment; and, to confirm whether or not this requirement was included in provincial requests to the Public Health Agency of Canada. Freezer availability is limited worldwide and the Public Health Agency of Canada and National Operations Centre for COVID-19 vaccine has been able to commit very few to ISC to date and the actual dates of delivery to ISC's warehouse are also still unknown. Discussions between ISC, the Public Health Agency of Canada, and ISC-First Nations and Inuit Health Branch Regions are continuing regularly to clarify needs. This process may be aided by additional data forthcoming from Pfizer in the coming weeks regarding vaccine stability during transportation (which may reduce the number of communities that require a freezer on site for any significant period of time).

Additionally, to identify specific infrastructure needed in communities to administer the vaccine, ISC is working with working group members to identify and articulate needs to be addressed, such as mobile structures or re-tooling of existing space in communities to support immunization. ISC is also currently in discussion with the Canadian Red Cross and the Public Health Agency of Canada regarding potential assistance with vaccine clinic infrastructure supplies.

6. Engagement on vaccine planning

6.1 National Engagement

Inclusive and meaningful engagement with Indigenous peoples is essential for a successful COVID-19 vaccination campaign for Indigenous populations. Representation of Indigenous peoples on federal, provincial, territorial and local planning and decision making bodies is critical for the considerations of Indigenous peoples to be fully understood, considered and respectfully addressed by all those involved in this important work. While ISC's COVID -19 Vaccine Working Group plays a critical role in the operational coordination and planning for Indigenous COVID-19 vaccination, engagement inclusive of Indigenous leadership, health care expertise, advisors and communicators with federal, provincial, territorial and local counterparts must also be carried out. A commitment by all jurisdictions to work in a spirit of inclusion, respect and reconciliation is required, and can be approached through existing national or regional Indigenous leadership bodies, existing regional provinces and territories working in partnership with Indigenous organizations and ISC, or creating new working groups to address gaps such as the health care needs of urban Indigenous populations. This approach is required to meet the goal of enabling as many Canadians as possible, especially Indigenous

populations, to be immunized promptly, in alignment with Canada's overall pandemic response goal of minimizing overall morbidity and mortality, while minimizing social disruption.

As a starting point for this work, the following work by the Public Health Agency of Canada and ISC has taken place to date with further activities underway:

PHAC:

- National Advisory Committee on Immunization engagement with Indigenous groups on vaccine prioritization framework;
- Discussions at the federal, provincial, territorial Special Advisory Committee on COVID-19, and at the Deputy Ministers and Ministers of Health on the importance of working with Indigenous partners on vaccine plans and lessons to date, and the importance of Indigenous peoples in population group priority setting for COVID-19 vaccination
- Recommendations developed by the Special Advisory Committee's Public Health Working Group on Remote and Isolated Indigenous Communities on COVID-19 vaccination (co-chaired by the ISC Chief Medical Officer of Public Health, Yukon Regional Chief and Nunavut Department of Health)
- Bilateral discussions with all provinces and territories on early vaccine roll-out logistics, including:
    - status of plans to distribute vaccine to First Nations, rural and remote communities (including health human resources)
    - planning for urban Indigenous populations
    - capacity for tracking Indigenous vaccine coverage
- Canadian Immunization Committee special briefing on immunizing Indigenous populations
- Engagement with departments responsible for federal populations on vaccine roll-out for Indigenous populations

ISC:

- Information sharing and planning through weekly ISC COVID-19 Vaccine Planning Working Group teleconferences which include national and regional Indigenous participants
- Regional engagement on vaccination through existing Indigenous and ISC regional COVID-19 coordination tables
- Regional bi-lateral meetings to better understand the needs of regions, including human health resource needs, transportation considerations, supply needs, and infrastructure requirements. These meeting include representatives from regions, the Public Health Agency of Canada's, ISC's Communicable Disease Control Division and ISC Primary Care
- Working with other government departments and regional counterparts to ensure effective and holistic engagement with Indigenous partners throughout COVID-19 vaccine planning. These tri-lateral meetings with provinces and territories, Indigenous partners and ISC will take place as requested by partners. ISC Office of Population and Public Health – Communicable Disease Control Division is working closely with the Public Health Agency of Canada on inclusion of Indigenous service delivery requirements in national planning, especially to remote and isolated locations
- Coordinated outreach jointly with the Public Health Agency of Canada's Stakeholder Engagement and COVID-19 Vaccine Task Force team
- Targeted and tailored national distinctions-based communication strategy with regional components, building on the Public Health Agency of Canada's national communication approach
- Culturally appropriate and relatable national messaging for First Nations, Métis and Inuit, building on the Public Health Agency of Canada's core messaging

As noted earlier, ISC formed the COVID-19 Vaccine Planning Working Group to work collaboratively and to co-develop a distinctions-based integrated plan to support the

administration, logistics and planning process of a COVID-19 vaccine for First Nations, Métis and Inuit communities and populations.

ISC will also provide a supportive role for the ISC and National Association of Friendship Centres (NAFC)-led COVID-19 First Nations, Inuit and Métis in Urban and Related Homelands Task Group, which is intended to support planning for the unique logistics of vaccine administration to First Nations, Inuit and Métis individuals living in urban settings and related settings.

It is recognized that under a nation to nation relationship, the Minister of ISC and national, regional and local Indigenous leadership will seek to meet directly, as mutually desired and agreed upon, to discuss the importance of a successful Indigenous COVID-19 vaccination program and discuss the means and steps needed to achieve this goal.

6.2 Regional-community engagement

ISC has been working since the beginning of the COVID-19 pandemic to engage partners at the local level, ensuring communities have the information needed in a timely way to respond to the COVID-19 pandemic. In addition to these ad-hoc structures set up to respond to COVID-19, ISC Regions and partners have established Regional Trilateral Co-Management Tables where additional engagement on COVID-19 vaccine planning can take place.

On November 12, 2020, ISC Regional Incident Management System and COVID-19 leads confirmed that preliminary discussions were taking place, or scheduled to take place with provinces and territories and Indigenous partners.

Bi-lateral and tri-lateral meetings are also taking place at the working level, led by ISC, at the request of partners.

7. Data management

Accurately tracking and reporting on the progress of uptake of vaccine in Indigenous populations will be of key importance to Indigenous leadership at all levels, and will help in understanding progress towards reaching immunity, while also confirming equitable access to the vaccine. Such data management must be respectful of Indigenous data governance principles.

ISC will track vaccine coverage uptake for First Nations living on-reserve, in the same way ISC has collected case information to date during the pandemic. Engagement at the working level at ISC via the Health Data Technical Working Group on the design of the tracking infrastructure started in November.

At the National level, the Public Health Agency of Canada is working with provinces and territories to report on vaccine uptake through the Canadian Immunization Registries and Coverage Network. This Network has drafted a provincial and territorial reporting form, which includes a section for tracking of vaccine uptake among adults in remote and isolated Indigenous and northern communities. Information on vaccine coverage tracking by provinces and territories was released publicly by the Public Health Agency of Canada on January 22, 2021.

ISC is developing a reporting system for tracking doses of the COVID-19 vaccine administered to First Nations populations living on-reserve, where ISC supports immunization services. ISC will build off data elements for national reporting agreed to by provinces and territories and PHAC, to ensure data collection is aligned. This system will be updated as needed to address evolving needs. The Health Data Technical Working Group is meeting regularly to discuss and agree upon the data elements for reporting. The purpose of tracking will help to identify access to the vaccine, gaps and track the number of doses provided. Frequency of reporting will be once weekly and aligned with the national reporting frequency and timing. Discussions are underway

regarding options for the automation of this tracking within the Department. ISC reported initial vaccine coverage information on the ISC website on January 22, 2021; and, will work to publish additional data elements, approved by privacy standards, in February, 2021.

For Indigenous populations who do not live on-reserve, provinces and territories will be responsible for COVID-19 vaccine coverage tracking; and, reporting once weekly to the Public Health Agency of Canada. ISC has communicated the importance of reporting in a distinctions-based way and advocated for this information to be collected in collaboration with Indigenous partners via the national reporting form agreed to by the Public Health Agency of Canada and provinces and territories at the Canadian Immunization Registries and Coverage Network. Collaboration between ISC and provinces and territories will be required to track health care workers and individuals who travel from on-reserve communities to access the vaccine in urban centres.

8. Safety and monitoring

The Canadian Adverse Events Following Immunization Surveillance System is a federal, provincial and territorial post-market vaccine safety monitoring system managed by the Public Health Agency of Canada, where vaccine adverse events are monitored, recorded and tracked by health authorities for the populations they serve in each jurisdiction. Reporting for adverse events experienced among populations living on-reserve will feed into the national reporting process. Reporting for First Nations living off-reserve, Inuit and Métis populations will be completed by provinces and territories.

9. COVID-19 vaccine communications

The ISC Indigenous COVID-19 vaccine communications strategy complements the national strategy led by the Public Health Agency of Canada. A key component will be the partnership with Indigenous organizations in the co-development and dissemination of communication products and information.

The fundamental principles of the communications approach are:

- Fostering Indigenous COVID-19 vaccine champions;
- Supporting distinctions-based communities with information
- Creating a strengths-based, distinctions-based approach and messaging:
    - utilization of a wide variety of culturally appropriate and regionally specific materials to educate on COVID-19 vaccines
- Working with existing and potential partners for culturally appropriate messaging

The vaccine communications approach recognizes that Indigenous traditions and knowledge systems are sources of strength, wisdom and guidance. The COVID-19 vaccine is complementary to traditional health and medicine approaches. Receiving the vaccine, once available, is a contribution everyone can make to support their community, their Elders and their family members.

ISC is undertaking a proactive communications approach building on guidance and input from Indigenous voices.

It will be a two-pronged public education approach to inform and build trust:

1. National awareness building:
    - Leveraging trusted sources (nationally-recognized, trusted, Indigenous medical professionals)
    - Advertising: collaboration with the Public Health Agency of Canada's campaign using Indigenous trusted sources and influencers for pre-vaccination, vaccinations

- Providing funds to National Indigenous Organizations to develop tailored messaging for their audience.

2. Regional and community engagement:
   - partnerships with communities: sharing relevant communications products and providing support for local communications activities including collaboration to deliver specific communications tactics and campaigns
   - leverage regional and community trusted messengers campaign: communications toolkit with the Public Health Agency of Canada and ISC pre-vaccine tailored messaging for use/amplification by Indigenous individuals and organizations trusted by communities (toolkit to include: Newsletters, public service announcement scripts, downloadables).

Partner engagement is also a critical component of the communications strategy:

- Engagement with National Indigenous Organizations on prioritization and allocation decisions, ongoing virtual engagement with First Nations Health Managers Association, Chiefs Committee on Health, National Inuit Committee on Health, Métis Nation of British Columbia, Metis Nation Alberta, Manitoba Métis Federation, Métis Nation Saskatchewan, Métis Nation of Ontario, Indigenous Physicians Association, Canadian Indigenous Nurses Association, Indigenous Women's Organizations, and National Association of Friendship Centres. Collaboration with the Knowledge Keepers Council, the First Nations Health Authority in British Columbia, the Sioux Lookout Health Authority in Ontario, the Northern Inter-Tribal Health Authority in Saskatchewan, the First Nations Health and Social Services Commission of Quebec and Labrador, Public Health Working Group on Remote and Isolated Communities
- COVID-19 direct emails to provide information and shareable resources to Indigenous Leadership including urban Indigenous leadership
- Regional and community engagement: Weekly regional newsletter bulletins to Chiefs on updates, virtual town halls meetings with communities
- Media Strategy:
  - Interviews with conventional national and regional media, Indigenous podcasters and bloggers using Indigenous trusted sources
  - Weekly news releases and Press/technical briefings on vaccine prioritization and development, including ISC expert participation in Public Health Agency of Canada briefings.

ISC technical briefings to support and inform vaccine uptake, address misinformation and vaccine hesitancy, public health measures, Indigenous specific plans, and announcements.

Annex A: Funding supporting COVID-19 response

In order to further support Indigenous communities in preparing for and responding to COVID-19, as of December 18, over $4.2 billion has been announced by the Government of Canada in specific COVID-19 support to Indigenous and northern communities and organizations**.**

Indigenous Community Support Fund

Indigenous Services Canada (ISC) recognizes that First Nations, Inuit, Métis communities, as well as Indigenous organizations, require additional investments to prevent and control the spread of COVID-19, and to safely restart community programs and services.

To date, approximately $1.1 billion in support has been announced through the Indigenous Community Support Fund (ICSF) for First Nations, Inuit and Métis communities and organizations. These funds are providing Indigenous communities and organizations with resources to implement their own solutions, informed by public health guidance, related to the COVID-19 pandemic. This will ensure continued critical support for on-the-ground, community-led solutions to prevent, prepare and respond to COVID-19. Funding can be used for a variety of measures, such as promoting food security, improving mental health support services, perimeter security, and ensuring the distribution of emergency equipment.

This includes new funding of $380 million announced through the Fall Economic Statement on Nov. 30, 2020. This additional funding is divided into two envelopes:

- Approximately $145.2 million in direct allocations to First Nations, Inuit and Métis communities. The allocation methodology for the funds dedicated to First Nations and Métis communities mirrors that of the previous ICSF funds announced on August 12. The allocation methodology for the funds dedicated to Inuit communities is being finalized by the Inuit Tapiriit Kanatami and the four regional Inuit land claims organizations
- A further $234.8 million in needs-based COVID-19 support for Indigenous communities and organizations, including $75 million to support Indigenous peoples living in urban centres and First Nations living off reserve
- Needs-based support will be used to continue to fund applications received by Indigenous Services Canada, and to address COVID-19 emergency situations as they arise.

Information on Indigenous Community Support Fund can be found here: https://www.sac-isc.gc.ca/eng/1585189335380/1585189357198

Additional funding for public health responses

In addition to existing funding at the community level and existing demand-driven programs such as Non-Insured Health Benefits Program and Jordan's Principle, funding for community public health needs can be submitted to ISC's First Nations and Inuit Health Branch regional offices.

On May 29, 2020, the Government announced $285.1 million to support public health response to COVID-19 for First Nations communities and organizations that deliver community-based services in response to COVID-19 public health needs. This funding supports community-led responses to the pandemic and targeted increases in primary health care resources for First Nations communities. In the case of outbreaks, this funding can be accessed for surge capacity and additional support for similar services in First Nations, Inuit and Métis communities.

An additional $631.6 million over two years was also announced in the November 30, 2020 Fall Economic Statement. This funding continues to support a number of measures in communities, including procuring Personal Protective Equipment (PPE), adapting existing facilities, hiring

more health human resource staff, additional surge infrastructure for screening/triage, isolation, and providing surge capacity when needed. In addition, funding can support preparations for the deployment of COVID-19 vaccines to Indigenous communities, including the necessary planning, human resources and physical infrastructure required for successful vaccine roll-out. This brings the total funding allocated specifically for public health emergency response in communities to $926.7 million.

Given the vulnerability of elders and those in long-term care facilities, $186.8 million over two years has been announced to support needs and gaps in those facilities and to provide additional home care in Indigenous communities, in order to protect these populations from COVID-19.

A community guide for accessing additional public health support for First Nations and Inuit communities during COVID-19 has been developed to assist First Nations with accessing these funds.

In addition, since the start of the pandemic, the Government has also provided funding to other **specific COVID-19 responses to support Indigenous and northern communities and organizations (as of January, 2021):**

- $82.5 million in mental health and wellness supports to help Indigenous communities adapt and expand mental wellness services, improving access and addressing growing demand, in the context of the COVID-19 pandemic.
- $112 million to support a safe return to elementary and secondary schools for First Nations on reserves.
- $10 million for emergency family violence prevention shelters on reserve and in Yukon to support women and children fleeing violence.
- $120.7 million to help Indigenous early learning and child care facilities safely operate during the pandemic.
- $59 million for First Nations to adapt their on reserve community infrastructure.
- $137.3 million for health and social services support to the governments of Yukon, Northwest Territories, and Nunavut.
- $34.3 million for territorial businesses, through CanNor's Regional Relief and Recovery Fund.
- $25 million for enhancement to the Nutrition North Canada Subsidy.
- $17.3 million in support for Northern Air Carriers.
- $15 million for CanNor's Northern Business Relief Fund.
- Up to $306.8 million in interest-free loans and non-repayable contributions to help small and medium-sized Indigenous businesses.
- $75.2 million in 2020-21 in distinctions-based support for First Nations, Inuit, and Métis Nation students pursuing post-secondary education.
- $270 million to supplement the On-Reserve Income Assistance Program to address increased demand on the program, which will help individuals and families, meet their essential living expenses.
- $44.8 million over five years to build 12 new shelters, which will help protect and support Indigenous women and girls experiencing and fleeing violence. The Government of Canada will also provide $40.8 million to support operational costs for these new shelters over the first five years, and $10.2 million annually ongoing. Starting this year, $1 million a year ongoing will also be provided to support engagement with Métis leaders and service providers on shelter provision and community-led violence prevention projects for Métis women, girls, LGBTQ and two-spirited people.
- $117 million to support community-owned and micro-businesses through the Indigenous Community Business Fund.
- $16 million to support Indigenous tourism businesses through the COVID-19 Indigenous Tourism Stimulus Development Fund.
- $41 million has been allocated to Canada's Territories to safely restart their economies and make the country more resilient to possible future surges.
- $25.9 million to provide immediate support to Indigenous post-secondary institutions in 2020-21.

- $332.8 million in 2021-22 to support First Nations, Inuit and Métis communities to offset declines in own-source revenues and to help ensure that Indigenous communities can continue to provide the same level of core community programs and services to their members.
- $144.2 million in 2021-22 to the Indigenous Skills and Employment Training Program to bolster support to those hit hardest by the pandemic by providing training and supports to young Indigenous people, Indigenous people with disabilities, and out-of-territory and vulnerable Indigenous people to prepare them for good jobs. This funding also helps improve labour market data and service delivery.
- $3 million to CanNor for foundational economic development projects that will support small businesses in Canada's Territories.

ISC will continue to work in partnership with other federal departments to seek funds as demand grows and the COVID-19 pandemic evolves.

Annex B: ISC COVID-19 Vaccine Planning Working Group

COVID-19 Vaccine Planning Working Group
Led by the First Nations and Inuit Health Branch (FNIHB)
TERMS OF REFERENCE
Approved: September 22, 2020
Amended: December 14, 2020

Purpose

- The purpose of the FNIHB-led COVID-19 Vaccine Planning Working Group is to work collaboratively at a federal, provincial, territorial and Indigenous level to integrate and coordinate approaches to support the administration and planning processes of COVID-19 vaccine delivery for First Nations, Métis and Inuit communities and populations.

Objectives

- Provide strategic advice and direction on emerging issues and identified priorities related to a range of COVID-19 vaccine considerations including but not limited to access, implementation, and quality assurance considerations
- Facilitate consideration and inclusion of Indigenous populations and communities' perspectives and realties into the COVID-19 vaccine strategy
- Provide a forum for regular information sharing for those involved in a COVID-19 vaccine strategy
- Facilitate coordinated and best practice approaches to the planning, administration, and response to a COVID-19 vaccine through existing mechanisms or additional mechanisms required for surge capacity
- Explore new opportunities for the advancement and administration of a COVID-19 vaccine
- Build, identify, support and evaluate opportunities for knowledge transfer and exchange to build Indigenous capacity in the planning and delivery of a COVID-19 vaccine
- Respect the provincial and territorial vaccine administration context in which each region administers and distributes vaccines to Indigenous populations and communities

Activities

In meeting its purpose, the COVID-19 Vaccine Planning Working Group undertakes activities broadly outlined as follows:

- Plan for the administration of a COVID-19 vaccine by considering topics including, but not limited to:
  - cold chain management
  - training
  - administrating following the recommended public health guidelines
  - reviewing vaccine safety and efficacy
  - inventory management
  - necessary supplies and personal protective equipment
  - promoting uptake
  - developing communications
  - surge human health resources
  - regional/community capacity
  - data and reporting processes
- Establish linkages with internal and external program partners and stakeholders;
- Collaborate with the following groups, but not limited to:
  - Communicable Disease Control Division (CDCD)
  - Primary Health Care Systems Division (PHCSD)
  - Regional Representation from PHCSD

- Infection Prevention Control (IPC)
- Community Health, Home and Community Care Program (HCCP)
- Public Affairs, Consultation and Communications Branch (PACCB)
- Surveillance Health Information Policy and Coordination Unit (SHIPCU)
- Environmental Public Health Division (EPHD)
- Home and Community Care (HCC)
- Capacity, Infrastructure and Accountability Directorate (CIAD)
- Office of Populations and Public Health (OPPH)
- Public Health Agency of Canada (PHAC)
- Health Canada (HC)
- Correctional Service Canada (CSC)
- Synergy in Action (SIA)
- Provincial and Territorial Government Representatives (BC, AB, SK, MB, ON, QC, NB, PEI, NL, YT, NWT, NU)
- Assembly of First Nations (AFN)
- Assembly of First Nations Regional Technicians (BC, AB, SK, MB, ON, QC, NS, NL, PEI)
- Inuit Tapiriit Kanatami (ITK)
- Inuit Regional Representatives (Inuvialuit Regional Corporation
- Regional Métis partners (Manitoba Métis Federation, Métis Nation of Alberta, Métis Nation of Ontario, Métis Nation British Columbia, Métis Nation Saskatchewan)
- National Association of Friendship Centres (NAFC)
- Indigenous Physicians Association of Canada (IPAC)
- First Nations Health Authority (FNHA)
- Northern Inter-tribal Health Authority (NITHA)
- Sioux Lookout First Nations Health Authority (SLFNHA)
- First Nations Health Managers Association (FNHMA)
- First Nations of Quebec and Labrador Health and Social Services Commission (CSSSPNQL)
- Centre for Immunization and Respiratory Infectious Diseases (CIRID)
- Manitoba First Nations COVID-19 Pandemic Response Coordination Team

- Develop a communications strategy, reflective of regional diversity and culture, to support the roll-out of a COVID-19 vaccine
- Work collaboratively to identify unique challenges and find the best solutions to administering the COVID 19 vaccine
- Provide insight for the planning of the administration of a COVID-19 vaccine
- Phare expert opinions and views that may are informed by professional or jurisdictional association
- Brief senior management on emerging priorities and issues related to a COVID-19 vaccine
- Continually monitor and evaluate the determined approaches, and where required, implement adjustment measures to meet the needs of Indigenous populations and communities
- document process challenges for consideration in possible future pandemic scenarios

Membership

- The Communicable Disease Control Division will hold the primary secretariat role for the COVID-19 Vaccine Planning Working Group
- Members must be knowledgeable in the field of immunization practices and be aware of the operational issues of vaccine administration specific to Indigenous populations, remote and isolated communities or Indigenous peoples living in urban areas
- Members must be involved in the COVID-19 response
- Membership will be comprised of national and regional ISC colleagues, PHAC, key Indigenous partners, and provincial and territorial governmental representatives
- All members are expected to brief their managers and leadership on a regular basis
- Regional members and partners will engage their region or leadership so decisions taken reflect collective engagement
- Regional members and partners will provide input and data on behalf of their

directorate, region, or populations where applicable

- Delegates must be sent when a member is unable to attend, however consistent participation by the lead member is strongly recommended. Delegates must assume the full responsibility of the regular member in their place
- Ad hoc participants will be invited based on identified need. Any member can request an individual to attend a meeting as an ad hoc participant, subject to approval of the co-chairs
- Matters discussed at the meeting and teleconferences are confidential and should not be discussed with members of the public

Co-Chairs

- The co-chairs will consist of one member from the Communicable Disease Control Division (CDCD) and one member from the Primary Health Care Systems Division (PHCSD)
    - The CDCD co-chair position will be designated by the Director of CDCD
    - The PHCSD co-chair will be designated by PHCSD, and may be a national or regional representative
- Responsibilities of CDCD co-chair:
    - work with co-chair on preparing agenda and reviewing records of decisions prior to presenting to membership
    - convene and lead meetings in partnership with PHCSD co-chair
    - call ad hoc task groups as needed
    - brief senior management on the COVID-19 Vaccine Planning Working Group's progress, issues and recommendations in collaboration with the PHCSD co-chair
    - assume PHCSD co-chair's responsibilities in their absence
    - maintain effective communication with co-chair and working group members
- Responsibilities of PHCSD:
    - provide primary care perspective on administration of vaccine in communities
    - provide input on agenda items
    - assume CDCD Co-Chair's responsibilities in their absence
    - convene and lead meetings in partnership with CDCD Co-chair
    - maintain effective communication with co-chair and working group members

Governance

<u>Reporting</u>

- The COVID-19 Vaccine Planning Working Group reports to the Directors General of the offices of Primary Care and Population and Public Health of the First Nations and Inuit Health Branch through briefings from the Co-Chairs of the COVID-19 Vaccine Planning Working Group
- CDCD will lead briefings to senior management and will be the lead on directives from the COVID-19 Vaccine Planning Working Group, in collaboration with Primary Care
- Primary Care will brief their respective senior management in a coordinated manner,
- Briefings will take place during scheduled meetings (i.e. bilateral meetings, team meetings) though additional meetings may be scheduled with management for briefing purposes

<u>Meeting frequency</u>

- The frequency of teleconferences is every week unless there is an identified need for either more frequent or less frequent meetings due to availability of members or immediate needs to address emerging issues and priorities
- Any member can request a special meeting if an urgent matter arises

<u>Ad Hoc task groups</u>

- The co-chairs retain the discretion to form ad hoc task groups as appropriate to deal with emerging issues surrounding a COVID-19 vaccine
- The lead of each of the ad hoc task groups will provide the COVID-19 Vaccine Planning Working Group with regular updates

Networks

- The COVID-19 Vaccine Planning Working Group will collaborate with the following networks, committees and groups:
    - National Immunization Network
    - Communicable Disease Emergency (CDE) Network
    - Emergency Management Coordinators Network
    - National Health Emergency Managers Network
    - Nursing Leadership Council
    - Regional Nurse Educators Working Group
    - Communicable Disease Working Group
    - Joint Pharmacy Advisory Committee (JPAC)
    - Regional Medical Officers (RMOs)
    - Vaccine Supply Working Group (VSWG)

Secretariat

- The Secretariat function will be provided by the National Office of Communicable Disease Control Division, FNIHB. The policy and programs teams work collaboratively as the Secretariat
- The Secretariat is responsible for providing policy, administrative, logistical and functional support to the co-chairs and members of the COVID-19 Vaccine Planning Working Group

Duration

- The COVID-19 Vaccine Planning Working Group is to be established in September 2020 and will continue for as long as deemed necessary by the group and senior management
- The Terms of Reference may be amended at any meeting by consensus for subsequent approval by COVID-19 Vaccine Planning Working Group. Minor changes can be made by the Secretariat in consultation with the co-chairs

Annex C: COVID-19 First Nations, Inuit and Métis in Urban and Related Homelands Terms of Reference

COVID-19 First Nations, Inuit and Métis in Urban and Related Homelands

TERMS OF REFERENCE
DRAFT 2020.12.29
Approved: 2020.01.05

Preamble

In recognition that

- A majority of First Nations, Inuit and Métis reside in communities located in urban location or other related homelands;
- Externally imposed jurisdiction divides and policy/funding gaps may present barriers to First Nations, Inuit and Métis to have timely access to COVID-19 vaccines;
- There are distinct and proven approaches required to engage and provide culturally safe access to health services including COVID-19 vaccination;
- Indigenous Services Canada, provincial and territorial and municipal health services have gaps in their expertise and knowledge of these distinct approaches
- First Nations, Inuit and Métis service providers in urban and related homelands have long track records of successful engagement and service;

A COVID-19 Vaccine Planning Task Group: Urban Settings and Related Homelands is to be established for the following Purpose.

Purpose

- The purpose of the COVID-19 Vaccine Planning Task Group: Urban Settings and Related Homelands is to work collaboratively at F/P/T/I/L (Federal, Provincial, Territorial, Indigenous and Local) levels to share information and coordinate approaches in order to facilitate timely and culturally safe access, including the unique planning and delivery processes of COVID-19 vaccination specifically for First Nations, Inuit and Métis living in urban settings.
- This body will work in relationship with the Indigenous Services Canada COVID-19 Vaccine Planning Working Group.

Objectives

- To facilitate timely and culturally safe access to COVID-19 vaccine for First Nations, Inuit, and Métis living in urban and related homelands
- To track and respond to gaps in provincial/territorial implementation of NACI's recommendation that First Nations, Inuit, and Métis be prioritized for the vaccine, with a focus on FNIM populations in urban and related homelands.
- Create materials and communicate to F/P/T/I/L at all levels that encourage governments, organizations and people to consider the realities and perspectives of First Nations, Inuit and Métis people living in urban settings and to appropriately consider those realities and perspectives into COVID-19 vaccine strategies;
- To rapidly facilitate allocation of required financial and human resource supports to achieve these objectives in an expedited manner

Activities

In meeting its purpose, the COVID-19 Vaccine Planning Task Group: Urban Settings and Related Homelands undertakes activities broadly outlined as follows:

- Compile, share information and work towards supporting the administration of COVID-19 vaccine to First Nations, Inuit and Métis individuals living in urban settings by considering topics including, but not limited to: access to the vaccine through provincial and territorial allocations, cold chain management, training, administrating following the recommended public health guidelines, reviewing vaccine safety and efficacy, inventory management, ensuring availability of necessary supplies and personal protective equipment, promoting uptake, developing communications, surge human health resource requirements, regional/community capacity, and data and reporting processes;
- Provide strategic advice and direction to federal, provincial and municipal bodies responsible for vaccination services, including COVID-19 vaccination, on emerging issues and identified priorities related to a range of COVID-19 vaccine considerations including but not limited to access, implementation, and quality assurance considerations;
- Establish linkages with internal and external program partners and stakeholders;
- Collaborate with the following groups for interest in membership, but not limited to:
    - Communicable Disease Control Division (CDCD ISC)
    - Office of Populations and Public Health (OPPH ISC)
    - National Association of Friendship Centres

    - Halifax Friendship Centre
    - Labrador Friendship Centre
    - Manitoba Friendship Centre
    - First Light Friendship Centre
    - People of Darn Friendship Centre
    - Inuit Tapiriit Kanatami (ITK)
    - Akausivik Inuit Family Health Team
    - Atelihai Inuit
    - Inuit Edmontonmiut Working Group
    - Inuuqatigiit Centre for Children and Families
    - Manitoba Inuit Association
    - Pauktuutit Inuit Women of Canada
    - Southern Quebec Inuit Association
    - Toronto Inuit Association
    - Tunngasugit Inc
    - Yellowknifemiut Inuit Kattujiqatuguut
    - Assembly of First Nations (AFN)
    - Chiefs of Ontario
    - Manitoba Métis Federation
    - Métis Nation of Alberta
    - Métis Nation of Ontario
    - Métis Nation of Saskatchewan
    - Public Health Agency of Canada (PHAC)
    - Health Canada (HC)
    - Indigenous Physicians Association of Canada (IPAC)
    - First Nations Health Authority (FNHA)
    - Northern Inter-tribal Health Authority (NITHA)
    - Sioux Lookout First Nations Health Authority (SLFNHA)
    - First Nations Health Managers Association (FNHMA)
    - Provincial and Territorial Government Representatives
    - Winnipeg Regional Health Authority
- Provide input into the COVID-19 vaccine roll-out communications strategy, developed by the ISC-led COVID-19 Vaccine Planning Working Group, to ensure it is inclusive of the experiences of First Nations, Inuit and Métis individuals living in urban settings;
- Work collaboratively to identify unique challenges and find the best solutions to administering COVID-19 vaccines;
- Provide insight for the planning of the administration of COVID-19 vaccines;
- Share expert opinions/views that are informed by professional or jurisdictional association;
- Document challenges and opportunities for improved public health services for Indigenous urban communities.

Membership

- FNIHB's Office of Population and Public Health and the Communicable Disease Control Division will jointly hold the primary secretariat role for the COVID-19 Vaccine Planning Task Group: First Nations, Inuit and Métis in Urban Settings and Related Homelands.
- Co-Chairs will initially identify potential members for invitation to participate subject to criteria identified below. Subsequently, Task Group members may identify other potential members who meet the criteria below who wish to contribute to meeting the Objectives of the Task Group.
- Members must be knowledgeable in the field of immunization practices and be aware of the operational issues of vaccine administration specific to Indigenous peoples living in urban areas.
- Members must be involved in the COVID-19 response.
- Membership will be comprised of key Indigenous partners, FNIHB colleagues, the Public Health Agency of Canada, and provincial and territorial governmental representatives.
- All members are expected to brief their managers/leadership on a regular basis.
- Regional members and partners will engage their region/leadership so decisions taken reflect collective engagement.
- Regional members and partners will provide input and data on behalf of their directorate/region/populations where applicable.
- Delegates must be sent when a member is unable to attend, however, consistent participation by the lead member is strongly recommended. Delegates must assume the full responsibility of the regular member in their place.
- Ad-hoc participants will be invited based on identified need. Any member can request an individual to attend a meeting as an ad-hoc participant, subject to approval of the co-chairs.
- Matters discussed at the meeting and teleconferences are confidential and should not be

discussed with members of the public.

Co-Chairs

- The Co-Chairs will consist of one member from one member from the National Association of Friendship Centres (NAFC), one member from FNIHB's Office of Population and Public Health and one member of the Public Health Agency of Canada and
    - The NAFC Co-Chair position will be the Executive Director of NAFC or, alternatively, designated by the Executive Director of NAFC
    - The FNIHB Co-Chair position will be designated by the Director General, OPPH.
- Responsibilities of Co-Chairs:
    - Work with fellow Co-chairs on preparing agenda and reviewing records of decisions prior to presenting to membership;
    - Convene and lead meetings in partnership with Co-Chairs (lead will rotate between meetings);
    - Call ad hoc task groups as needed;
    - Brief respective senior management of their organizations on the Task group's progress, issues and recommendations in collaboration with their fellow co-chairs
    - Assume Co-Chair's responsibilities in their absence; and
    - Maintain effective communication with co-chairs and Task group members.

Meeting Governance

- The COVID-19 Vaccine Planning Task Group: First Nations, Inuit and Métis in Urban and Related Homelands will operate in respectful relationship and co-operation with the ISC COVID-19 Vaccine Planning Working Group.

Principles

- The respective chairs and co-chairs will work cooperatively for sharing of relevant information and materials for mutual benefit and knowledge.
- Respect Indigenous governance structures and welcome the voices of other groups and organizations to provide valued perspectives on COVID-19 vaccination for urban Indigenous communities
- Respect the provincial and territorial vaccine administration context, in which each region ensures COVID-19 vaccination to Indigenous populations and communities, while facilitating collaboration amongst F/P/T/I/L partners to provide equitable access to COVID-19 vaccines for First Nations, Inuit, and Métis people living in urban settings.

Reporting:

- The COVID-19 Vaccine Planning Task Group: First Nations, Inuit and Métis in Urban Settings and Related Homelands will be accountable to their respective organizations through their co-chairs and responsible for briefing their organizations accordingly per their own policies and procedures.
- Meeting minutes will document key information, decisions and recommendations as approved by the membership.
- No formal reporting, such as an annual report, is required of this body at this time.

Meeting Frequency:

- The frequency of teleconferences or video conferences is weekly unless there is an identified need for either more frequent or less frequent meetings due to availability of members or immediate needs to address emerging issues and priorities.
- Any member can request a special meeting if an urgent matter arises.

Networks

- The COVID-19 Vaccine Planning Task Group: First Nations, Inuit and Métis in Urban Settings and Related Homelands will collaborate with the following networks, committees and groups:
    - Friendship Centres and Indigenous or Community organizations in urban settings to set an inclusive space for vaccinations because Indigenous Peoples' often experience racism and develop a mistrust for western medical institutions

Secretariat

- The Secretariat function will be provided by FNIHB's Office of Population and Public Health and the National Office of FNIHB's Communicable Disease Control Division.
- The Secretariat is responsible for providing policy, administrative, logistical and functional support to the co-chairs and members of the COVID-19 Vaccine Planning Task Group: First Nations, Inuit and Métis in Urban Settings and Related Homelands.

Duration

- The COVID-19 Vaccine Planning Task Group: First Nations, Inuit and Métis in Urban Settings and Related Homelands is to be established in December 2020 and will continue for one year, unless deemed necessary to continue longer by the group and the Co-Chair organizations, or conversely, may be ended sooner if mutually agreed by membership and Co-Chairs.
- The Terms of Reference may be amended at any meeting by consensus for subsequent approval by the COVID-19 Vaccine Planning Task Group: First Nations, Inuit and Métis in Urban Settings and Related Homelands. Minor changes can be made by the Secretariat in consultation with the Co-Chairs.