

Webinar

How Institutions, Politics, Organizations, and Governance Shaped COVID-19 Responses

January 30, 2025, 2:00 p.m. – 3:00 p.m. EST

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Martin Renaud, Expert Scientific Advisor, NCCHPP*



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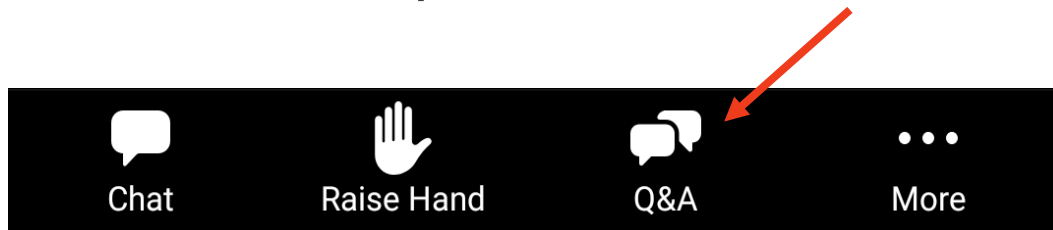
National Collaborating Centre
for Healthy Public Policy



Technical information

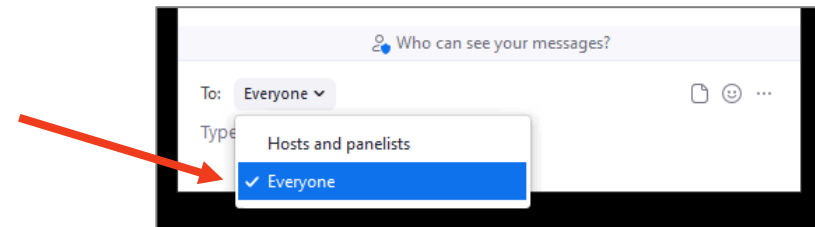
Q&A

Questions for presenters



Chat

Technical questions, and discussion amongst participants, please select Send to: Everyone



- The webinar will be recorded, including the chat and Q&A boxes (Please keep this in mind during discussions)
- The recording will be made available on our website
- The evaluation form will be shared at the end of the webinar and sent by email

National Collaborating Centre for Healthy Public Policy

Our mandate

Support public health actors in their efforts to promote healthy public policies.

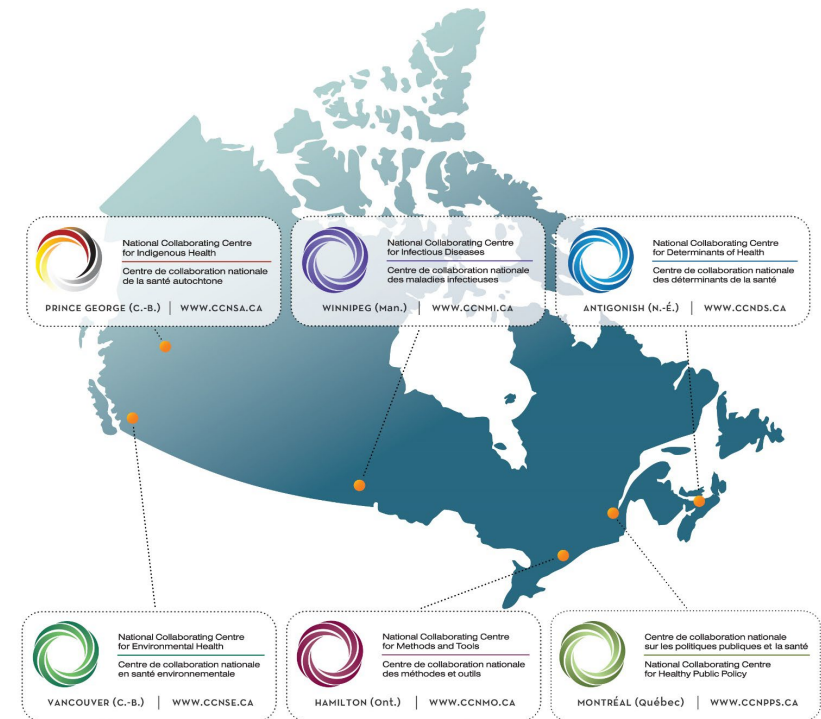
Our work areas

1. Public policy analysis

2. Intersectoral approaches to promoting healthy public policy

3. Emerging and priority issues

Equity
Health of Indigenous populations




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Institut national
de santé publique
Québec



Land Acknowledgment



We acknowledge that we are on an age-old Indigenous territory, a place of meeting and diplomacy between peoples and the site of the signing of the Great Peace treaty.

We thank the Kanien'kehá:ka (Mohawk) nation for their hospitality on this unceded territory.

Today's Presenters

Dr. Peter Berman
University of British Columbia
Harvard University



Dr. Lara Gautier
École de santé publique
Université de Montréal



Dr. Sara Allin
Dalla Lana School of Public Health
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Introduction to the IPOG Conceptual Framework

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National Collaborating Centre for Healthy Public Policy (NCCHPP)

January 30, 2025



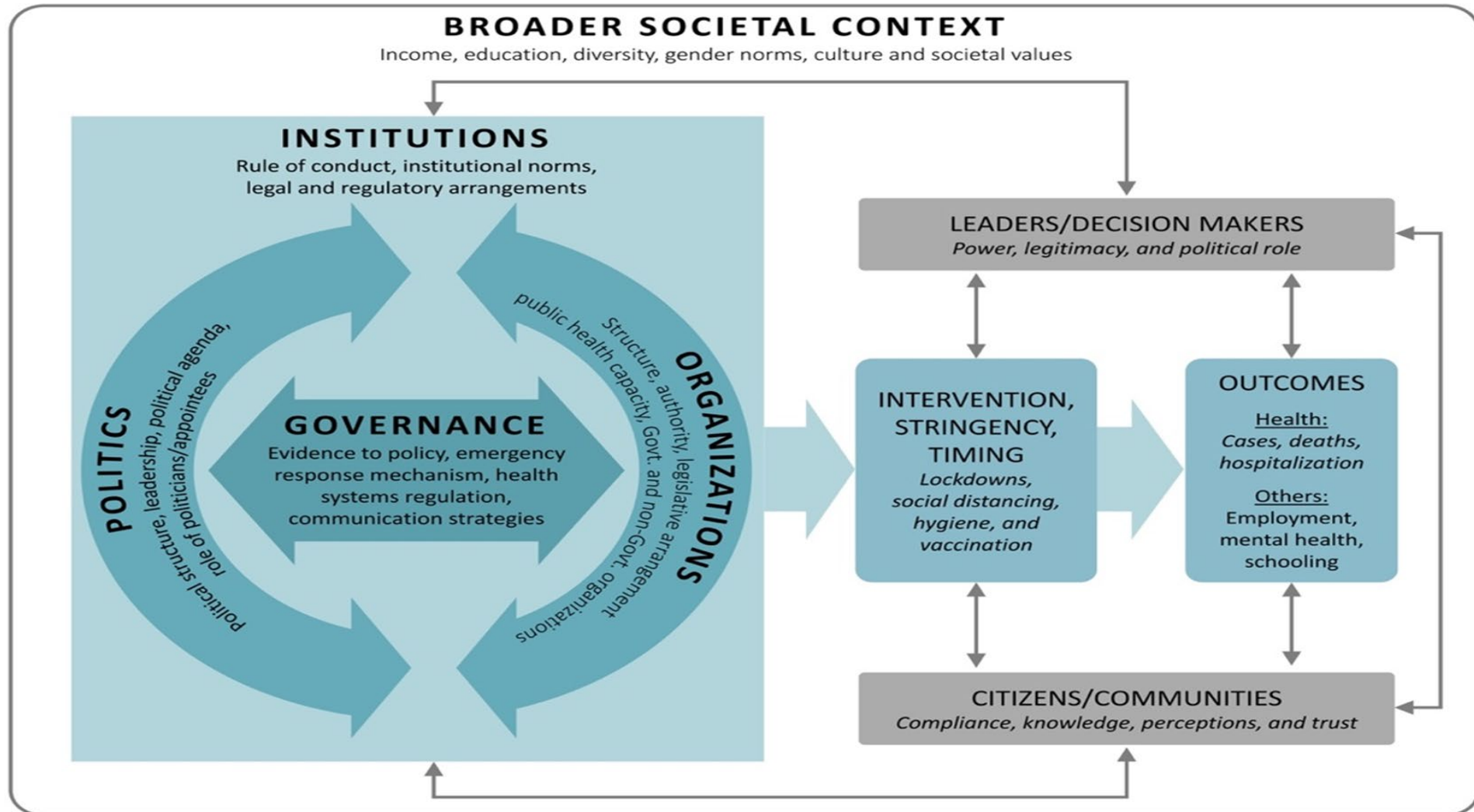
THE UNIVERSITY OF BRITISH COLUMBIA

School of Population and Public Health
Faculty of Medicine



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Conceptual framework to examine institutional, political, organizational, and governance (IPOG) factors influence on the COVID-19 response



See: Berman, P., Cameron, M., Gaurav, S., Gotsadze, G., Hasan, M., Jenei, K., Keidar, S., Kornreich, Y., Lovato, C., Patrick, D., Sarkar, M., Villagarcia, P., Sriram, V., and C. Ruck (2023), "Improving the response to future pandemics requires an improved understanding of the role played by institutions, politics, organization, and governance" *PLOS Global Public Health*, 2023. 3(1): e0001501.

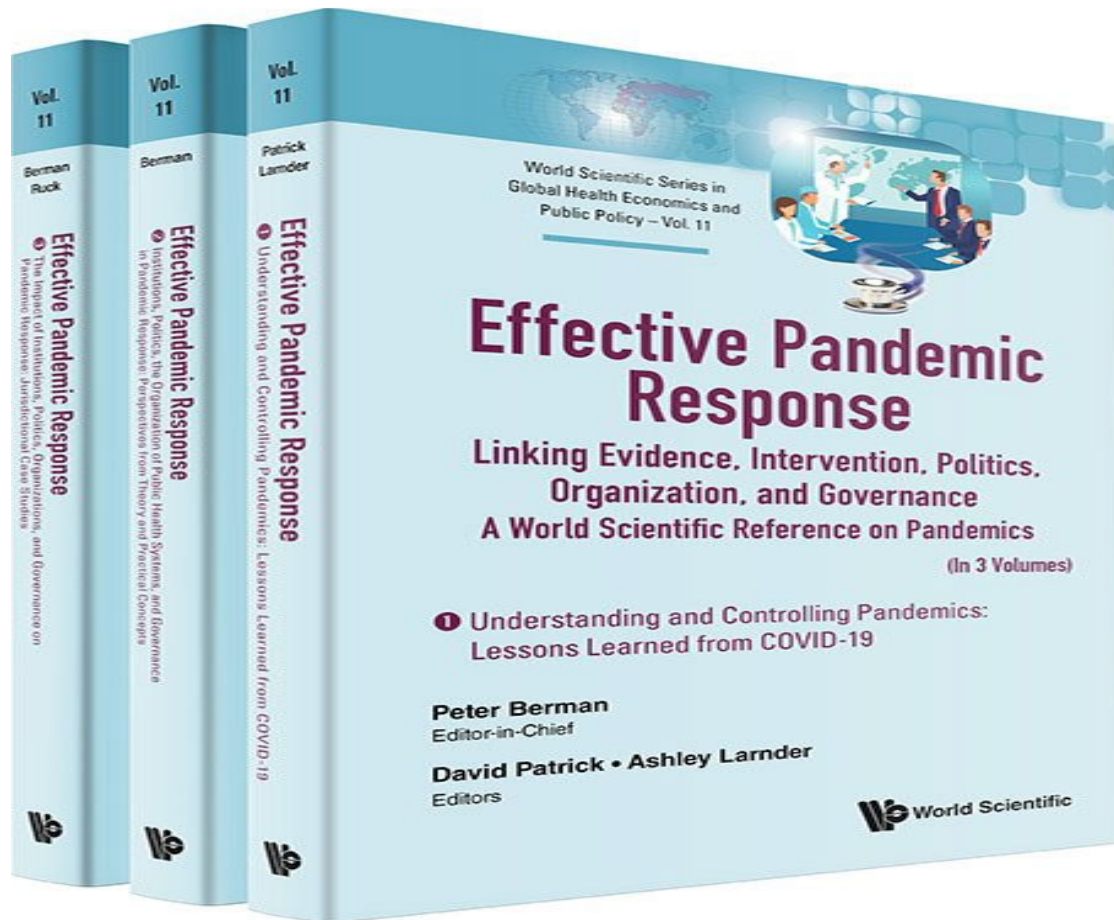
<https://doi.org/10.1371/journal.pgph.0001501>

Working “definitions” of IPOG factors

Factor	Definition and examples of key questions	Data, measures, observations
Institutional	The higher-level formal and informal “rules of the game” – e.g. the legal and regulatory basis of authority. Respect for laws and legal processes. Reliance on scientists and experts. How do norms for roles and behaviors of key actors and organizations support or constrain effective public health action?	Institutional/political analysis
Political	Key political actors, their policy positions, and their roles and functions in relation to civil service and technical actors. How do politicians and political processes support or constrain effective public health action?	Institutional/political analysis
Organizational	The “organigram” for structures whose role is to generate public health knowledge and use it for public health action – structure, lines of authority, complexity and fragmentation, etc. Who is “at the table” for what decisions and implementation actions? What authorities and accountabilities influence them?	Organigram and organigraph analyses
Governance	The processes of decision-making and implementation of actions that enable government to carry out its objectives. How were key decisions reached and action enabled? What role for I/P/O factors driving these processes?	Key informant interviews related to selected decision points

An outline of overall research design

For more (and 15 case studies): see
<https://www.worldscientific.com/worldscibooks/10.1142/13944#t=aboutBook>



[World Scientific Series in Global Health Economics and Public Policy: Volume 11](https://www.worldscientific.com/worldscibooks/10.1142/13944#t=aboutBook)

**Effective Pandemic Response: Linking Evidence, Intervention, Politics, Organization, and Governance
A World Scientific Reference on Pandemics
(In 3 Volumes)**

**Volume 1: Understanding and Controlling
Pandemics: Lessons Learned from COVID-19**

**Volume 2: Institutions, Politics, the
Organization of Public Health Systems, and
Governance in Pandemic Response:
Perspectives from Theory and Practical
Concepts**

**Volume 3: The Impact of Institutions, Politics,
Organizations, and Governance on Pandemic
Response: Jurisdictional Case Studies**

What to do with this?

- In new investments in preparedness and response, for example, consider:
 - ❖ Where does expertise sit and how open is it to diverse scientific perspectives?
 - ❖ What mechanisms are in place to create and manage the science-politics interface?
 - ❖ How are central-local connections designed?
- Can new laws and regulations incorporate insights from IPOG perspectives? Effective preparedness and response is not only about physical inputs...
- Do we have the frameworks and methods for sound analysis and comparative learning?
 - ❖ Organizational design
 - ❖ Political structures and processes

How to apply the IPOG framework?

Empirical illustrations – *Upstream determinants of effective COVID-19 response: learning from comparisons across Canada's provinces*

January 30 2025

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Acknowledgements

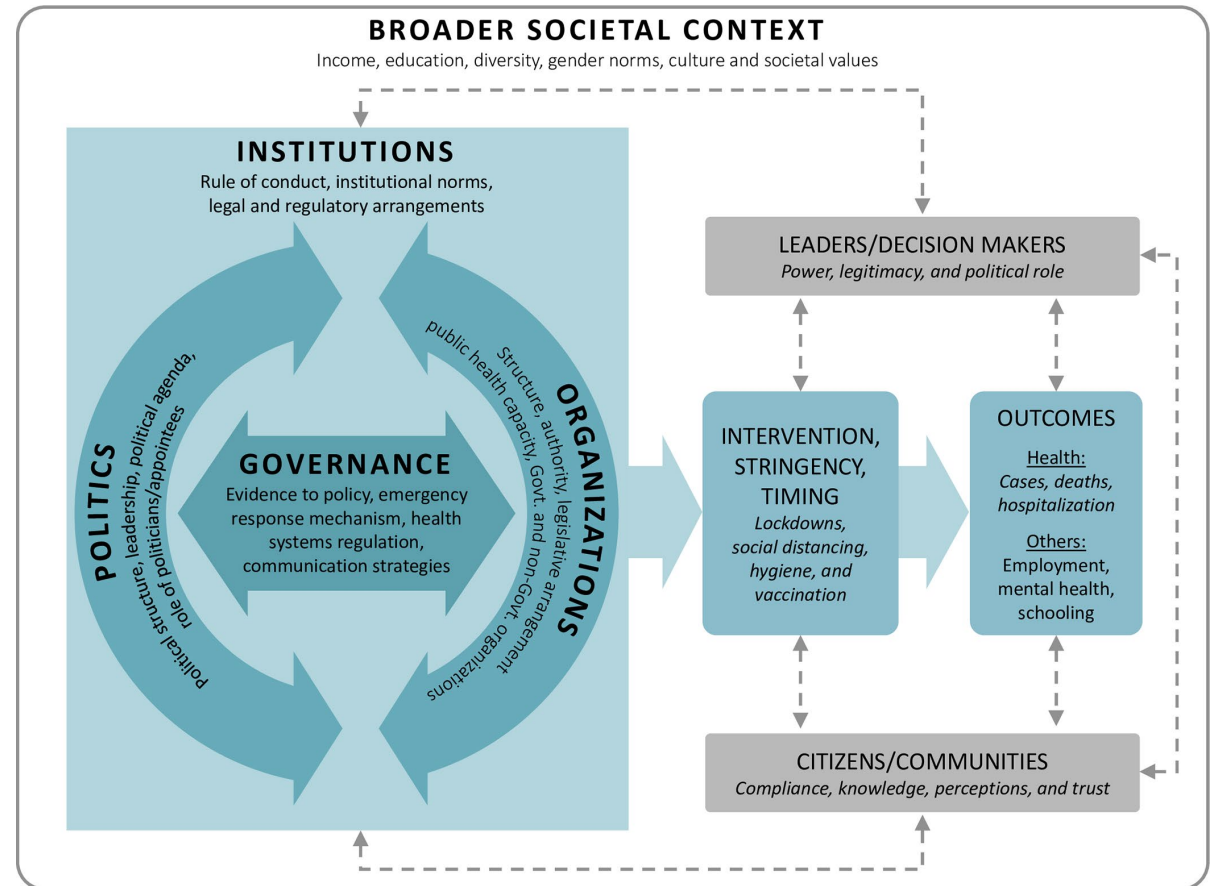
- Canadian Institutes of Health Research / Instituts de recherche en santé du Canada [*grant # 470167*]
- Many thanks to the interview participants and knowledge users in 4 provinces
- Study team:



	BC Team:	Ontario Team:	Quebec Team:	Nova Scotia Team:
Principal Investigators	Peter Berman Veena Sriram	Sara Allin	Lara Gautier Amelie Quesnel-Vallee	Katherine Fierlbeck
Staff & Trainees	Toktam Movassagh Leah Shipton Candice Ruck Julie Bettinger David Patrick	Aidan Bodner Alexandra Calzavara Dominika Bhatia	Susan Usher Camille Trapé Assia Iguedjtal	Noel Guscott Scott Halperin

Guiding question & framework for analysis

- How do variations in the politics, institutions and organization of public health systems help explain the different policy decisions made across jurisdictions during the COVID-19 pandemic?
 - Focus on the **regulation of public spaces and COVID-19 testing policy**



Source: Berman P, Cameron MA, Gaurav S, Gotsadze G, Hasan MZ, Jenei K, et al. (2023) Improving the response to future pandemics requires an improved understanding of the role played by institutions, politics, organization, and governance. PLOS Glob Public Health 3(1): e0001501. <https://doi.org/10.1371/journal.pgph.0001501>

Overview of data collection and analysis

Step 1: Develop timelines and organizational charts for public health systems in 4 provinces

Step 2: Conduct key-informant interviews across multiple stakeholder groups involved in leading, and influencing, pandemic responses

- British Columbia : 2 phases of interviews (July 2021- Jan 2022; Jan 2023 – Feb 2024)
- Ontario: 16 interviews (May-Nov 2023)
- Quebec: 24 interviews (Nov 2022 to May 2023; 4 interviews in Summer 2024)
- Nova Scotia: 13 interviews (March to May 2023)

Step 3: Interview data coding and thematic analysis

- Within-province deductive and inductive coding plus across-province comparisons (underway)



Empirical studies using the IPOG framework

Based on 107 interviews (2021-24) across four provinces (BC, NS, QC, ON)...

Component	Generic themes that can illustrate components	Prov.	Empirical illustration(s)
<u>Institutions</u>	<p>Enforcement characteristics of rules & norms</p> <p>Diverse conceptualization of what “essential” services are</p> <p>Compliance of citizens; reliance on scientific expertise</p>	BC,ON (primarily)	Comparative study on the regulation of public spaces (S3)
<u>Politics</u>	<p>Engagement of legislature, guidelines, and orders with specific policy decisions related to COVID-19.</p>	All	<p>Comparative study on testing (S1)</p> <p>Comparative study on science-policy advice (S4)</p>
<u>Organizations</u>	<p>Positions of different organizations engaged with COVID-19 response in provincial government (including experts, etc.)</p> <p>Hierarchies, roles, accountability between and within key organizations</p>	All	Comparative study on organizational changes (S2)
<u>Governance</u>	<p>Who participated and in what roles for key decisions?</p> <p>How were scientific and other forms of evidence introduced and used in key-decisions?</p> <p>How did political actors influence key decisions?</p>	All	<p>Comparative study on testing (S1)</p> <p>Québec’s sub-study of public health governance changes from 2020 to 2025 (TBC...)</p>

Study 1 – Key question

Why did provinces diverge so widely on COVID-19 testing policy?

Study 1: COVID Testing... I-P-O//G

Source

"[The pushback from the health authority] was, you can't train lay people to do rapid tests. Like that's just, oh my god, the liability oh my god, you don't have professional credentials."

IPOG components

Illustration (change/impact)

Institutions

➤ Professional norms

- Use of unregulated workers for testing of practice

Organization

➤ Structure of provincial laboratories

- Fully public, centralized system utilized private sector had no

➤ Size of government policy-making units

- Larger provinces had access (NS) were able to capitalize on policy development

*"Testing is... I think part of it is it gives really nice numbers to report. 'We've distributed 1 million tests; we performed 20,000 tests this week; we are keeping Ontarians safe'. That is the kind of message that can be given with this,... **helping calm fears in the public, and I think at different times testing was used to do that.**"*

Politics

➤ Level of support of key interest groups public >> Public re

"[T]here was quite a bit of debate in the microbiology community about accepting tests for routine use, that we would not have accepted outside of the pandemic."

on type of testing, criteria, and timing of discontinuation of

Societal f

➤ Professional perspectives

- Some professions were more concerned with reliability and accuracy of tests; others focused more on accessibility and scope

➤ Ethical; culturally-sensitive concerns

- Use of less technically-optimal tests in order to improve accessibility for designated groups

Links to *Governance*?

Diagnostic tests → *technical accuracy + public reassurance*

Yet the decisions regarding the application and implementation of these tests **require a considerable variety of contextual factors**, and so the policies themselves **vary across jurisdictions depending upon geography, capacity, culture, population, clinical perspective, and political judgement.**

Study 2 – Key questions

- 1) How was decision-making authority exercised in pandemic response?
- 2) How was the advice of public health experts integrated into decision-making processes?
- 3) How was response coordinated between provincial and regional levels and across sectors?

Study 2: COVID and re-Organization... I-P-G // O

Source: Usher SE, et al (forthcoming)

IPOG components	Illustration (change/impact)
Institutions	Engaging & relying on diverse experts – spec <div data-bbox="1541 421 2517 714" style="border: 1px solid blue; border-radius: 15px; padding: 10px; color: white;"> <p><i>“I never got the feeling that they [government] consulted experts in education, in ethics, in psychology to diversify the expertise around the table and consider the various impacts of decisions and reduce collateral impacts”</i></p> </div>
Political	regulation according to contexts & epidemiological data was more hierarchical/centralized public health structures; vs. decentralized public <div data-bbox="440 678 1192 906" style="border: 1px solid blue; border-radius: 15px; padding: 10px; color: white;"> <p><i>“It would be Cabinet who would be making the final decision on implementing or not implementing the public health measures” (ON)</i></p> </div> <ul style="list-style-type: none"> Some local PH units imposing restrictions before the province (e.g., mask mandates) (ON) PHOs communicating directly to the public (BC)
Governance	<ul style="list-style-type: none"> Single health authority → rallying and coordinating resources for pandemic response measures (NS;ON) Hierarchical decentralized health system (QC) → made it easier to engage healthcare facilities but reduced regional adaptability for public health Collaborative/concerted efforts w/ other sectors varied; often based on pre-COVID relationships

Links to *Organization*?

Organization of provincial public health systems pre-COVID affected decision-making, advisory capacities, and coordination and adaptation of pandemic control measures

- independence of chief public health officers
- relationship between public health advisory bodies and decision-makers
- centralization of health sector governance and embeddedness of public health within that governance structure

Study 3: Governance arrangements and the regulation of public spaces

- Governance arrangements refer to the mechanisms and processes that influence the ability of governments to steer the system
 - Includes the collaboration with and coordination of diverse providers and stakeholders to achieve system goals
- How do governance arrangements within government and between government and non-governmental actors help explain variation in policy processes related to public sector regulation during COVID-19

Emerging findings -Governance mechanisms for collaboration within government

- The coordination of the health sector with other non-health sectors was more formalized in BC than in Ontario
 - Existing and newly established mechanisms for inter-sectoral collaboration in BC led to explicit consideration of non-health considerations in policy decisions
 - E.g., Standalone government units like emergency management BC were responsible for cross-ministerial coordination
 - E.g., Public Health Officer established committees (such as a workplace committee) to ensure all industries had a COVID-19 safety plan
 - Intra-ministerial collaboration occurred primarily in the Cabinet in Ontario, with few formal mechanisms to support health and non-health sector engagement in government

Emerging findings - Governance mechanisms for collaboration between government and non-government stakeholders shaped decisions

- Mechanisms supporting formal collaboration between provincial government and non-government actors were formalized in BC
 - Several access points to government for non-government sectors, e.g., industry representatives
 - Structured engagement by PHO and industry and community (e.g., faith) organizations in BC
 - Considerable space given to industry representatives in developing and shaping guidelines, leading to trust and support for public health measures
- Limited structures in place for provincial government/ministry of health to engage and consult with non-governmental stakeholders in Ontario
 - Greater engagement with non-health sectors at local level (e.g., within public health units) than at the provincial level

Study 4: Scientific advisory mechanisms and their role in informing covid policy decisions

- During the pandemic there was an urgent need for scientific advice to inform policy responses and specific public health measures
- Scientific advisory mechanisms face several trade-offs or tensions
 - scientists need to remain independent from government influence while remaining close enough to decision makers to be relevant and useful
 - Advice should be open to public scrutiny and peer review while also ensuring government information is kept confidential
- Provinces varied in their approaches to balance these trade-offs

Emerging findings: Pre-existing structures and constraints impacted policy responses

- Limited capacity in epidemiological and modeling expertise in government/agencies empowered external /voluntary actors in Ontario
 - Fueled the establishment of Ontario science table, with membership from public health schools across the province
- Science advice heavily relied on metrics of case counts and hospital capacity as main outcomes of interest in all provinces
 - Limited data sharing within and across sectors made it difficult to track and report transmission rates, contributing to narrow scope of science advice
 - Decision makers balanced these with other social and health objectives outside of the science advisory mechanisms

Emerging findings: The role of science advisory mechanisms varied across provinces

- Role of independent vs government advisory mechanisms
 - Ontario’s public-facing, independent science table, amidst several other “private” advisory tables, may have contributed to the more stringent measures seen in this province
 - The level of influence waned over time as public resistance grew
 - Some confusion about who leads public communications in crisis
 - Internal science advisory mechanisms (e.g., BC CDC) also seen to be highly influential, but appeared to weighed influence more heavily than public transparency

Thanks for your attention

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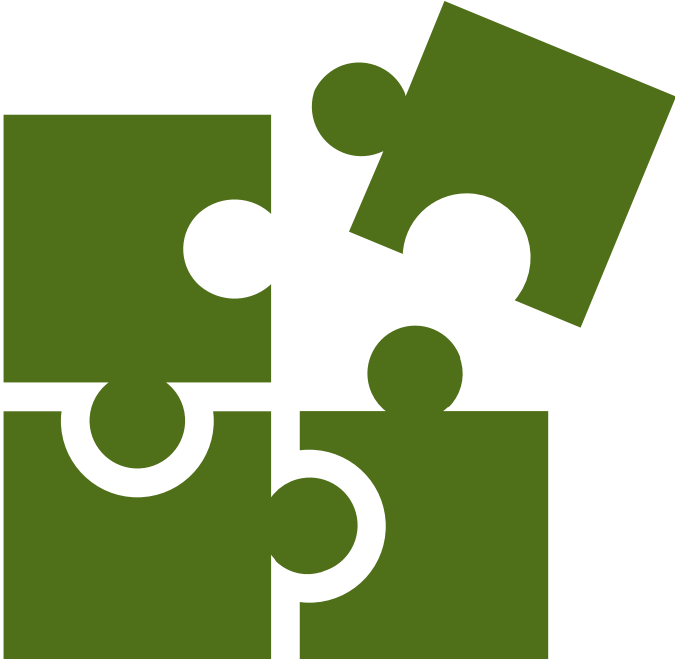


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Discussion period





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