



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

## **Final Audit Report**

# **Follow-up of the Audit of Quarantine, Migration and Travel Health and *International Health Regulations***

**October 2012**

## Table of Contents

<b>Executive summary</b> .....	<b>i</b>
<b>A - Introduction</b> .....	<b>1</b>
1. Background.....	1
2. Audit objective.....	1
3. Scope.....	1
4. Approach.....	1
5. Statement of assurance.....	2
<b>B - Findings, recommendations and management responses</b> .....	<b>3</b>
1. Follow-up on the 2010 audit recommendations.....	3
1.1. <i>Progress made on 2010 audit issues</i> .....	3
<b>Scorecard</b> .....	<b>4</b>
<b>Appendix A – Lines of enquiry and audit criteria</b> .....	<b>6</b>
<b>Appendix B – Assessment of recommendation implementation</b> .....	<b>7</b>

## Executive summary

The follow-up audit of recommendations from the 2010 *Audit of Quarantine, Migration and Travel Health and International Health Regulations* was carried out as part of the Public Health Agency of Canada's (the Agency's) Risk-Based Audit Plan for 2012-13. The objective of the follow-up audit was to provide reasonable assurance that the management action plan contained in the 2010 audit report was effectively implemented.

An assessment of the actions taken by management was performed to address the recommendations outlined in the 2010 audit report. The follow-up audit was conducted from May to August 2012.

The key objectives of the 2010 *Audit of Quarantine, Migration and Travel Health and International Health Regulations* were to:

- assess whether the Agency has adequate controls in place to ensure that the Quarantine, Migration and Travel Health programs and related activities are managed with due regard to economy, efficiency and effectiveness;
- determine if the Agency has put in place appropriate mechanisms to administer and enforce the *Quarantine Act*; and
- assess the quarantine services delivery model.

As part of the business transformation agenda resulting from the federal budget 2012, the new Border Health Services Division including the Office of Quarantine Services and the Traveling Public Programme of Health Canada with regulatory type functions will be created effective April 1, 2013 within the Centre for Emergency Preparedness and Response. Management determined that integrating these common programs will provide more consistent and coordinated services and reduce administration costs. The Travel Health Division and the Migration Health Division have merged to create the Travel and Migration Health Division as part of the Centre for Food-Borne, Environmental and Zoonotic Infectious Diseases (Centre). Management determined that the new Division has a natural synergy with the Centre's mandate in food-borne and zoonotic infectious diseases.

The follow-up audit concludes that the implementation of the management action plan has been effective in addressing most of the recommendations made in the *Audit of Quarantine, Migration and Travel Health and International Health Regulations*. Seventeen of the twenty-two recommendations (77%) have been substantially or fully implemented. Of these remaining five recommendations, three have an associated action that is past the implementation target date and the remaining have not exceeded the original target date.

Improvements have been noted in the clarification of the mandate, the development of strategic and operational plans, the maintenance of the travel health website, and the modernization of the designation process of yellow fever vaccination centres.

Further progress is required to address the following issues identified in the audit:

- Complete a revised risk assessment methodology and a risk management plan for the Quarantine Program;
- implement an alternative service delivery model for the Quarantine Program; and
- implement a performance measurement framework with key performance indicators and associated management reporting for the Quarantine Program.

## **A - Introduction**

### **1. Background**

As part of the Public Health Agency of Canada's (the Agency's) Risk-Based Audit Plan for 2012-13, the Portfolio Audit and Accountability Bureau undertook the follow-up audit of the management action plan commitments as outlined in the 2010 *Audit of Quarantine, Migration and Travel Health and International Health Regulations*.

The 2010 audit concluded that in order to ensure that the health of Canadians continues to be protected at the Canadian border, management attention was required:

- to ensure that the Quarantine Program mandate, strategies and operational goals are clearly articulated and communicated, and that the service delivery model is optimized;
- to develop relevant strategic and operational plans and to establish a stable funding base for the Migration and Travel Health Program; and
- to ensure that the Agency continues to progress towards full compliance with the *International Health Regulations* by 2012.

As part of the business transformation agenda resulting from the federal budget 2012, the new Border Health Services Division including the Office of Quarantine Services and the Traveling Public Programme of Health Canada with regulatory type functions will be created effective April 1, 2013 within the Centre for Emergency Preparedness and Response. Management determined that integrating these common programs will provide more consistent and coordinated services and reduce administration costs. The Travel Health Division and the Migration Health Division have merged to create the Travel and Migration Health Division as part of the Centre for Food-Borne, Environmental and Zoonotic Infectious Diseases (Centre). Management determined that the new Division has a natural synergy with the Centre's mandate in food-borne and zoonotic infectious diseases.

### **2. Audit objective**

The objective of the follow-up audit was to provide reasonable assurance that the management action plan for the 2010 *Audit of Quarantine, Migration and Travel Health and International Health Regulations* was effectively implemented.

### **3. Scope**

The scope of the follow-up audit focused on management action plan commitments contained in the 2010 *Audit of Quarantine, Migration and Travel Health and International Health Regulations*. The follow-up was conducted from May to August 2012.

### **4. Approach**

For each recommendation, the actions taken to address the audit findings were assessed. The follow-up methodology included interviews and the analysis of supporting documentation.

## **5. Statement of assurance**

In the professional judgment of the Chief Audit Executive, sufficient and appropriate procedures were performed and evidence gathered to support the accuracy of the follow-up audit conclusion. The follow-up audit findings and conclusion are based on a comparison of the conditions that existed as of the date of the follow-up audit, against established criteria that were agreed upon with management. Further, the evidence was gathered in accordance with the *Internal Auditing Standards for the Government of Canada* and the *International Standards for the Professional Practice of Internal Auditing*.

## B - Findings, recommendations and management responses

### 1. Follow-up on the 2010 audit recommendations

#### 1.1. Progress made on 2010 audit issues

**Audit criterion:** Management's actions have been effective in addressing the issues identified in the audit tabled in 2010.

#### Recommendation implementation progress

<u>Implementation rating level</u>	<u>Number of recommendations</u>	<u>Percentage</u>
No progress or insignificant progress	0	0%
Planning stage	0	0%
Preparation for implementation	5	23%
Substantial implementation	9	41%
Full implementation	<u>8</u>	36%
Total	<u>22</u>	

Please refer to **Appendix A** for the assessment rating guide and to **Appendix B** for the detailed assessments.

The follow-up audit concludes that the implementation of the management action plan has been effective in addressing most of the recommendations made in the *Audit of Quarantine, Migration and Travel Health and International Health Regulations*. Seventeen of the twenty-two recommendations (77%) have been substantially or fully implemented. Of these remaining five recommendations, three have an associated action that is past the implementation target date and the remaining have not exceeded the original target date.

Improvements have been noted in the clarification of the mandate, the development of strategic and operational plans, the maintenance of the travel health website, and the modernization of the designation process of yellow fever vaccination centers.

Further progress is required to address the following issues identified in the audit:

- Complete a revised risk assessment methodology and a risk management plan for the Quarantine Program;
- implement an alternative service delivery model for the Quarantine Program; and
- implement a performance measurement framework with key performance indicators and associated management reporting for the Quarantine Program.

## Scorecard

The table below summarizes the status of each audit recommendation.

Recommendations	Rating	Conclusion	Current Target date
1 – Clarify mandate	SI	Approval required.	Nov. 2012
2 – Develop a strategic plan and operational business plan	SI	Approval required.	Nov. 2012
3 – Quarantine Program to develop a Memoranda of Understanding (MOU) with key service delivery partners	SI	Complete consultation with partners on the Border Health Response Framework Implementation Strategy and sign the MOUs with key service delivery partners.	April 2014
4 – Conduct a comprehensive risk assessment and develop a risk management plan	PI	Complete the comprehensive risk assessment and risk management plan.	Dec. 2012
5 – Develop a strategy and a plan to deal with complex, high profile or high risk quarantine events	FI	Completed.	
6 – Undertake an analysis of an alternative service delivery model	PI	Implement alternative service delivery model.	April 2013
7 – Develop and implement a performance measurement framework	PI	Implement draft performance measurement framework.	March 2013
8 – Broaden process documentation to address the unique attributes of implementing the <i>Quarantine Act</i>	SI	Documentation in regards to the <i>Quarantine Act</i> at points of entry needs to be completed and approved.	April 2014
9 – Implement a quality control process for traveler health assessments and related documentation	PI	Finalize and implement the quality control process for traveler health assessments and related documentation.	Dec. 2012
10 – Formalize and broaden the training delivery mechanism for quarantine officers	FI	Completed.	
11 – Engage service delivery partners to identify opportunities to extend and enhance the Quarantine Program training	SI	Finalize draft documents and engage service delivery partners in the identification of training opportunities.	Dec. 2012
12 – Clearly articulate and communicate the role of the Quarantine Officer and update the Quarantine Officer job description	PI	Perform consultation with partners on the “Border Health Response Framework”. Implement the Framework and complete Quarantine Officer job description.	June 2013
13 – Undertake actions to permanently staff current acting positions	SI	Complete the staffing process to permanently staff the positions of quarantine managers.	Dec. 2012
14 – Identify, document and implement more consistent human resources planning and operational practices in quarantine stations	SI	Implement consistent human resources planning and operational practices in quarantine stations.	Dec. 2012



<b>Recommendations</b>	<b>Rating</b>	<b>Conclusion</b>	<b>Current Target date</b>
15 – Finalize a strategy regarding the Agency’s obligations under the <i>Act</i> for departing travellers	<b>SI</b>	Approval of the strategy is required.	Dec. 2012
16 – Migration and Travel Health (MTH) Program management should develop and implement a comprehensive business plan	<b>FI</b>	Completed.	
17 – MTH Program management should reassess the Migration and Travel Health organization structure	<b>FI</b>	Completed.	
18 – MTH should establish clear roles and responsibilities with stakeholders and partners	<b>FI</b>	Completed.	
19 – MTH should assess whether the travel health website meets the expectations of its users	<b>FI</b>	Completed.	
20 – MTH should ensure that internal capacity exists to develop and effectively maintain the website	<b>FI</b>	Completed.	
21 – MTH should establish a MOU with the Department of Foreign Affairs and International Trade for the sharing of health related information	<b>SI</b>	Approval of draft MOU is required.	March 2013
22 – MTH should improve the efficiency of the designation of (yellow fever) vaccination centres in Canada	<b>FI</b>	Completed.	

<b>FI</b>	<b>SI</b>	<b>PI</b>	<b>PS</b>	<b>NP</b>	<b>C</b>
Full implementation	Substantial implementation	Preparation for implementation	Planning stage	No progress	Cancelled

## Appendix A – Lines of enquiry and audit criteria

<b>Follow-up of the Audit of Quarantine, Migration and Travel Health and <i>International Health Regulations</i></b>	
<b>Criteria Title</b>	<b>Audit Criteria</b>
<b>Line of Enquiry 1: <i>Follow-up on the 2010 Audit Recommendations</i></b>	
1.1 Progress made on 2010 issues	Management’s actions have been effective in addressing the issues identified in the audit tabled in 2010.

### **1. No progress or insignificant progress**

No action taken by management or insignificant progress. Actions such as striking a new committee, having meetings and generating informal plans are insignificant progress.

### **2. Planning stage**

Formal plans for organizational changes have been created and approved by the appropriate level of management (at a sufficiently senior level, usually Executive Committee level or equivalent) with appropriate resources and a reasonable timetable.

### **3. Preparation for implementation**

The entity has begun necessary preparation for implementation, such as hiring or training staff, or developing or acquiring the necessary resources to implement the recommendation.

### **4. Substantial implementation**

Structures and processes are in place and integrated in some parts of the organization, and some achieved results have been identified. The entity has a short-term plan and timetable for full implementation.

### **5. Full implementation**

Structures and processes are operating as intended and are implemented fully in all intended areas of the organization.

### **6. Cancelled**

Audit recommendations that are deemed to be obsolete or have been superseded by another recommendation.

## Appendix B – Assessment of recommendation implementation

Recommendation 1			
<i>The Agency leadership should clarify the mandate of the Quarantine Program.</i>			
Overall Assessment		Substantial implementation	
Planned Actions	Target Date	Progress to date	Status of action item
<p><b>A1.</b> Clarification of Quarantine’s mandate will be addressed through an internal, dedicated, Agency Steering Committee(s) that will work iteratively with the Agency senior management. The Steering Committee will consider the quarantine mandate in concert with the mandate of the Migration and Travel Health Program and the requirements of the International Health Regulations.</p>	<p>Confirm terms of reference of the Agency Steering Committee March 31, 2010                      Mandate of Steering Committee ends Dec., 2012</p>	<p>A mandate, vision and a set of guiding principles for the Quarantine Program have been developed in January 2012 by the Office of Quarantine Services in consultation with experts from within and outside the Quarantine Program. The mandate, vision and guiding principles are all contained in the “Office of Quarantine Services Strategic and Operational Plan 2012-13”.</p> <p>Elements of the management action plan related to the mandate have not yet been implemented because of changes related to the Agency business transformation agenda resulting from the federal budget 2012.</p> <p>The recommendation will remain outstanding until such time as the mandate is approved by the Executive Committee.</p> <p><b>Revised date: November 2012</b></p>	<p>Substantial implementation</p>

<b>Recommendation 2</b>			
<i>Quarantine Program management should develop a strategic plan and operational business plan to guide Program activities.</i>			
<b>Overall Assessment</b>	<b>Substantial implementation</b>		
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> The mandate and development of a strategic plan and operational business plan will be completed in collaboration with partners to guide Quarantine Program activities.	March 2011	<p>As indicated in the “progress to-date” column under Recommendation 1, a draft “Office of Quarantine Services Strategic and Operational Plan 2012-13” has been prepared. It was recently reviewed (May 2012) at the Office of Quarantine Services meeting. The feedback received is being incorporated into the document.</p> <p>The Office of Quarantine Services will also have to incorporate changes related to the Agency business transformation agenda resulting from the federal budget 2012 into the Plan.</p> <p>The recommendation will remain outstanding until such time as the strategic and operational business plan is formally approved.</p> <p><b>Revised date: November 2012</b></p>	Substantial implementation
<b>Recommendation 3</b>			
<i>Quarantine Program management should develop and formalize Memoranda of Understanding with key service delivery partners.</i>			
<b>Overall Assessment</b>	<b>Substantial implementation</b>		
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> In collaboration with other related areas such as migration, the development of Memoranda of Understanding (MOUs) with key service delivery partners will be aligned with the mandate, the Strategic Plan and the Operational Business Plan.	Dec. 2012	The Office of Quarantine Services is collaborating with its key service delivery partners on an ongoing basis. The Office has developed a “Border Health Response Framework Implementation Strategy” for cooperation between the federal Quarantine Program and the local authorities at points of entry for services provided under the <i>Quarantine Act</i> (air, land and marine) in order to	Substantial implementation

	<p>clarify roles and responsibilities of key service partners under the <i>Act</i>. Following implementation of the framework and MOUs are envisioned with key service delivery partners.</p> <p>Work is already underway on a draft MOU between the Agency, Health Canada and the Canada Border Services Agency. An MOU with the Royal Canadian Mounted Police already exists, however it needs to be updated following implementation of the Border Health Response Framework and in conjunction with the development of MOUs with other airport police forces of jurisdiction.</p> <p>The recommendation will remain outstanding until such time as consultation with partners, including provinces and territories, on the Border Health Response Framework Implementation Strategy is completed and implemented at points of entry and that MOUs are formally signed with key service delivery partners.</p> <p><b>Revised date: April 2014</b></p>	
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**Recommendation 4**

*Quarantine Program management should conduct a comprehensive risk assessment and develop a risk management plan.*

Overall Assessment	Preparation for implementation		
Planned Actions	Target Date	Progress to date	Status of action item
<p><b>A1.</b> Through the Agency Steering Committee referred to in item 1, the development of a comprehensive risk and threat assessment and management plan will be completed, and the linkages between migration, travel health and quarantine will be taken into consideration.</p>	<p>March 2011</p>	<p>The draft “Quarantine Program Risk Assessment 2011: Process and Results” has been developed. The purpose of the risk assessment process is to use a formal and comprehensive approach to examine public health risks and operational risks currently associated with the Quarantine Program.</p> <p>However, a new risk assessment methodology needs to be performed. Once completed it will be incorporated into the risk management plan. Both documents are currently under development.</p>	<p>Preparation for implementation</p>

		The recommendation will remain outstanding until such time as a comprehensive risk assessment and a risk management plan are completed.  <b>Revised date : December 2012</b>	
<b>Recommendation 5</b>			
<i>Quarantine Program management should develop a strategy and a plan to deal with complex, high profile or high risk quarantine events.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> A strategy to respond to high profile and/or high risk events will be developed. Linkages with to the mandate, the Strategic Plan and the Operational Business Plan will be established.	Dec. 2010	<p>Thirteen “Standard Operating Procedures” (SOPs) for dealing with routine and complex/high-risk quarantine events have been developed between April and October 2011 and presented to quarantine officers and business process consultants. SOPs are currently undergoing technical translation.</p> <p>We were informed that most quarantine situations are expected to be handled by the existing thirteen SOPs.</p> <p>The Quarantine Program is also examining if additional SOPs are required.</p> <p><b>Revised date: N/A</b></p>	Full implementation

<b>Recommendation 6</b>			
<i>Quarantine Program management should undertake an analysis of an alternative service delivery model in order to identify and implement a more responsive approach to minimizing the risk of spread of communicable disease at Canadian border (points of entry). As input to this analysis, we have defined a number of alternative approaches (Appendix C) for Quarantine Program management’s consideration. Strategic and operational human resources potential impacts should also be addressed.</i>			
<b>Overall Assessment</b>		<b>Preparation for implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<p><b>A1.</b> The analysis of alternative service delivery models will be undertaken. Discussions at the Steering Committee and senior management levels will also take into consideration service options. Appendix B will be used as a commencement point. A decision on the “final” service delivery model will be incorporated into the Strategic Plan and the Operational Business Plan.</p>	<p>Dec 2011</p>	<p>A “Literature Review of Border Health Measures” (October 2011), an “International Scan of Border Health Security Programs” (January 2012) and an “Issue Analysis: Integrated Border Health Security Program” (January 2012) were performed by the Office of Quarantine Services. These documents were used to develop a suite of Quarantine Program service delivery options in December 2011.</p> <p>As part of the Agency business transformation agenda, this recommendation is being addressed by implementing one of the alternative service delivery models that will bring a more cohesive and responsive approach to minimising the risk of spread of communicable diseases at points of entry. This will be done through the amalgamation of programs in the health portfolio that are responsible for managing conveyances, cargo and human health at the international border. This amalgamation will also produce management efficiencies, surge capacity for responding to events at the border and a clear articulation of the regional role. If needed, further modifications to the service delivery model may be implemented at a later time.</p> <p>The recommendation will remain outstanding until such time as an alternative service delivery model is implemented.</p> <p><b>Revised date: April 2013</b></p>	<p>Preparation for implementation</p>

<b>Recommendation 7</b>			
<i>Quarantine Program management should develop and implement a performance measurement framework which includes key performance indicators and associated management reporting on: progress against strategic/operational goals; progress against financial goals; business process performance; employee performance; and stakeholders and partners performance.</i>			
<b>Overall Assessment</b>		<b>Preparation for implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> Development of a performance management framework and corresponding key performance indicators will be undertaken. Efforts will be taken to ensure that these align to the mandate, the Strategic Plan and the Operational Business Plan.	June 2012	<p>The draft “performance measurement framework” was developed and reviewed in May 2011. Its purpose is to report progress against strategic, operational and other goals as presented in the Office of Quarantine Services’ Strategic and Operational Plan.</p> <p>Key performance measurement indicators will be collected over the summer of 2012.</p> <p>The recommendation will remain outstanding until such time as a performance measurement framework which includes key performance indicators and associated management reporting is implemented.</p> <p><b>Revised date: March 2013</b></p>	Preparation for implementation
<b>Recommendation 8</b>			
<i>Quarantine Program management should broaden its process documentation to address the unique attributes of implementing the Quarantine Act at land crossings, airports and marine ports.</i>			
<b>Overall Assessment</b>		<b>Substantial implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> Guided by the quarantine mandate, the Strategic Plan and Operational Business Plan, documentation of quarantine activity at different points of entry will be examined and clarified. The process improvements will be dictated by the unique attributes of the different points of entry.	June 2012	The Office of Quarantine Services developed the new “Quarantine Record Form”, a “Border Health Response Framework Implementation Strategy” for cooperation between the federal Quarantine Program and local authorities at points of entry for services provided under the <i>Quarantine Act</i> (air, land and marine) in order to broaden process documentation with respect to	Substantial implementation



		<p>implementing the <i>Act</i> at points of entry.</p> <p>We were also informed that additional forms have been developed to support the Office of Quarantine Services.</p> <p>The framework will be reviewed with partners before implementation at points of entry.</p> <p>The recommendation will remain outstanding until such time as the documentation is completed and approved.</p> <p><b>Revised date: April 2014</b></p>	
<b>Recommendation 9</b>			
<i>Quarantine Program management should implement a quality control process for traveler health assessments and related documentation to ensure that this process is completed in a consistent manner and complies with the Quarantine Act.</i>			
<b>Overall Assessment</b>		<b>Preparation for implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
A1. Implementation of the Traveller Health Assessment Database (THAD) along with associated quality control measures will complete this requirement.	Dec. 2012	<p>The Office of Quarantine Services has developed various quality control processes for traveler health assessments. These include: to map out business processes; to develop SOPs and forms; and to update the current THAD.</p> <p>The business processes need to be finalized.</p> <p>In addition, a new version of the THAD needs to be implemented and a business requirement document developed for the creation of a second generation of the THAD database.</p> <p>The recommendation will remain outstanding until such time as a quality control process for traveler health assessments and related documentation are implemented.</p> <p><b>Revised date: On track</b></p>	Preparation for implementation

<b>Recommendation 10</b>			
<i>Quarantine Program management should formalize and broaden the training delivery mechanism for quarantine officers to provide them with the necessary knowledge, skill sets, tools, resources and information on communicable diseases and public health to support the discharge of their responsibilities.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<p><b>A1.</b> The THAD and the creation of a complete SOP manual will strengthen the training delivery. A training plan for quarantine officers with associated materials will be developed and implemented.</p>	<p>Dec. 2012</p>	<p>The Office of Quarantine Services has completed the “<i>Strategic Learning and Development Policy</i>” based on the current service delivery model. The objective of the Policy is to make continuous learning and development, an integral part of the Office of Quarantine Services’ mission, practices and operations.</p> <p>In addition, the new “Quarantine Record Form”, a “Border Health Response Framework Implementation Strategy” for Cooperation between federal Quarantine Program and local authorities at points of entry for services provided under the <i>Quarantine Act</i> (air, land and marine) was developed to broaden process documentation with respect to implementing the <i>Act</i> at points of entry.</p> <p>Finally, an annual training program aligned with the current service delivery model has been developed and delivered at the annual Quarantine Program Conference in the fall 2011. The training included sessions on communicable diseases, data collection, exit measures, SOPs, human resources etc.</p> <p><b>Revised date: N/A</b></p>	<p>Full implementation</p>

<b>Recommendation 11</b>			
<i>Quarantine Program management should engage service delivery partners to identify opportunities to extend and enhance the Quarantine Program training.</i>			
<b>Overall Assessment</b>		<b>Substantial implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<p><b>A1.</b> Guided by the new mandate, the Strategic Plan and the Operational Business Plan, and in collaboration with service delivery partners, training needs will be identified and relevant training programs developed.</p>	<p>Dec. 2012</p>	<p>The Office of Quarantine Services has developed the “Border Health Response Framework Implementation Strategy” for cooperation between the federal Quarantine Program and local authorities at points of entry for services provided under the <i>Quarantine Act</i> (air, land and marine).</p> <p>The purpose of this document is to broaden the process documentation with respect to implementing the <i>Quarantine Act</i> at points of entry, to clarify roles and responsibilities and extend the quarantine program training.</p> <p>In addition, the draft “Office of Quarantine Services Networking Plan” has been prepared in order to standardize the practice of informal networking of the quarantine services operations and to develop, maintain and enhance relationships, collaboration and partnerships during a time of high volume and activity.</p> <p>The Office of Quarantine Services is also working to strengthen the role of peace officers under the <i>Quarantine Act</i>.</p> <p>The recommendation will remain outstanding until such time as the Quarantine Office finalize their draft documents and engages their service delivery partners in the identification of training opportunities.</p> <p><b>Revised date: On track</b></p>	<p>Substantial implementation</p>

<b>Recommendation 12</b>			
<i>Quarantine Program management should clearly articulate and communicate the role of the Quarantine Officer and update its job description accordingly.</i>			
<b>Overall Assessment</b>		<b>Preparation for implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<p><b>A1.</b> Based on the new service delivery model, job descriptions will be updated and reviewed with management and staff. Communication with the quarantine officers will be undertaken.</p>	<p>Dec. 2012</p>	<p>The role of the Quarantine Officer and all other key players and partners involved in administering the <i>Quarantine Act</i> is articulated in the “Border Health Response Framework”. In addition, the role of the border health officer will be further developed and that will extend the role beyond the execution of the Agency authorities under the <i>Quarantine Act</i> and towards a broader role for management of public health issue at the border.</p> <p>A new job description will be updated, as required, when the revised service delivery model is implemented.</p> <p>The recommendation will remain outstanding until such time as consultation with partners on the “Border Health Response Framework” is performed and the framework implemented at points of entry and that a Quarantine Officer job description is completed as required under the revised service delivery model.</p> <p><b>Revised date: June 2013</b></p>	<p>Preparation for implementation</p>

<b>Recommendation 13</b>			
<i>Quarantine Program management should undertake actions to permanently staff current acting positions.</i>			
Overall Assessment	Substantial implementation		
Planned Actions	Target Date	Progress to date	Status of action item
<p><b>A1.</b> The permanent staffing of key quarantine management positions will be completed. These processes will be subject to labour market conditions and the challenges of acquiring the specific skills and competencies required.</p>	<p>Dec. 2012</p>	<p>The Office of Quarantine Services prepared the draft “Human Resources Plan” in January 2011. The objective of this document is to guide in the hiring of qualified candidates to meet the staffing needs of each of the six quarantine stations, as well as, to provide a framework for staffing in the future.</p> <p>In addition, the Office of Quarantine in collaboration with the Public Service Commission has posted a job opportunity advertisement for three nurse managers (Quarantine Manager positions) in May 2012.</p> <p>The staffing process is not yet completed.</p> <p>The recommendation will remain outstanding until such time as the process to permanently staff the positions of quarantine managers is completed.</p> <p><b>Revised date : On track</b></p>	<p>Substantial implementation</p>

<b>Recommendation 14</b>			
<i>Quarantine Program management should identify, document and implement more consistent human resource planning and operational practices in quarantine stations.</i>			
<b>Overall Assessment</b>		<b>Substantial implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> The Human Resources Plan and practices throughout the Quarantine Program will be reviewed and revised and documented as required.	Dec. 2012	<p>As indicated in the “progress to date” column, under recommendation 13, the Office of Quarantine Services prepared the draft “Human Resources Plan” in January 2011. The objective of this document is to guide in the hiring of qualified candidates to meet the staffing needs of each of the six quarantine stations as well as to provide a framework for staffing in the future. It also addresses the operational requirements such as scheduling and hours of work.</p> <p>The recommendation will remain outstanding until such time as consistent human resource planning and operational practices in quarantine stations are implemented.</p> <p><b>Revised date: On track</b></p>	Substantial implementation
<b>Recommendation 15</b>			
<i>Quarantine Program management should finalize a strategy regarding the Agency obligations under the Act for departing travellers.</i>			
<b>Overall Assessment</b>		<b>Substantial implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> The <i>Quarantine Act</i> clearly provides the Agency with the authority (and not an obligation) to intervene for departing international travellers. The Program will develop this “departing traveller strategy” based on the results from aforementioned recommendations.	Oct. 2012	The draft “Exit Measures Strategy” has been developed at the Program level. This strategy provides a range of exit measures for departing travellers to support quarantine officers and screening officers. Each measure identifies a plan of action, key partners involved, logistics, benefits, human resources obligations, financial considerations, significant obstacles and the pros and cons. Each measure is implemented based on the nature	Substantial implementation

		of the disease and/or public health risk/emergency.  The recommendation will remain outstanding until such time as the "Strategy for Departing Travellers" is formally approved.  <b>Revised date: December 2012</b>	
<b>Recommendation 16</b>			
<i>Migration and Travel Health Program management should develop and implement a comprehensive business plan based on the Agency Executive Committee approved "Global Mobility and Public Health, Migration, Travel and a Role for the Agency" paper.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> The mandate, Strategic Plan and Operational Business Plan will be completed through the Agency Steering Committee.	March 2011	<p><b>Migration health</b></p> <p>A migration health environmental scan was prepared in June 2011. This document provides a detail list of activities related to migration health including accountability, activity description and collaborators, major/dates and deliverables and resources requirement.</p> <p>In addition, every year, the Division prepares operational work plans that include key activities, outputs, outcome and indicators.</p> <p><b>Travel health</b></p> <p>The Travel Health Division has prepared the "2010-13 Travel Health Division Strategic Plan". This document summarizes the strategic priorities, direction and activities of the Travel Health Division between 2010 and 2013. The Division also created the "Plan for Knowledge", Transfer and Exchange" in fiscal year 2011-12. This plan ensures that the Agency information is collected, analysed and translated into appropriate messages and products for travel health stakeholders and</p>	Full implementation

		<p>interest holders.</p> <p>In addition, every year, the Division prepares operational work plans that include key activities, outputs, outcome and indicators.</p> <p><b>Revised date: N/A</b></p>	
<b>Recommendation 17</b>			
<i>Migration and Travel Health Program management should reassess its organization structure in light of the synergies that exist with the Quarantine Program.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<p><b>A1.</b> A joint working group working under the direction of the Agency Steering Committee will be established with the Quarantine Program and other relevant branch divisions to review overlaps of existing programs. The group will propose a strategy for an integrated approach building on the risk assessment (recommendation 4).</p>	<p>Sept. 2011</p>	<p>The surveillance and epidemiology section of the Travel Health Division work collaboratively with the Office of Quarantine Services to complete initiatives where synergies exist.</p> <p>As part of the business transformation agenda, the new Border Health Services Division including the Office of Quarantine Services and the Traveling Public Programme of Health Canada with regulatory type functions was created within the Centre for Emergency Preparedness and Response. This new Division will continue to take into account the synergies that exist with the Migration and Travel Health Program and a holistic approach in reducing risk to the Canadian population through international travel and migration.</p> <p><b>Revised date: N/A</b></p>	<p>Full implementation</p>



<b>Recommendation 18</b>			
<i>Migration and Travel Health Program management should establish clear roles and responsibilities with stakeholders and partners including Citizenship and Immigration Canada and provinces and territories surrounding the division of work and the sharing of information.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<p><b>A1.</b> While developing a mandate and Strategic Plan for Migration Travel Health, consultations will take place with key stakeholders both within the federal government, provinces and territories. This will be done to clarify roles and responsibilities and agree on mechanisms to formalize them.</p>	<p>Sept. 2011</p>	<p>The Travel Health Division (THD) presented a proposal for modernizing and finalizing the yellow fever designation process to the Council of Chief Medical Officers of Health (CCMOH) in November 2010. Roles/responsibilities for safety and efficacy of travel health services were discussed.</p> <p>In December 2010, the THD concluded discussions with the provinces and territories (PTs) on finalizing the designation process for yellow fever vaccination centres and PT/Agency roles and responsibilities regarding the safety and efficacy of travel health services. The THD is responsible for the Yellow Fever Vaccination Program and for the provision of information to the public.</p> <p>In June 2011, the “Government of Canada Informal Travel Network” was created. The purpose of this network is to ensure that travel related information is consistent across the Government of Canada during times of crisis. The relationship with Citizenship and Immigration Canada continues to be formed informally.</p> <p>In addition, in July 2011, the Agency created the “Travel Health Capacity Building Working Group” to help health care professionals develop and maintain the skills and competencies necessary for the provision of travel health care in Canada.</p> <p><b>Revised date: N/A</b></p>	<p>Full implementation</p>

<b>Recommendation 19</b>			
<i>The Migration and Travel Health Program management should assess whether the travel health website meets the expectations of its users.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> Tools will be developed in collaboration with communications to assess on a regular basis the level of satisfaction of the website users.	June 2010	<p>A travel health expert review and stakeholder interviews were undertaken in November 2011 in order to produce a road map to help set the direction and user-centred priorities for improvements to the travel health website. The focus was on how well the website supports visitors.</p> <p>Recommendations for improvements were included in this report.</p> <p><b>Revised date: N/A</b></p>	Full implementation
<b>Recommendation 20</b>			
<i>The Migration and Travel Health Program management should ensure that internal capacity exists to develop and effectively maintain the website.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> A three year human resources plan and job descriptions will be developed to reflect the Operational Business Plan both for travel health and migration health.	Sept. 2010	<p>The THD completed the three year “Travel Health Division Strategic Plan 2010-13” and the three year “Integrated Human Resource Plan 2010-13” in November 2010. Together, these plans articulate the priorities of the Division, and the human resources capacity that is necessary to undertake the activities. In light of this planning and resultant realignment of work to achieve Division priorities, the Division has the capacity internally to maintain and build on the progress of the website.</p> <p><b>Revised date: N/A</b></p>	Full implementation

<b>Recommendation 21</b>			
<i>The Migration and Travel Health Program management should establish a Memoranda of Understanding with the Department of Foreign Affairs and International Trade for the sharing of health related information.</i>			
<b>Overall Assessment</b>		<b>Substantial implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> Development of a MOU with the Department of Foreign Affairs and International Trade (DFAIT) will be aligned with the mandate, the Strategic Plan and the Operational Business Plan.	June 2011	<p>A draft MOU between DFAIT and the Agency was developed.</p> <p>The purpose of this MOU is to outline the best practices and common understanding between DFAIT and the Agency with respect to the timely and efficient exchange of travel information between the two departments.</p> <p>In addition, the Agency and DFAIT agreed to have regular meetings to share information on travel and travel health issues.</p> <p>The recommendation will remain open until such time as an MOU is formally approved.</p> <p><b>Revised date: March 2013</b></p>	Substantial implementation
<b>Recommendation 22</b>			
<i>The Migration and Travel Health Program management should conclude discussions with provinces and territories to modernize the process and improve the efficiency of the designation of vaccination centres in Canada.</i>			
<b>Overall Assessment</b>		<b>Full implementation</b>	
<b>Planned Actions</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status of action item</b>
<b>A1.</b> The Migration and Travel Health Program management will finalize consultations with provinces and territories and other stakeholders to modernize the process and improve the efficiency of the designation of vaccination centres in Canada.	June 2011	<p>The THD presented a proposal for modernizing and finalizing the Yellow Fever Designation Process to the CCMOH in November 2010. Roles/responsibilities for safety and efficacy of travel health services were discussed.</p> <p>In December 2010, the THD concluded discussions with</p>	Full implementation

		<p>the PTs on finalizing the Designation Process for yellow fever vaccination centres and PT/Agency roles and responsibilities regarding safety and efficacy of travel health services. The THD is responsible for the Yellow Fever Vaccination Program and for the provision of information to the public.</p> <p>In addition, the Agency proposed the development of the national “Travel Health Capacity Building Working Group” to help health care professionals develop and maintain the skills and competency necessary for the provision of travel health care in Canada.</p> <p><b>Revised date: N/A</b></p>	
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