

# Variation in the Canadian provincial and territorial responses to COVID-19

BSG-WP-2021/039

March 2021

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*This working paper is updated frequently. Check for most recent version here:*

[www.bsg.ox.ac.uk/covidtracker](http://www.bsg.ox.ac.uk/covidtracker)

*The most up-to-date version of technical documentation will always be found on the project's*

*GitHub repo: [www.github.com/OxCGRT/covid-policy-tracker](https://www.github.com/OxCGRT/covid-policy-tracker)*

## Abstract

Canadian provinces and territories took highly divergent approaches to the COVID-19 pandemic. Using the [Oxford COVID-19 Government Response Tracker](#) indicators and aggregate stringency indices, this paper explores variation in the timing and relative stringency of government responses across 13 Canadian provinces and territories. Canada is a decentralized federation where provinces and territories develop policies to fit local epidemiological and political contexts. The authors find that many smaller, less populous provinces and territories created the conditions for greater freedom of movement and 'normalcy' as compared to larger provinces. With the creation of regional zones and tiered policy triggers, most regions have adopted reactive policies and restrictions, often too late, and not without unintended confusion. To date, the authors find that the benefits of federalism have been unevenly leveraged, a lack of coordination in planning and communication between the provinces and territories is an area of opportunity for improved future pandemic planning.

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We would also like to thank The University of Toronto team behind the CAN-NPI dataset<sup>1</sup> for their initial efforts in collecting the following data. We have incorporated and merged the data from the CAN-NPI<sup>2</sup> and integrated it into our systematic coding scheme.

**OxCGRT contributors to the Canadian sub-national dataset:**

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<sup>1</sup> <http://cmajopen.ca/content/8/3/E545.full>

<sup>2</sup> <https://github.com/jaismith/COVID19NonPharmaceuticalInterventions>

# 1. Introduction and summary

The COVID-19 pandemic has taken an outsized human and social toll on Canada, and has been enormously challenging for all levels of government. Many Canadians confronted the reality of COVID-19 when Prime Minister Justin Trudeau's wife, Sophie Grégoire-Trudeau, tested positive for the virus on March 12, 2020.<sup>3</sup> Beginning March 14, 2020 provinces began to declare public health emergencies and enter a period of lockdown with residents mandated to stay home. The relative severity of the 2020 Spring lockdowns were not that different across the country, but the post-lockdown period has been marked by a panoply of dissimilar policy approaches. This paper provides an overview of the 13 Canadian provinces and territories and the key policy decisions taken to curtail the transmission of COVID-19 and protect public health.

This paper additionally looks in detail at policies related to facial coverings in public, stay at home requirements, economic support, and school closures. OxCGRT data is complemented by data from the Institute for Research on Public Policy, a Montreal-based think tank, which captures policies related to facial coverings in schools, restaurants and dining, cultural services, and provincially imposed curfews.

The epidemic curve shows a first-wave of cases concentrated between March and May 2020, a slackening during the summer months, and a much more severe second-wave beginning mid-September 2020. Growing cases of the more transmissible B.1.1.7 variant are partially responsible for the long-tail of the second-wave that has yet to flatten in densely populated areas of Ontario and Quebec. At the same time, case numbers have slowed to a crawl, or stopped entirely, in northern territories, the Atlantic provinces, and are declining on the prairies. Starkly different provincial approaches may be attributed to who is at the forefront of public messaging - public health officials or partisan Premiers and members of the executive branch.

For many Canadians, the COVID-19 pandemic has been a crash-course on the workings of a highly decentralized federation. Federalism - shared rule between federal and sub-national governments - has distinct advantages, such as coordinated policy implementation and procurement. But it also requires layers of cross-jurisdictional coordination which can heighten complexity and move slowly. Since the beginning, provinces have led the healthcare response while the federal government has led Canada's economic response. There has been no formally coordinated approach to pandemic preparedness.

As provinces shift gears to focus on delivering vaccines, priority has been given to residents of long-term care homes and other institutional settings and at-risk healthcare workers. As of March 2021, Canada has reported just under 900,000 cases of COVID-19, and over 22,300 deaths.<sup>4</sup> Tragically, more than 80% of COVID-related deaths have occurred in long-term care facilities which house elderly and vulnerable people.<sup>5</sup> The virus has also disproportionately hit remote and Indigenous communities, highlighting that access to an adequate, guaranteed standard of healthcare is inaccessible to a large number of Canadians.

Canada stands out globally for its zealous over-procurement of vaccines - to date over \$1 billion has been invested for enough doses to cover 400% of the population.<sup>6</sup> The country has also committed doses to the global COVAX initiative which provides vaccines to the developing world, but has been widely criticized for drawing from COVAX for local use.<sup>7</sup> Since vaccinations began on December 13, 2020, the roll-out has been marked by supply delays, poor coordination, provincial leaders foisting blame for delays at the federal government, and big public promises. Prime Minister Trudeau has committed that everyone who wants a vaccine

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<sup>3</sup> <https://www.cbc.ca/news/politics/covid19-trudeau-premiers-coronavirus-1.5495001>

<sup>4</sup> <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

<sup>5</sup> <https://centre.irpp.org/research-studies/federalism-as-a-strength-a-path-toward-ending-the-crisis-in-long-term-care/>

<sup>6</sup> <https://www.budget.gc.ca/fes-eea/2020/themes/fighting-covid-19-lutter-contre-covid-19-en.html>

<sup>7</sup> <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

can get one by the end of September 2021. But with under 4% of the population vaccinated as of March 2021, this timeline may prove to be overly ambitious.<sup>8</sup>

One year into the pandemic, it is clear that sub-national policy responses and outcomes have been highly divergent and that the benefits of federalism have been unevenly leveraged. At the same time, provinces have learned from one another and introduced innovative policy responses such as the creation of the “Atlantic bubble” and responsive lockdown triggers. This paper accompanies the publication of the continuously updated and publicly available OxCGRT Canadian subnational dataset. As the pandemic continues to evolve, we hope that this data will support the work of journalists, researchers and policymakers.

## 2. Data and measurement

For the 13 Canadian provinces and territories, OxCGRT reports publicly available information on 19 indicators (see Table 1) of government response.

The indicators are of three types:

- **Ordinal:** These indicators measure policies on a simple scale of severity or intensity. These indicators are reported for each day a policy is in place. o Many have a further flag to note if they are “targeted”, applying only to a sub-region of a jurisdiction, or a specific sector; or “general”, applying throughout that jurisdiction or across the economy. (Note, the flag for indicator E1 has a different interpretation.)
- **Numeric:** These indicators measure a specific monetary value in USD. These indicators are only reported on the day they are announced.
- **Text:** This is a “free response” indicator that records other information of interest.

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<sup>8</sup><https://www.rcinet.ca/en/2021/02/12/everyone-who-wants-a-vaccine-will-get-one-by-end-of-september-trudeau-says/>

Table 1: OxCGRT Indicators<sup>9</sup>

ID	Name	Type	Targeted/ General?	Canada provinces and territories
<b>Containment and Closure</b>				
C1	School Closing	Ordinal	Geographic	✓
C2	Workplace Closing	Ordinal	Geographic	✓
C3	Cancel Public Events	Ordinal	Geographic	✓
C4	Restrictions on gathering size	Ordinal	Geographic	✓
C5	Close Public Transit	Ordinal	Geographic	✓
C6	Stay at Home Requirements	Ordinal	Geographic	✓
C7	Restrictions on Internal Movement	Ordinal	Geographic	✓
C8	Restrictions on International Travel	Ordinal	No	✓
<b>Economic Response</b>				
E1	Income Support	Ordinal	Sectoral	✓
E2	Debt/contract relief for households	Ordinal	No	✓
E3	Fiscal Measures	Numeric	No	✓
E4	Giving International Support	Numeric	No	✓
<b>Health Systems</b>				
H1	Public Health Campaigns	Ordinal	Geographic	✓
H2	Testing Policy	Ordinal	No	✓
H3	Contact Tracing	Ordinal	No	✓
H4	Emergency Investment in Healthcare	Numeric	No	✓
H5	Investment in Covid-19 vaccines	Numeric	No	✓
H6	Facial Coverings	Ordinal	No	✓
H7	Vaccination Policy	Ordinal	Payment Source	✓
H8		Ordinal	Geographic	✓
<b>Miscellaneous</b>				
M1	Other Responses	Text	No	✓

<sup>9</sup> See Github repository for detailed coding information:

<https://github.com/OxCGRT/covidpolicy-tracker/blob/master/documentation/codebook.m>

The Centre of Excellence on the Canadian Federation measures 12 indicators for the 13 provinces and territories. The following indicators do not overlap with the OxCGRT and provide complimentary context to measure the relative stringency of government responses in Canada.<sup>10</sup>

Table 2: Centre Codebook indicators without OxCGRT Indicator overlap

ID	Name	Type	Targeted/ General?	Canada provinces and territories
<b>Centre Codebook</b>				
S2	Masks in Schools	Ordinal	Geographic	✓
S4	Restaurants and Dining	Ordinal	Geographic	✓
S8	Cultural Services and Venues	Ordinal	Geographic	✓
S12	Curfew	Binary	Geographic	✓

Data is collected from publicly available sources such as news articles and government press releases and briefings. These are identified via internet searches by a team of 20 Oxford University students, staff, and collaborators and partners. OxCGRT records the original source material so that coding can be checked and substantiated, available in the "notes" version of the data files on Github.

OxCGRT measures for Canadian provinces and territories do not include federal policies that apply to the country as a whole (e.g. international travel bans, the Canadian COVID-19 Economic Response Plan<sup>11</sup>). However, the dataset does include a measure for the Canadian federal government itself (NAT\_CAN), which records only federal level policies. Data that considers both applicable federal policies as well as provincial or territory are viewable in the full OxCGRT dataset on Github.

In order to ensure accuracy and consistency in the interpretation of the sources, all data collectors are required to complete a thorough training process. We also hold weekly meetings to discuss and clarify how to code edge cases, building a shared understanding of the codebook and its interpretation in light of concrete examples. Every data point is reviewed by a second coder, who examines the data entry and the original source, and either confirms the coding choices of the original coder or flags the data entry for escalation. Data may be corrected via this review process or following external feedback. Substantial revisions are rare.

The Canadian subnational data is presented as part of the main OxCGRT dataset, publicly available on GitHub.<sup>12</sup> The Canadian dataset includes measures taken by an individual level of government (provincial/territorial government) and by lower levels of government within that jurisdiction, connotated by the suffix "\_WIDE". This Canada sub-national data also includes the suffix "\_GOV" where policy responses are tracked for only a single level of government. At present the Canada subnational dataset includes this "\_GOV" distinction for federal policy data only (captured as "NAT\_GOV"). The Canadian subnational data is published as the total set of policies that apply to a given jurisdiction - denoted by the suffix "\_TOTAL". This includes measures adopted by the federal government ("NAT\_GOV") that may supersede

<sup>10</sup> Centre of Excellence Data is updated weekly and can be found here: <https://github.com/charlesbreton/COVID19-Canada-Provinces>. More details on the coding scheme and visualizations can be accessed on the Centre website: <https://centre.irpp.org/data/covid-19-provincial-policies/>

<sup>11</sup> <https://www.canada.ca/en/departement-finance/economic-response-plan.html>

<sup>12</sup> <https://github.com/OxCGRT>



provincial/territorial policies, for example a ban on international arrivals adopted by the federal government that applies to all subnational units.

Data collection occurs in once-per-week cycles and the database will continue to be updated and reviewed to provide accurate real-time information on the Canadian subnational government response. The data is published in real time and made available immediately on GitHub, via an API and licensed under the Creative Commons Attribution CC BY 4.0 standard.

The data for cases and deaths of COVID-19 in Canada for the OxCGRT database are imported from the Government of Canada Public Health Infobase.<sup>13</sup> The majority of provinces did not report new case numbers over the December 2020 holiday period (generally December 23 - 27). The reporting frequency change resulted in a significant spike in case data once reporting resumed, this is due to three to five days of cases being reported at one time.<sup>14</sup>

### 3. Policy indices of COVID-19 government responses

Governments' responses to COVID-19 exhibit significant nuance and heterogeneity. Moreover, like any policy intervention, their effects are likely to be highly contingent on local political and social contexts. These issues create substantial measurement difficulties when seeking to compare government responses in a systematic way.

Composite measures - which combine different indicators into a general index - inevitable abstract away from these nuances. This approach brings both strengths and limitations. Helpfully, cross-jurisdiction measures allow for systematic comparisons across different states. By measuring a range of indicators, they mitigate the possibility that any one indicator may be over- or mis-interpreted. However, composite measures also leave out much important information, and make strong assumptions about what kinds of information counts. If the information left out is systematically correlated with the outcomes of interest, or systematically under- or overvalued compared to other indicators, such composite indices may introduce measurement bias.

Broadly, there are three common ways to create a composite index: a simple additive or multiplicative index that aggregates the indicators, potentially weighting some; Principal Component Analysis (PCA), which weights individual indicators by how much additional variation they explain compared to the others; Principal Factor Analysis (PFA), which seeks to measure an underlying unobservable factor by how much it influences the observable indicators. Each approach has advantages and disadvantages for different research questions. In this paper we rely on simple, additive unweighted indices as the baseline measure because this approach is most transparent and easiest to interpret. PCA, PFA, or other approaches can be used as robustness checks.

For the 13 provinces and territories of Canada, the indicators described above in Section 2 are aggregated into four policy indices, each of which measures a different set of government responses (the indicators that make up each index are listed in Table 2):

1. A containment and health index, showing how many and how forceful the measures to contain the virus and protect citizen health are (this combines 'lockdown' restrictions and closures with health measures such as testing policy and contact tracing)<sup>15</sup>
2. An economic support index, showing how much economic support has been made available (such as income support and debt relief)<sup>16</sup>

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<sup>13</sup> <https://health-infobase.canada.ca/covid-19/>

<sup>14</sup> <https://news.gov.bc.ca/releases/2020HLTH0068-002149> ; <https://www.cbc.ca/news/canada/toronto/ontario-covid19-update-december-25-1.5855053> ; <https://www.cp24.com/news/quebec-reports-6-783-new-covid-19-cases-since-dec-24-and-110-deaths-1.5245907?cache=a+href%3FclipId%3D89578>

<sup>15</sup> Because the term "lockdown" is used in many different ways, we do not define this term here but instead refer to the number and restrictiveness of closure and containment policies.

<sup>16</sup> Economic indicators capture monetary spending, recorded in USD in the OxCGRT dataset. For this paper, we have referenced these amounts in CAD.



3. A stringency index, which records the strictness of 'lockdown style' closure and containment policies that primarily restrict people's behavior
4. An overall government response index which records how the response of states has varied over all indicators, capturing the full range of government responses.

Table 3: OxCGRT indices

Index Name	C1	C2	C3	C4	C5	C6	C7	C8	E1	E2	H1	H2	H3	H6	H7
Government Response Index	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Containment and Health Index	X	X	X	X	X	X	X	X			X	X	X	X	X
Stringency Index	X	X	X	X	X	X	X	X			X				
Economic Index									X	X					

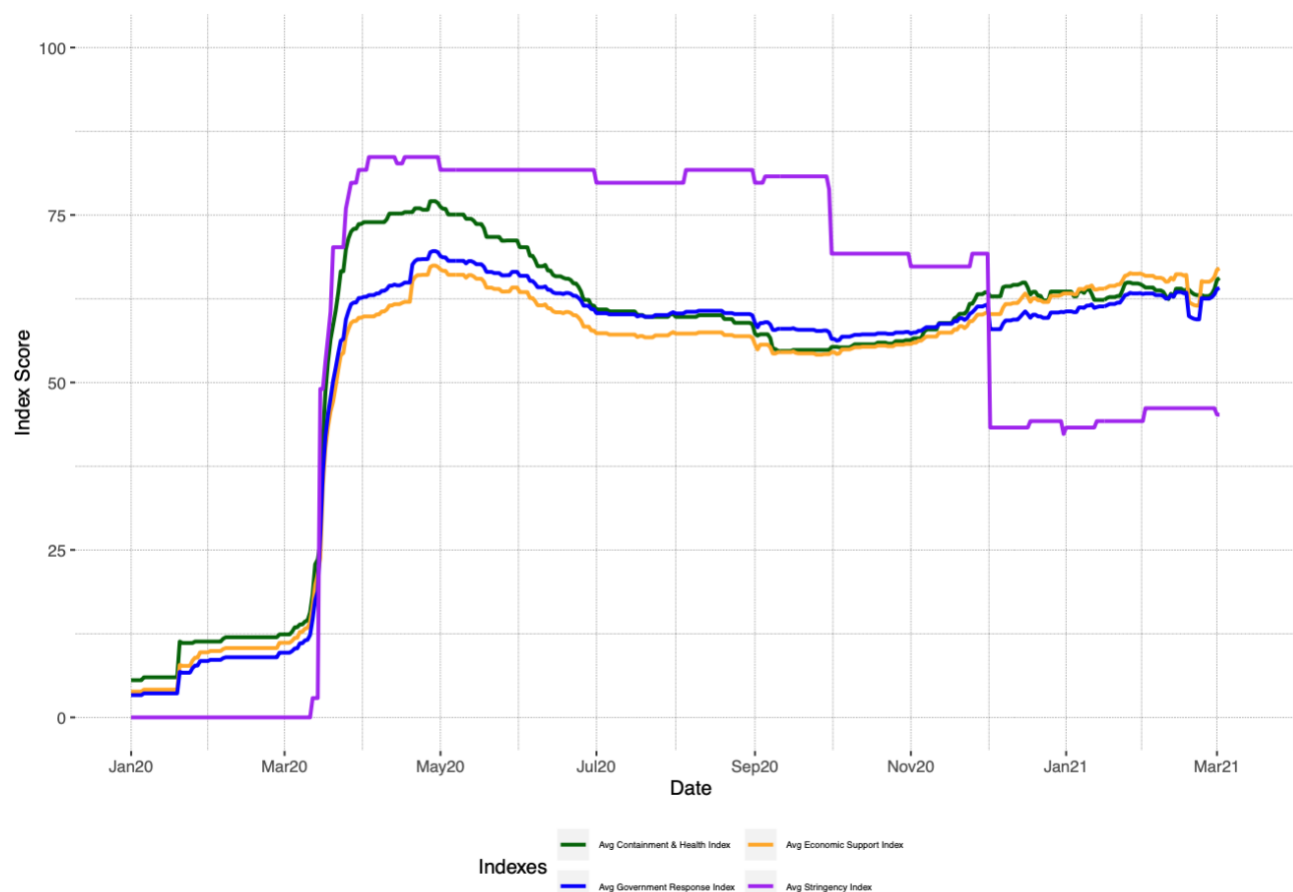
Each index is composed of a series of individual policy response indicators. For each indicator, we create a score by deducting half a point from the ordinal value for a targeted flag, where such a geographic flag exists. We then rescale each of these by their maximum value to create a score between 0 and 100, with a missing value contributing 0.<sup>17</sup> These scores are then averaged to get the composite indices.<sup>18</sup> Figure 1 illustrates the combined provincial/territorial averages for each of these composite indices for Canada.

Importantly, the indices should not be interpreted as a measure of the appropriateness or effectiveness of a government's response. They do not provide information on how well policies are enforced, nor does it capture demographic or cultural characteristics that may affect the spread of COVID-19. Furthermore, they are not comprehensive measures of policy. They only reflect the indicators measured by the OxCGRT (see Tables 1 and 2), and thus may miss important aspects of a government response. The value and purpose of the indices is instead to allow for efficient and simple cross provincial comparisons of government interventions. Any analysis of a specific province/territory should be done on the basis of the underlying policy, not on an index alone. In the sections that follow, we display principally the Stringency Index, as it correlates most closely with the kinds of policies considered as 'lockdown' measures.

<sup>17</sup> We use a conservative assumption to calculate the indices. Where data for one of the component indicators are missing, they contribute "0" to the Index. An alternative assumption would be to not count missing indicators in the score, essentially assuming they are equal to the mean of the indicators for which we have data for. Our conservative approach therefore "punishes" states for which less information is available, but also avoids the risk of over-generalizing from limited information.

<sup>18</sup> Full details on the construction of the indices is available on Github: [https://github.com/OxCGRT/covid-policytracker/blob/master/documentation/index\\_methodology.md](https://github.com/OxCGRT/covid-policytracker/blob/master/documentation/index_methodology.md)

Figure 1: Combined provincial/territorial averages of the four OxCGRT indices



## 4. The Canadian context:

The first presumptive case of COVID-19, reported January 25, 2020, was a man in Toronto who had recently travelled in Wuhan, China. Subsequent cases were associated with travel to China and Iran. On March 18, Canada banned international flights into the country, and from that point on, local transmission was deemed the primary source of viral spread.<sup>19</sup> The first wave of cases were initially concentrated in the provinces of **Quebec** and **Ontario**. The northern territory of **Nunavut** remained the only COVID-free jurisdiction in North America until the virus was detected there in early November 2020.<sup>20</sup>

Canada is a highly decentralized federation that permits each province to enact policies that respond to local context. Healthcare is largely a provincial and territorial responsibility, and the majority of pandemic policy restrictions have been introduced by provincial governments or provincial health officials. The federal government has focused on responsibilities that fall within their purview including international travel restrictions, health care funding, economic stimulus, employment insurance, and vaccine procurement.

The federal government has led Canada's economic response to the pandemic. For individuals, the Canada Emergency Response Benefit (CERB), introduced April 6, 2020 provided \$2000/month to individuals impacted by the pandemic. CERB ran until the end of September 2020, at which point benefits were transitioned to the employment insurance program.

Support for business includes the Canada Emergency Wage Subsidy (CEWS) program, and a host of interest-free loans and targeted sectoral support. As of January 2021, the federal

<sup>19</sup> <https://www.cbc.ca/news/health/canada-coronavirus-timeline-1.5482310>

<sup>20</sup> <https://www.cbc.ca/news/canada/north/nunavut-confirms-1st-covid-19-case-1.5792736>

economic response plan has committed \$212 billion in direct support for individuals and businesses, and \$600 billion in liquidity has been made available to business.<sup>21</sup>

Restrictive policies introduced to curtail the pandemic have been a mix of public health orders, executive orders and municipal bylaws. In consultation with provincial leaders, the federal government did not invoke the *Emergency Management Act*. If invoked, it would have given sweeping powers to the federal branch including the ability to regulate or distribute essential goods and services, render persons or services essential, and evacuate or remove persons from a region.<sup>22</sup>

Provincial policy responses have been highly divergent, ranging from **Alberta's** pro-business response grounded in personal accountability to the creation of the highly regulated "Atlantic-bubble." The public face of the pandemic response in each region has also varied greatly. Dr. Bonnie Henry, **British Columbia's** Provincial Health Officer, and **PEI's** Chief Health Officer Dr. Heather Morrison have both led their province's largely successful pandemic responses and been commended for gaining public trust due to their personable and straight-forward communication style. This approach stands in contrast to that of the provinces of **Alberta, Manitoba** and **Ontario** where public health restrictions have generally been introduced by Premiers and Ministers, a strategy that has not been without confusion.

What is very clear from the data we have collected is that there has been no formally coordinated approach to pandemic preparedness or response amongst the provinces and territories. This lack of collaboration has resulted in numerous and varied COVID-19 recovery and 're-opening' plans and programs with differing definitions of colour schemes phases and levels.

Since March 2020, provinces have increasingly created regional zones to target pandemic restrictions. These zones have introduced greater variation and tailored policies to meet local contexts, but this has not been without unintended confusion. A snapshot of how provincial 'green zones' vary illustrates this.

In **Manitoba**, green (limited risk) specifies that a vaccine and effective treatment is available and that no additional extraordinary public health measures are required. In **Ontario**, green (prevent) limits indoor venues to 50 people and indoor private gatherings to 10. **New Brunswick** will go to green after herd immunity has been achieved as a result of widespread vaccination. And in **Quebec**, green (vigilance) corresponds to weak community spread and residents are still asked to avoid unnecessary social contact such as gathering with friends or family or attending weddings.<sup>23</sup>

International travel restrictions and recommendations remain the one significant area of policy that the federal government has maintained jurisdiction of. On March 18, 2020, Canada banned entry to foreign nationals who had been outside of the US or Canada in the previous 14 days. Three days later, this rule was adjusted to include those from the US as well, effectively closing Canada's borders to unapproved international travellers and nationals.<sup>24</sup> As of early March 2021, the Canada-US border remains closed. Beginning February 4, 2021, direct international flights into Canada are only allowed through major airports - Vancouver International, Calgary International, Toronto Pearson International and Montreal Trudeau International. All incoming travellers are required to quarantine in hotels around these four major airports.

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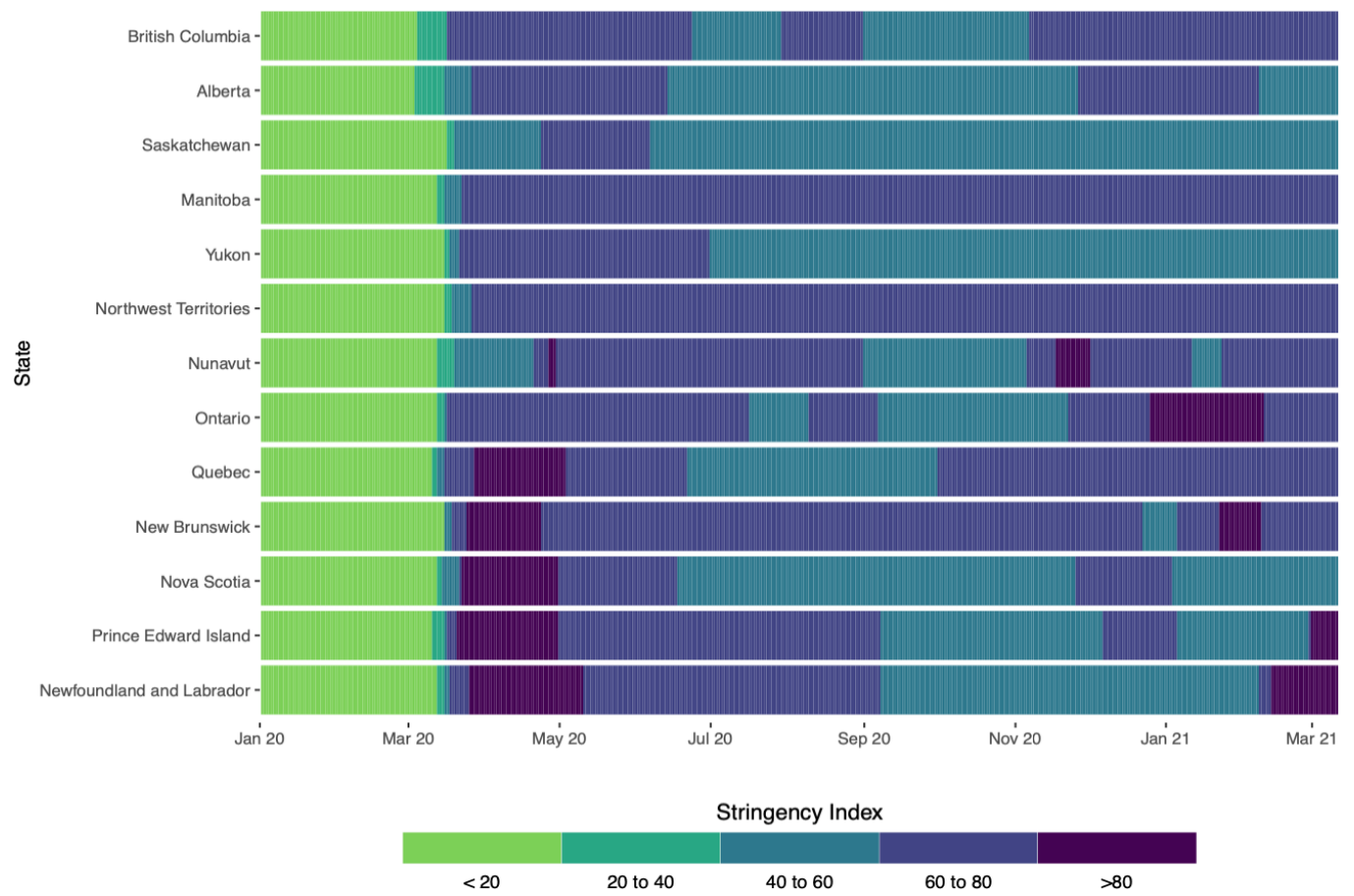
<sup>21</sup> <https://www.canada.ca/en/departement-finance/economic-response-plan.html>; <https://www.canada.ca/en/departement-finance/services/publications/economic-fiscal-snapshot/overview-economic-response-plan.html>

<sup>22</sup> [https://www.canadapremiers.ca/wp-content/uploads/2020/04/Letter\\_to\\_PM\\_from\\_Canadas\\_Premiers\\_Apr\\_14\\_2020.pdf](https://www.canadapremiers.ca/wp-content/uploads/2020/04/Letter_to_PM_from_Canadas_Premiers_Apr_14_2020.pdf) ; <https://ablawg.ca/2020/03/27/covid-19-and-the-emergencies-act-canada/>

<sup>23</sup> <https://www.gov.mb.ca/covid19/restartmb/prs/system/green-limited-risk.html>; <https://www.ontario.ca/page/covid-19-response-framework-keeping-ontario-safe-and-open#green> <https://www2.qnb.ca/content/qnb/en/corporate/promo/covid-19/alert-levels.html>; <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/progressive-regional-alert-and-intervention-system/level-1-vigilance-green/>

<sup>24</sup> <https://www.canada.ca/en/transport-canada/news/2020/03/new-measures-for-covid-19-response.html>

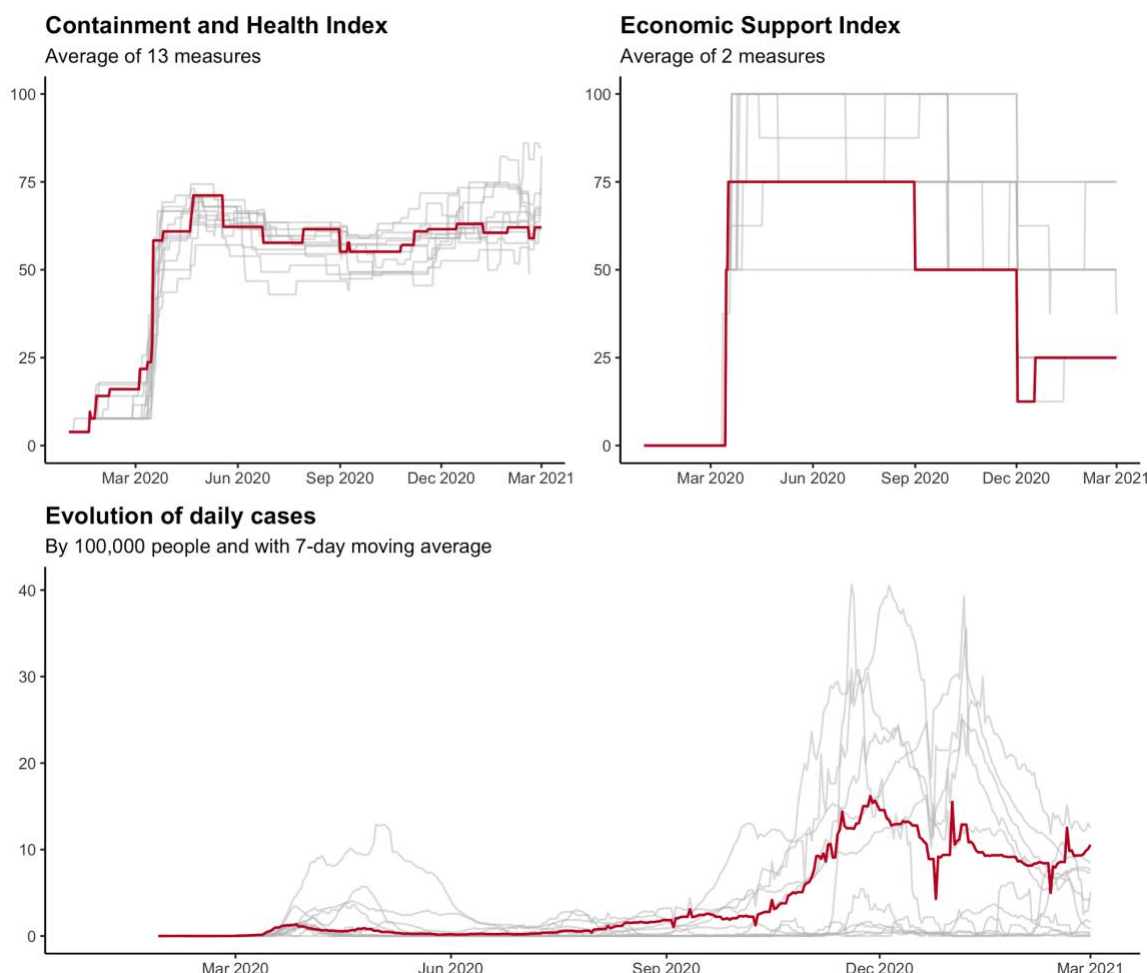
Figure 2. Provincial Stringency Index values vs time



## 5. Variation in provincial and territorial responses

### 5.1 British Columbia

#### British Columbia



**Note: Province is shown in red, all other provinces and territories are shown in grey**

The first case of COVID-19 in British Columbia (BC) was confirmed on January 28, 2020, and its first death, recorded on March 9, 2020, also marked the first COVID-19 related death in the country. A Vancouver dental conference from March 5-7, 2020 may be considered BC's first 'superspreader' event, with over 15,000 attendees from across North America, it led to dozens of cases and at least one death.<sup>25</sup> On March 6, 2020, BC activated their provincial pandemic response plan, and a public health emergency was declared on March 17.<sup>26</sup>

The pandemic response has been spearheaded by Provincial Health Officer, Dr. Bonnie Henry, and the Health Minister. Upon declaring a date of emergency public schools (kindergarten through to grade 12) were ordered to close indefinitely and universities closed for in person teaching and moved online soon after. K-12 schools reopened on September 10, 2020 under strict sanitation requirements.

Following the declaration of a public health emergency on March 17, 2020 workplaces began to close: targeted industries were closed on March 21 and by March 26, 2020 all but essential

<sup>25</sup> <https://www.cbc.ca/news/canada/edmonton/super-spreading-events-covid-19-edmonton-vancouver-1.5518697>

<sup>26</sup> <https://www.cbc.ca/news/canada/british-columbia/a-year-after-canada-s-1st-covid-19-fatality-health-officials-reflect-on-pandemic-death-toll-1.5939500> ; [https://archive.news.gov.bc.ca/releases/news\\_releases\\_2017-2021/2020PREM0012-000404.htm](https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2020PREM0012-000404.htm)

services were closed. Following these initial restrictions, the government established a four-phase plan to tackle the spread of COVID-19. Entering phase 2 of the COVID-19 roadmap in mid-May, many businesses reopened with extra safety precautions and physical distancing measures. Some industries, such as movie theaters and cultural venues were not permitted to re-open until phase 3 began in June at which time gatherings of 50 people were permitted.

Relaxed workplace closure measures were in place over the summer of 2020, and varied slightly in early September 2020. A rapid increase in cases in the late fall triggered province-wide restrictions beginning November 19, 2020, non-essential workplaces could stay open, but gathering size and many indoor activities were limited.<sup>27</sup> Indoor fitness guidelines were issued in mid-December, and group fitness classes were cancelled.

Dr. Henry recommended that events with more than 250 people be cancelled beginning March 12, 2020. Gathering sizes were subsequently reduced to 50 people on March 17, and it wasn't until June 24, 2020 that public events were permitted to take place. Beginning October 26, 2020, residents were encouraged to establish their "safe six" for indoor gatherings of up to six people.<sup>28</sup> On November 19, 2020 all events were suspended. The "safe six" order is in effect indefinitely from February 5, 2021.

With a state of emergency declared in March 2020, BC residents were urged to stay at home if possible until early summer 2020. For much of the summer and early fall of 2020, there was no stay-at-home recommendations until cases began to rise again - prompting a return of the recommendation. BC residents were also asked not to travel for non-essential purposes, especially in and out of the lower mainland for much of the pandemic.

The closely-monitored BC/Washington State USA border crossing is one of the busiest in Canada. Early in the pandemic, BC pioneered border measures that on June 20, 2020 were adopted as a nationwide framework. British Columbia has not shut down public transportation, but has mandated hygiene and precautions be taken, including wearing a face mask while onboard.

On March 23, 2020, the Pandemic Contingencies allocation was approved with \$2.8 billion to support individuals, and \$2.2 billion for businesses. Beginning December 18, 2020, all workers were able to apply for the British Columbia Recovery Benefit worth up to \$1000. The province introduced a temporary rental supplement, halting evictions and freezing rents until August 31, 2020. The supplement offered up to \$500/month towards rent, which was applauded in some areas of BC, but chided by many in Vancouver which has some of the highest rents in Canada.<sup>29</sup> On September 9, 2020 \$1.6 billion was invested in a fall and winter preparedness plan to significantly build upon and strengthen measures in the healthcare system.

By March 5, 2020, a coordinated public campaign was established. COVID-19 testing in BC was initially reserved for eligible symptomatic groups until April 21, 2020 when it was announced that anyone with COVID-19 symptoms, no matter how mild, was eligible to be tested. In mid-April a comprehensive contact tracing system was put into place. COVID-19 vaccinations began on December 15, 2020 and prioritized staff and residents of long-term care facilities, frontline healthcare workers and those over the age of 80 years. Early vaccine priority groups include First Nations communities, vulnerable populations of Vancouver's downtown Eastside, hospital staff, and vulnerable populations living in select congregated settings, including community home support workers.

## 5.2 Alberta

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<sup>27</sup> [https://archive.news.gov.bc.ca/releases/news\\_releases\\_2017-2021/2020HLTH0061-001949.htm](https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2020HLTH0061-001949.htm)

<sup>28</sup> <https://www.cbc.ca/news/canada/british-columbia/bc-covid-19-gathering-limit-1.5779589>

<sup>29</sup> <https://assets.cmhc-schl.gc.ca/sites/cmhc/data-research/publications-reports/rental-market-reports/2019/rental-market-reports-vancouver-64467-2020-a01-en.pdf?rev=a6765db7-d867-4bb4-a744-2dfa5b55b02d>

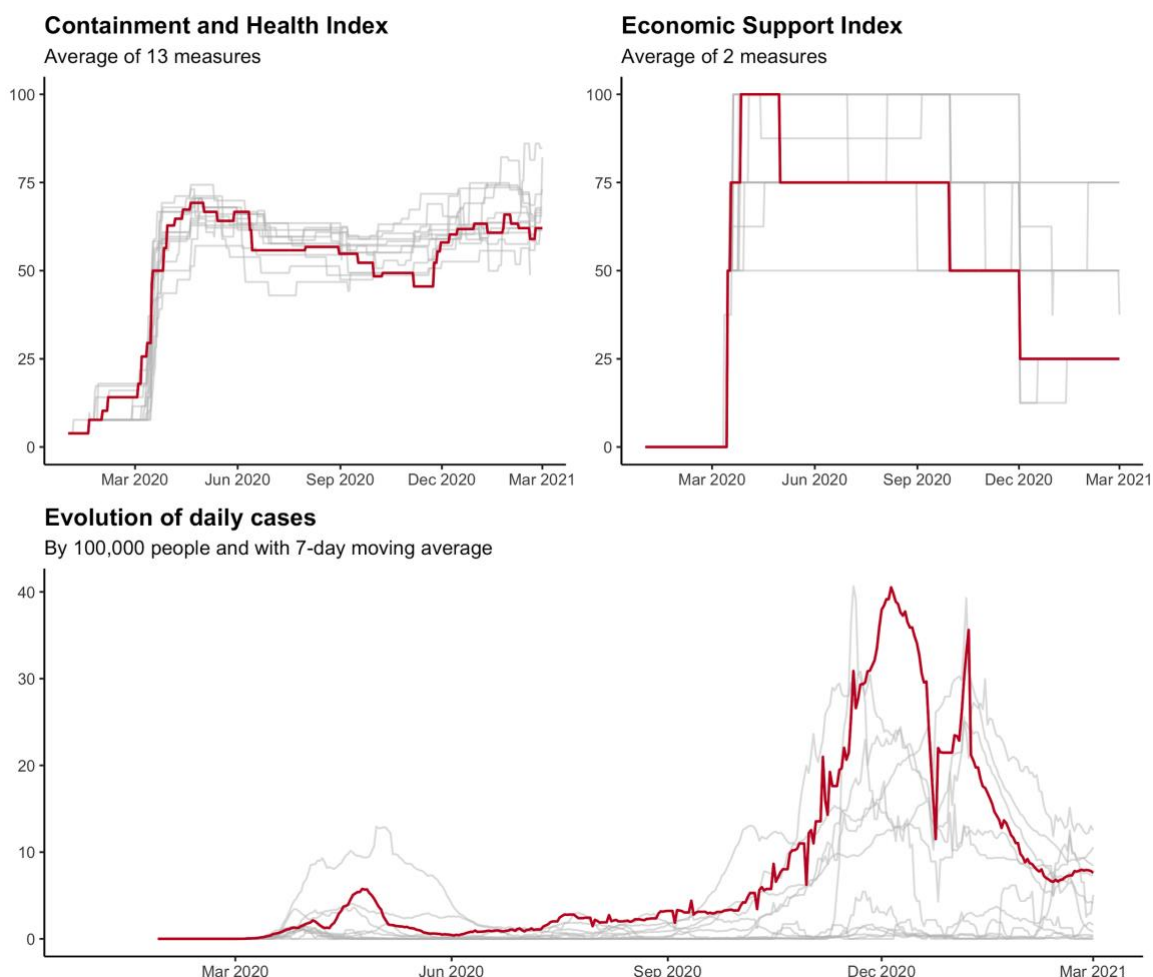


On the recommendation of the Minister of Health and on the advice of the Chief Medical Officer of Health (CMOH), Alberta declared a public health emergency on March 17, 2020.<sup>30</sup> Restrictions introduced to curtail the pandemic have been a mix of CMOH orders, executive orders, and municipal bylaws.

Prior to March 20, 2020, a provincial state of emergency nullified a local state of emergency, but amendments made to the *Emergency Management Act* reinforced local authority's state of emergency.<sup>31</sup> These legislative amendments, coupled with the divergent political positions of the mayors of Alberta's two main municipalities and the provincial government, meant that municipalities introduced restrictive policies long before the province adopted such measures.

Following initial lockdowns, the province's policy response has been characterized by a reluctance to introduce restrictions, focusing more on personal accountability and re-opening the economy. Unlike neighbouring British Columbia, the Premier and executive, rather than public health officials, are at the forefront of public health restrictions. The executive has been slow to adopt recommendations made by public health officials, restrictions were lifted as early as May 15, 2020 and only reintroduced over the December holiday.

## Alberta



**Note:** Province is shown in red, all other provinces and territories are shown in grey

Alberta has focused on introducing public health measures that permit businesses to operate with limited restrictions. Gathering size limits have been consistently higher than elsewhere in Canada, the province stands out for permitting public outdoor gathering of up to 200

<sup>30</sup> <https://www.alberta.ca/release.cfm?xID=698334E0F4AA3-9790-BD50-CCDF37468857A383>

<sup>31</sup> <https://www.alberta.ca/release.cfm?xID=69884C279D836-9571-B1FA-4628A3E3B521C8D4>



beginning in June 2020. Alberta has recommended that residents not leave home except for essential purposes but has hesitated to make this a requirement. Similarly, residents have been asked to limit travel between regions, but intra- or inter-provincial travel has not been restricted. Public transit capacity was reduced at the beginning of the pandemic, but lifted to full-capacity in major cities at the end of August 2020.<sup>32</sup>

Like elsewhere in Canada, schools closed in mid-March and did not re-open until early September. As early as August 4, 2020, the province announced that returning students were required to wear masks.<sup>33</sup> When classes resumed in-person in early September, students in grades four and above now wear masks in situations where physical distancing is not possible, such as high-traffic hallways and common areas. Students are not currently required to wear a mask while seated in a classroom or while playing indoor sports. From November 30 to January 8, 2021 students in grades 7-12 were moved to at-home remote learning before returning to an altered classroom environment.

Beginning December 13, 2020, the province entered a period of heightened restriction that temporarily closed some services such as hair salons, movie theatres, gyms and libraries, and reduced retail services and mall capacity to 15% occupancy. Restrictions on public gatherings significantly ramped up in late October 2020, but residents were not limited to solely gathering with their individual households until the December provincial shutdown began. A stay-at-home order was not issued in December 2020, though it was recommended by CMOH.

Beginning May 2, 2020, Alberta emphasized that workers who can, should work from home. It was not until December 13, 2020 that all employees who could work from home were required to do so. Indoor dining resumed on June 1, 2020 and was maintained until December 13 at which point service was limited to curbside pick-up or delivery. Alberta began to ease holiday shutdown measures on January 18, 2021.<sup>34</sup>

Vaccine prioritization in December and January favoured healthcare workers in at-risk roles, such as intensive care or respiratory therapy, and long-term care home staff. The list has expanded to include residents of long-term care homes, paramedics and emergency respondents, and healthcare workers on non-COVID units. On January 26, 2021 it was announced that Calgary-based Northern RNA will begin to manufacture the vaccine in Alberta as part of Canada's push to produce vaccines locally.<sup>35</sup>

On February 10, 2021 Alberta announced that it would provide a one-time \$1200 payment to 380,000 workers in healthcare, social services, education and the private sector in recognition of the hard work undertaken to protect residents during the pandemic. This provincial-federal initiative totals \$118 million from Alberta and \$347 million from the federal government's benefit program for low-wage critical workers.<sup>36</sup>

The province heralded the International Border Testing Pilot Program at Calgary's YYC International Airport as critical to re-opening the economy. The pilot permits eligible returning international travellers who receive two negative tests to leave quarantine on day 7 or day 8, rather than 14, should they commit to following specific public health measures. The program began November 2 and was suspended on February 21, 2021 when new international travel restrictions came into effect.<sup>37</sup>

### 5.3 Saskatchewan

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<sup>32</sup><https://calgary.ctvnews.ca/calgary-transit-lifts-covid-19-related-seating-restrictions-allows-full-capacity-on-ctra-ins-and-buses-1.5067080> ; <https://globalnews.ca/news/7336335/edmonton-transit-overcrowding-ridership-new-payment-options/>

<sup>33</sup> <https://www.alberta.ca/release.cfm?xID=72968531BFC32-DFCE-5AC8-7E81A7C72D035E11>

<sup>34</sup> <https://www.cbc.ca/news/canada/calgary/alberta-covid-coronavirus-january-18-1.5877241>

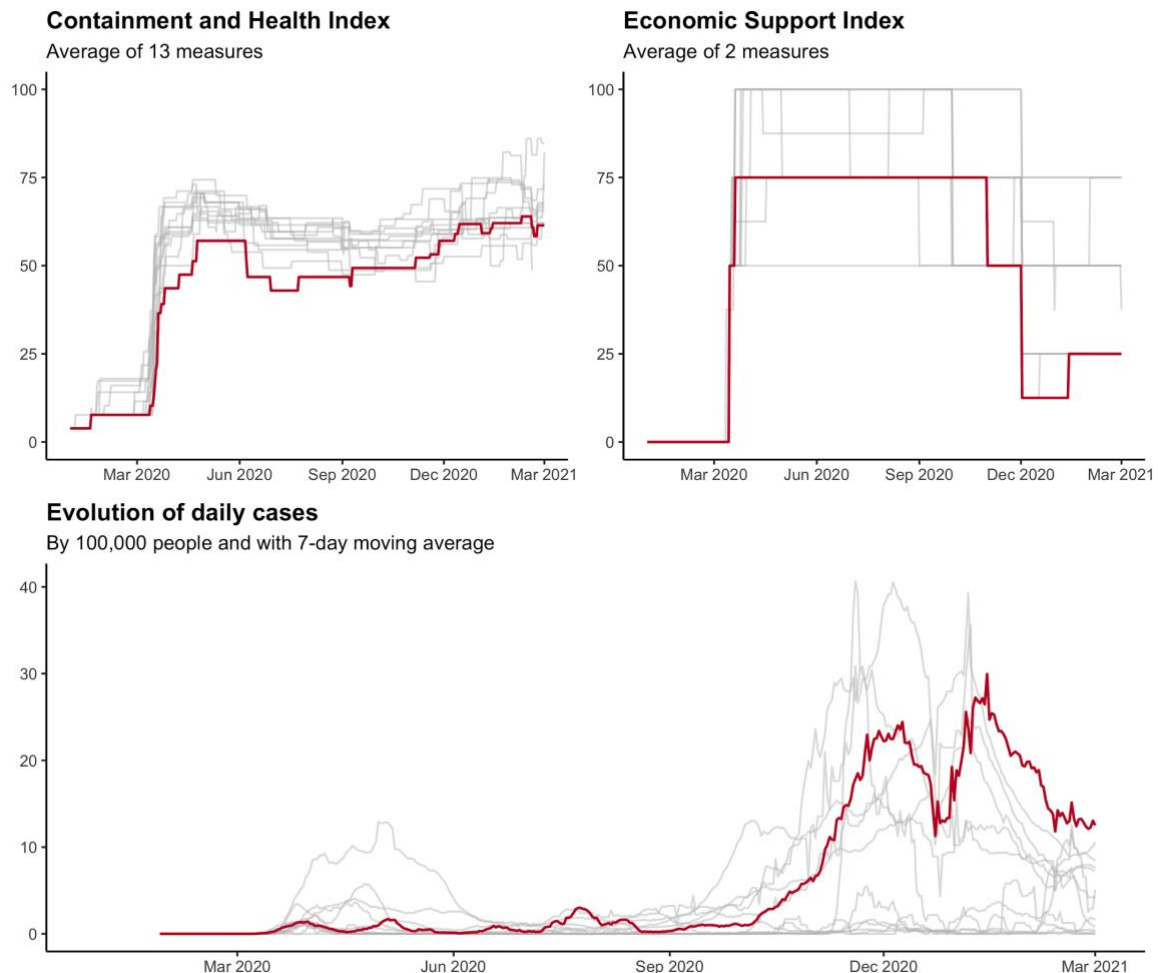
<sup>35</sup> <https://calgaryherald.com/business/local-business/made-in-canada-covid-vaccine-to-be-manufactured-in-calgary-clinical-trials-have-now-begun>

<sup>36</sup> <https://www.alberta.ca/critical-worker-benefit.aspx>

<sup>37</sup> <https://www.alberta.ca/release.cfm?xID=77285C1CA0D57-E4C0-9F44-6DDF94DEFD29A90D>

The first COVID-19 case in Saskatchewan was detected on March 12, 2020 and related to travel in Egypt. The government's first significant action was taken on March 17, 2020 when a public health order closed schools and cancelled public events. On March 19 gatherings were limited to 50 people, by the next day it was reduced to 25.<sup>38</sup>

## Saskatchewan



**Note: Province is shown in red, all other provinces and territories are shown in grey**

In late April 2020 the province released its "Reopen Saskatchewan Plan", laying out different policy-response tiers and the public health indicators that may trigger a policy change. While there have been some changes and clarifications around the edges, this document and its tier system is still the basis upon which Saskatchewan continues to operate.<sup>39</sup>

Restrictive policies were relaxed during the summer months, with a staged reopening from early June (restaurants and gyms) to July 2020 (bingo halls and casinos). Restrictions were further loosened until mid-October. Public transit is a municipal priority and some cities adopted new policies early in the pandemic. One such example is that the city of Saskatoon suspended bus fares to reduce contact between drivers and riders. Transit changes were rare and locally determined, and most transit services returned to full capacity and fares in June 2020.<sup>40</sup>

Grade-school students returned to classrooms in September 2020, but university classes have been delivered remotely.

<sup>38</sup><https://www.saskatchewan.ca/-/media/files/coronavirus/public-health-measures/public-health-orders/public-health-order--march-20-2020.pdf>

<sup>39</sup><https://www.saskatchewan.ca/government/news-and-media/2020/april/21/announcement-by-premier>

<sup>40</sup><https://saskatoon.ctvnews.ca/saskatoon-transit-to-suspend-fares-change-bus-boarding-in-response-to-covid-19-1.4860648>

A series of outbreaks linked to a Saskatoon nightclub in late October prompted specific targeted policy changes.<sup>41</sup> Around this time, gathering limits were reduced from 30 to 15 people. Mandatory province-wide masking for residents of communities over 5,000 people was mandated beginning November 13, 2020 and gatherings were reduced to 10 people.<sup>42</sup> A staggered addition of restrictions continued until mid-December, at which point the province entered a holiday lockdown period.

Intra-provincial travel was, and still is, discouraged within Saskatchewan. On April 24, 2020 non-essential travel to and from northern Saskatchewan was banned due to the unique challenges remote communities would face in the event of a viral outbreak.<sup>43</sup> The intra-provincial travel ban was the first clear delineation between policies tailored to northern communities, and the rest of the province. This split continues to define the province's pandemic response.

The most significant economic measure taken in March 2020 was to ban evictions, a decision that remained in place until July 2020. The province's decision to defer small business tax bills and student loan payments is characteristic of the province's focus on reducing payments to the government rather than directly supporting individuals and businesses. Wage top-ups were offered to eligible workers in long term care facilities starting in late April 2020, and the *Temporary Wage Supplement Program* began in November 2020. Following initial lockdowns, Saskatchewan has generally favoured increasing funding for existing government ministries, rather than creating new programs.

First Nations have been disproportionately hit by the virus. Per capita, Saskatchewan has had the highest concentration of COVID-19 cases among First Nations people. It is estimated that close to 40% of First Nations in Saskatchewan lack access to a hospital equipped to handle complex COVID-cases, and this has resulted in increased travel to seek care. The pandemic has highlighted the stark inequalities on many reserves. Saskatchewan has prioritized vaccine rollout in northern and First Nation communities.<sup>44</sup>

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<sup>41</sup><https://www.saskatchewan.ca/government/news-and-media/2020/october/16/covid19-update-40-new-cases-nine-in-hospital-12-recoveries>

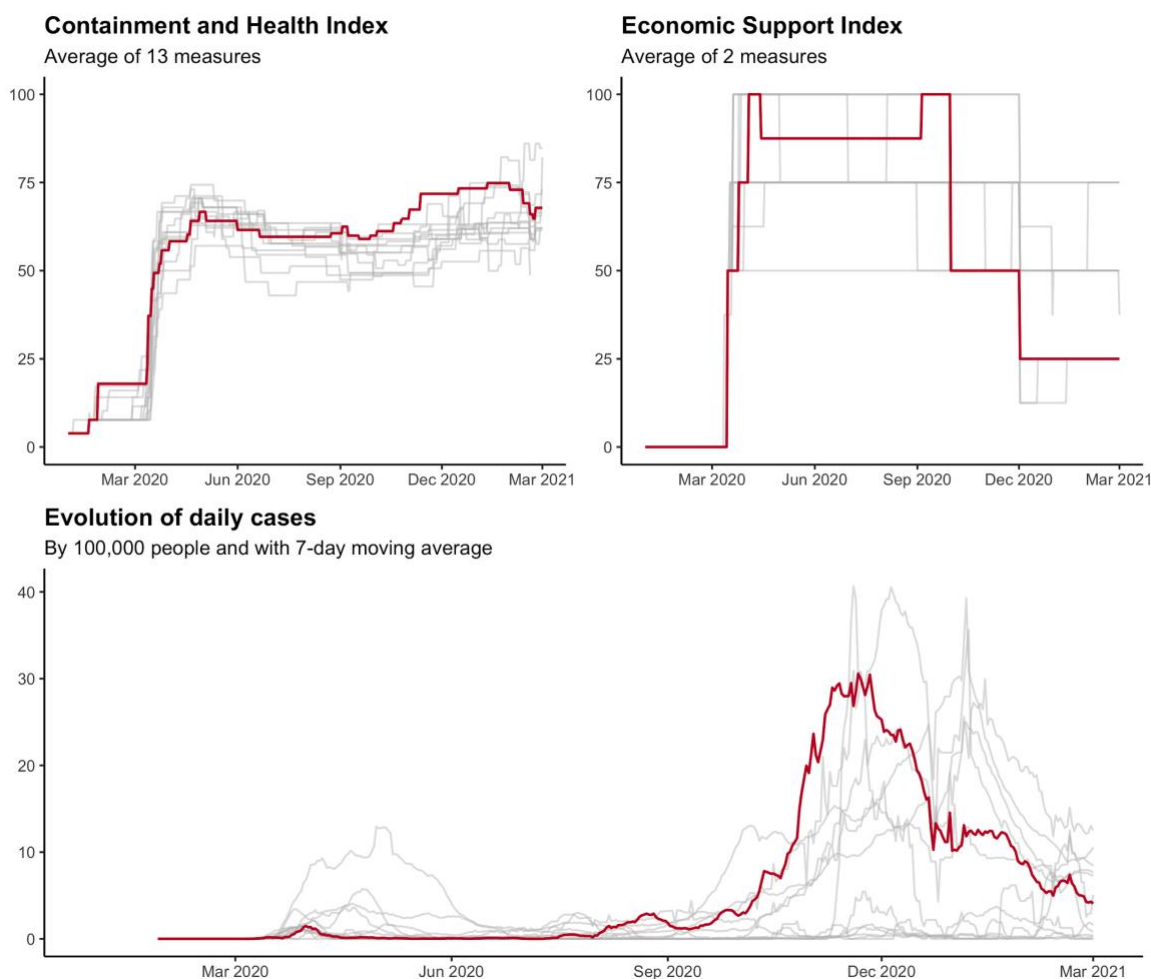
<sup>42</sup><https://www.saskatchewan.ca/government/news-and-media/2020/november/13/covid-19-additional-public-health-measures-announced>

<sup>43</sup> <https://www.saskatchewan.ca/government/news-and-media/2020/april/24/covid-19-cases-in-the-north>

<sup>44</sup><https://www.canada.ca/en/indigenous-services-canada/news/2021/02/government-of-canada-covid-19-update-for-indigenous-peoples-and-communities2.html> ; <https://www.sac-isc.gc.ca/eng/1598625105013/1598625167707>

## 5.4 Manitoba

### Manitoba



**Note:** Province is shown in red, all other provinces and territories are shown in grey

The government of Manitoba announced a provincewide state of emergency on March 20, 2020.<sup>45</sup> Days later, the province ordered the suspension of all in-person classes for kindergarten to Grade 12. Schools reopened in early September, but targeted closures to contain outbreaks have occurred into 2021. Businesses were also urged to transition to working from home where possible beginning in early March 2020, and all non-essential businesses were officially ordered to close on April 1, 2020.<sup>46</sup> A gradual re-opening of some businesses began on May 4, 2020. By June 1, 2020 this was expanded to all non-essential businesses including restaurants and bars.

All non-essential businesses were ordered to close again from November 12, 2020 until the reopening of select sectors began on February 15, 2021. Manitoba stands out for limiting resident's in-store purchases to a list of essential good beginnings in mid-December. The list included food, clothing and household goods, and was gradually expanded to include items such as cosmetics and gift cards that had been initially overlooked.<sup>47</sup> Second-hand stores were initially deemed non-essential but permitted to open following pressure from low-income advocacy groups.<sup>48</sup> On February 1, 2021 the essential items list was suspended for northern Manitoba to reduce intra-provincial travel that could trigger viral transmission.<sup>49</sup>

<sup>45</sup> <https://news.gov.mb.ca/news/index.html?item=47137&posted=2020-03-20>

<sup>46</sup> <https://news.gov.mb.ca/news/index.html?item=47337&posted=2020-03-30>

<sup>47</sup> <https://www.cbc.ca/news/canada/manitoba/cosmetics-essential-manitoba-public-health-orders-1.5851572>

<sup>48</sup> <https://www.cbc.ca/news/canada/manitoba/winnipeg-s-thrift-stores-reopening-covid-december-1.5841425>

<sup>49</sup> <https://news.gov.mb.ca/news/index.html?item=50541&posted=2021-02-01>

Public events in Manitoba have been cancelled since March 13, 2020. From March 18, 2020 private gatherings of more than 50 people were banned, and by the end of March 2020, this was further reduced to 10 people. Gathering restrictions were relaxed in the summer up to a maximum of 100 people, until all gatherings outside of the household were banned across the province from November 2020 to February 2021.

There have been no disruptions to the delivery of public transit in Manitoba during the pandemic.

The government began urging caution around the novel virus on January 28, 2020 and expanded this to a full educational awareness campaign by May 2020. Manitoba began testing symptomatic and eligible individuals for COVID-19 on January 28, 2020, coupled with the introduction of comprehensive contact tracing policies. Testing was then expanded to include all symptomatic individuals at the end of April 2020.

Manitoba delivered its first COVID-19 vaccinations to healthcare workers on December 16, 2020. From January 11, 2021, this program was expanded to include other key workers and two other groups: long-term care residents and First Nations communities. The province has prioritized vaccinations amongst First Nation communities because although First Nations individuals make up about 10% of the population, this group has accounted for over 70% of cases to date.<sup>50</sup> Like neighbouring Saskatchewan, First Nations people are more likely to live in remote communities and have inadequate access to healthcare facilities that can manage complex COVID-cases.

Extensive restrictions against visiting long-term care facilities have been in effect from March 2020. These were relaxed in late May, but targeted restrictions were introduced again in August and expanded to the whole province in November 2020.

Manitoba's economic response has focused on bridge loans and increasing liquidity to businesses.<sup>51</sup> They postponed non-urgent eviction hearings and froze rent increases, and this policy was later expanded to include broad debt and contract relief for the period of March to October 2020. On April 23, 2020 the province introduced a targeted summer wage subsidy for students aged 15-29. As of March 2021, the Manitoba legislature is seeking another \$400 million to spend on the pandemic response, on top of the \$1.98 billion already committed.<sup>52</sup>

Throughout the pandemic, the government of Manitoba has worked to bolster community wellbeing and support Manitobans. This includes [www.HelpNextDoorMB.ca](http://www.HelpNextDoorMB.ca), which was launched on March 23 and designed to safely match volunteer and community support to needs for goods and services such as groceries, medication, snow-clearing and other necessities through a coordinated provincial platform. The province also supplied free childcare for eligible frontline healthcare and essential workers, and – starting on October 13, 2020 – provided every Manitoba resident aged 16 or older with two free counselling sessions with a trained mental health professional.

## 5.5 The Territories: Yukon, Northwest Territories, Nunavut

In the **Yukon** a public health emergency was declared on March 18. In the **Northwest Territories** the first case of COVID-19 was detected on March 21 and caution urged. In **Nunavut** from March 11, the Chief Public Health Officer (CPHO) urged caution. Throughout the past year,

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<sup>50</sup><https://www.cbc.ca/news/canada/manitoba/first-nations-two-thirds-active-covid-19-cases-manitoba-disproportionate-affect-1.5920300>

<sup>51</sup> <https://www.gov.mb.ca/covid19/programs/index.html>

<sup>52</sup> <https://winnipeg.ctvnews.ca/manitoba-seeking-authority-to-spend-additional-400m-on-covid-19-response-1.5331662>

restrictions introduced have been ordered by the Chief Medical Officer of Health (CMOH) and Governments of Nunavut, Northwest Territories, and Yukon, municipal bylaws, and executive orders from the federal government. The three territories have acted with similar timing and stringency using their geographic isolation to their advantage in keeping case numbers low.

Schools closed in the **Yukon**, the **Northwest Territories**, and **Nunavut** from March 16-18, 2020. At the start of the new school year in mid-August to early September, schools reopened with altered learning environments, including phased returns, social distancing and hygiene measures, and mask wearing requirements. Following outbreaks of Covid-19, in November, all schools in the Sanikiluaq municipality of **Nunavut** were required to close, followed by schools in Arviat in December.

## Territories

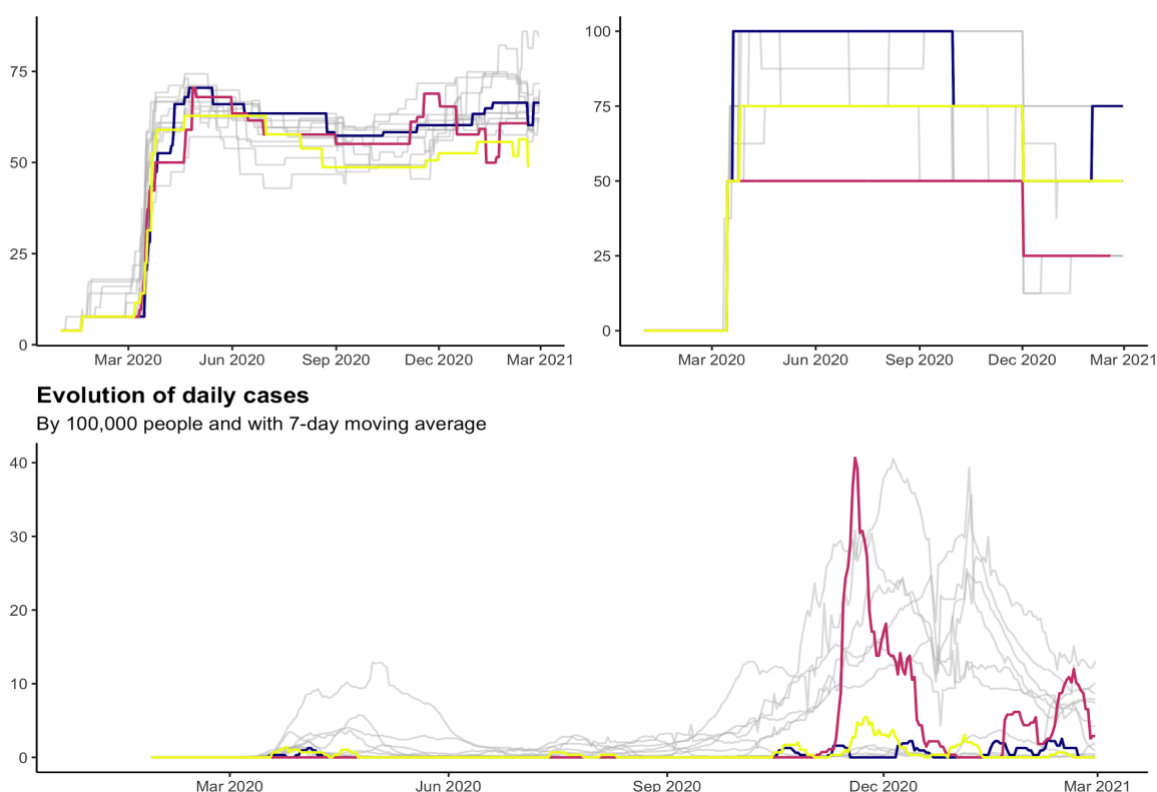
### Containment and Health Index

Average of 13 measures

### Economic Support Index

Average of 2 measures

Province — Northwest Territories — Nunavut — Yukon



**Note: Territories of interest are shown in colour, all other provinces are shown in grey**

In all three territories, working from home was recommended from March 16. In **Nunavut**, the declaration of the public health emergency on March 18 saw the closure of all non-essential businesses. In the **Yukon** and **Northwest Territories**, emergency measures in early April required all non-essential businesses to close. Businesses were able to reopen from May 15 in the **Northwest Territories** under new regulations. Bars and restaurants in **Nunavut** reopened on June 22. Non-essential businesses in Sanikiluaq were required to close on 6 November for a month.

In the **Yukon** in December 2020, restaurants were required to limit seating to 50% capacity and maintain a 2 metre distance between patrons. In the **Northwest Territories** restaurants reopened in June after the March closures, with a capacity limit of 25 people. Restrictions from March measures in **Nunavut** were eased in July 2020, with requirements to reduce capacity and enable social distancing. As of February 2021, strict measures in Arviat have seen non-essential businesses including restaurants closed once more.



Gatherings of more than 10 people were banned from mid-March to early April in all territories. From mid-May to June, this was eased to allow gatherings of 50 people outdoors, which remains the case as of February 2021.

Policies to close public transport are limited due to there being little public transport in the regions. The main intervention has been capacity reductions on buses in the main towns and cities. Capacity on buses has been increased to enable social distancing in Yellowknife in the **Northwest Territories**, and in Whitehorse, in the **Yukon**.

In the **Yukon** the Yukon Chief Medical Officer for Health began updating a dedicated COVID-19 information page from March 7. In the **Northwest Territories** caution was urged by the Chief Public Health Officer from March 13, and from March 30 the Northwest Territories government launched campaigns centred around the slogan 'Protect Our Elders'. In **Nunavut** the Chief Public Health Officer urged caution surrounding COVID-19 on March 11, 2020.

Testing began early February 2020 in the **Yukon**. Prior to April 27, testing was only available for those with travel history, specific symptoms, or close contact, and following this date it was expanded to make anyone with a wide range of symptoms eligible for a test. This criterion remains in place as of early 2021. In the **Northwest Territories** an online self-assessment tool was launched in March. Testing criteria was broadened to anyone symptomatic on April 15, 2020. This criterion remains in place as of early 2021. In **Nunavut** since March 19, 2020, healthcare professionals conducted tests at home. Testing criteria is broadly available to those who are asymptomatic or who have very mild symptoms. As there have been very few cases in Nunavut the majority of testing is focused around those who are linked to known cases, and geographical isolation makes it difficult to offer the opportunity to be tested for most people.

Low case numbers in the territories throughout the pandemic, and isolated communities seem to have enabled comprehensive tracing of all contacts of confirmed cases. In the **Yukon** contact tracing began on March 25. In the **Northwest Territories** the first case was thoroughly traced from March 21, 2020. In **Nunavut** contact tracing has also been comprehensive due to very low case numbers and the ease of conducting extensive community contact tracing is due in no small part to the small isolated nature of the communities.

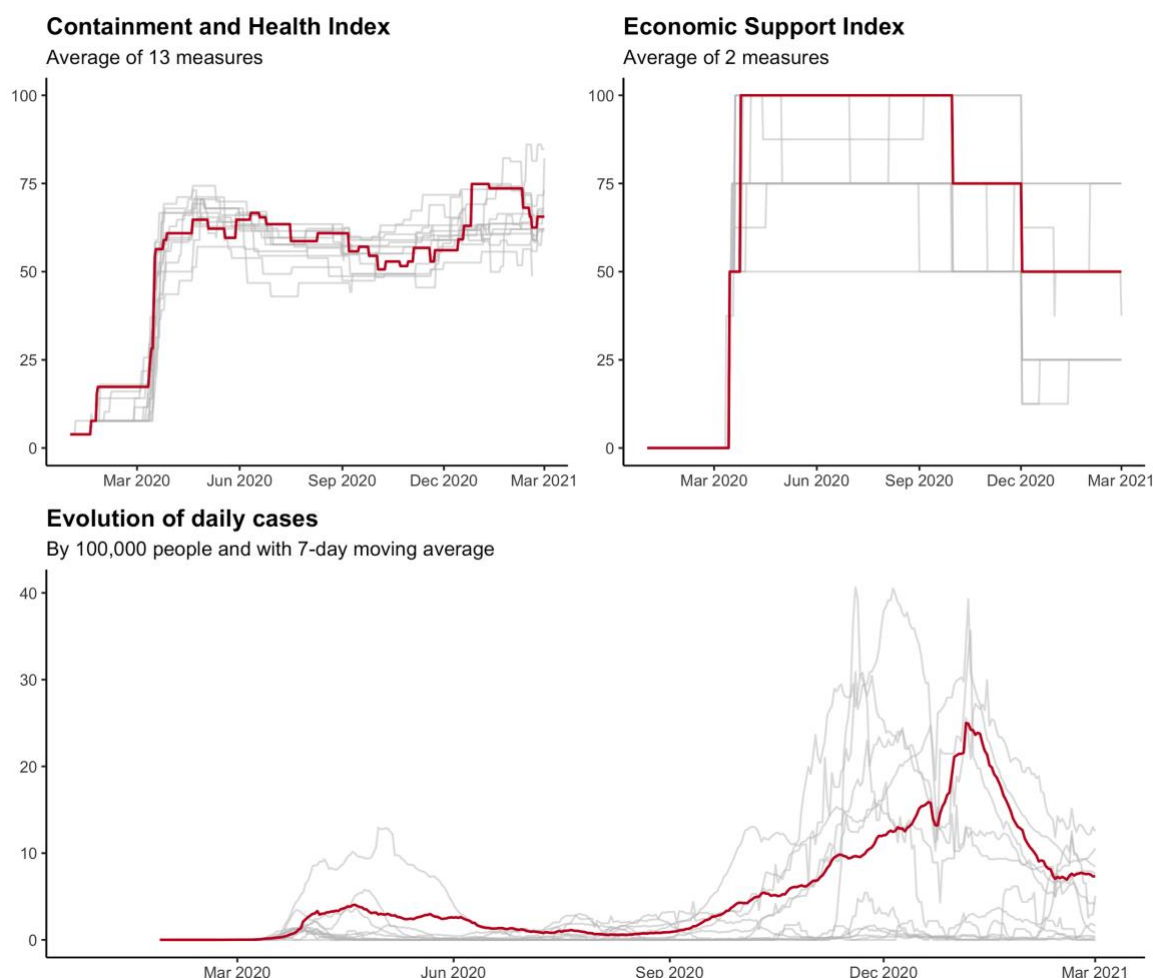
The **Yukon** began its vaccination programme on January 4, 2021, with the Moderna vaccine, vaccinating long-term care residents and staff. On February 10 the Whitehorse vaccination clinic began offering the Covid vaccine to all residents, age 18 and over. In the **Northwest Territories** on December 31, 2020, the Government began COVID-19 vaccinations, beginning with elderly residents and staff in long term care facilities. Nunavut began vaccinating elders on January 6th 2021.

In the **Yukon** the government has provided income support to essential workers, and has prevented the evictions of tenants. In the **Northwest Territories**, low-income employees have also been able to apply for additional financial support during April and July 2020.



## 5.6 Ontario

### Ontario



**Note:** Province is shown in red, all other provinces and territories are shown in grey

With a population of more than 14.5 million, Ontario is home to about 2 in 5 Canadians, more than 85% of whom live in urban centres.<sup>53</sup> It was the site of Canada's first presumptive case of COVID-19 which was detected in a traveller returning from Wuhan, China on January 25, 2020. To date, Ontario has the largest number of confirmed cases in Canada. More than half of Ontario COVID-related deaths have occurred in long-term care homes, yet the province's pandemic response has been incremental and slower relative to other provinces.

In 2003, outside of Asia, Canada was the country hardest hit by Severe Acute Respiratory Syndrome (SARS), a novel coronavirus spread by respiratory droplets that originated in China.<sup>54</sup> The majority of SARS cases and deaths were concentrated in the Greater Toronto Area. Ontario declared a state of emergency in March 2003, and it was lifted in May 2003 when viral transmission diminished.

Subsequent public health evaluations undertaken by the SARS Commission identified many systemic deficiencies in Ontario's level of preparedness and pandemic response. This included a lack of surge capacity in the clinical and public health systems, difficulties with timely access to lab testing, inadequate institutional outbreak management protocols and weak links between public health care and other care providers.<sup>55</sup> Fifteen-years later, many of the

<sup>53</sup> <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901> ; <https://www.ontario.ca/page/about-ontario>

<sup>54</sup> <https://www.ncbi.nlm.nih.gov/books/NBK92467/>

<sup>55</sup> <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/sars-sras/pdf/sars-e.pdf>

Commission recommendations to address the weaknesses in public health infrastructure have not been acted on, and Ontario's reactive and muddled early pandemic response learned little from past mistakes.

On March 2, 2020 Ontario established a command table as a single point of oversight providing strategic direction to guide the pandemic response. At the time, the risk to Ontarians was determined to be low. The command table reported to the Minister of Health and included Ontario's Chief Medical Officer of Health (CMOH). Five regional planning and implementation tables led by Ontario Health and local public health units reviewed and implemented regional plans. In total, there are 34 health regions in Ontario.

Ontario issued a ministerial order to close all public schools on March 14 and declared a state of emergency on March 17, 2020. Gatherings were restricted to 250 people on March 13, 50 people on March 16, and 5 people on March 28. On March 24 all non-essential workplaces closed. Although scheduled to resume April 4, 2020 schools did not re-open until early-September.

Upon declaring a state of emergency, Ontario introduced \$304 million in pandemic response funding.<sup>56</sup> This included \$100 million to increase capacity in hospitals, \$25 million to support frontline workers, and \$50 million for contact tracing and testing. On March 25, \$10 billion was committed to people and businesses through tax and other deferrals to improve cash flows.

From the beginning, Premier Doug Ford has been the spokesperson of Ontario's response. On July 21, 2020 the Reopening Ontario Act shifted the authority to extend or amend some emergency orders from the legislature to Cabinet.<sup>57</sup> The Act allows for unrevoked emergency orders to be extended for 30-days at a time, for a maximum of two years without consulting the legislature.

Ontario's level of policy stringency has incrementally changed with directives targeted to specific regions, many of which were modified soon after implementation. Restrictions began to lift when Ontario entered Stage 1 of its reopening framework. Businesses gradually re-opened beginning May 4, with retail stores opening May 19, 2020.

Restrictions were significantly relaxed beginning June 12, 2020 when most regions of Ontario entered Stage 2, but many densely populated areas including the Toronto, York and Peel region, remained at Stage 1. Ontarians were encouraged to establish a social circle of no more than 10 people who you contact without physical distancing. Restaurants and dining re-opened on June 19, 2020 but operating hours were limited beginning September 26 due to a significant increase in cases in the 20-39 age group. Gatherings increased to 50 for some regions beginning July 13, 2020 but were significantly reduced beginning in early September.

As a result of higher-than-average rates of transmission in September and October 2020, many areas shifted to modified Stage 2. Ontario allocated \$300 million in targeted funding focused on the return to school in September. This funding included \$75 million to hire over 900 additional custodial staff and cleaning supplies, \$60 million for PPE, and \$50 million to hire 500 additional school-focused nurses.

Ontario introduced a new reopening framework on November 7, 2020 that categorized regions based on five levels: Green-Prevent, Yellow-Protect, Orange-Restrict, Red-Control, and Grey-Lockdown. Despite introducing this new framework, the Toronto public health region did not switch from a modified Stage 2 until November 14, 2020.<sup>58</sup> Ontario made \$300 million available to businesses required to close or restrict operations in areas subject to modified Stage 2, Red-

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<sup>56</sup> <https://news.ontario.ca/en/release/56356/ontario-enacts-declaration-of-emergency-to-protect-the-public>

<sup>57</sup> <https://www.ontario.ca/laws/statute/20r17>

<sup>58</sup> <https://news.ontario.ca/en/release/59081/ontario-moves-public-health-unit-regions-into-covid-19-response-framework-to-keep-ontario-safe-and-o>

Control or Grey-Lockdown measures. As more regions moved into Red and Grey, on November 20, 2020 Ontario doubled support to \$600 million.<sup>59</sup>

On December 26, 2020 a province-wide shutdown began, this included stay-at-home orders and heightened restrictions on retail outlets and services.<sup>60</sup> In late January 2021, Ontario projected that the B.1.1.7 variant would become the dominant viral strain beginning in March.<sup>61</sup> Students returned to classrooms on January 25, 2021. Beginning February 10, 2021, three public health regions entered Green-Prevent, and subsequent relaxations began February 16, 2021. As of early March 2021, the Toronto and Peel regions remain under stay-at-home orders. Ontario has not issued intra- or inter-provincial travel restrictions but has recommended that residents limit their travel.

A November 2020 report from the Ontario Auditor General characterized the province's pandemic response as both slower and more reactive relative to other provinces, with a cumbersome command structure that was not led by public health expertise. The province was operating with outdated emergency plans and a complex structure (there are now more than 500 people involved in the Health Command Table) that resulted in delays and confusion.<sup>62</sup>

A key finding focuses on testing, which was initially reserved for high-risk groups such as health-care workers and long-term care residents. On May 24, 2020 Premier Ford opened up asymptomatic testing to the general public which went against advice that this would overwhelm the province's lab capacity. In February 2021, testimony made by the Minister of Health to Ontario's Long-Term Care COVID-19 Commission – an independent commission with a mandate to investigate how and why COVID-19 had devastating effects in long-term care homes - highlighted that Premier Ford overrode the advice of officials by opening up testing.<sup>63</sup> Though he claimed to be following public health advice, he was aware of the systemic impacts this change would have. It resulted in significant testing backlogs and further burdened the pandemic response. Ontario transitioned to appointment-based testing beginning October 6, 2020.<sup>64</sup>

In December 2020, Ontario prioritized getting the first vaccines to long-term care residents, First Nations elder care homes, and high-risk retirement homes.<sup>65</sup> Following these groups, vaccine roll-out will focus on adults over 80, all Indigenous adults, staff and residents at assisted living facilities, and high-priority health care workers.

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<sup>59</sup><https://news.ontario.ca/en/release/59305/ontario-taking-further-action-to-stop-the-spread-of-covid-19>

<sup>60</sup><https://news.ontario.ca/en/release/59790/ontario-announces-provincewide-shutdown-to-stop-spread-of-covid-19-and-save-lives>

<sup>61</sup><https://news.ontario.ca/en/background/60172/ontario-takes-immediate-action-to-address-covid-19-variants>

<sup>62</sup> [https://www.auditor.on.ca/en/content/news/specials\\_newsreleases/newsrelease\\_COVID-19.pdf](https://www.auditor.on.ca/en/content/news/specials_newsreleases/newsrelease_COVID-19.pdf)

<sup>63</sup> <http://www.ltccommission-commissionsld.ca/about/index.html>

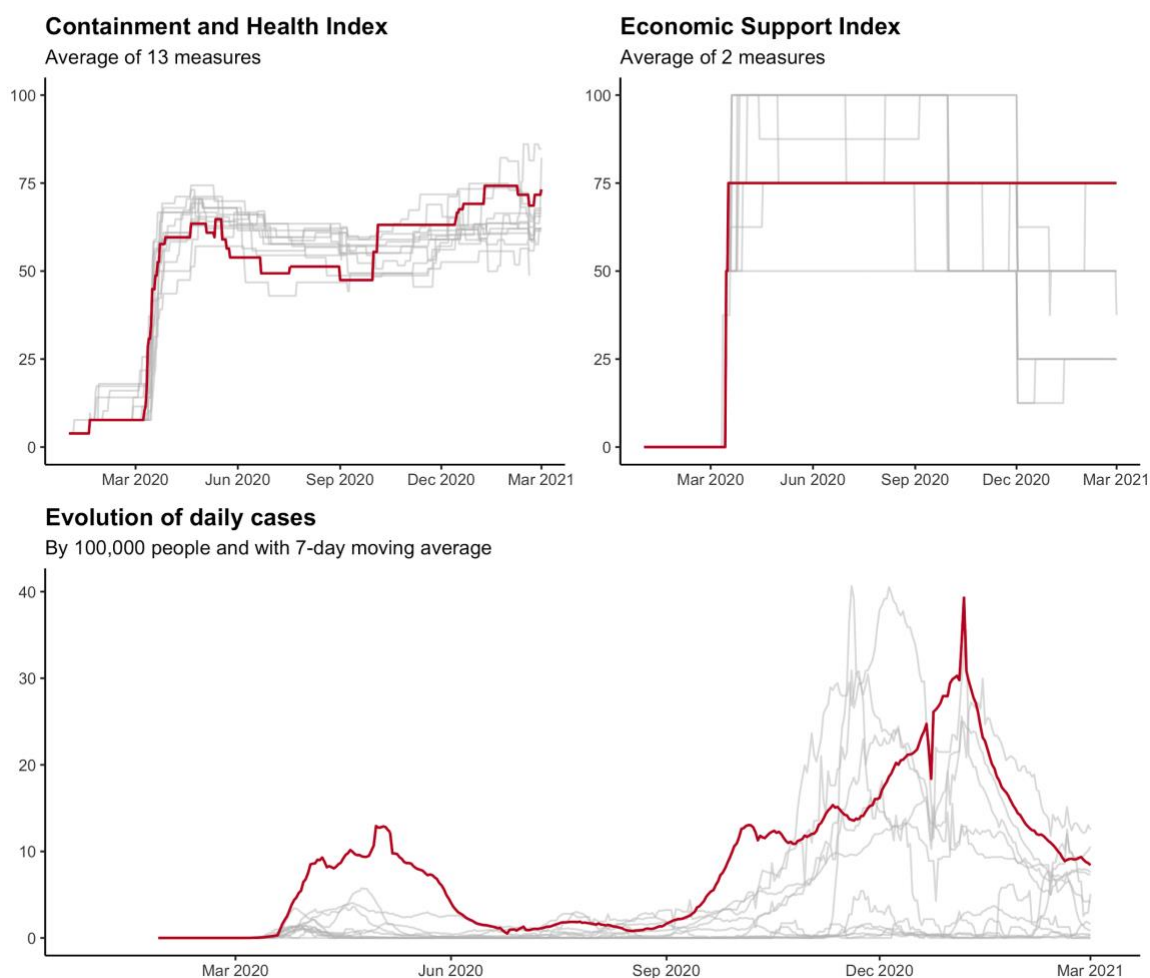
<sup>64</sup><https://news.ontario.ca/en/release/58645/ontario-implementing-additional-public-health-and-testing-measures-to-keep-people-safe>

<sup>65</sup> <https://covid-19.ontario.ca/getting-covid-19-vaccine-ontario#phase-1>

## 5.7 Quebec

At the onset of the COVID-19 pandemic, Quebec was the hardest hit province in Canada. The first case, related to travel in Iran, was detected in the Montreal metro area on February 27, 2020<sup>66</sup> where about half of the province's 8 million residents live. Quebec students went on spring break from February 29 to March 9, 2020 a week before other provinces, which researchers have linked to the significant rise in early case numbers, relative to other provinces.<sup>67</sup> Quebec closed schools March 13, 2020 and was the first province to declare a public health emergency on March 14, 2020.<sup>68</sup> The government later announced that according to a Google study, Quebec was the first jurisdiction in North America to enter a period of confinement.<sup>69</sup>

### Quebec



**Note:** Province is shown in red, all other provinces and territories are shown in grey

Due to high early viral transmission and limited preparedness, Quebec's pandemic response has been reactive and markedly more restrictive relative to other provinces. The response has been led by Premier François Legault, the Health Minister and National Director of Public Health. In the first wave, the phrase << Ça va bien aller >>, translated to "everything will be alright", was widely adopted at a moment when Quebec had some of the highest mortality rates in the

<sup>66</sup> <https://ici.radio-canada.ca/nouvelle/1641897/coronavirus-cas-quebec-montreal>

<sup>67</sup> <https://virological.org/t/genomic-epidemiology-of-early-introductions-of-sars-cov-2-into-the-canadian-province-of-quebec/553>

<sup>68</sup> <https://www.quebec.ca/premier-ministre/actualites/detail/le-gouvernement-du-quebec-annonce-la-fermeture-des-ecoles-des-cegeps-des-universites-et-des-services> ; <https://www.quebec.ca/nouvelles/actualites/details/pandemie-de-covid-19-le-gouvernement-du-quebec-declare-letat-durgence-sanitaire-interdit-les-visites/>

<sup>69</sup> <https://www.quebec.ca/premier-ministre/actualites/detail/le-quebec-sur-pause-jusqu-au-4-mai-annonce-francois-legault/>

world. Early on, Quebec had 721 deaths per million, comparable to Spain (743 deaths) and higher than the USA (680) and Italy (618). The Canadian average was 263 deaths per million.<sup>70</sup>

Government-funded long-term care homes – Centres d'hébergement de soins de longue durée (CHSLD) – were the site of widespread transmission and of over 70% of Quebec's COVID-19 deaths. Canadian Armed Forces members were sent to CHSLDs in mid-April 2020 to assist medical staff. A subsequent military report attributed systemic failures and high mortality to staff shortages, inadequate personal protective equipment and widespread disorganization.<sup>71</sup>

Events over 250 people were cancelled March 12, 2020. All indoor and outdoor gatherings were restricted beginning March 21, 2020.<sup>72</sup> Restaurant capacity was cut to 50% on March 15 and limited to pick up and delivery on March 23, 2020. Non-essential retail and services closed on March 23, 2020 and those remaining open closed on Sundays beginning in April 2020.<sup>73</sup> Libraries, museums and cultural venues were ordered closed on March 15, 2020.<sup>74</sup>

Having introduced a stay-at-home order on March 24, 2020, Quebec has also implemented road controls and curfews to limit the amount of non-essential travel between regions of the province. Later in 2020 these restrictions would move to recommendations intended to limit the movement of residents from higher infected areas to lower infected areas.<sup>75</sup>

Quebec emphasized per capita daily test quotas as it introduced deconfinement measures beginning in May 2020.<sup>76</sup> Businesses outside of the Montreal region began to open May 4, and within Montreal beginning May 25, 2020.<sup>77</sup> Groups of 10 or less were permitted outdoors beginning May 22, 2020. Indoor gatherings of no more than 10 people were permitted outside Montreal beginning June 15, and in the city after June 22, 2020. Festivals and events of up to 250 people were permitted as of August 5, 2020.<sup>78</sup>

On April 5, 2020 Quebec launched *Le Panier Bleu*, an economic development initiative to encourage residents to shop locally.<sup>79</sup> Deconfinement measures introduced in May were framed as relaunching the economy without relaunching the pandemic.<sup>80</sup>

Vaccinations prioritized CHSLD (long-term care homes) residents, health care workers in high-risk settings, residents of private senior homes, isolated and remote communities and people over 80 years old.<sup>81</sup> Beginning the week of March 15, 2021, designated pharmacies in Montreal will be taking vaccine appointments.

Some measures introduced to support business include \$2.5 billion for the Concerted temporary action program for business/Programme d'action concertée temporaire pour les entreprises (PACTE),<sup>82</sup> \$753 million to support the tourism sector, and \$200 million for the social service sector.

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<sup>70</sup><https://policyoptions.irpp.org/magazines/january-2020/quebecs-long-term-care-institutions-need-urgent-comprehensive-reform/>

<sup>71</sup>[https://cdn-contenu.quebec.ca/cdn-contenu/sante/documents/Problemes\\_de\\_sante/covid-19/Rapport\\_FAC/Observation\\_FAC\\_CHSLD.pdf?1590587216](https://cdn-contenu.quebec.ca/cdn-contenu/sante/documents/Problemes_de_sante/covid-19/Rapport_FAC/Observation_FAC_CHSLD.pdf?1590587216)

<sup>72</sup><https://www.quebec.ca/premier-ministre/actualites/detail/le-gouvernement-du-quebec-interdit-tout-rassemblement-interieur-ou-exterieur/>

<sup>73</sup><https://www.quebec.ca/premier-ministre/actualites/detail/le-premier-ministre-du-quebec-francois-legault-accentue-les-mesures-d-urgence-pour-protger-la-popul/> ; <https://www.quebec.ca/premier-ministre/actualites/detail/francois-legault-annonce-la-fermeture-des-commerces-le-dimanche-a-l-exception-de-certains-services-e/>

<sup>74</sup><https://www.quebec.ca/nouvelles/actualites/details/pandemie-de-covid-19-le-gouvernement-du-quebec-exige-la-fermeture-de-plusieurs-commerces-endroits-pu>

<sup>75</sup><https://www.quebec.ca/premier-ministre/actualites/detail/une-pause-des-fetes-jusquau-10-janvier-2021-inclusivement/>

<sup>76</sup><https://www.quebec.ca/premier-ministre/actualites/detail/pas-de-deconfinement-si-les-consignes-ne-sont-pas-respectees-dit-francois-legault/>

<sup>77</sup><https://www.quebec.ca/premier-ministre/actualites/detail/quebec-repousse-au-18-mai-la-reouverture-des-commerces-dans-la-communaute-metropolitaine-de-montreal/>

<sup>78</sup> <https://www.quebec.ca/nouvelles/actualites/details/reprise-des-festivals-et-evenements>

<sup>79</sup><https://www.quebec.ca/premier-ministre/actualites/detail/le-quebec-sur-pause-jusqu-au-4-mai-annonce-francois-legault>

<sup>80</sup> <https://www.quebec.ca/premier-ministre/actualites/detail/relancer-leconomie-sans-relancer-la-pandemie/>

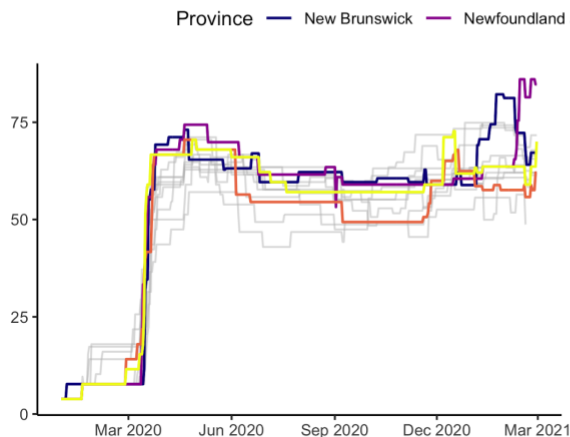
<sup>81</sup><https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/progress-of-the-covid-19-vaccination/#c78786>

<sup>82</sup><https://www.investquebec.com/quebec/en/financial-products/all-our-solutions/Concerted-temporary-action-program-for-businesses.html>

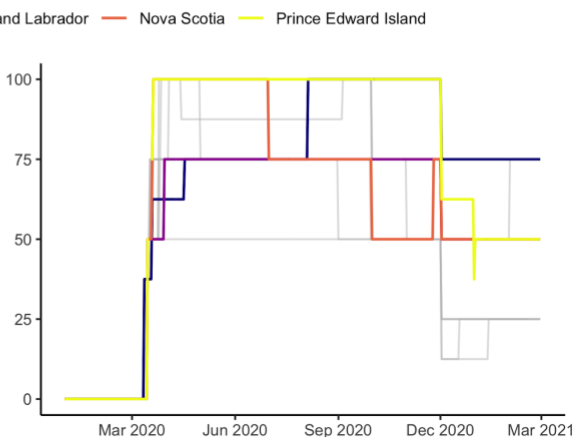
## 5.8 Atlantic Canada: New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador

### Atlantic

**Containment and Health Index**  
Average of 13 measures

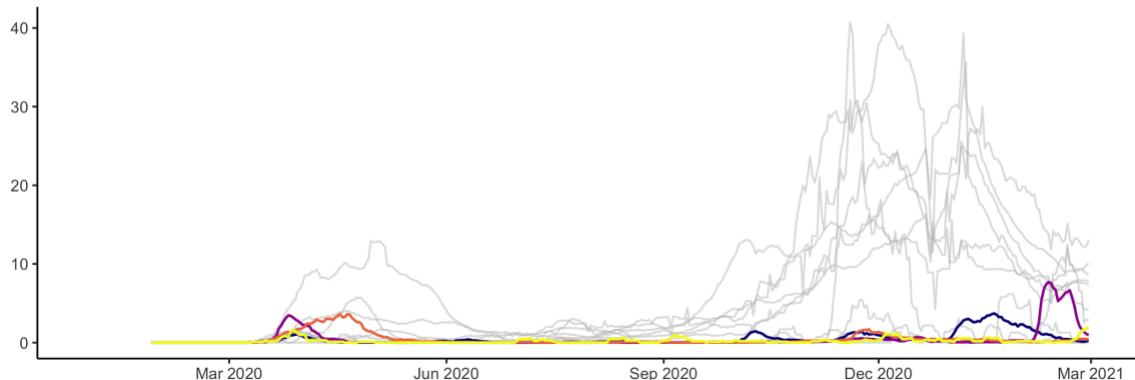


**Economic Support Index**  
Average of 2 measures



**Evolution of daily cases**

By 100,000 people and with 7-day moving average



**Note: Provinces of interest are shown in colour, all other provinces and territories are shown in grey**

The Atlantic provinces of **New Brunswick**, **Nova Scotia**, **Prince Edward Island** and **Newfoundland and Labrador** have experienced more freedoms and 'normality' over the course of the COVID-19 pandemic than their larger more populous central and western provinces.

All four Atlantic provinces began to close schools for K-12 and post-secondary institutions on March 16, 2020. Classes remained online only until the end of the school year in June. **New Brunswick** saw some universities begin to reopen the week of May 25, 2020. Memorial University of **Newfoundland and Labrador** chose to remain online until early 2021 with the exception of some in-person teaching for medicine, nursing and pharmacy students. During the second summer sessions at the University of **Prince Edward Island**, all courses were online with the exception of veterinary medicine and nursing programs. **Nova Scotia** (NS) opted for most universities to remain online for the duration of 2020. All four Atlantic provinces saw students in K-12 begin school again on the 8<sup>th</sup> and 9<sup>th</sup> of September 2020.

With the declaration of a public state of emergency on March 19, 2020 for **Nova Scotia** and **New Brunswick**, March 18 for **Newfoundland and Labrador (NFLD)** and March 16 for **Prince Edward Island (PEI)**, all provinces moved to the closure of non-essential businesses and a requirement to work from home where possible. **New Brunswick** appears to be the first to emerge from such restrictions with the opening of golf courses on April 24, 2020, and by June 26



there appeared to be no restrictions on businesses. May 1, 2020 in **PEI** saw outdoor work resume and non-essential retail resumed with increased hygiene guidelines by May 22, 2020. In **Nova Scotia** most retail was resumed by June 5, 2020 until a localized restriction on Halifax and Hants Counties in late November 2020, ending by January 4, 2021. January 2021 saw a return to **New Brunswick's** orange alert level, limiting retail occupancy for all of New Brunswick, and a localized full closure of non-essential retail for the Campbellton region during an outbreak of COVID-19. By mid-February 2021, all of New Brunswick was back to the orange level with decreased retail occupancy requirements. Mid-February in **NFLD** saw a relatively large outbreak of COVID-19 with evidence of the UK variant, and the province closed all non-essential retail.

With the initial closures to non-essential businesses in March 2020, restaurants and bars/pubs were all required to close. However, restaurants and food services were allowed to continue in all four Atlantic provinces for takeaway or delivery services. **New Brunswick** was the first to relax restrictions on restaurants operating for in-person dining on May 8, 2020.<sup>83</sup> Restaurants were allowed to operate at 50% capacity with social distancing required between groups. By early June all of Atlantic Canada had opened in-person dining for at least 50% capacity.

Prior to declaring a state of emergency, all four Atlantic provinces had begun to recommend cancelling large and public events. However, with the associated state of emergency, all but **NFLD** moved to banning gatherings of more than 10 people. **NFLD** initially limited gatherings to 100 people before adjusting to a maximum of 10 people on March 23, 2020. By June 25, 2020, gatherings in **NFLD** were expanded to 50 people for events, and on September 8, 2020, there appeared to be no restrictions on large events until February 8, 2021 when an outbreak of COVID-19 would affect all of **NFLD** and all events were prohibited. **PEI** was the first to relax restrictions on May 8, 2020 by allowing a household to gather indoors with up to 5 other people, and outdoors with up to 10 other people with social distancing in place. On June 1, 2020, this was increased to a limit of 15 people indoors and 20 outdoors. By June 26, 2020, organized gatherings of up to 50 people were permitted with social distancing and hygiene guidelines in place.

On June 26, 2020, **New Brunswick** had limited all gatherings to 50 people or less, with social distancing measures in place. These measures remained in place for all 'yellow' risk level zones until the entire province moved to the orange level January 6, 2021 where household bubbles were expanded to include 10 outside contacts and formal outdoor gatherings were limited to 50 people or fewer with social distancing in place. **Nova Scotia** relaxed their gatherings restrictions on June 18, 2020 by allowing up to 50 people to gather (indoor or outdoor) with social distancing in place. With the most relaxed guidelines in Atlantic Canada, on July 3, 2020, Nova Scotia would permit larger gatherings of 250 people outdoors and 200 indoors (or up to 50% of venue capacity). By July 15, 2020, 2 households were allowed to form a bubble together without social distancing.

With the declaration of a state of emergency in March 2020, **New Brunswick** asked that residents use public transit for essential trips only in an effort to reduce the risk of transmitting COVID-19. In January 2021, transit occupancy moved to 50% due to an increase in cases throughout the province. **NFLD** implemented restrictions such as the requirement to remain in vehicles for provincial ferry crossings, and that those using the ferries do so only for essential purposes.

Stay-at-home recommendations and requirements varied across the Atlantic provinces. Often in the actual choice and use of language, the implied message to the residents of each province was at times unclear. Whether this was intentional or not, for future pandemics, this remains an area that could benefit from coordinated and clear messaging. The creation of the "Atlantic Travel Bubble" in July 2020 allowed the Atlantic provinces to enjoy increased freedoms over the majority of Canada for much of the second half of 2020. **Nova Scotia** remains the only

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<sup>83</sup> <https://www.cbc.ca/news/canada/new-brunswick/new-brunswick-business-restaurants-1.5563589>



province of the four Atlantic provinces that has not reinstated 14-day quarantine requirements for travellers from the other Atlantic provinces.

Regarding public health campaigns, most of the Atlantic provinces began with guidance and caution by their respective Chief Medical Officers and Premiers. **New Brunswick** launched an online COVID-19 self-assessment tool on March 21, 2020, marking the beginning of their coordinated public messaging. Within days of the declaration of a SOE within the other provinces, dedicated websites and briefings were in place to inform and educate Atlantic Canadian on the risks and preventative measures associated with COVID-19.

The aforementioned online self-assessment tool that **New Brunswick** launched was also the initial screening required by residents to determine if they were eligible for COVID-19 testing. **NFLD** also launched an online self-assessment tool that had to be completed before all residents who were symptomatic were eligible to be tested on April 16, 2020. **PEI** residents who were both symptomatic and eligible were the only group to get tested until September 8, 2020, when testing opened to all symptomatic. Only on December 8, 2020 did **Nova Scotia** move to testing anyone with symptoms if they have/had a lot of social interaction.

Due to the relatively small populations and geography of the Atlantic provinces in comparison to the larger more populous provinces of mid and western Canada, epidemiological tracking of COVID-19 appears to have been significantly easier to implement comprehensively than it was for the larger provinces. Thus, all four provinces report to have maintained their goals in tracking each COVID-19 case. At one point in late November, **New Brunswick** informed residents that due to the increasing number of cases, they may not be able to trace all possible contacts and exposures and would be prioritizing immediate contacts instead. By late December this appears to have been resolved.

Throughout the COVID-19 pandemic, the Atlantic provinces have largely relied on Federal funding from the CERB programme to supplement the income of their residents for wages lost due to COVID-19. Federally allocated funds were allocated to industries hit hardest by the pandemic in each province, especially tourism, agriculture and fisheries. All provinces implemented bans on evictions for a period of time in 2020.

**New Brunswick** Power waived payment of late fees until March 31, 2021, and the provincial government announced a benefit of \$100 for low-income families (<\$30,000/yr) to assist with energy costs.<sup>84</sup> **NFLD** and **Nova Scotia** suspended the provincial payment of student loans for 6 months until September 30, 2020.<sup>85</sup> **Nova Scotia** implemented a 2% cap on rent increases (retroactive to September 2020) and a ban on evictions for the purpose of renovating.<sup>86</sup> The **PEI** government announced debt relief and loan repayment holidays for the hard-hit tourism industry in April 2020.<sup>87</sup>

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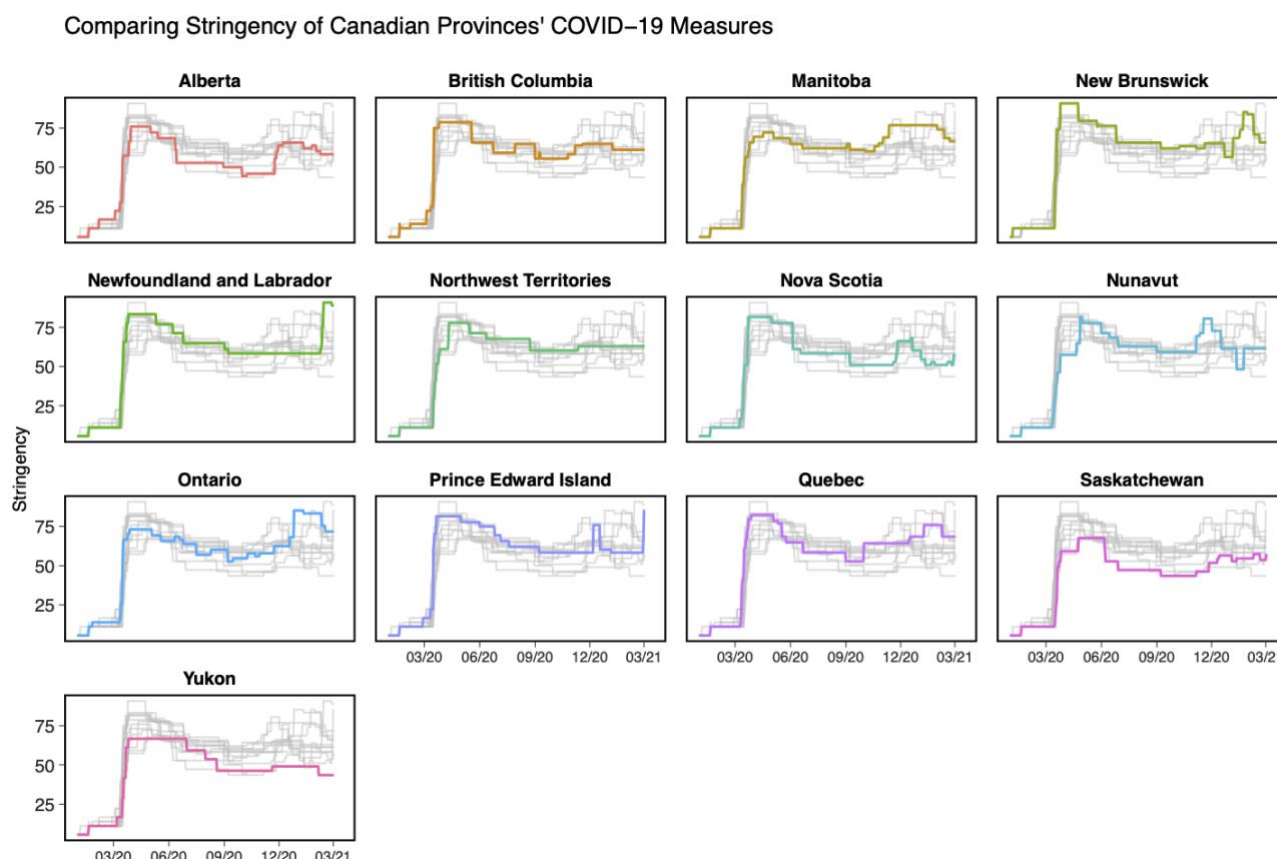
<sup>84</sup> <https://www.nbpower.com/en/safety/coronavirus/need-help-with-your-bill>

<sup>85</sup> <https://www.gov.nl.ca/releases/2020/aesl/0322n06/>

<sup>86</sup> <https://globalnews.ca/news/7483518/nova-scotia-renter-protections-beds-homeless-coronavirus-covid-19/>

<sup>87</sup> <https://www.princeedwardisland.ca/en/news/province-announces-supports-for-tourism-industry-expansion-of-island-producers-initiative>

Figure 3. Comparison of Provincial Stringency Index



## 6. Variation in individual policy areas

### 6.1- Stay at home and inter/intra-provincial travel policies

Canadian provinces and territories used their autonomy to forge distinct paths through the COVID-19 pandemic. Looking back, a significant opportunity for collaboration and coordination was missed in the communication and issuing of stay-at-home (OxCGRT indicator C6) orders across the country. Inter and intra-provincial travel restrictions (C7) also varied greatly from province to province. Apart from the 'Atlantic Bubble' created by the four Atlantic provinces, there was very little, if any, coordination, cooperation or communication between provinces on limiting the movement of people between provinces other than mandatory quarantines required by some.

The use of vague and indefinite language and wording such as *recommend*, *advise*, *discourage* and *urge caution* has become common political jargon over the course of the pandemic. Whether this has been a purposeful tactic for treading the fine line between libertarian and authoritarian, unclear language results in confusion for residents, especially when it comes to policy communication.<sup>88</sup> This has been most evident in the policies pertaining to stay-at-home requirements and inter/intra-provincial travel restrictions.

Following the declaration of a public health emergency on March 17, 2020, **British Columbia** residents were urged to stay home if possible - a recommendation, not a requirement. On May 19, 2020 BC entered into phase 2 and the recommendation to stay at home was eased to stay close to home. June 24, 2020 BC moved to phase 3, which relaxed measures further, with no stay-at-home requirements in place and intra-provincial travel allowed. On Nov 7, 2020 new

<sup>88</sup> <https://thewalrus.ca/what-does-lockdown-even-mean-anymore/>

targeted orders for Vancouver Coastal and Fraser Health regions meant that travel in and out of the Lower Mainland was limited to essential purposes only. Restrictions were then extended to all of BC on November 19, 2020 with the plea that residents stay within their core bubble, travel for work but not for leisure, and to not go far from home. Again, recommendations, not requirements. These restrictions remain in effect.

Over the summer, in response to a community outbreak on Haida Gwaii, the Minister of Public Safety and Solicitor General used extraordinary powers to restrict non-resident travel to the archipelago. This was relaxed in September 2020 for travellers who had a negative coronavirus test.

On November 19, 2020 restrictions were extended to all of **BC** and a recommendation to stay within your core bubble, and to travel for work but not for leisure, was re-introduced. Provincial health officer Dr. Bonnie Henry announced that all residents were urged to socialize only with fellow household members and to avoid social gatherings. It was recommended to not go far from home, and groupings of 6 at venues, such as restaurants, were put into place to stay within one's core bubble. This order is in effect indefinitely from February 5, 2021.

**Alberta's** Chief Medical Officer of Health (CMOH) recommended that Albertans stay at home on March 30, 2020 by stating "the best thing we can do is stay close to home."<sup>89</sup> This use of vague language that stops short of requiring residents to stay at home would continue to be used in Alberta throughout the next year, but also in most of the other Canadian provinces and territories.

Restrictions on public gatherings in **Alberta** significantly ramped up in late October 2020, but residents were not limited to solely gathering with their individual households until the December provincial shutdown began. A stay-at-home order was not issued in December 2020, though it was again recommended by the CMOH.

**Saskatchewan**, similar to neighbouring Alberta, only ever issued recommendations and advisories to residents to stay-at-home. In public health announcements, these recommendations were inconsistent and not always included in the current public health measures. Inter and intra-provincial travel in Saskatchewan has been discouraged and advised against (recommended, but not required), especially non-essential travel to and from northern Saskatchewan regions. However, at no point during the pandemic experience in Canada has Saskatchewan limited travel into the province by residents of other provinces/territories – they have only been asked to self-monitor for symptoms of COVID-19 and then to self-isolate if necessary.

Effective March 13, 2020, **Manitobans** have been urged (recommended) to stay home. A targeted stay-at-home order was put in place to control an outbreak in Little Grand Rapids First Nation in October 2020, and this order was expanded to the entire province on November 12, 2020 when the provincial alert level became "critical." This order was not relaxed until February 2021. On April 17, 2020, **Manitoba** announced a 14-day quarantine for out-of-province travellers and the prohibition of travel to several remote Manitoban communities. The quarantine policy was relaxed for travellers from Western Canada or north-western Ontario in June, but the intermittent implementation of travel bans to protect remote and rural communities has continued throughout the year. On January 28, 2021 a public health order reinstated the requirement for all travellers into Manitoba to quarantine for 14 days, regardless of where in Canada they have travelled from.<sup>90</sup>

There has never been a specific requirement to stay home in the **Yukon** or **Northwest Territories**, but **Nunavut** did have a stay-at-home order. In the Yukon people were asked to work from home if it was possible to do so from March 16, 2020. In the Northwest Territories people were asked to work from home from March 19, 2020. In Nunavut on March 23, 2020 the Premier

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<sup>89</sup><https://calgary.ctvnews.ca/albertans-should-not-flee-to-vacation-properties-during-covid-19-pandemic-hinshaw-1.4875027>

<sup>90</sup> [https://www.gov.mb.ca/asset\\_library/en/proactive/2020\\_2021/orders-soe-selfisolation-01282021.pdf](https://www.gov.mb.ca/asset_library/en/proactive/2020_2021/orders-soe-selfisolation-01282021.pdf)

highlighted that staying at home as much as possible is not a recommendation but a requirement. This was eased in the summer months. People in Sanikiluaq, NV were required to stay at home from November 12, 2020 following a targeted lockdown, followed by another in Arviat, NV. This was eased on January 12, 2021.

In the **Yukon** from March 22, 2020, people were strongly advised to avoid travel outside the territories, and anyone returning from other provinces, territories, or Alaska was required to self-isolate for 14 days. In the **Northwest Territories** on March 21 a 14-day quarantine was also made mandatory for anyone entering from outside the territory. Self-isolation had to occur in one of four communities before any onward travel was permitted. In **Nunavut**, from March 18, anyone returning to the territory was required to self-isolate for 14 days, at a specific isolation hub. From March 30, 2020, only residents of Nunavut and essential workers were able to enter.

In the **Yukon** on July 1, 2020, residents of the Northwest Territories and Nunavut were able to enter the Yukon without isolation, if they travelled directly from their province, or via British Columbia. In **Nunavut**, in the summer months, residents were able to travel to the Northwest Territories and Churchill, Manitoba, referred to as a 'common travel area', or bubble without having to isolate, subject to meeting certain conditions.

Shortly after the declaration of a provincial state of emergency on March 17, 2020, **Ontario** began to recommend that residents stay-at-home, particularly if they were not feeling well. This guidance was lifted in late May 2020 when outdoor amenities such as outdoor sports facilities, picnic areas and multi-use fields were reopened to the public. It wasn't until October 2020 that Ontario residents would again be urged to stay-at-home where possible due to increased cases of COVID-19, especially in the Greater Toronto Area. A province-wide 'shutdown' in late December 2020 brought Ontario's first requirement of residents to stay-at-home, and a recommendation not to travel into or out of the province: a mandatory 14-day self-isolation period for returning to Ontario was also implemented at this time.

**Quebec** shut down and residents were ordered to stay-at-home beginning March 24, 2020.<sup>91</sup> Government first advised against non-essential travel between regions beginning March 19, 2020, with checkpoints between regions added March 28 and expanded April 1, 2020. Checkpoints extended to neighbouring provinces of Ontario, Newfoundland and New Brunswick, the border was reopened May 18, 2020.

On September 8, 2020 a progressive regional alert system was introduced to tailor restrictions based on healthcare capacity.<sup>92</sup> At the end of September 2020, Quebec introduced stay-at-home orders and more strict restrictions for a period of four weeks. This was extended by four weeks on October 26, and renewed in November, until the province introduced a "holiday pause" beginning on December 25, 2020.<sup>93</sup> Leading up to the holidays, the province proposed a "moral contract" with citizens to permit small, indoor, in-person gatherings between December 24-27, 2020 with periods of voluntary confinement before and after. The province initially promised two gatherings during that period, then reduced it to one, and then cancelled the holiday exemption all together.<sup>94</sup>

**Quebec** is the only province to have introduced a curfew. Beginning January 9, 2021 residents were not permitted to leave their homes between 5:00 a.m. and 8:00 p.m. Hours have been extended to 9:30 p.m. in some regions as of February 26, 2021 but some form of curfew remains in effect province-wide.

With their declaration of state of emergencies **Nova Scotia**, **New Brunswick** and **NFLD** all issued a stay-at-home requirement for residents, while **PEI** only ever issued a strong recommendation.

<sup>91</sup> <https://www.quebec.ca/premier-ministre/actualites/detail/le-quebec-sur-pause-pour-trois-semaines/>

<sup>92</sup> <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/systeme-alertes-regionales-et-intervention-graduelle>

<sup>93</sup> <https://www.quebec.ca/nouvelles/actualites/details/pandemie-de-la-covid-19-une-pause-des-fetes-jusquau-10-janvier-2021-inclusivement/>

<sup>94</sup> <https://www.quebec.ca/nouvelles/actualites/details/pandemie-de-la-covid-19-le-gouvernement-propose-un-contrat-moral-aux-quebecois-pour-le-temps-des-fet/>

Just twice so far throughout the pandemic has **PEI** required residents to stay-at-home – during the circuit breaker in December 2020, and more recently during a 3 day 'lockdown' in early March 2021. Whether using decidedly vague language regarding stay-at-home has been intentional or not, only **PEI** and **NFLD** had a consistent recommendation to stay home [if feeling unwell] in their public health messaging throughout the pandemic. In late February 2021, **NFLD** moved to a requirement due to an outbreak of COVID-19.

**Nova Scotia** relaxed their stay-at-home requirement to a recommendation on May 1, 2020, and by June 5 stay-at-home was no longer mentioned in public health updates or the re-opening plans for the province. However, during a surge in cases in late November 2020, the Nova Scotia Premier called for residents to "stay the blazes home", reinstating the recommendation to stay-at-home, but ending again by December 21, 2020. Another surge in cases in late February 2021 would see Nova Scotia return to recommending that residents stay home.

Stay-at-home requirements and recommendations ceased in **New Brunswick** on April 24, 2020 when households were allowed to gather once again. No reference to stay-at-home occurred again until January 2021 when a surge in cases across the province prompted vague messaging that non-essential trips from home were discouraged. Only when Health Zone 4 (Campbellton region) was placed under 'lockdown' at this time was there a targeted requirement to stay at home.

One of the main reasons that the Atlantic provinces enjoyed increased freedoms compared to other provinces of Canada throughout much of 2020 was due in part to the creation of the Atlantic Canada Travel Bubble<sup>95</sup> on July 3, 2020. **Nova Scotia**, **New Brunswick** and **PEI** all implemented a requirement to isolate for 14 days upon entering the province- whether a resident or not – when they declared a state of emergency. **NFLD** initially only required all non-Atlantic provinces to isolate but changed course on March 20, 2020 to include all domestic travellers.

Due to low cases and deaths across Atlantic Canada, the four provinces agreed to create a travel bubble between them that would allow freedom of movement without the requirement to self-isolate for all those who have already been in one of the four provinces for the previous 14 days. The Atlantic Travel Bubble existed from July 3 to November 24, 2020 when **PEI** left due to increased cases of COVID-19 in New Brunswick and Nova Scotia. **NFLD** left the travel bubble on November 25, and **New Brunswick** on November 27, 2020. **Nova Scotia** never officially left the travel bubble and continues to allow travellers from PEI to enter Nova Scotia without isolating.

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<sup>95</sup> <https://www.cbc.ca/news/canada/newfoundland-labrador/edward-riche-atlantic-bloc-1.5874814>



Figure 4. C6 Stay-at-home variation across Canada

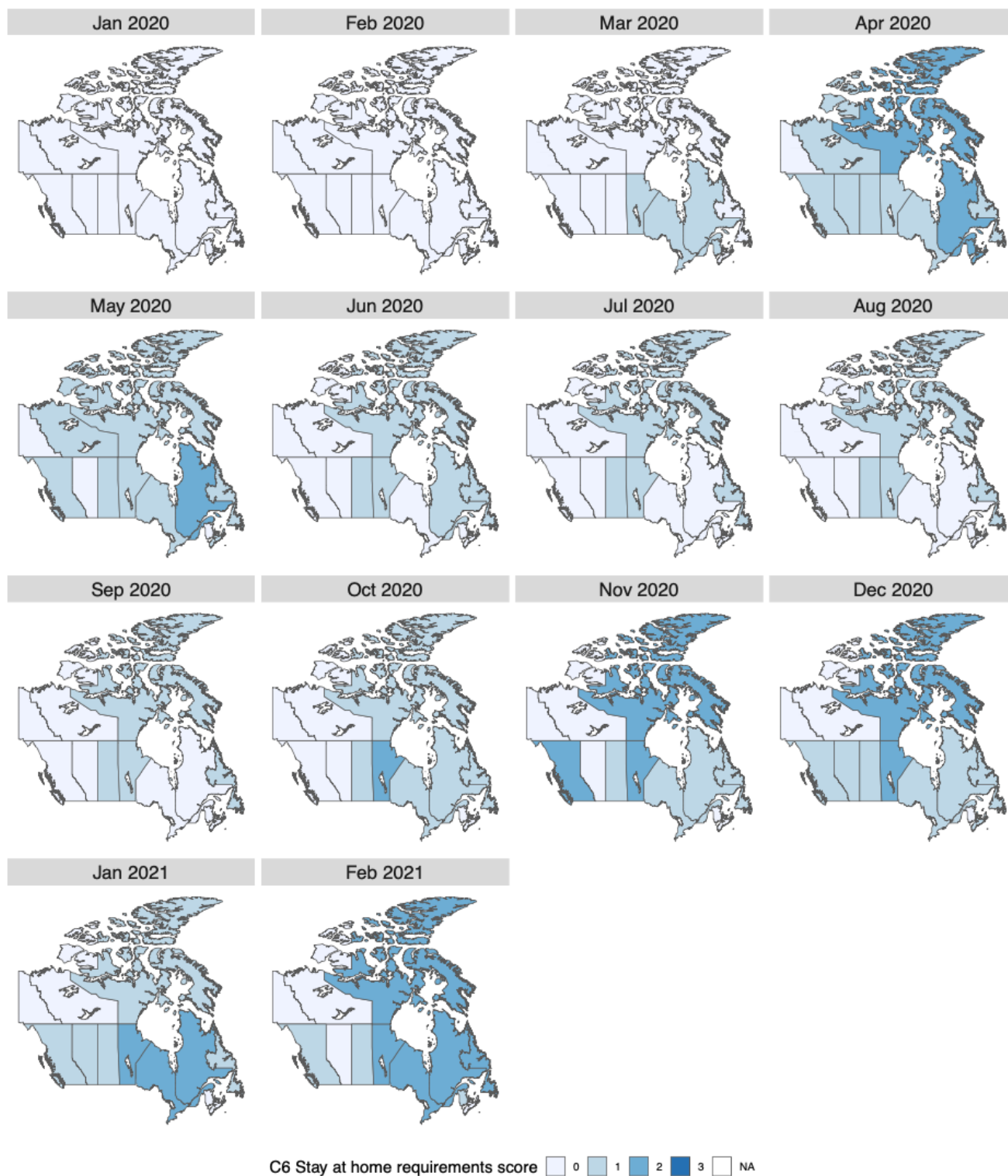
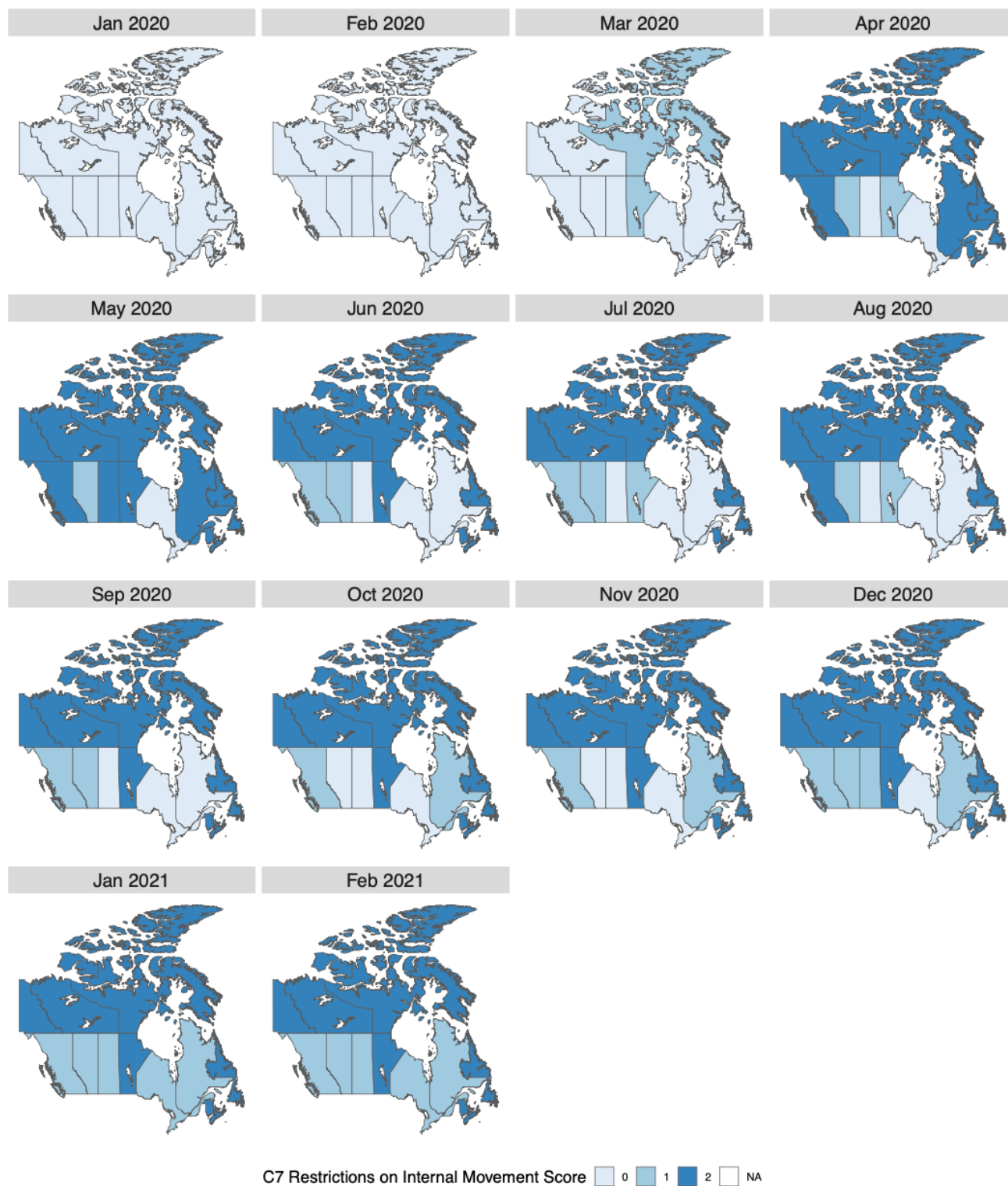


Figure 5. C7 Internal movement restrictions across Canada





### 6.1.1 Compliance and fatigue with stay-at-home and travel restrictions

The OxCGRT measures the strength of policies implemented, we do not measure the compliance of populations to such policies. However, one method of gaining insight into the compliance of a population to a given policy (or an indicator of the OxCGRT), is to measure the change in mobility patterns over time.

A brief look at mobility patterns and data from Canada (residential mobility data unavailable for the Northern Territories) is shown in [Figures 6 and 7](#) below. Changes from the average mobility movement away from residential locations are shown in [Figure 6](#) as the percentage of change (left Y axis) vs the OxCGRT Stringency Index (right Y axis). Common between all provinces is a significant increase in home permanence from March to late spring of 2020, and then gradual declines. This decline in home permanence appears to be in line with the relaxation of strict policies in late spring and over the summer of 2020. There also appears to be a marked difference between home permanence on weekdays and weekends. This is likely due to many Canadians working from home where possible throughout much of 2020 and 2021, but also indicates that Canadians may have been less compliant with restrictions on weekends.

As the long-tail of the second pandemic wave continues to resonate across the country, some provinces have reacted by introducing high levels of restrictions once again, meaning more people are home-bound. This is particularly evident in **Alberta, Ontario** and **Manitoba**, three provinces with some of the highest cases of COVID-19 per capita across Canada.

One potential by-product of the Atlantic Travel Bubble, is that mobility data from **Prince Edward Island, New Brunswick** and **Nova Scotia** indicates a lower percentage of change in mobility patterns with relation to non-essential retail and recreational locations (Figure 7) over much of the pandemic. **Nova Scotia** in particular stands out - mobility data coincides well with the fact that the province did not officially require non-essential retail businesses to close at any point during the COVID-19 pandemic, thus far.

It's common for a level of 'policy fatigue' or decreased adherence to a restriction to occur when extraordinary restrictions are placed on a population.<sup>96</sup> But more likely than fatigue and a desire to disobey the actual policy is *alert fatigue* - the inability to comprehend or comply with constantly changing rules.<sup>97</sup> The variation in both rules and recommendations, and the language used to define them, may have contributed to a level of alert fatigue in Canada.

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<sup>96</sup> [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3774252](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3774252)

<sup>97</sup> <https://blogs.bmj.com/bmj/2021/02/19/the-public-arent-complacent-they-are-confused-how-the-uk-government-has-created-alert-fatigue/>

Figure 6. Home permanence (change in mobility from residential location by %)

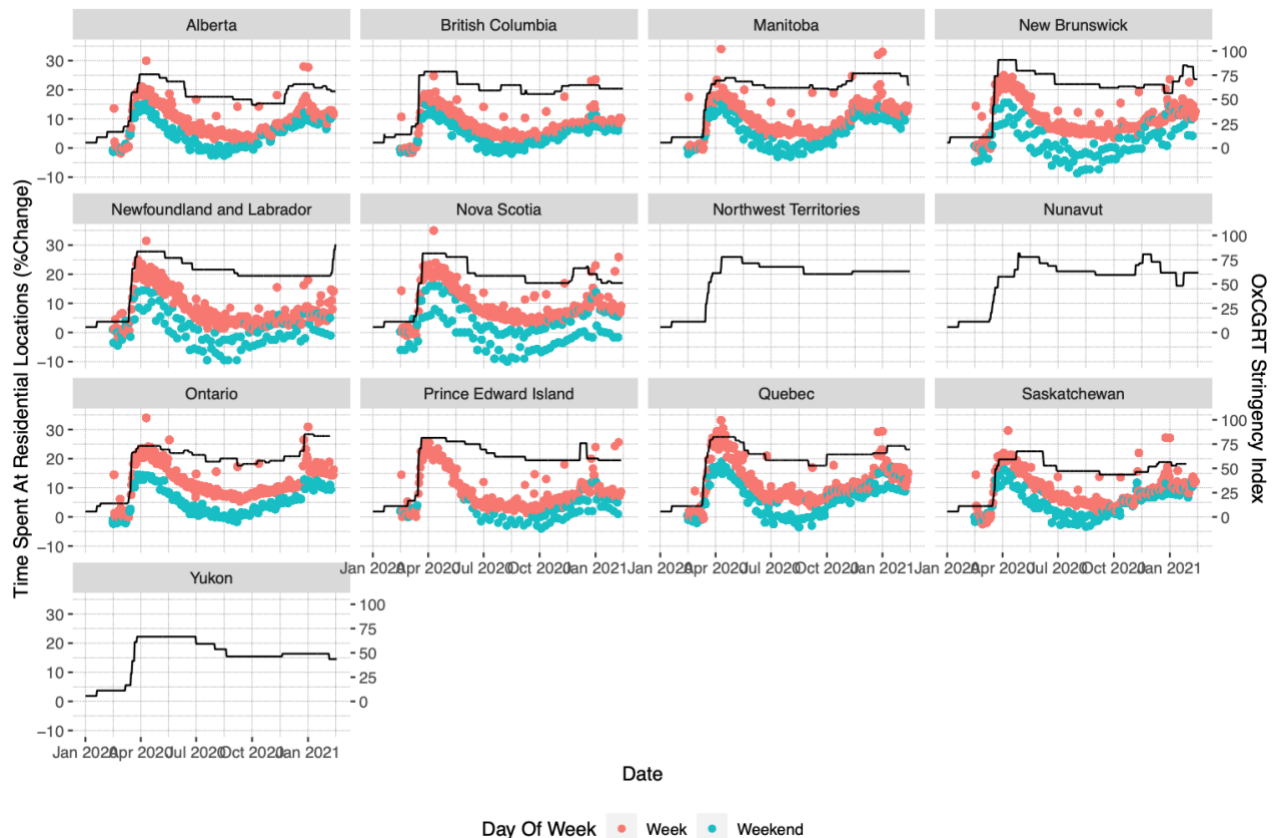
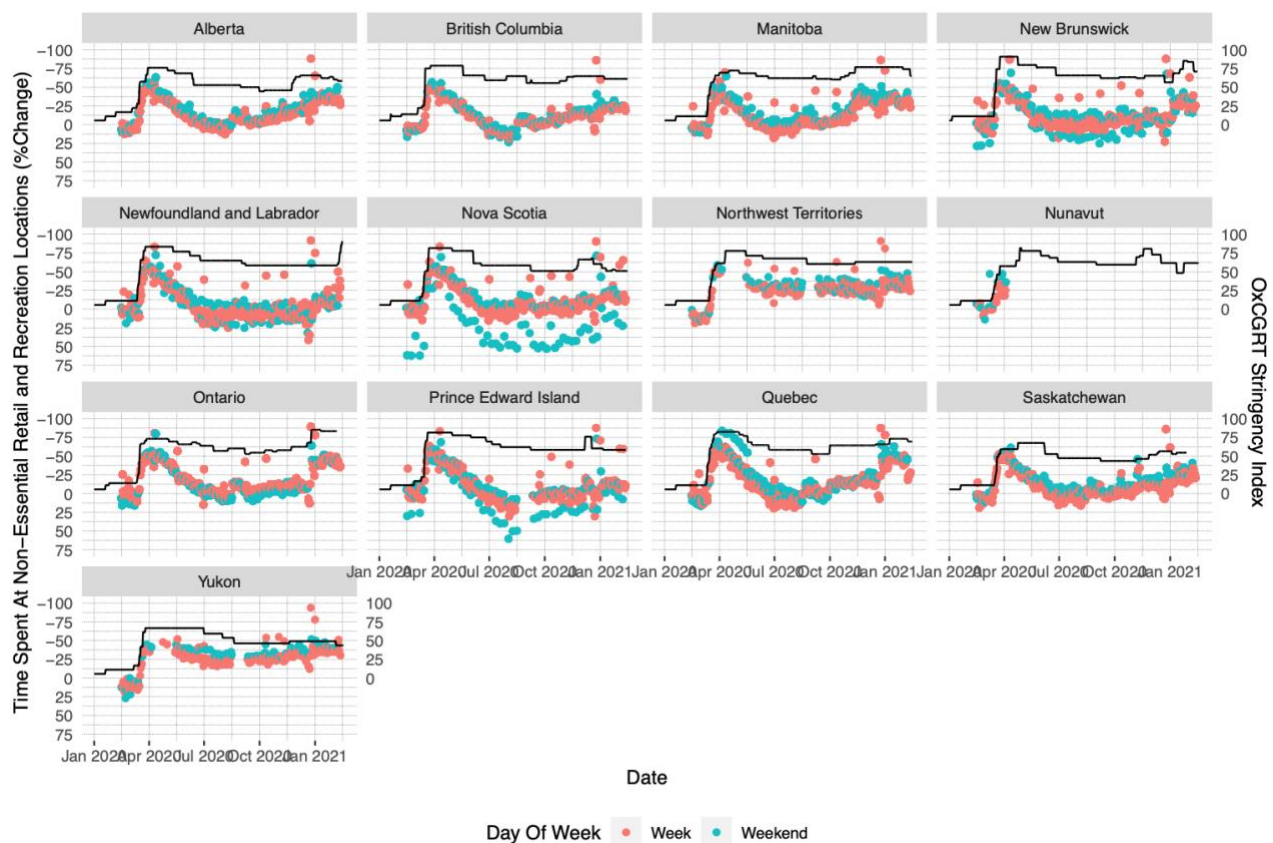


Figure 7. Provincial variation of time spent-at non-essential retail and recreational locations (% change)



## 6.2 H6 Facial Coverings

Unlike most of the closure and containment policies, which were adopted by provinces first as preventative and then reactionary measures, the recommendations and requirements of residents to wear facial coverings/masks has seen slow uptake in many provinces. These requirements have also not necessarily been in line with the initial surges of COVID-19 cases. Perhaps due to mixed messaging about the effectiveness of masks from larger global organizations such as the World Health Organization,<sup>98</sup> provinces seem to have taken a cautious approach when recommending their use. A second wave surge of cases may have been the impetus needed for most provinces to move beyond recommendations, and mandate the use of facial coverings/masks (Figure 8).

**British Columbia's** stance on facial coverings/masks has not been without controversy. Dr. Henry continued to publicly state that universal mask mandates would create enforcement and stigmatization challenges, until an abrupt about face when a province-wide mandate was brought into place on November 19, 2020. Unlike other provinces, **BC** did not mandate masks in school until February 3, 2021.

As early as May 14, 2020, **Alberta's** CMOH recommended that the public wear facial coverings.<sup>99</sup> As the province entered a phase of greater openness beginning June 1, 2020, using municipal bylaws, Calgary and Edmonton (representing about 74% of the province's population) both mandated public mask-wearing beginning August 1, 2020.<sup>100</sup> Partnering with a network of drive-through retail outlets the province distributed four non-medical masks to each resident beginning in mid-June, but the government did not extend a province-wide mask mandate until December 8, 2020.<sup>101</sup>

**Saskatchewan's** CMOH first recommended the use of facial coverings/masks for those who could not maintain a 2 m distance on May 26, 2020. Localized requirements for masks to be worn in public spaces in Prince Albert, Saskatoon and Regina were put in place in early November, and by November 19, 2020 masks were required province-wide in all public spaces.<sup>102</sup> Unlike neighbouring provinces, Saskatchewan deferred to local school authorities to determine school masking policies. Provincial health authorities recommended mask use in hallways and buses, but the ultimate decision lay with the 27 local school districts. This hands-off approach is consistent with the **Saskatchewan** government's reluctance to introduce policies that they deem overly restrictive.<sup>103</sup>

**Manitoba's** first provincial mask mandate came into effect on April 21, 2020 for health facilities and public transit. Masks became mandatory for children 9 years and older in schools when physical distancing was not possible, beginning September 8, and in all indoor spaces across the province from November 12, 2020.<sup>104</sup>

Mask wearing policies have occurred much later in the territories than the rest of Canada, with the first mask wearing mandate in all indoor public spaces in **Yukon** being introduced as late as December 1, 2020. In the Yukon face masks were mandated on Whitehorse, YK public transit as of November 23, and in all indoor public spaces from December 1, 2020. In the **Northwest Territories** the health minister recommended wearing a mask on April 8, and they were made mandatory on public transit just in Yellowknife, NWT on August 31. In **Nunavut** mask wearing was made mandatory in some public areas in December 2020, and in Arviat, NV they were made mandatory in all public spaces with Covid-19 cases in early December 2020.

<sup>98</sup><https://www.nbcnews.com/health/health-news/who-changes-covid-19-mask-guidance-wear-one-if-you-n1226116>

<sup>99</sup><https://www.alberta.ca/release.cfm?xID=71356D48B3474-EBEA-7A8A-13362CCC81883C81>

<sup>100</sup><https://open.alberta.ca/dataset/61f54c09-d6d7-4a12-a5be-0bc663a02c31/resource/e158ff14-eab7-4f24-94f4-b67c3639d0d5/download/covid-19-alberta-relaunch-strategy-2020-06.pdf>; <https://www.calgary.ca/csps/abs/bylaws-by-topic/face-covering-bylaw.html>; [https://www.edmonton.ca/programs\\_services/emergency\\_preparedness/masks.aspx](https://www.edmonton.ca/programs_services/emergency_preparedness/masks.aspx)

<sup>101</sup><https://www.alberta.ca/release.cfm?xID=75859ADEA5D5E-045D-2386-0CB140C175A800DD>

<sup>102</sup><https://www.saskatchewan.ca/government/news-and-media/2020/november/17/covid-19--new-public-health-measures-in-effect-november-19>

<sup>103</sup><https://www.cbc.ca/news/canada/saskatchewan/nearly-all-sask-school-divisions-require-masks-1.5694566>

<sup>104</sup><https://news.gov.mb.ca/news/index.html?item=49090&posted=2020-08-19>

**Yukon** recommended mask wearing for students over the age of 10 in settings where physical distancing cannot be maintained in August 2020. In December masks were made mandatory in all indoor spaces in Yukon, including children over the age of 10 in schools. The **Northwest Territories** advised that masks be worn when on school buses and in school halls, for the reopening in September. **Nunavut** never required mask use in schools, where mask wearing for children is not recommended.

Public health officials recommended **Ontario** residents wear facial coverings as early as May 19, 2020<sup>105</sup> but they were not mandated until October 3, 2020.<sup>106</sup> On July 30, 2020 Ontario announced that all returning students in grades 4 and above would be required to wear masks in classrooms, hallways and entrances.<sup>107</sup>

**Quebec**'s Director of National Health recommended on March 18, 2020 that medical masks be reserved for health care workers and patients.<sup>108</sup> This position was reversed on May 12, 2020 when Premier Legault encouraged residents to wear masks in public, though this was not made mandatory until July 18, 2020.<sup>109</sup> On August 10, 2020 the Education Minister announced that students in grade 5 and above were required to wear masks in high-traffic areas, such as hallways, but not in classrooms. Individual school boards were not permitted to introduce more strict mask mandates. It was not until schools returned after spring break on March 8, 2021 that all were required to wear medical masks in all settings.

An early adopter of recommending face masks was **New Brunswick** when they recommended face masks for public areas where social distancing was difficult in early April 2020. In May 2020, in New Brunswick, face masks were dubbed "community face masks" as a way to promote their use.<sup>110</sup> **PEI** and **NFLD** followed suit with face mask recommendations in late April, while **Nova Scotia** was markedly late in recommending the use of face masks on May 20, 2020.<sup>111</sup>

Again, early to the party was **New Brunswick** in early May 2020 when face masks became mandatory in some indoor public spaces - where social distancing could not be maintained. **NFLD** made face masks mandatory in all indoor spaces on August 24, 2020, the first province to do so. **PEI** mandated the use of face masks in all indoor public spaces in late November 2020, and **New Brunswick**, following a surge in COVID-19 cases in the new year, mandated their use in all public spaces in early January 2021. Approaching face mask requirements in a similar vein to how stay-at-home recommendations and non-essential retail policies were approached, **Nova Scotia** has yet to mandate that masks be used in *all* public spaces. The language that continues to be used by the provincial government states that face masks are required in *most* indoor public spaces.

In September 2020, all four Atlantic provinces required face masks to be used in some capacity on the return to school. In **PEI**, masks were required by all students while travelling on school buses, but only by grades 7-12 while in communal areas and transitioning from classes. **NFLD** also required masks in communal areas, but individual schools and boards were allowed to determine whether masks were required in classes. Masks are required to be worn by students grades 6-12 in public spaces, between classes and on buses in **New Brunswick**. Younger students are encouraged, but not required to wear masks. **Nova Scotia** requires all students in

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<sup>105</sup><https://news.ontario.ca/en/release/56983/as-ontario-reopens-people-urged-to-continue-following-basic-public-health-measures>

<sup>106</sup><https://news.ontario.ca/en/release/58645/ontario-implementing-additional-public-health-and-testing-measures-to-keep-people-safe>

<sup>107</sup><https://news.ontario.ca/en/release/57838/ontario-releases-plan-for-safe-reopening-of-schools-in-september>

<sup>108</sup><https://www.quebec.ca/nouvelles/actualites/details/pandemie-de-covid-19-le-dr-arruda-demande-deviter-lusage-de-masques-a-des-fins-preventives/>

<sup>109</sup><https://www.quebec.ca/premier-ministre/actualites/detail/il-faudra-preconiser-le-port-du-masque-ou-du-couvre-visage-dans-les-lieux-publics/>

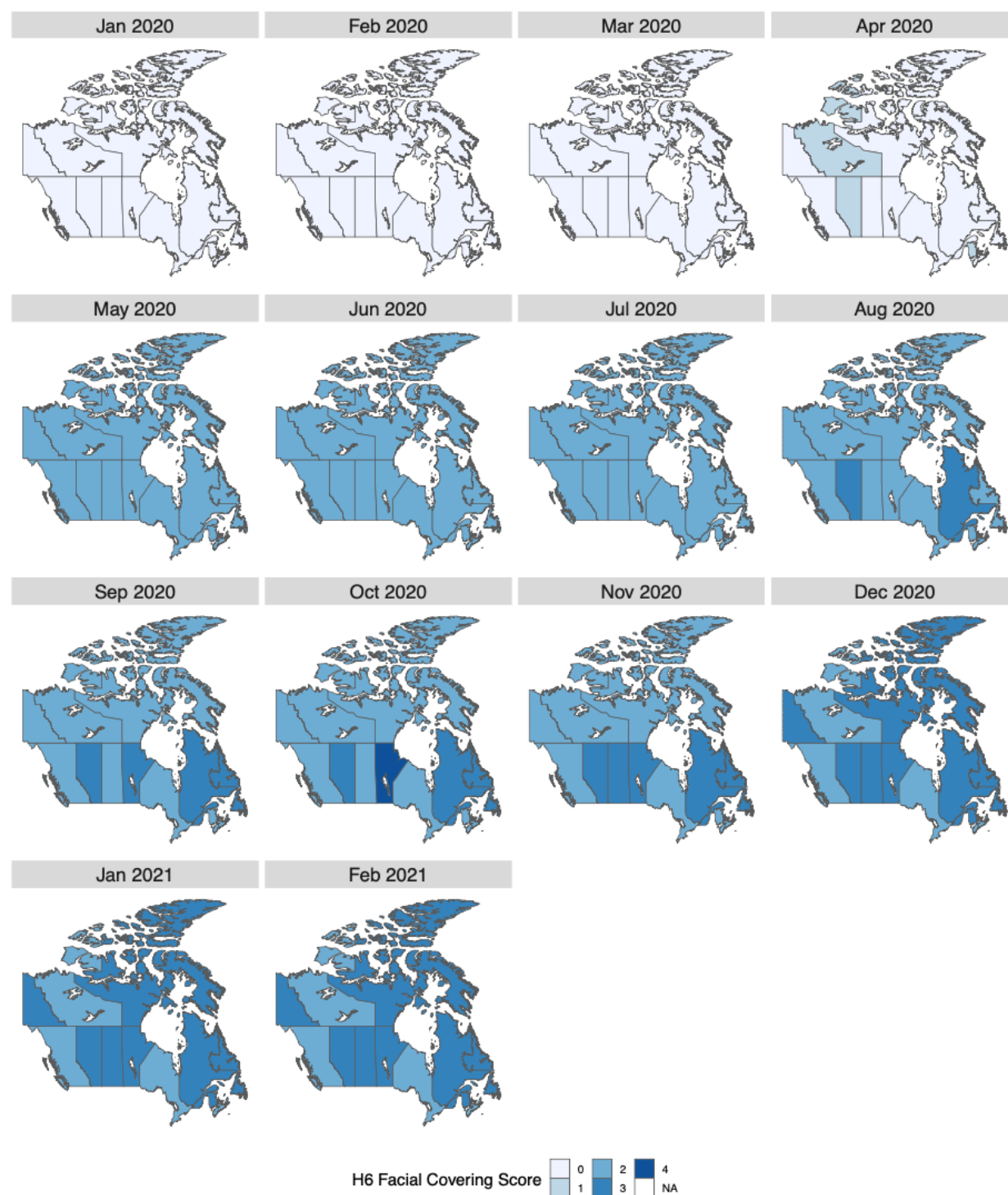
<sup>110</sup>[https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/community\\_measures.html](https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/community_measures.html)

<sup>111</sup><https://www.halifaxtoday.ca/coronavirus-covid-19-local-news/strang-offers-up-advice-on-non-medical-face-masks-2365114>



grades 4-12 to wear a mask inside schools unless they are seated 2 m apart, and facing the same direction.<sup>112</sup>

Figure 8. H6 Facial Covering/Masks policy variation in Canada



## 7. Conclusion

<sup>112</sup> <https://novascotia.ca/news/release/?id=20200814003>

Since the onset of the COVID-19 pandemic in March 2020, policy restrictions across 13 Canadian provinces and territories have varied greatly. This working paper provides a snapshot of the first-year of the pandemic and policy stringency using OxCGRT and Centre of Excellence on the Canadian Federation stringency indicators. Highly divergent stringency and health and containment indexes raises questions about how Canada's distinct, decentralized form of federalism could have fostered greater cross-jurisdictional policy coordination. Coordination could have been realized in areas such as inter-provincial travel, stay at home orders, or regional zone classification, but our data demonstrates that provinces generally opted to go it alone.

One-year into the pandemic, provinces continue to display significant policy variation, with measures modified to suit more localized contexts through the creation of zones and tiered classification systems. While new case numbers have dropped significantly or are at zero in northern territories, the Atlantic provinces, and are on the decline in some prairie provinces, variant cases are on the rise in densely populated regions of Ontario and Quebec.

The primary voice of policy responses has varied significantly across provinces. Some were led primarily by public health officials, such as in British Columbia by Dr. Bonnie Henry and PEI by Dr. Heather Morrison, while others have been led by members of the executive such as Ontario Premier Doug Ford or Alberta Premier Jason Kenney. Other provinces have used a combination of both, such as Quebec where Premier Legault has almost always appeared alongside the head of the province's public health agency. One avenue for future research is investigating whether these varied approaches to public health communication impacted compliance with public health measures.

At the onset of the pandemic, almost all provincial and federal leaders received a boost in approval ratings. New Brunswick, British Columbia and Saskatchewan held provincial elections in the fall of 2020 that resulted in strong, renewed majorities for incumbent Premiers. On September 14, New Brunswick Premier Blaine Higgs's Progressive Conservative Party was reelected. On October 26, 2020, Saskatchewan's Scott Moe won a new mandate with the Saskatchewan Party. It is notable that British Columbia Premier John Horgan called the provincial election a year earlier than scheduled on October 24, 2020.<sup>113</sup> Horgan's snap election was considered by some to be opportunistic, given his generally favourable handling of the pandemic, and he secured the first majority for the BC New Democratic Party since 1996.<sup>114</sup>

Where other provinces were able to successfully navigate elections during the pandemic, the Newfoundland and Labrador's provincial election, originally scheduled for February 13, 2021 was indefinitely postponed on February 12, due to concerns about voting safety amidst a COVID-19 outbreak. Critics of the election cited that the timing was suspicious as the election was due to happen before the findings of Premier Furey's economic recovery report were due to be released.<sup>115</sup> Newfoundland and Labrador's election woes may give provincial leaders pause before calling other early elections.

The federal government has led Canada's economic response to the pandemic and suggested that it will maintain pandemic response programs until it sees a full and sustained recovery in the employment rate, total hours worked and level of unemployment.<sup>116</sup> The federal

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<sup>113</sup> <https://globalnews.ca/news/7407825/b-c-election-results-live-real-time-results-provincial-election/>

<sup>114</sup> <https://globalnews.ca/news/7344215/british-columbians-heading-to-the-polls-on-october-24-in-fall-election/>

<sup>115</sup> <https://www.cbc.ca/news/canada/newfoundland-labrador/general-election-call-nl-2021-1.5871456>

<sup>116</sup> <https://www.thestar.com/politics/political-opinion/2021/03/13/canadas-job-numbers-offer-a-hint-of-hope-unless-you-work-in-one-of-these-industries.html?rf>



government declined to table a budget that was promised for March 2021, pushing it later into spring, marking over two years since the last budget was tabled.<sup>117</sup>

Canada has ambitious vaccination goals. The federal government has procured enough vaccines to cover 400% of the population and committed to make vaccines available to anyone who wants one by the end of September. But the vaccine roll-out to date has been marked by supply delays, inefficient delivery and confusion. With under 4% of the population vaccinated as of March 2021, Canada is falling far behind other countries, despite its overzealous vaccine procurement.<sup>118</sup>

As regions shift focus to delivering vaccines, the worrying rise in variant cases demonstrates that the pandemic is not over for large parts of the country. Economic support and public health restrictions are likely to be required for some time, but given the highly uncoordinated provincial pandemic response to date, it would not be surprising if some regions reached a 'new normal' well before others. As this new chapter in the pandemic takes shape, it is our hope that the OxCGRT and Centre data may inform media, researchers and the work of government, and improve responses to the COVID-19 pandemic. We welcome constructive feedback and commentary as this project continues to evolve.

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<sup>117</sup><https://www.theglobeandmail.com/politics/article-trudeau-says-budget-is-coming-soon-as-opposition-criticizes-longest/>

<sup>118</sup><https://health-infobase.canada.ca/covid-19/vaccination-coverage> ; <https://www.bloombergquint.com/onweb/canada-has-reserved-more-vaccine-doses-per-person-than-anywhere>