

## 18. Twenty-one Principles for Reform

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The lessons of SARS yield 21 principles for public health reform:

1. Public health in Ontario requires a new mandate, new leadership, and new resources.
2. Ontario public health requires renewal according to the principles recommended in the Naylor, Kirby, and interim Walker reports.
3. Protection against infectious disease<sup>172</sup> requires central province-wide accountability, direction, and control.
4. Safe water, safe food, and protection against infectious disease should be the first priorities of Ontario's public health system.
5. Emergency planning and preparedness are required, along with public health infrastructure improvements, to protect against the next outbreak of infectious disease.
6. Local Medical Officers of Health and Public Health Units, the backbone of Ontario public health, require in any reform process a strong focus of attention, support, consultation and resources.
7. Reviews are necessary to determine if municipalities should have a significant role in public health protection, or whether accountability, authority, and funding should be fully uploaded to the province.
8. If local Boards of Health are retained, the province should streamline the processes of provincial leadership and direction to ensure that local boards comply with the

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172. Basic infectious disease programmes include protection against infectious disease, surveillance for early recognition of infectious outbreaks, food safety, water safety, infection control in hospitals, day care centres and long-term care facilities, rabies control, sexually transmitted diseases including HIV/AIDS, tuberculosis control, and vaccine preventable diseases.

full programme requirements established by the province for infectious disease protection.

9. So long as the local boards of health remain in place: The local Medical Officer of Health should have full chief executive officer authority for local public health services and be accountable to the local Board. Section 67 of the *Health Protection and Promotion Act* should be enforced, if necessary amended, to ensure that personnel and machinery required to deliver public health protection are not buried in the municipal bureaucracy.
10. Public health protection funding against infectious disease should be up-loaded so that the province pays at least 75 per cent and local municipalities pay 25 per cent or less.
11. A transparent system authorized by law should be used to clarify and regularize the roles of Chief Medical Officer of Health and the local Medical Officer of Health in deciding whether a particular case should be designated a reportable disease.
12. The Chief Medical Officer of Health, while accountable to the Minister of Health, requires the independent duty and authority to communicate directly with the public and the Legislative Assembly whenever he or she deems necessary.
13. The Minister of Health should assign his or her operational powers under the *Health Protection and Promotion Act* to the Chief Medical Officer of Health.
14. The Chief Medical Officer of Health should have operational independence from government in respect of public health decisions during an infectious disease outbreak. Such independence should be supported by a transparent system requiring that any Ministerial recommendations be in writing and publicly available.
15. The local Medical Officer of Health requires independence, matching that of the Chief Medical Officer of Health, to speak out and to manage infectious outbreaks.
16. Operational powers of the local Medical Officer of Health should be reassigned to the Chief Medical Officer of Health, to be exercised locally by the Medical Officer of Health subject to the direction of the Chief Medical Officer of Health.
17. An Ontario Centre for Disease Control should be created as support for the Chief Medical Officer of Health and independent of the Medical Officer of Health. It

should have a critical mass of public health expertise, strong academic links, and central laboratory capacity.

18. Public health requires strong links with hospitals and other health care facilities and establishes, where necessary, an authoritative hospital presence in relation to nosocomial infection. Respective accountability and roles and responsibilities of public health care and health care institutions in respect of infectious outbreaks should be clarified.
19. Ontario and Canada must avoid bickering and must create strong public health links based on cooperation rather than competition to avoid the pitfalls of federal overreaching and provincial distrust.
20. The Ontario government must commit itself to provide the necessary resources and leadership for effective public health protection against infectious disease.
21. Public health requires strong links with nurses, doctor and other health care workers and their unions and professional organizations.

It is expected that the final report of the Walker expert panel will recommend a detailed prescriptive blueprint for many of the operational details of a renewed system. Such operational details are beyond the scope of this interim report. Some of the issues that will drive these details are discussed above.