



TO: Chair and Members of the Finance & Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 June 8

PENDING FUNDING CONTRACTS

Recommendation

That the Finance & Facilities Committee recommend to the Board of Health:

- 1) *To authorize the Board Chair to sign the amended three year FoodNet agreement when it has been received from the Public Health Agency of Canada; and*
- 2) *That Report No. 026-17FFC, “Pending funding Contracts” be received for information.*

Key Points

- Three funding contracts are expected to be received and executed following the June 8 Finance & Facilities Committee meeting.
- The first is a contract with the Public Health Agency of Canada to provide a separate I-TRACK study in London due to the HIV epidemic and the urgent need to monitor drug-use patterns and injection practices among people who inject drugs in London.
- The second contract is with the Ontario HIV/AIDS Treatment Network (OATN) for approximately \$20,000 to hire a third-party agency to facilitate public consultations to maximize engagement and allow for a transparent and unbiased process.
- The third contract is with the Public Health Agency of Canada to provide up to \$508,752 in funding for the continuation of MLHU’s involvement in the FoodNet program over the next three years.

This report is intended to provide Finance & Facilities Committee members with information on three funding contracts that are expected to be received and executed following the June 8 meeting.

I-TRACK-4

The Public Health Agency of Canada (PHAC), in collaboration with provincial, regional and local health authorities and community stakeholders and researchers, has established I-TRACK, an enhanced surveillance system to track HIV- and hepatitis C–associated risk behaviours, as well as HIV and hepatitis C prevalence in injecting drug users (IDU) in urban and semi-urban centres across Canada. Four surveys have been done in both Toronto and Sudbury, two in Kingston and Thunder Bay, and one in London (2012). Ottawa has collected data since 1995 as part of the Surv-UDI network in Quebec.

MLHU staff began negotiations with PHAC on a separate I-TRACK study in London for 2017 due to the HIV epidemic and the urgent need to monitor drug-use patterns and injection practices among people who inject drugs in London, as well as to evaluate the impact of certain interventions (e.g., access to harm-reduction supplies). PHAC agreed to cover the cost of training and recruiting participants, as well as all expenses related to shipment and analysis of laboratory specimens. PHAC will also provide methodological guidance and support with data management and analysis. MLHU will be responsible for recruiting the participants and will provide overall coordination for the study. Recruitment of participants is expected to last six weeks. Implementation is planned to begin in November 2017. The Memorandum of Agreement (MOA) can be found in [Appendix A](#). It is expected that PHAC will review and sign the MOA by July 2017.

Public Consultation on Acceptability of Supervised Injection Services (SIS) in London

Following direction from the Board of Health to explore next steps in assessing the feasibility of the integrated SIS model for London (see [Report No. 005-17](#) re: Supervised Injection Services Feasibility), a local leadership group was formed with representation from the London Police Service, the Mayor's Office, Regional HIV and AIDS Connections (RHAC) and MLHU. In addition, we would like to establish an advisory committee with representatives from the Ontario HIV/AIDS Treatment Network (OATN), RHAC and the SIS feasibility study research team, as well as the Deputy Chief Medical Officer of Health of Ontario, to provide guidance on public and stakeholder consultations. A local third-party agency will be hired to facilitate public consultations to maximize engagement and allow for a transparent, unbiased process. OATN will cover the financial cost of the consultations, which is estimated at \$20,000. MLHU will enter into an agreement with OATN to facilitate the flow of funds both for the RFP process and for the hiring of the third-party agency.

FoodNet Canada

Middlesex-London Health Unit is one of three sentinel sites across Canada working with the Public Health Agency of Canada to provide surveillance of food and water-borne illness. Enteric illnesses such as salmonellosis, botulism and *E. coli* are monitored locally and reported to PHAC. Additionally, samples of retail food from grocery stores as well as water from small drinking water systems are collected and sent to be tested for pathogens associated with enteric illness. The MLHU benefits from participation in the program by having early notification and access to data associated with food-borne illnesses in the local community. PHAC provides sufficient funding to MLHU to support a 1.0 FTE Public Health Inspector as the local site coordinator as well as 0.2 FTE retail food sampler. Some epidemiological support is also incorporated into this funding. The full cost to MLHU for participating as a FoodNet sentinel site is provided through the PHAC funding agreement.

MLHU has completed its first three-year term as a sentinel site for FoodNet and has been invited to continue participation in the program for another three years. The draft contract for renewal to provide up to \$508,752 in funding over three years is attached as [Appendix B](#) and is accompanied by a summary of changes from the previous contract attached as [Appendix C](#). MLHU has requested that the removal of the period of notice for suspension or termination of the contract be reinstated or modified in order to provide for at least one month's notice by either party such as to allow for appropriate time to transition out of the contract in an orderly manner. PHAC is considering the request and will return the amended contract shortly. MLHU has no concerns regarding the other changes proposed by PHAC.

This report was prepared by the Office of the Medical Officer of Health, the Foundational Standard Division, the Finance Team, Corporate Services Division and the Infectious Disease Team, Environmental Health & Infectious Disease Division.



Laura Di Cesare, CHRE
Acting Chief Executive Officer