Public Health Agency of Canada | Agence de la santé publique du Canada

AUDIT REPORT

PHAC INTERNATIONAL ACTIVITIES

Audit Services Division

May 2011

Approved by Chief Public Health Officer
on June 27, 2011

Canada

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Executive Summary

1. The overall objective of the audit was to provide the Public Health Agency of Canada (PHAC or the Agency) management with an independent assessment of the framework, policies and processes for managing its International Activities (IAs), with due regard to its legal mandate and authorities.

2. The audit work was carried out between October 2010 and May 2011, and included a site visit to the National Microbiology Laboratory (NML) in Winnipeg. Interviews were held with the Agency's senior management having direct or indirect responsibility for approving and managing the Agency's IAs. Interviews were also held with representatives from Health Canada (HC), the Department of Foreign Affairs and International Trade (DFAIT), and the Canadian International Development Agency (CIDA), with whom the Agency participates collaboratively in its IAs.

3. International Activities are not a discrete entity but are one element of the Agency's programmatic areas. However, for the purpose of this audit the management of these activities was reviewed from a whole-of-Agency perspective. The audit examined the IAs in which the Agency's Branches, Program Centres and Laboratories participate, and the mandate and authorities for these activities. We sought to determine whether the Agency had put in place a strategic framework and appropriate policies and processes for approving, managing, evaluating and reporting on the performance of its IAs. Our audit criteria were derived from the Framework of Management Controls and Audit Criteria, produced by the Office of the Comptroller General.

Mandate and Authorities for PHAC's International Activities

4. The Agency was established for the purpose of assisting the Minister of Health in the exercise of her powers, duties and functions in relation to public health, which are detailed in the *Department of Health Act*. The Minister's core responsibilities for public health are the promotion, protection and preservation of the health of Canadians. The Minister's mandate allows for involvement in activities outside of Canada, but only if they fall within the prescribed core responsibilities.

5. We noted a general lack of knowledge across the Agency of the limits to its mandate to engage in IAs. Sixty percent of those interviewed were either unaware of any limits to the Agency's mandate for IAs or believed there were no limits. This group believes that the Agency's mandate allows its participation in any international activities in which it is able to make a significant contribution to the world's public health community. We were advised that there is no formal process to ensure that issues of mandate, policy and spending authority are considered by Agency units before committing to a particular international collaboration or arrangement. The absence of demonstrated linkages of PHAC's IAs to the Minister's mandate constitutes a potential risk to the Agency's reputation.

Framework for Engagement

6. A 2006 Agency-wide consultation process identified a number of organizational, policy and operational issues that needed to be addressed to manage a growing number of international requests. The International Public Health Division (SPD International) in the Strategic Policy and International Affairs Directorate (SPIAD) was established in 2007 to set Agency-wide policies in international mobilizations and to support additional oversight measures. SPD International developed a draft Strategic Framework for the Agency's IAs. The draft Framework established strategic goals and objectives, key areas of focus, and decision-making criteria for assessing potential IAs. Further development of the draft Framework, described as fundamental to supporting Canada's domestic public health goals, was approved by the Executive Committee (EC), but a final strategic framework was never developed and approved. Managers lacked specific criteria to use in determining when to engage internationally, with whom to engage, and why to engage.

7. A Memorandum of Understanding (MOU) related to international work was signed between Health Canada and the Agency in 2007. Health Canada would provide overall policy direction for the Health Portfolio, ensure inter-portfolio coherence and consistency, and work to avoid duplication and overlap. PHAC's role would be to provide public health expertise. The combination of changing global circumstances and the maturing of the Agency as a world class public health institution have rendered the MOU outdated and in need of updating.

Information for Decision-Making and Accountability Reporting

8. Given the significant variance in the different types of IAs, we expected that the breadth and depth of control and oversight would vary, based on the respective risks posed by each type of IA. We found that the approval process for different types of IAs varied significantly. However, this variability did not always appear to be based on formal assessment of risks posed by the type of IA.

9. The controls in place for approving operational activities, such as emergency and non-emergency mobilizations and secondments and placements, were working effectively. The IAs undertaken by Branches, Program Centres and Laboratories are the ones with least Agency-wide visibility and oversight pertaining to mandate issues inherent to IAs. There is no formal requirement within Branches to review such activities in the context of their alignment with the Agency mandate. When projects are initiated, there is no formal process that requires the preparation of a collaborative agreement, some form of explicit analysis of the costs, benefits, rationale and alignment with the Agency's mandate, the likely duration of the project, or the risks involved. As a result, Branches may not be in a position to assess the impact of their IAs on the Branch's capacity to deliver on its domestic public health responsibilities within existing resources.

10. While the Agency believes that its engagement in IA's is essential to deliver its mandate, it does not demonstrate that fact in its reporting on IAs in external

accountability documents. The Agency does not convey a comprehensive story on its IAs. This is due to a number of factors, the combination of which constrains the Agency's ability to create a convincing case that links the costs of its IAs with the improved results achieved for protecting the health of Canadians. As a result, neither the full extent of the Agency's IAs, nor objective evidence of how they contribute to improving the health of Canadians, is conveyed outside the Agency.

Governance and Integration of International Activities

11. With the creation of the SPD International in the Strategic Policy and International Affairs Directorate in 2007, the Agency has strengthened the governance, coordination and integration of its IAs. These efforts include a series of initiatives to improve the coordination and visibility of higher profile IAs, EC review of IAs of strategic importance, an improved governance structure for international travel, and a focal point for bilateral and multilateral agreements and MOUs with priority countries.

12. The new governance initiatives appear to be working well for the selected elements of the Agency's IAs that they address. However, a majority of IAs is not covered by the regime of corporate governance, coordination and integration. This includes most of the IAs undertaken by the Branches, Program Centres and Laboratories. The Agency is not taking a comprehensive approach to its investments in IAs.

Conclusion

13. The Agency has recently taken some initiatives which, if fully implemented, should address several of the issues we identified in the audit. SPIAD has advised us that it will be working to develop a strategic framework for the Agency's IAs. It has also developed and received EC approval for:

- a strategic approach to diplomatic postings and international secondments;
- a new policy and approach to oversight of international travel;
- an approach to focusing on upcoming international events of strategic importance to the Agency; and
- a new approach developed jointly with the Office of Public Health Practice and the Centre for Emergency Preparedness and Response on large scale mobilizations.

14. However, we concluded that the Agency has not yet developed a comprehensive and appropriate strategic framework that provides strategic direction for its IAs, that existing policies do not provide an Agency-wide basis for evaluating internal and external requests for participation in IAs, that IAs are not carried out in an integrated fashion across the Agency, that consistency of the IAs with the Agency's mandate and authorities has not been demonstrated in all cases, and that the costs and results for the Agency's full spectrum of IAs are not measured and reported as a distinct entity.

Statement of Assurance

15. In the professional judgment of the Acting Chief Audit Executive, sufficient and appropriate audit procedures have been performed and evidence gathered to support the accuracy of the audit conclusion provided and contained in this report. The audit conclusion is based on a comparison of the conditions that existed as of the date of the audit, against established audit criteria that were agreed upon with management. The evidence was gathered in accordance with the *Internal Auditing Standards for the Government of Canada* and the *International Standards for the Professional Practice of Internal Audit*.

Daniel Surprenant B. Comm., CA.
A/Chief Audit Executive

Management Response

16. The Agency's management agrees with our findings and recommendations and a management action plan is presented in Appendix B.

Introduction

Context

17. The Mission of the Public Health Agency of Canada (PHAC, or the Agency) is "To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health." Based on the Agency's Mission statement, its first strategic objective is to "Anticipate and respond to the health needs of Canadians." The Agency recognizes that this objective cannot be fulfilled without considering the global context.

18. As noted in *Learning from SARS*, an extensive report written in 2003 for the National Advisory Committee on SARS and Public Health, Dr. Naylor wrote, "Our borders do not protect us from disease. Strengthening the capacity of other nations to detect and respond to emerging infectious disease is important from the point of view of enlightened self-interest as well as a global responsibility for a country with Canada's resources."

19. The Agency's Strategic Plan 2007-2012 reflects an understanding of Canada's vulnerability to global public health threats and issues. Improving global health is in Canada's interest. By promoting health and reducing the risk of illness or disease elsewhere, the Agency can help protect Canadians against current and emerging public health threats. There is also recognition that Canada has certain obligations to meet within the international community, such as the International Health Regulations (IHRs). The Strategic Plan commits the Agency to work to strengthen the government's policy coherence related to global public health. This work will involve leadership and participation in strategic international initiatives.

20. Since the inception of PHAC in 2004, one of the Agency's goals has been to provide leadership in global public health. The scope of the Agency's international engagement ranges from research activities, to the provision of technical expertise (epidemiology, biosecurity, laboratory, communications etc.) for both emergency and non-emergency situations and to support international public health capacity building efforts. Areas of focus range from science and technology, to surveillance, to disease prevention and mitigation, to emergency response. The Agency has identified a need for a strategy to help set priorities and guide its response to requests for international public health assistance and cooperation. This strategy needs to take into consideration the Agency's mandate, authorities and capacity. The international health priorities of the Government of Canada must also be considered in creating the strategy.

21. Within this context, the Audit Services Division undertook the Audit of PHAC's International Activities (IAs). The audit focused on the Agency's processes for managing its IAs and did not assess the merits of individual IAs.

Authority for Audit

22. The Agency's Risk-Based Audit Plan (2010-2015) identified the audit of International Activities as a priority for 2010-2011.

Background

PHAC Organization and Mandate Statements

23. The Agency announced a new organizational structure effective April 1, 2011. However, Figure 1 presents the Agency's organizational structure in place at the time of our audit, and indicates those areas in which this audit focused. The structure includes two program Branches reporting to the Chief Public Health Officer (CPHO) through the Senior Assistant Deputy Minister (ADM) Programs. The Program Branches include the Infectious Disease Prevention and Control (IDPC) Branch, Health Promotion and Chronic Disease Prevention (HPCDP) Branch, and the Office of Public Health Practice (OPHP).

24. The Strategic Policy and International Affairs Directorate (SPIAD) reports directly to the CPHO. The Centre for Emergency Preparedness and Response (CEPR) reports to the Assistant Deputy Minister for Emergency Management & Corporate Affairs, but with functional responsibility directly to the CPHO. At the time of our audit, the OPHP reported directly to the Senior ADM Programs.

25. The Agency has defined mandate statements for itself and for its organizational units. Appendix C lists the Agency-defined mandate statements currently in use for those elements of the Agency examined in this audit.

Role of the International Public Health Division - Strategic Policy and International Affairs Directorate

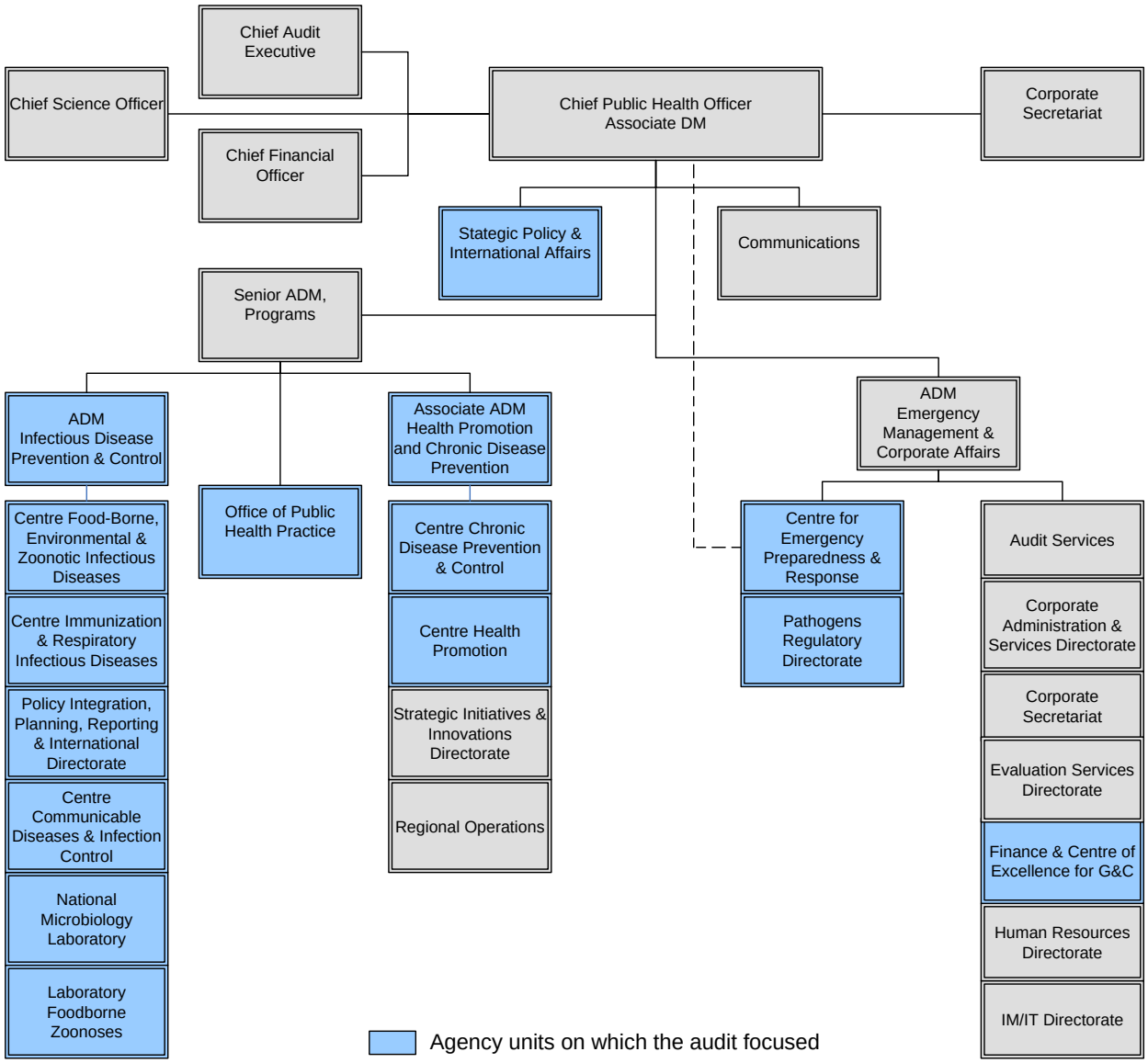
26. Although formally called the International Public Health Division of the Strategic Policy and International Affairs Directorate (SPIAD), it is commonly referred to as SPD International. It has 18 Full Time Equivalent (FTE) positions, and consists of three groups - the Multi-Lateral Relations Unit, the Bi-Lateral Relations Unit, and the International Public Health Operations Unit (see Figure 2). The mission of SPD International is to provide senior management with strategic guidance, advice, and positioning on key international public health issues and to assist in the management of the Agency's international engagement.

27. More specifically, the key roles of SPD International are to:

- provide strategic input and advice from an international perspective on a range of policy initiatives;

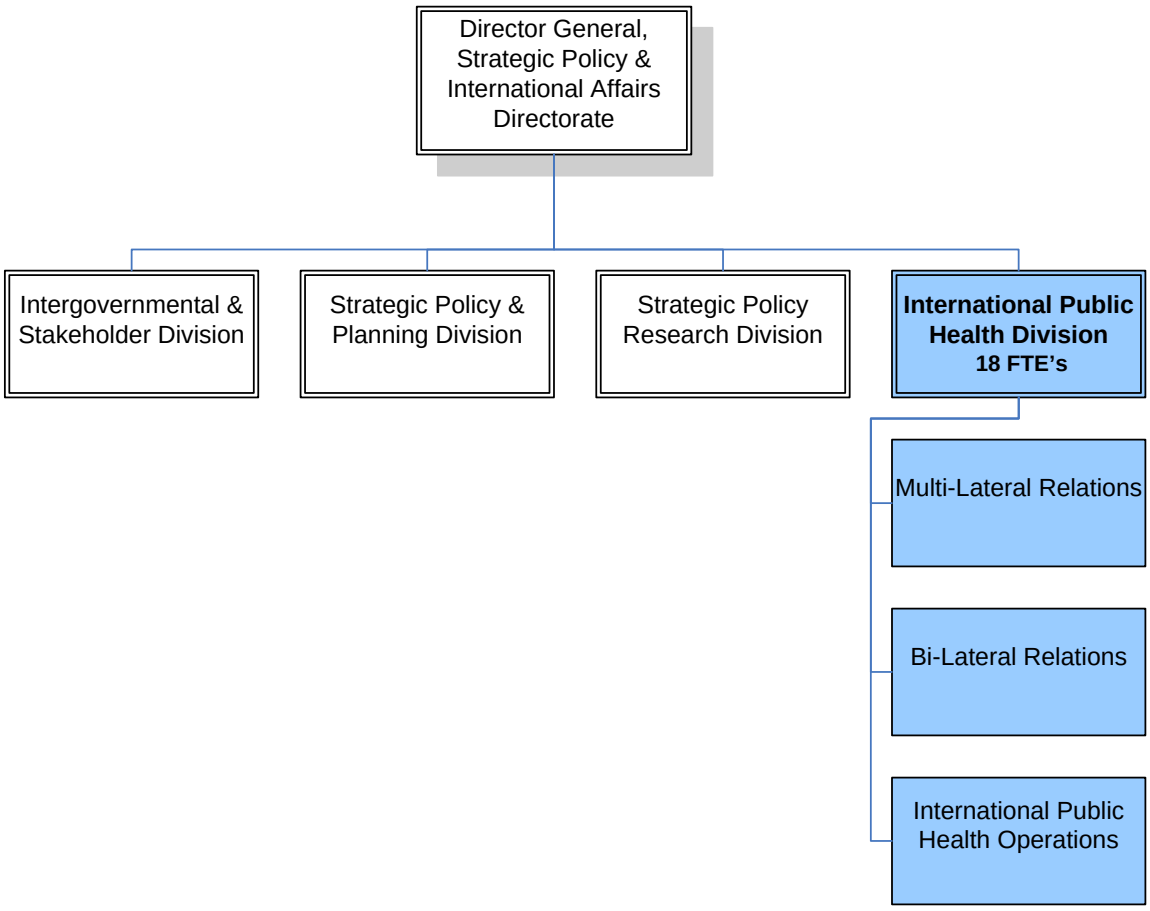
- lead Agency engagements with international multilateral (e.g. World Health Organization (WHO), Pan American Health Organization (PAHO)) and bilateral partners (e.g. U.S., China) and on key cross-cutting issues;
- advise on the Government of Canada's broader policy context to help shape Agency IAs;
- provide tools (international calendar, international travel plans, delegation checklists) and platforms (international network) to support the Agency's IAs and initiatives; and
- serve as the international focal point for key federal departments, including central agencies and international partners.

Figure 1: PHAC Organization Effective October 2010



Source: PHAC intranet site

Figure 2 – Strategic Policy and International Affairs Directorate



Source: SPD International

Other PHAC Participants in International Activities

28. The coordination role and activities of SPD International do not include all the IAs in which PHAC participates. The Agency's two Laboratories, the National Microbiology Laboratory (NML) and the Laboratory for Foodborne Zoonoses (LFZ), each participate in IAs. In addition, the Agency's Branches and Program Centres participate in IAs relevant to their program areas. At the Branch level, there is staff dedicated to the coordination and support of its IAs.

29. The Agency also hosts 4 of the WHO's 26 Collaborating Centres. The Centres are designated by the Director-General of WHO to form part of an inter-institutional collaborative network, which provides strategic support to the WHO for implementing its mandated work and program objectives, and for developing and strengthening its institutional capacity in countries and regions. PHAC's four

Collaborating Centres are:

- non-communicable disease policy;
- preparedness and response to enteric pathogens and their antimicrobial resistance;
- emerging and zoonotic diseases detection, diagnostics, reference and research; and,
- biosafety technology and consultative services.

30. In 2008, an External Advisory Committee (EAC) on International Public Health was established as a resource for, and reporting directly to, SPD International. The EAC provides guidance and advice to SPD International on international public health issues. Members include a mix of academics in public health and members of civil society organizations. The EAC meets once or twice a year and provides SPD International with a "sounding board" of external expertise from around the world.

31. In addition, an internal working group known as the PHAC International Network was created by SPD International in 2008 to prepare and share information on Agency-related IAs. The Network reports to the PHAC Public Health and Policy Committee (PHP) and supports the role of SPD International in providing strategic guidance and positioning on key international public health issues. Neither the EAC nor the Network has an oversight role.

32. The governance structure for the Agency's IAs is set out in Figure 3. In developing a comprehensive, consistent and coherent policy and coordination framework for IAs, SPD International has taken a "top down" and "bottom-up" approach to creating the necessary mechanisms.

OGD Participants in PHAC's International Activities

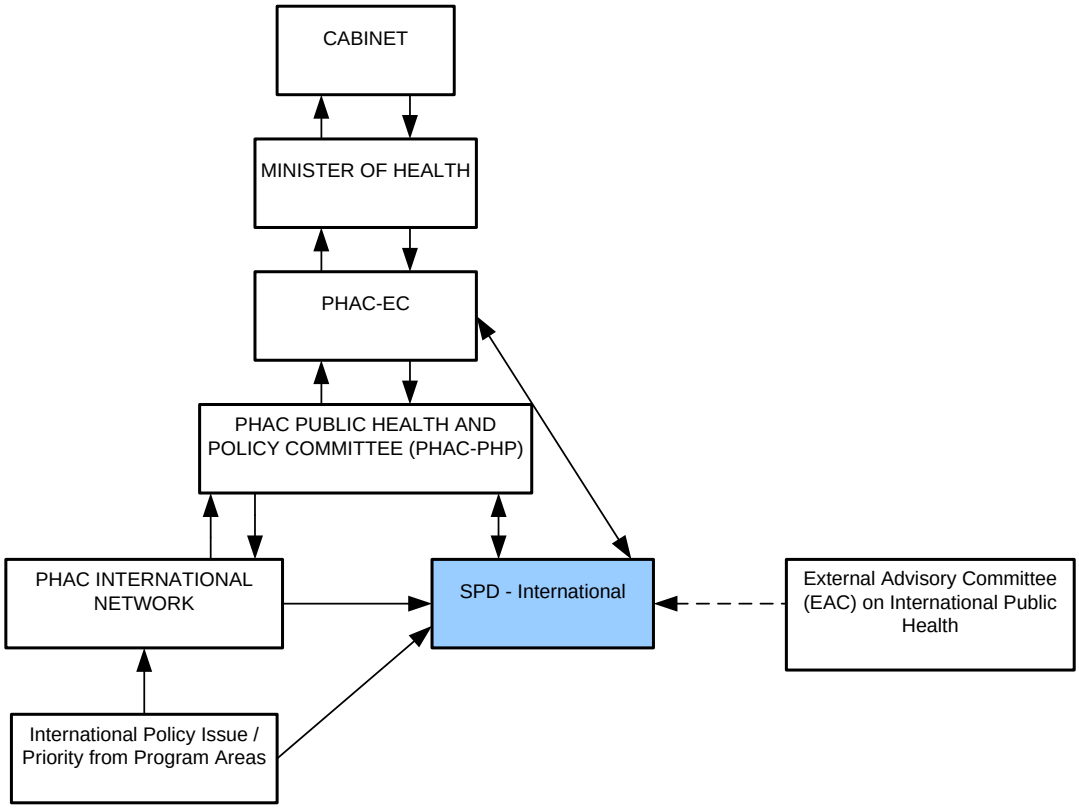
33. In undertaking its IA's, the Agency operates in concert with Other Government Departments (OGDs), such as the Canadian International Development Agency (CIDA), the Department of Foreign Affairs and International Trade (DFAIT), and Health Canada (HC).

34. The primary responsibility for international relations lies with the Minister of Foreign Affairs (DFAIT), and includes all international matters not assigned to any other federal department or agency relating to the conduct of external affairs of Canada, including international development. The programs for provision of assistance to developing countries are primarily done through CIDA, with the cooperation of other federal departments and agencies, such as PHAC. CIDA provides international humanitarian assistance in developing countries, including assistance to strengthen public health and combat diseases, both on an ongoing basis as well as during disasters. The role of HC in carrying out IA's is similar to that of PHAC, as it derives its authority from the Minister of Health's responsibility

to promote, protect and preserve the health of the people of Canada.

35. Interrelationships exist in the field of IAs between PHAC and its OGD partners, most notably, DFAIT, CIDA and HC. The relationship between PHAC and CIDA focuses on cooperation so that PHAC's public health expertise is available to various developing countries, whether or not there is an emergency. The relationship between DFAIT, CIDA and PHAC focuses on collaboration to promote an effective Canadian public health agenda abroad and to ensure alignment of Government of Canada priorities while respecting the fact that primary responsibility for international relations and assistance rests with DFAIT and CIDA.

Figure 3: Governance Structure for PHAC International Activities



Source: SPD International

About the Audit

Objectives

36. The objectives of this audit were:

- to assess whether the Agency has developed a comprehensive and appropriate strategic framework that provides strategic direction for its IAs, and policies that provide a basis for evaluating internal and external requests for mobilizations and other international health collaborations and that define the required processes for approving participation in IAs.
- to assess whether the Agency's IAs are carried out in an integrated fashion and are consistent with the Agency's mandate and authorities, and whether their costs and results are measured and reported, internally to senior management and externally to Parliament.
- to identify relevant opportunities for improvement.

Scope

37. The scope of the audit included the full range of the Agency's IAs. This included the work carried out by SPD International, the Agency's Laboratories (NML and LFZ), CEPR, OPHP, as well as the Program Centres of the Agency's IDPC Branch and the HPCDP Branch. The audit covered the Agency's IAs starting from 2007, the date of the formation of the International Public Health Division within the Strategic Policy and International Affairs Directorate.

38. The scope included discussions with the OGDs with partnership involvement in the Agency's IAs – HC, DFAIT and CIDA.

39. The audit did not assess the merits or relevance of individual IAs, nor did it include a quantification of all expenditures for travel and salary costs attributable to IAs. The audit did not include international travel because it is viewed only as a means to engage in IAs. Also, the Agency had conducted an audit of travel in 2008. Finally, the audit did not include discussions with the Agency's key multilateral partners, such as the WHO and the PAHO.

Approach and Methodology

40. The audit was conducted in accordance with the I*nternal Auditing Standards for the Government of Canada* and the *International Standards for the Professional Practice of Internal Audit.*

41. The audit criteria were derived from the Framework of Core Management Controls and Audit Criteria, produced by the Office of the Comptroller General (OCG). The generic OCG criteria were adapted to relate to PHAC's International Activities. The audit work was carried out between October 2010 and May 2011, and included:

- reviewing relevant documents associated with the management and control of IAs, including policies, documented processes, and others;
- interviewing managers and key personnel directly or indirectly involved in the IAs; and
- site visit to the NML.

Audit Findings and Recommendations

PHAC's International Activities

42. Given the importance of the global dimension of public health, we expected that PHAC would have developed a definition of what constitutes an IA, and would have assembled a consolidated list of all IAs in which the Agency was engaged. We found that there was no Agency-wide definition, and even differing views, on what were considered IAs. We found no comprehensive list of Agency IAs and very little information on the Agency resources devoted to them. Accordingly, our initial effort was directed at identifying the Agency's IAs. The task was made more difficult because there was no focal point with overall responsibility to prepare a consolidated picture of all of the Agency's IAs.

43. In the absence of an Agency-wide definition, and for the purposes of this report, we have used information gathered during our interviews to define IAs to include the range of activities set out in Table 1. We validated the completeness of our definition during our interviews with the Branches, Program Centres and Laboratories.

Table 1: Defining PHAC's International Activities

International Activities (IAs) include any activity involving PHAC and a non-Canadian partner / collaborator or participant that includes one or more of the activities shown opposite:	• Participation in meetings, workshops, symposia, as a result of signed agreements (bilateral—PAHO or multi-lateral - WHO) or requests under the International Health Regulations for assistance
	• Capacity building and technical assistance in developing countries
	• Collaborating / communicating with other countries
	• Grants to international organizations such as WHO and PAHO
	• Contributions to domestic Non-Government Organizations (NGOs) to facilitate dialogue between and among domestic NGOs and international bodies, including work to publish summary proceedings documents and other public health objectives
	• Demonstration of PHAC leadership at international public health meetings, and high-profile conferences on specific public health topics
	• Operational activities such as emergency and non-emergency mobilizations, formal diplomatic postings, and international placements
	• WHO Collaborative Centres

	• Research/scientific types of engagements conducted by Branches and Program Centres for: o Policy development/standards; o Providing laboratory capacity for regional health testing needs identified by PAHO, WHO or other international health bodies; o Partnerships for strategic intelligence (information sharing and networks); and o Scientific programs for infectious and non-infectious diseases.

Source: Audit team, through interviews

44. Based on a review of documents and interviews, and with the assistance of SPD International, we developed an initial overview of the Agency's IAs (see Appendix D). We then tried to populate the different areas with greater detail, based on interviews and documents provided by the Branches, Program Centres and Laboratories. This initiative was met with uneven success, as some units were unable to provide us with complete listings of their IAs,

45. Because of the Agency's technical expertise, there are often requests for PHAC employees to be engaged internationally. There are multiple ways in which PHAC staff is deployed abroad, and Appendix E outlines the three main categories of deployments abroad.

Mandate and Authorities for PHAC's International Activities

46. We expected to find that the Agency had sought and obtained clarification of its mandate and authorities for the IAs in which it was engaged, and that the contemplation of its participation in new IAs would include assurances that such activities could be demonstrated to fall within the boundaries that define the Agency's mandate.

47. To understand the basis of PHAC's mandate for its IAs, we reviewed both the *Public Health Agency of Canada Act*, and the *Department of Health Act*. We also reviewed the Agency's financial authorities to make payments to international organizations, such as the WHO.

48. Section 3 of the *Public Health Agency of Canada Act* establishes the Agency for the purpose of assisting the Minister of Health in the exercise of her powers, duties and functions in relation to public health. The powers, duties and functions of the Minister of Health in relation to public health are set out in the *Department of Health Act.* Section 4(1) of the Act is an umbrella provision that defines the Minister's overarching role and captures her core responsibility, namely "the promotion and preservation of the health of the people of Canada". Section 4(2) expands on the generality of Section 4(1). Table 2 provides selected provisions in Section 4 of the Act, as they relate to public health in an international context.

Table 2: Selected Provisions of the *Department of Health Act*

4.(1) The powers, duties and functions of the Minister extend to and include all matters over which Parliament has jurisdiction relating to the promotion and preservation of the health of the people of Canada not by law assigned to any other department, board or agency of the Government of Canada".

(2) Without restricting the generality of subsection (1), the Minister's powers, duties and functions relating to health include the following matters:

(a) the administration of such Acts of Parliament and of orders or regulations of the Government of Canada as are not by law assigned to any other department of the Government of Canada or any minister of the Government relating in any way to the health of the people of Canada;

(a1) the promotion and preservation of the physical, mental and social well-being of the people of Canada;

(b) the protection of the people of Canada against risks to health and the spreading of diseases;

(c) investigation and research into public health, including the monitoring of diseases;

(e) the protection of public health on railways, ships, aircraft and all other methods of transportation, and their ancillary services;

(f) the promotion and preservation of the health of the public servants and other employees of the Government of Canada.

(g) the enforcement of any rules or regulations made by the International Joint Commission promulgated pursuant to the treaty between the United States of America and His Majesty, King Edward VII, relating to boundary waters and questions arising between the United States and Canada, in so far as they relate to public health;

(h) subjects to the Statistics Act, the collection, analysis, interpretation, publication and distribution of information relating to public health; and

(i) cooperation with provincial authorities with a view to the cooperation of efforts made or proposed for preserving and improving public health.

49. The responsibility to promote, protect, and preserve the health of the people of Canada does not limit the Minister to activities in Canada. The mandate of the Minister allows her to undertake activities outside Canada, but only if they relate to the promotion and preservation of the health of the people of Canada, including their protection against risks to health and the spread of disease. The Agency's IAs must clearly be linked to the promotion, protection and preservation of the health of Canadians. If there is no such link, an activity would not fall within the Minister's mandate, and therefore not within the Agency's mandate. The Minister's mandate is further circumscribed by the fact that the Minister's responsibilities do not encompass those that are assigned by law to other federal departments and agencies. This is particularly relevant in relation to the mandates of DFAIT and CIDA. In essence, there is a need for the Agency to collaborate with the departments in its engagements in some IAs.

50. Our interviews with senior Agency officials identified differing interpretations of the Agency's mandate for IAs. One such interpretation was that the preamble to the *PHAC Act*, expressing the Government of Canada's desire to foster cooperation in the field of public health with foreign governments and international organizations, constituted a mandate for the Agency to engage in any IAs. Such an interpretation

given by these officials would impose no limits to the extent of IAs in which the Agency could participate.

51. While the mandate test of linkage to the promotion and preservation of the health of Canadians and their protection against risks to health and the spread of disease can readily be made in many of the Agency's current IAs, the linkage for some activities is more tenuous, even in the view of some Agency officials. These latter activities constitute a potential risk to the Agency's reputation and its capacity to deliver on its domestic responsibilities within existing resources.

52. The Agency commissioned a study by an external consulting group to assist in developing its international strategy. The consultant's report (October 2006) included an examination of the Agency's mandate for IAs. The report noted that: "It is clear that while PHAC has the authority to engage internationally, it is not a carte blanche endorsement for international activities, but rather must be anchored in the context of its primary mandate to promote and protect the health of Canadians".

53. The report also comments on PHAC's international capacity-building activities: "The PHAC mandate does not go beyond authorizing the CPHO to communicate with other national public health agencies. Since the Public Health Agency is not mandated to act as a development agency, [IDPC's] involvement must be carefully circumscribed. Any direct assistance to developing countries should be carefully assessed on a range of criteria before proceeding." These findings support our own findings and point to the need for the Agency to establish clearly the foundation, policy and spending authorities for its ongoing and contemplated IAs.

54. Generally, in situations where a program might be unsure whether a proposed activity supports a Minister's mandate, the program would seek counsel from corporate directorates, including Legal. To minimize this need, a department or agency would establish clear criteria and parameters to guide programs.

55. We were advised that for PHAC this is not the case, and that issues of mandate, policy and spending authority are often not considered by Agency units before committing to a particular international collaboration or arrangement. Generally, it is not the practice of Agency officials to consult Legal Services before committing to IAs.

56. Canada's obligations under the International Health Regulations (IHRs), as a member of the WHO, are for the most part at the federal level implemented by PHAC. Article 44 of the IHRs sets out the expectation that States Parties shall undertake to collaborate with each other in the area of public health, to the extent possible.

57. The requirements for States Parties under IHRs Article 44 are not seen by the Agency as legally binding (i.e. not enforceable), although the position of the WHO

is that States Parties have agreed to participate, which for the WHO constitutes a strong obligation. The Agency views the IHRs obligations as having application in its emergency response, in helping developing countries to build capacity to meet their WHO obligations, and in quarantine capacity.

58. To initiate and fund IAs, the different elements of the PHAC IAs have to be matched with the appropriate authority instruments (policy, program and spending) and the requisite control and oversight mechanisms set up. Appendix F summarizes the key authority instruments that PHAC uses to fund its IAs.

59. Our interviews with the Agency's senior management explored their understanding of the legal mandate and the respective authority instruments for the Agency's IAs. In most cases the responses suggested a lack of knowledge about the Agency's legal mandate and the limits to the mandate, and in some cases a belief that PHAC had an unlimited mandate to pursue any IAs that they felt would advance research, surveillance, or health protection and promotion activities. Interviewees rarely expressed concern that exceeding the Agency's legal mandate in any given IA could place the Agency's reputation at risk.

60. In our view, the Agency has not consistently and adequately sought and obtained the appropriate clarifications on the consistency of its IAs with its mandate. We believe there is a need for the Agency to have a better understanding of the extent of its IAs, and the link between rationale for its IAs and its mandate, both globally and on a case by case basis. We concluded that there is a need for an educational and awareness effort to sensitize PHAC management at all levels with the boundaries of the Agency's mandate for engaging in IAs.

Recommendations

61. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management, should develop a set of tools and guidelines to be used by Branches, Program Centres and Laboratories as an initial step toward the development of an International Strategic Framework, to determine if the Agency's current International Activities are consistent with the Minister's mandate, Agency's policy and spending authorities, Agency's priorities and with the Government of Canada's international objectives. Further program authority should be sought if required.

62. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management and the Agency's Legal Services, should develop mechanisms designed to sensitize new and existing managers to the limits of the Agency's authority to undertake, finance and promote International Activities.

Framework for Engagement

63. We expected to find that the Agency has a clearly defined, approved and communicated strategic framework providing strategic directions and objectives for its IAs, and aligned with its mandate and authorities.

64. In 2006, PHAC senior management recognized the need to manage, control and integrate the growing number of international requests made to the Agency. An Agency-wide consultation was undertaken to understand PHAC's international mobilizations and future directions. The consultation identified a number of organizational, policy and operational issues that needed to be addressed, and resulted in a recommendation to the EC to "create an organization within PHAC with the explicit mandate to set Agency-wide policies on international mobilizations and to support additional oversight measures." As a result, the International Public Health Division in the Strategic Policy and International Affairs Directorate (SPIAD) was established in 2007.

65. SPD International began working on a "Strategic Framework for the Public Health Agency's International Activities". The draft Framework established strategic goals and objectives, key areas of focus, and a flow chart and decision-making criteria for assessing potential IAs. Criteria for identifying areas of priority included the likelihood and degree of health impacts on Canada. During the same period, the Agency commissioned a study by an external consulting group to assist in developing its international strategy. The consultant's report provided criteria for identifying countries/regions of focus, including potential health risks/burden of disease in the context of activity between a given country/region and Canada through travel migration, trade, and social/cultural interchanges.

66. The next steps would be to operationalize the Framework by articulating reasons for engaging internationally, the preferred types and points of engagement, and by developing an accountability, reporting and evaluation regime. This would translate the high-level Framework into tangible criteria that Branches, Program Centres and Laboratories could use in accepting or rejecting potential IAs.

67. A presentation to the EC in March, 2007 stated that the Framework was "fundamental to supporting Canada's domestic public health goals." The presentation described the Framework as providing three goals and criteria for priority setting:

- "initiatives that are directly beneficial for Canadians and have a clear return on investment for Canadians (i.e. imminent threats to the health of Canadians which need, at least in part, to be addressed outside of Canada);
- initiatives that represent a global citizen perspective and endorse Canadian values globally; and

- initiatives that involve joint work planning with regions/institutions based on international commitments (universal participation required for success such as IHRs, multilateral efforts that result in efficiencies)."

68. EC approval was given to move forward with the Framework. However, a final policy on IAs was never developed and approved. Our interviews with senior management identified that they had never seen the draft Framework. We were advised that they consulted the Agency's Strategic Plan, and the Missions of the Agency and their Branch, but that when it came to approving specific IAs, these documents lacked sufficient specificity to assist in making decisions. They stated that they needed specific criteria to use in determining when to engage internationally, with whom to engage, and why to engage. Currently these guidelines do not exist.

69. We were advised by SPD International that the group had made a strategic decision to focus first on developing specific operational tools to address high risk areas, and had consciously deferred developing a policy framework for IAs ("build the foundation before building the roof"). Their intention is to work on the Framework over the coming year. To date, SPD International has developed and received EC approval for the following:

- a strategic approach to international secondments;
- a new policy and approach to oversight of international travel;
- an approach to focusing on upcoming international events of strategic importance to the Agency;
- an approach to the approval, renewal and annual reporting for WHO Collaborating Centres; and
- a new approach developed jointly with OPHP and CEPR on large scale mobilizations.

70. Also in 2007, a Memorandum of Understanding (MOU) related to international work was developed and signed between HC and the Agency. Under the MOU, HC would provide overall policy direction for the Health Portfolio (PHAC, HC and the Canadian Institutes of Health Research). HC would ensure inter-portfolio coherence and consistency, and would work to avoid duplication and overlap. PHAC's role would be to provide public health expertise. In the four years since the MOU was signed, global circumstances and the respective roles of the three entities in the Health Portfolio have changed substantially. PHAC has matured as an organization and gained growing international stature as a world class public health institution. Public health issues have emerged as key global concerns in the wake of the H1N1 pandemic.

71. We noted that in addition to developing a high level strategy for the IAs of the Health Portfolio agencies, HC has also developed more specific targets and goals for all members of the Portfolio. Our Agency interviewees at the operational level stated that they were unaware of such a strategy and specific global health goals.

In July, 2010, the EC approved the Health Portfolio Strategic Policy Framework (HPSPF) developed by HC, subject to revision.

72. We concluded that while elements of a draft PHAC Strategic Framework for IAs have been prepared, the Framework has not been approved nor communicated. This leaves the Agency without a fundamental tool for managing, controlling and integrating its engagement in IAs, a need that was recognized by the Agency's senior management in 2006.

Recommendations

73. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management, should develop, seek approval for, and communicate a clearly defined International Strategic Framework and supporting policies that provide the Branches, Program Centres and Laboratories with Agency-wide strategic directions and objectives for International Activities, aligned with the Agency's mandate and authorities.

74. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management, should develop and seek approval for an updated Memorandum of Understanding with Health Canada to reflect the new and emerging roles and responsibilities for International Activities as exercised by Health Canada and the Agency within the Health Portfolio.

Information for Decision-Making and Accountability Reporting

75. We expected to find that the Agency had a policy and process in place for making rational, evidence-based decisions for setting priorities for and approving participation in IAs, taking into consideration government priorities, identified risks and the health needs of Canadians. The resulting information would be used for accountability reporting to those outside the Agency, such as Parliament. We found that the approval process for different types of IAs varied significantly, both in terms of the breadth and depth of control and oversight, and in the completeness of the information provided to decision-makers (see Appendix G).

76. International Activities are not a discrete entity but are one element of the Agency's programmatic areas. However, for the purpose of this audit the management of these activities was reviewed from a whole-of-Agency perspective. All of the Agency's IAs are included in the standard government and PHAC operational planning processes. We were advised that because it is difficult to separate domestic and international activities, they are budgeted for as one item, with no separate disclosure of planned expenditures for IAs. Accordingly, the proposed expenditures pass through the normal chain of delegated authority for approval, but the international component is not separately identifiable. Approval by senior management is on the total proposed expenditure, including a less visible component for proposed IAs.

77. The approval process for bilateral and multilateral agreements and MOUs generally does not include an analysis of the anticipated down-stream PHAC resource implications and the duration of those requirements. We were advised that this was because in many cases it is deemed difficult to estimate these amounts in advance. However, once agreements are signed, they can have profound down-stream resource implications for the Agency, including the costs of renewal, travel, and staff time. In our view, these down-stream costs need to be made more visible at the time of ratification.

78. From our review of the approval process for operational activities, such as emergency and non-emergency mobilizations and secondments and placements, we concluded that the controls in place were working effectively.

79. The approval of grants and contributions to international organizations such as WHO and PAHO is subject to a formal and well defined approval process (see Appendix G). All grants from the Innovation Strategy (formally the Population Health Fund) must be reviewed by the Grants and Contributions Centre, signed by the ADM HPCDP, the CPHO and the Minister of Health. This approval is on an individual grant or contribution basis, without a required alignment with the total portfolio of such transfer payments. What is missing is a formal requirement to assemble an overview of the Agency's total engagement in IAs so as to ensure coherence, focus, integration, a lack of overlap or duplication and alignment with PHAC focus areas for IAs.

80. The IAs undertaken by Branches, Program Centres and Laboratories are the ones with least Agency-wide visibility and oversight pertaining to mandate issues inherent to IAs. A project can be initiated by an individual in a Program Centre and be approved by his or her immediate superior. There is no formal requirement to review such activities in the context of their alignment with Agency mandate. As a result, Branches may not be in a position to assess whether the full extent of their Branch's IAs could potentially place at risk the Branch's capacity to deliver on its domestic public health responsibilities within existing resources. There is no formal process that requires the preparation of a collaborative agreement, some form of explicit analysis of the costs, benefits, rationale and alignment with the Agency's mandate, the likely duration of the project, or the risks involved. The approval process nominally reflects the delegation of authorities within the Agency, but since the costs of the project are generally not estimated, there is no process in place to ensure that the dollar limits of the formal delegation of authority are respected.

81. The Agency does not report internally, in a comprehensive and integrated manner, on its IAs. This practice is mirrored in the Agency's external reporting to the Minister of Health, central agencies and Parliament. These reports do not convey to the reader the full extent of the Agency's engagement in IAs in a manner that tells a coherent and complete story suggesting adherence to a set of corporate

priorities for IAs. We were advised that this was due to a number of factors, such as the rules for concise reporting and the lack of information captured by Branches and Program Centres.

82. We reviewed three large, high profile international projects. For each of these projects, we expected to find an early identification of the resource implications for Agency staff, an estimate of the duration of the project, a compelling rationale for the project linked to the Agency's mandate to protect the health of Canadians, and performance measures grounded in the Agency's mandate. For all three projects this was not the case. For one project the considerable in-kind costs only became visible five years after the project was initiated. For two other capacity building projects, there was a rationale for involvement but not a rationale explicitly tied to the Agency's mandate and performance measures that would provide empirical evidence of how the projects would help the Agency better protect the health of Canadians.

83. We tried to determine if the Agency had a good understanding of the costs associated with its IAs. We identified three cost elements associated with the Agency's spectrum of IAs:

- the FTEs of the Agency supporting and coordinating its formal commitments, including for example, commitments to the WHO, bilateral and multilateral commitments, and global meetings and workshops (see Figure 2). We could not obtain a figure for these FTE costs because they are not captured.
- the Agency's grants and contributions supporting work of an international nature. Between the inception of PHAC and May 2010, PHAC has provided 27 grants totalling $15.1 million in support of global health issues.
- the formal and informal research, surveillance and protocol collaborations and partnerships that Directors and Directors General feel are essential for meeting their obligations to protect the health of Canadians. When the Agency enters into such collaborations with other public health agencies, it makes "in-kind" contributions of materials and the use of laboratory space and research capacity. These collaborations, which may go on for many years, should normally be documented through some form of appropriate instrument that deals with such things as roles, responsibilities, liability and indemnity, and intellectual property. These costs are not captured because they are seen as part of a spectrum of activities.

84. In our view, the key weaknesses in the approval process and information for decision-making are twofold. First, there is no formal approval process that requires ADMs to be provided with information on the resource commitments, duration and domestic priorities of IAs having an impact of more than one year and an FTE commitment beyond an established threshold. Second, there is no formal requirement for ADMs to provide an annual listing of major IAs, beyond an established resource threshold, to the EC for information purposes.

Recommendation

85. The Director General, Strategic Policy and International Affairs Directorate, in concert with Branch Assistant Deputy Ministers, should develop and communicate a policy on the approval process for the International Activities initiated by Branches, Program Centres and Laboratories, that ensures the provision of appropriate information to Assistant Deputy Ministers for rational, evidence-based decisions on priorities and participation in International Activities, taking into consideration government priorities, identified risks and the health needs of Canadians.

Governance and Integration of International Activities

86. Notwithstanding that IAs are not a discrete entity but are one element of the Agency's programmatic areas, we expected to find that the Agency had clearly defined governance structures in place to ensure IAs are carried out in an integrated fashion and support delivery of the Agency's program objectives. More specifically, we expected that the Agency would take a comprehensive and focused approach to its investments in IAs. We envisaged a process within each Branch, and between Branches, to coordinate and integrate, identify gaps, areas of overlap and duplication, and alignment with Branch and Agency priorities for IAs. Individual IAs such as grants or capacity building projects would be evaluated within the context of the total engagement in IAs.

87. When the Agency was created, it inherited existing IAs and the largely decentralized approach to the initiation, coordination and governance of IAs that had existed at HC. Program Centres operated in relative isolation, with a high degree of autonomy to initiate and undertake the IAs that they felt were needed to deliver on their domestic mandates. However, since 2007 the Agency has identified the need to strengthen the governance, coordination and integration of its IAs. The creation of the Strategic Policy Directorate's International Public Health Division in 2007 provided a new focal point for the coordination of IAs. Since then, SPD International has:

- developed a series of initiatives to improve the coordination and visibility of higher profile IAs, such as international conferences or meetings on specific public health issues (e.g. GHSAG);
- developed the governance structure described in Figure 3;
- ensured EC review of a selected and small portion of IAs of strategic importance, such as international placements and secondments; and
- provided a focal point for bilateral and multilateral agreements and MOUs with priority countries such as China, the European and U.S. Centres for Disease Control and Prevention, and Brazil.

88. We found that these new governance structures are working well for the selected elements of the Agency's total engagement in IAs that they cover. However, the

structure provides governance, coordination and some degree of oversight over only a small part of the Agency's total inventory of IAs. Currently the Agency does not take an integrated approach to its considerable investments in IAs that would ensure Branches share information on their respective individual IAs. There is currently no formal process that ensures that grants and contributions to international organizations are evaluated in the context of all the other IAs undertaken by the Agency to ensure coherence and focus so as to maximize the chance of making a difference for the health of Canadians. The IA elements that are not covered by the regime of corporate governance, integration and coordination are the many IAs undertaken by the Program Centres and Laboratories. The Agency's International Network is a forum for information-sharing, and does not provide governance. Also, the External Advisory Committee is not a decision-making body. In summary, the governance structure described in Figure 3 does not provide effective governance over the totality of the Agency's IAs, nor does it ensure that a portfolio approach is taken.

89. Our review of the governance, coordination and integration functions operating within and between the Branches revealed much the same results. Within the Branches, we found varying degrees of effort to identify, coordinate and integrate Branch IAs. One Branch did not have a comprehensive list of all Branch IAs, although a consultant has since been hired to prepare one. In another case a Branch had prepared a listing of IAs; however, it had not been updated in over two years. The Laboratories, and some of the Branch's Program Centres, provided us with lists of their IAs. We were advised that there had once been an effort to coordinate and integrate IAs across one Branch, but that this was no longer being done. There was no overall process to promote consistent governance of IAs within Branches, and there was no formal process to ensure sharing of information between Branches.

90. We concluded that the Agency did not have clearly defined governance structures that are used to ensure that its IAs are carried out in an integrated fashion and support delivery of its program objectives. Rather, the Agency's process provided coordination, integration and oversight for a relatively small portion of its IAs. There is no process and structure in place to ensure that the majority of the Agency's IAs is visible to the ADMs, the EC and the CPHO. Currently, approval and communication is largely on an ad hoc basis. In our view, the critical issue is not one of control, but of visibility and sharing of information for informed decision-making.

Recommendation

91. The Director General, Strategic Policy and International Affairs Directorate should develop, seek approval for and implement a clearly defined governance structure to ensure that all of the Agency's International Activities are carried out in an integrated fashion and support delivery of the Agency's program objectives.

Conclusion

92. The Agency has recently taken some initiatives which, if fully implemented, should address several of the issues we identified in the audit. SPIAD has advised us that it will be working to develop a strategic framework for the Agency's IAs. It has also developed and received EC approval for:

- a strategic approach to diplomatic postings and international secondments;
- a new policy and approach to oversight of international travel;
- an approach to focusing on upcoming international events of strategic importance to the Agency;
- an approach to the approval, renewal and annual reporting for WHO Collaborating Centres; and
- a new approach developed jointly with OPHP and CEPR on large scale mobilizations.

93. However, we concluded that the Agency has not yet developed a comprehensive and appropriate strategic framework that provides strategic direction for its IAs, that existing policies do not provide an Agency-wide basis for evaluating internal and external requests for participation in IAs, that IAs are not carried out in an integrated fashion across the Agency, that consistency of the IAs with the Agency's mandate and authorities has not been demonstrated in all cases, and that the costs and results for the Agency's full spectrum of IAs are not measured and reported as a distinct entity.

Acknowledgments

94. We wish to express our appreciation for the cooperation and assistance afforded to the audit team by management and staff during the course of this audit.

Appendix A: Audit Criteria

The audit criteria were derived from the Framework of Core Management Controls and Audit Criteria, produced by the OCG. The generic OCG audit criteria were adapted to relate to PHAC's International Activities.

#	Criteria	Link to audit objective #	Link to CMC
1	The Agency has sought and obtained clarification of its legal mandate and authorities for its International Activities.	Objective # 1	Governance and Strategic Direction
2	The Agency has a clearly defined, approved and communicated strategic framework providing strategic directions and objectives for its International Activities, and aligned with its mandate and authorities.	Objective # 1	Governance and Strategic Direction
3	The Agency has a policy and process in place for making rational, evidence based decisions for setting priorities for and approving participation in International Activities, taking into consideration government priorities, identified risks and the health needs of Canadians.	Objective # 1	Governance and Strategic Direction
4	The Agency has clearly defined governance structures in place to ensure International Activities are carried out in an integrated fashion and support delivery of the Agency's program objectives.	Objective # 2	Governance and Strategic Direction
5	Relevant information on costs and results of the Agency's International Activities is gathered and used to make informed decisions, for performance reporting, and for accountability.	Objective # 2	Performance & Results

Appendix B: Management Action Plan

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
61. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management, should develop a set of tools and guidelines to be used by Branches, Program Centres and Laboratories as an initial step toward the development of an International Strategic Framework, to determine if the Agency's current International Activities are consistent with the Minister's mandate, Agency's policy and spending authorities, Agency's priorities and with the Government of Canada's international objectives. Further program authority should be sought if required.	Agree. The DG SPIAD will ensure a guideline is created to assist PHAC officials in determining if an IA is consistent with the Minister's mandate, the Agency's policy and spending authorities, Agency's priorities and with the Government of Canada's international objectives. This guideline will be created in consultation with PHAC senior management and be presented to PHAC Executive Committee by December 2011. Once approved by EC, PHAC ADMs will consistently use this guideline to assist in determining existing or required authorities for specific IAs. The document will further be included into a larger Agency Strategic Framework for International Activities scheduled to be completed by March 31, 2012.	DG-SPIAD, PHAC ADMs, DG - OPHP	March 31, 2012
62. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management and the Agency's Legal Services, should develop mechanisms designed to sensitize new and existing	Agree. The DG SPIAD will work collaboratively with Branches, Program Centres and Laboratories to inform PHAC management on the Agency's international authorities and its limitations. Materials to be presented at existing governance	DG-SPIAD	December 31, 2011

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
managers to the limits of the Agency's authority to undertake, finance and promote International Activities.	tables as well as included in Agency orientation material and courses will be developed and disseminated by December 31st, 2011.		
73. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management, should develop, seek approval for, and communicate a clearly defined International Strategic Framework and supporting policies that provide the Branches, Program Centres and Laboratories with Agency-wide strategic directions and objectives for International Activities, aligned with the Agency's mandate and authorities.	Agree. The DG SPIAD will develop a Agency Strategic Framework for International Activities (IA) that clearly outlines, in relation to IAs, the following: • The Agency`s mandate and authorities • The Agency`s strategic goals and objectives • Roles of individuals and governance structures • Mechanisms for the approval, integration and implementation • Evaluation mechanisms Branches, Program Centres and Laboratories agree to support and advise SPIAD in this endeavor and implement the framework once approved by EC. By March 31, 2012 DG SPIAD will present its Strategic Framework to PHAC-EC for approval.	DG-SPIAD	March 31, 2012
74. The Director General, Strategic Policy and International Affairs Directorate, in consultation with PHAC senior management, should develop and seek approval for an updated Memorandum of Understanding with Health Canada to reflect the new and emerging roles and responsibilities for International Activities as exercised by Health Canada and the	Agree. The DG SPIAD will undertake, in consultation with PHAC ADMs, a process to update and seek approval of the HC/PHAC International MOU. By March 31st, 2012, DG-SPIAD will present a revised MOU for approval to PHAC-EC.	DG-SPIAD	March 31, 2012

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
Agency within the Health Portfolio.			
85. The Director General, Strategic Policy and International Affairs Directorate, in concert with Branch Assistant Deputy Ministers, should develop and communicate a policy on the approval process for the International Activities initiated by Branches, Program Centres and Laboratories, that ensures the provision of appropriate information to Assistant Deputy Ministers for rational, evidence-based decisions on priorities and participation in International Activities, taking into consideration government priorities, identified risks and the health needs of Canadians.	Agree. The DG SPIAD, in consultation with PHAC senior management, will develop approval processes for IAs to be presented to PHAC Executive Committee, as part of the larger Agency Strategic Framework for International Activities, by March 31st, 2012. As part of the implementation of the larger Strategic Framework once approved by EC, PHAC ADMs will consistently use these processes.	DG-SPIAD, PHAC ADMs	March 31, 2012
91. The Director General, Strategic Policy and International Affairs Directorate should develop, seek approval for and implement a clearly defined governance structure to ensure that all of the Agency's International Activities are carried out in an integrated fashion and support delivery of the Agency's program objectives.	Agree. DG SPIAD will undertake with Corporate Secretariat to adapt governance structures currently in existence (PHP, EC) in order to ensure awareness and integration of international activities as appropriate. Clearly defined roles for individuals and governance bodies will be developed as part of a larger Agency Strategic Framework on International Activities scheduled to be completed by March 31, 2012.	DG-SPIAD, Corporate Secretariat	March 31, 2012

Appendix C – Agency-Defined Mandates of Selected Organizational Units

Public Health Agency of Canada (PHAC) • Strengthen Canada's ability to protect the health and safety of Canadians • Oversee federal efforts to strengthen national capacity to identify and reduce risks to public health • Develop, implement and assess policies and programs that enable Canadians to live a healthier life
Infectious Disease Prevention and Control Branch (IDPC) • Prevent, eliminate and control infectious diseases • Maintain the safety and health security of people, both nationally and internationally • Reduce the global disease burden of illness
Health Promotion and Chronic Disease Prevention Branch (HPCDP) • Provides leadership in the form of policy development, strategic and innovative initiatives, programs and investments that support the Agency's Mission and Strategic Outcome • Contributes to enabling Canada to effectively promote health, reduce health inequalities, and prevent and mitigate chronic diseases
Centre for Foodborne, Environmental and Zoonotic Infectious Diseases (CFEZID) To assess and reduce the risk of foodborne, waterborne and zoonotic disease in Canadians, and as a result of the environment, through national surveillance and targeted activities
Centre for Immunization and Respiratory Infectious Diseases (CIRID) To prevent, reduce or eliminate vaccine-preventable infectious respiratory diseases; reduce the negative impact of emerging and re-emerging infections; and maintain public and professional confidence in immunization programs in Canada
Centre for Communicable Diseases and Infection Control (CCDIC) To address communicable diseases at large, while undertaking targeted prevention, control, support and research activities for communicable diseases that can be acquired within the community or health care settings, with a particular focus on diseases that affect vulnerable populations
Laboratory for Foodborne Zoonoses (LFZ) To generate, synthesize and communicate science-based information and advice, and to provide expertise on public health risks associated with infectious diseases arising from the interface between humans, animals and the environment
National Microbiology Laboratory (NML) To advance human health through laboratory leadership, scientific excellence and public health innovation
Centre for Health Promotion (CHP) Develop and implement policies and programs to promote healthy living and the conditions which influence the healthy development of Canadians Act through public information, awareness and promotion by addressing healthy child development, families, aging and lifestyles, with a particular focus on vulnerable groups
Centre for Chronic Disease Prevention and Control (CCDPC) Our goal is to support the Government of Canada in providing national and international leadership to prevent and control communicable diseases
Office of Public Health Practice (OPHP) Provides the focal point within the Agency to support and improve public health capacity through workforce development, information and knowledge management, public health ethics policy, and the CPHO Report
Centre for Emergency Preparedness and Response (CEPR) To maintain the safety and national health security of Canadians through emergency preparedness and response, and protection from all hazards, including natural and human caused disasters

Source: PHAC employee orientation documents and audit team interviews

Appendix D – Overview of PHAC's International Activities

Type / Category	Examples of International Activities		
	Bilateral	**Multilateral**	**Operations / Other**
Stakeholder Relationship Building	Bilateral Partners Examples: U.S., China, Brazil Key Regions • Caribbean • European Union (ECDC) Trilateral Cooperation (Canada-US-Mexico) Incoming Delegations	World Health Organization (WHO) Pan American Health Organization (PAHO) Asia Pacific Economic Cooperation (APEC) G8 / G20 Organization for Economic Cooperation and Development (OECD) United Nations (UN) GHSI/GHSAG	Diplomatic Postings International placements Responding to public health emergencies (e.g. H1N1) International Liaison
Capacity Building and Training	Key regions • Caribbean (CARPHA and CAREC Laboratory) • Trilateral - US/MEX/Can • Africa (Kenya) • South-East Asia (CAREID)	IANPHI WHO PAHO	Diplomatic Posts (China and US) Emergency Mobilizations (eg. Haiti) International Placements (WHO etc)
Agreements / Specific Areas of Collaboration	Memorandum of Understanding (MOUs): • Canada-China Plan of Action • Brazil MOU Trilateral Cooperation • NAPAPI • NALS	WHO • Technical MOUs • PHAC employees sit on WHO Advisory Committees • International Health Regulations	Mobile Laboratory (MERT)
Funding via Grants and Contributions	CARPHA – grant	WHO – grants PAHO – grants	Specific International Events/Conferences (e.g. IUPE, Cancer Control Congress)
Research	ECDC PAHO Grants Kenya – laboratory	WHO-Collaborating Centres (4)	Chatham House – Centre for Global Health Security Presentations at Int'l Conferences GHRI

Appendix E – Foreign Deployments of PHAC Staff

Deployment Type	Description
Diplomatic Postings	• This is a formal process that must go through and be coordinated with DFAIT • Typically, PHAC staff are located in the Canadian embassy or mission abroad or in a department of the host country • Salary is paid by PHAC and the employee reports to the Agency • Currently, the Agency has two diplomatic posts, one in China and one in the U.S. They are used primarily to provide a liaison function
International Placements/Secondments (Interchanges or Leave Without Pay)	• These are typically less than 2-year placements where PHAC employees are usually embedded directly in an international organization (e.g. WHO) or government department/agency, for PHAC purposes • A variety of mechanisms can be used such as International Interchange, Leave Without Pay (LWOP) according to the collective agreement, and travel status • In most LWOP situations, salary is paid by, and the employee reports to, the host organization/country • Function is generally the provision of public health expertise
Emergency / Short Term Mobilizations	• Occurs when PHAC employees are deployed, usually short-term, to provide emergency assistance, or to support the provision of public health technical assistance to a partner country to address capacity issues (non-emergency) • This can occur in response to an international event (e.g. Haiti earthquake) or as a result of a specific request (e.g. WHO Global Outbreak Alert and Response Network (GOARN) requests, PAHO requests etc.)

Source: SPD International

Appendix F – Authorities Instruments for Types of International Activities

Element of IA Definition	Authority Instrument	Key Oversight /Control Points
Operational Activities		
Emergency and Non-Emergency Mobilizations	Normal delegation of authority rooted in *Department of Health Act* and specific authorities (Memoranda to Cabinet and Treasury Board Submissions). Treasury Board policies provide relevant rules to follow	PHAC Executive Committee and/or Public Health Policy Committee
Secondments and Placements	Normal delegation of authority rooted in *Department of Health Act* and specific authorities (Memoranda to Cabinet and Treasury Board Submissions). Treasury Board policies provide relevant rules to follow	As above
Donations of Surplus Materiel	Public Works and Government Services Canada rules for disposal of surplus material under the *Surplus Crown Assets Act*	Depends on nature of the asset
Donation of Surplus Pharmaceuticals	Authorities for the National Emergency Stockpile System (NESS)	CEPR
Grants and Contributions		
Contributions to domestic NGOs for IA purposes Contributions to International Organizations	Terms and Conditions for Promotion of Population Health-Contributions, Section 4 Eligible Recipients: "Non-Canadian recipients may be considered upon recommendation by the Chief Public Health Officer", provided the eligible recipient's proposed activities are consistent with the program objectives	Operational planning process, Grant and Contribution Centre, Legal Services
Grants to International Organizations	Terms and Conditions for Promotion of Population Health-Grants—As above, may be considered upon recommendation by CPHO	As above
IAs Conducted by Branches, Program Centres and Laboratories		
Funded by PHAC	Normal delegation of authority rooted in *Department of Health Act* and specific authorities (Memoranda to Cabinet and Treasury Board Submissions)	Operational planning process, ADM approval
Funded by Third Parties	As above. Specified Purpose Accounts (SPAs) provide a vehicle for handling the funds	CFO has overall oversight responsibility

Source: Audit team

Appendix G – Approval Process for International Activities

Element of IA Definition	Approval Process (Operational Planning Process Applies to All Elements)	Evidence Provided (Not Always Provided)
Bilateral and Multilateral Agreements and MOUs		
	SPIAD has overall coordination responsibility Presentation to EC	The MOU with limited data on the PHAC resource implications and likely duration
Operational Activities		
Emergency and Non-Emergency Mobilizations	Generally, presentation to EC by SPIAD, CEPR or OPHP (new process underway in 2011)	Presentation to EC of operation, options and costs (rationale, strategic objectives)
Secondments and Placements	Regulations of Department of Foreign Affairs and International Trade (DFAIT)	As above
Donations of Surplus Materiel	Part of options analysis Presentation to EC, often by SPIAD	Information on costs, process and authority implications (rationale, link to mandate)
Donation of Surplus Pharmaceuticals	Approval by CEPR	Consideration of relevant authorities, costs and options (rationale/link to mandate)
Grants and Contributions		
Contributions to Domestic NGO for IA purposes/Grants to International Organizations	Review by Individual Grants and Contributions Centre, signature of ADM, CPHO and Minister (Required for grant to international organizations), Review of final document by Legal Services	Amount, duration and purpose of specific grant or contribution (rationale, link to mandate). No control process to allow EC to review portfolio of investments, alignment with other IAs
IAs Conducted by Branches and Program Centres		
Funded by PHAC	Normal Delegation of Authority rooted in the *Department of Health Act* and specific authorities (Memoranda to Cabinet and Treasury Board Submissions) No formal process for PHAC-wide communication / approval process	No controls to ensure complete documentation, rarely Information on costs, duration, opportunity costs, implications for domestic mandate
Funded by Third Parties	Need to involve Business Development Officers, CFO Staff, Process set out in Specified Purpose Accounts (SPAs)	As above, plus no controls to ensure respect of limits of delegated authority

Source: Audit Team

Appendix H: List of Acronyms

ADM	Assistant Deputy Minister
Agency	Public Health Agency of Canada
CCDIC	Centre for Communicable Diseases and Infection Control
APEC	Asia Pacific Economic Cooperation
CAREC	Caribbean Epidemiology Centre
CAREID	Canada-Asia Regional Emerging Infectious Diseases
CARPHA	Caribbean Public Health Agency
CCDPC	Centre for Chronic Disease Prevention and Control
CEPR	Centre for Emergency Preparedness and Response (Branch)
CFEZID	Centre for Food-Borne, Environmental and Zoonotic Infectious Diseases
CHP	Centre for Health Promotion
CIDA	Canadian International Development Agency
CFO	Chief Financial Officer
CIRID	Centre for Immunization and Respiratory Infectious Diseases
CPHO	Chief Public Health Officer
DFAIT	Department of Foreign Affairs and International Trade
DG	Director General
EAC	External Advisory Committee
EC	Executive Committee
FTE	Full-Time Equivalent
GHSAG	Global Health Security Action Group
GHRI	Global Health Research Initiative
GHSI	Global Health Security Initiative
GOARN	Global Outbreak Alert and Response Network
HC	Health Canada
HPCDP	Health Promotion and Chronic Disease Prevention (Branch)
IA	International Activities
IANPHI	International Association of National Public Health Institutes
IDPC	Infectious Disease Prevention and Control (Branch)
IHR	International Health Regulations
IIA	Institute of Internal Auditors
LFZ	Laboratory for Foodborne Zoonoses
LWOP	Leave Without Pay
MERT	Mobile Emergency Response Team
MOU	Memorandum of Understanding
NALS	North American Leaders Summit
NAPAPI	North American Plan for Avian and Pandemic Influenza
NML	National Microbiology Laboratory
OECD	Organization for Economic Cooperation and Development
OPHP	Office of Public Health Practice
PAHO	Pan American Health Organization
PHAC	Public Health Agency of Canada
PHP	Public Health and Policy Committee
SARS	Severe Acute Respiratory Syndrome

SPIAD	Strategic Policy and International Affairs Directorate
UN	United Nations
WHO	World Health Organization