Public Health Agency of Canada

2014–15

Departmental Performance Report

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

— Public Health Agency of Canada

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Minister's Message

It is a tremendous honour for me to have been named federal Minister of Health and to be serving Canadians in this very important role.

In the coming weeks and months, the Government will be advancing an ambitious agenda that seeks to ensure that our health care system is poised to respond to emerging threats and adapt to new challenges to improve the public health outcomes for all Canadians.

The Public Health Agency of Canada plays a lead role in conducting research, testing, and surveillance activities that serve to detect, respond to, and control disease threats on the domestic and international front. I look forward to working with the Agency to increase vaccination rates to decrease preventable diseases, and to raise awareness on concussion prevention to lower the incidences of serious brain injuries. I will also support the Agency in its efforts to promote healthy living initiatives for all Canadians, especially programs that benefit at-risk youth and help seniors stay healthy.

The *2014–15 Departmental Performance Report* outlines the Agency's efforts over the last year to promote and protect the health of Canadians.

As Minister of Health, I will move ahead on my key mandate priorities in the coming year by building a culture of collaboration and evidence-based decision making that will strengthen health care, improve public health, and result in better health outcomes for all Canadians.

The Honourable Dr. Jane Philpott, P.C., M.P.
Minister of Health

Section I: Organizational Expenditure Overview

Organizational Profile

Appropriate Minister: The Honourable Jane Philpott, P.C., M.P.

Institutional Head: Krista Outhwaite

Ministerial Portfolio: Health

Enabling Instruments: *Public Health Agency of Canada Act*,[i] *Department of Health Act*,[ii] *Emergency Management Act*,[iii] *Quarantine Act*,[iv] *Human Pathogens and Toxins Act*,[v] *Health of Animals Act*,[vi] *International Health Regulations*,[vii] and the *Act respecting a Federal Framework on Lyme Disease*.[viii]

Year of Incorporation / Commencement: 2004

Other: In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. These include human resources, real property, information management / information technology, security, internal financial services, communications, emergency management, international affairs, internal audit services, and evaluation services.

Organizational Context

Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent illness, injury and premature death. The Public Health Agency of Canada[ix] (the Agency) has put in place programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, the Agency was created within the federal Health Portfolio[x] to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening public health capacities across Canada.

Responsibilities

The Agency has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance surveillance information and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing national public health events;
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning; and
- Serve as a central point for sharing Canada's public health expertise with international partners, and to translate international knowledge and approaches to inform and support Canada's public health priorities and programs—for example, by participating in international working groups to develop new public health tools to protect, mitigate and respond to emerging public health threats.

Strategic Outcome(s) and Program Alignment Architecture (PAA)

Strategic Outcome: Protecting Canadians and empowering them to improve their health

- **1.1 Program:** Public Health Infrastructure
  - **1.1.1 Sub-Program:** Public Health Capacity Building
  - **1.1.2 Sub-Program:** Public Health Information and Networks
  - **1.1.3 Sub-Program:** Public Health Laboratory Systems
- **1.2 Program:** Health Promotion and Disease Prevention
  - **1.2.1 Sub-Program:** Infectious Disease Prevention and Control
    - **1.2.1.1 Sub-Sub-Program:** Immunization
    - **1.2.1.2 Sub-Sub-Program:** Infectious and Communicable Diseases
    - **1.2.1.3 Sub-Sub-Program:** Food-borne, Environmental and Zoonotic Infectious Diseases
  - **1.2.2 Sub-Program:** Conditions for Healthy Living
    - **1.2.2.1 Sub-Sub-Program:** Healthy Child Development
    - **1.2.2.2 Sub-Sub-Program:** Healthy Communities
  - **1.2.3 Sub-Program:** Chronic (non-communicable) Disease and Injury Prevention
- **1.3 Program:** Health Security
  - **1.3.1 Sub-Program:** Emergency Preparedness and Response
  - **1.3.2 Sub-Program:** Border Health Security
  - **1.3.3 Sub-Program:** Biosecurity

Internal Services

Organizational Priorities

Organizational Priorities

Priority	Type[1]	Strategic Outcome(s) and/or Program(s)
1. Strengthened public health capacity and science leadership	Previously committed to	1.1, 1.2, 1.3
Summary of Progress		

Why is this a priority?

The Agency provides national leadership to strengthen public health and science to support effective decision making, public health practices and interventions, and an integrated, evidence-based public health system.

What progress has been made toward this priority?

- The Agency provided leadership and guidance by strengthening formal mechanisms with federal, provincial, and territorial (F/P/T) partners to create more unified approaches to public health initiatives, such as:
  - Securing the agreement of 12 F/P/T jurisdictions to sign the Multi-lateral Information Sharing Agreement (MLISA), which will enable sharing of public health information on infectious diseases and urgent public health events between F/P/T jurisdictions;
  - Establishing a Memorandum of Understanding between F/P/T laboratories participating in PulseNet[xi] to standardize the implementation of genomic technologies and information sharing; and
  - Developing a Security of Vaccine Supply Protocol to promote cooperation among F/P/T immunization authorities.
- The Agency enhanced laboratory capacity, technology, and processes to better inform science and research, decision making, and action, including:
  - Applying genome sequencing to public health events and developing biological data tools to increase the efficiency of data analysis; and
  - Expanding surveillance systems and establishing partnerships between surveillance programs, such as FoodNet Canada[xii] and the Canadian Integrated Program for Antimicrobial Resistance[xiii] (CIPARS) to increase the scope of Canadian surveillance activities for food-borne pathogens, antimicrobial resistance (AMR), and antimicrobial use and to better inform research, decision making and action.
- The Agency researched and analyzed existing and emerging infectious disease threats, and developed and enhanced testing protocols, methods, and proficiency panels to support public health across Canada related to: Ebola virus, antimicrobial resistance,[xiv] chikungunya, influenza, Salmonella, *E.coli*, Lyme disease and others.
- The Agency released a new model of the journal Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice[xv] to increase public health professionals' access to information and best practices related to chronic diseases, smoking, physical activity, Aboriginal health and wellbeing, seniors' health, mental health, violence prevention, child and maternal health and injuries.

[1] Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR.

Priority	Type	Strategic Outcome(s) and/or Program(s)
2. Leadership on health promotion and disease prevention	Previously committed to	1.1, 1.2

Summary of Progress

Why is this a priority?

The Agency provides leadership and action to help address the burden of illness associated with common risk factors (e.g., smoking, obesity), multiple chronic diseases and an aging population, as well as the social, economic and environmental conditions that affect Canadians' health status and can increase the potential for disease. By providing a stronger evidence base to inform important health issues and their determinants, the Agency works to improve population health and wellbeing and reduce health inequalities.

What progress has been made toward this priority?

The Agency supported health promotion and chronic and communicable disease prevention programs and initiatives that helped address mental, psycho-social, behavioural and physical factors affecting the health of Canadians, particularly people in vulnerable and at-risk populations. For example:

- The Agency raised public awareness and supported public health stakeholder detection, response, and action, through targeted awareness campaigns and the dissemination of surveillance, scientific, and technical data on health issues related to infectious diseases[xvi] such as: Ebola, MERS-CoV, Lyme disease, chikungunya, Salmonella, *E.coli*, AMR and tuberculosis.
- A focus on public health in the North built capacity through Agency leadership and collaboration with F/P/T partners through initiatives such as awareness campaigns, enhanced surveillance, and activities to prevent and control diseases such as tuberculosis.
- Under its multi-sectoral partnership approach to promote healthy living and prevent chronic disease, the Agency collaborated with private, public and voluntary sectors to develop innovative partnerships to increase physical activity among children.
- To support safe and healthy communities, the Agency launched "Stop Family Violence", [xvii] a one-stop online source of information for professionals and the public on family violence prevention and response, including intimate partner violence, child maltreatment, and elder abuse.
- Children got a better head start in life through ongoing Agency initiatives such as the Community Action Program for Children (CAPC),[xviii] the Canada Prenatal Nutrition Program (CPNP)[xix] and the Aboriginal Head Start Program in Urban and Northern Communities (AHSUNC)[xx] that work with funded community organizations to deliver culturally appropriate early intervention and prevention programs that promote the health and wellbeing of vulnerable pregnant women, children (0-6 years) and their families.

The Agency strengthened public health surveillance to support effective decision making, including:

- Releasing, in collaboration with Neurological Health Charities Canada, the Mapping Connections: An understanding of neurological conditions in Canada,[xxi] the first population heath study of neurological conditions in Canada.
- Completing, in collaboration with Health Canada (HC) and the Canadian Paediatric Society, the development of its online injury surveillance platform (Canadian Hospitals Injury Reporting and Prevention Program or eCHIRPP) to identify and monitor emerging hazards in real-time (such as ingestion injuries and poisoning related to consumption of detergent pods by children).

Priority	Type	Strategic Outcome(s) and/or Program(s)
3. Enhanced Public Health Security	Previously committed to	1.1, 1.2, 1.3

Summary of Progress

Why is this a priority?

Public health institutions, at all levels of government, must continue to collaborate to protect the health and safety of Canadians within a context of globalization, environmental change and scientific discovery. The Agency plays an important role in helping to support public health security through emergency preparedness and response, border health security, and biosecurity (i.e., the regulation of pathogens and toxins).

What progress has been made toward this priority?

The Agency worked with all levels of government across Canada, as well as with domestic and international partners, to address and respond to the Ebola Virus Disease[xxii] (EVD) outbreak in West Africa, including:

- Launching the Join The Fight Against Ebola campaign to promote the recruitment of Canadian healthcare workers to support front-line response in West Africa and provided personal protective equipment to the World Health Organization (WHO), as well as mobile laboratories and personnel to the region to assist with diagnostic testing;
- Providing guidance to provinces and territories on domestic readiness for Ebola, established Rapid Response Teams[xxiii] to support them in the event of an identified Ebola case in Canada and provided key laboratory testing support;
- Launching and leading a substantial Ebola screening process at Canada's borders; and
- Supporting the development of Ebola medical countermeasures, which are showing great promise in clinical trials.

In support of health security, the Agency completed development of new *Human Pathogens and Toxins Regulations*[xxiv] that were made by Order in Council in February 2015, and will come into force in December 2015, and strengthened partnerships with the law enforcement and intelligence community on biosecurity.

Priority	Type	Strategic Outcome(s) and/or Program(s)
4. Excellence and innovation in management	Previously committed to	Internal Services

Summary of Progress

Why is this a priority?

Effective management, engagement, collaboration, teamwork and professional development are all essential to a high-performing organization that achieves its intended outcomes. Recognizing this, the Agency is committed to a rigorous pursuit of excellence, innovation and continuous improvement in the design and delivery of programs and services.

What progress has been made toward this priority?

Through the Shared Services Partnership Agreement, the Agency worked with Health Canada to streamline and improve processes and operations by:

- Harmonizing and aligning policies such as security and business continuity policies;
- Streamlining human resource corporate support and processes through an ongoing review of the Common Human Resources Policy Suite;
- Developing an enhanced IT support model for the Health Portfolio and regional emergency operations; and
- Developing a Talent Management Strategy to support the strategic management of career development opportunities for employees.

In support of innovative program delivery and improved business practices, the Agency is reforming its Grants and Contributions processes by developing a centralized, single window model to reduce costs and minimize the administrative burden on recipients.

As part of Canada's Action Plan on Open Government,[xxv] the Agency began implementing its Open Data Action Plan for Surveillance Holdings to improve the availability and access to critical health information to the Canadian public.

Risk Analysis

Key Risks

Risk (from the 2014–15 RPP)	Risk Response Strategy	Link to PAA
1) Pandemic, including but not limited to influenza There is a risk that the Agency will not be able to effectively monitor, detect and coordinate a response to infectious disease outbreaks, and effective medical countermeasures will not be available. External Conditions: • Globalization (trade, travel etc.) • Climate Change • Limited market share in vaccines • Little influence on global research and innovation Internal Conditions: • Timely access to science-based information • Capacity to broker national approaches and technologies to respond to outbreaks	In addition to the overall effort to respond to the Ebola virus outbreak, specific examples of Agency actions to help mitigate this risk included: • Developing, in collaboration with the provinces and territories, a national risk-based strategy to enhance the security of vaccine supply,[xxvi] including sharing of supplies, as needed; • Approving a Security of Vaccine Supply Protocol implementation to enhance the security of vaccine supply by promoting cooperation amongst F/P/T immunization authorities; • Awarding influenza vaccine supply contracts in 2015–16 with strategies to minimize supply issues; • Developing molecular diagnostic methods and providing provincial public health laboratories with protocols for the detection of Influenza A (H7N9) to enhance national testing capacity and increase Canada's preparedness to address this emerging virus; and	1.1, 1.2, 1.3

1) Cont'd.	• Supporting technology transfers to other organizations with the potential to detect, control or prevent infectious disease outbreaks. Performance Measure: Progress in managing risk will be assessed through periodic and annual Corporate Risk Profile (CRP) processes that monitor risk treatment and risk control progress.	1.1, 1.2, 1.3
2) Antimicrobial Resistance There is a risk that the absence of a comprehensive national action plan may exacerbate the growing impact of AMR on the health and wellbeing of Canadians. External Conditions: • Decline in effectiveness of antimicrobials • Unpredictability of AMR infections • Knowledge and appropriate use among consumers, health professionals, and agri-food sectors Internal Conditions: • Surveillance/research data • Keeping abreast with other countries	To help mitigate this risk, the Agency took and supported actions to address AMR, such as: • Collaborating with other government departments in developing an AMR Federal Framework, AMR Action Plan, and Canadian Antimicrobial Resistance Surveillance System report to guide future national AMR responses; • Launching a pilot AMR awareness campaign in conjunction with Antibiotic Awareness Week to contribute to improving antibiotic resistance knowledge and awareness among the public and health professionals;[2] • Enhancing the Agency's knowledge of AMR-gonorrhea infections in Canada through an enhanced surveillance pilot project that links epidemiologic data with laboratory data; • Enhancing efforts to prevent the spread of AMR by providing updated guidance material to public health and healthcare professionals and improving the use of antibiotics through updated treatment recommendations; and • Leading the Government of Canada's contributions to international initiatives to address AMR, including co-sponsoring the World Health Organization draft resolution to develop a Global Action Plan (GAP) on AMR, supporting the development of the draft GAP for consideration at the May 2015 World Health Assembly, and acting as a leading country in the Global Health Security Agenda Action Package on AMR. Performance Measure: Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress.	1.1, 1.2, 1.3

[2] See 1.2.1 for more information on the Awareness Campaign.

3) Emerging and Re-Emerging Food-Borne Diseases
 	
There is a risk that the Agency will not receive all relevant, integrated information to inform early interventions, and that partners will not be aware of the information generated by the Agency in a timely manner required to prevent illness.
 	
External Conditions:
• Food consumption patterns
• Raw and minimally processed foods
• Climate change
• Globalization
 	
Internal Conditions:
• Enhanced stakeholder engagement
• Enhanced surveillance activities
• Laboratory technology
	To help mitigate this risk, the Agency:
	• Coordinated communication and engagement strategies with F/P/Ts using an Outbreak Investigation tool that facilitates information sharing during active outbreak investigations;
	• Used genomic technologies to support 10 multi-jurisdictional food-borne disease outbreak responses, including integrating data from PulseNet Canada and FoodNet Canada;
	• Strengthened surveillance by expanding the FoodNet Canada sentinel site surveillance system;
	• Developed an Enteric (intestinal) Control Bank, a database of Canadians who have agreed to participate in future enteric outbreak investigations and research studies; and
	• Provided laboratory support, methods, and information to assist in food-borne illness prevention, detection, and response activities, such as:
	  • Safety monitoring of consumer food products through FoodNet Canada; and
	  • Engaging the public with scientific information about safe cooking temperatures for mechanically tenderized beef.[xxvii]
	
	Performance Measure:
	
	Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress.
		1.1, 1.2, 1.3

4) Emerging and Re-Emerging Vector-Borne Zoonotic Infectious Diseases
 	
There is a risk that the total burden of vector-borne disease will increase without a national approach to monitor and assess these diseases and to enable the implementation of prevention and control measures.
 	
External Conditions:
• Environmental change
• Expanded geographic range
• Traditional surveillance approaches
	To help mitigate this risk, the Agency:
	• Continued to implement the Action Plan on Lyme Disease,[xxviii] including:
	  • Contributing to knowledge on Lyme disease interventions, risk factors and diagnostic tests;
	  • Developing a Lyme disease burden assessment on Canadians and the public health system;
	  • Surveying Canadians' knowledge and behaviours related to Lyme disease to guide communication and public awareness campaigns; and
		1.1, 1.2,

4) Cont'd. Internal Conditions: • Public health system • Healthcare professional capacity • Level of awareness to detect/respond	• Validating a decision aid tool to help prioritize prevention and control actions for Lyme disease management. • The Plan will serve as a model to address similar infectious diseases such as chikungunya and Powassan virus. Performance Measure: Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress.	
5) Chronic Disease – Effective Upstream[3] Interventions (to address risk factors and conditions and protective factors) There is a risk that the Agency's leadership in health promotion and chronic disease prevention could be impacted without further refocusing the Agency's activities in science/research, surveillance, policies/programs and partnerships toward the upstream—social determinants, protective and risk factors. External Conditions: • Effective interventions to promote health, reduce chronic diseases and injuries • Dependence on external partners to provide data Internal Conditions: • Shift in science focus to understand, test and disseminate information on effective interventions • Upstream surveillance to effectively monitor and enable action • Mobilize and leverage multi-sectoral partnerships	To refocus its activities in science/research, surveillance, policies/programs and partnerships toward upstream social determinants, protective and risk factors, the Agency: • Developed a Positive Mental Health Surveillance Indicator Framework[xxix] and infographic[xxx] with data on key mental health outcomes, risk and protective factors, along with new indicators of psychological and social wellbeing; • Added new Health Equity and Aboriginal Ways Tried and True components to the Canadian Best Practices Portal to highlight interventions addressing social determinants of health; • Broadened surveillance systems to encompass physical activity, active transportation, sedentary behaviour and sleep; and • Deployed partnership models, funding arrangements, and innovative approaches focused on promoting the healthy active lifestyles that reduce the risks of developing a chronic disease. Performance Measure: Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress.	1.2, 1.3

[3] According to a population health approach, upstream investments address the root causes of illness and health, thus helping to create a more balanced and sustainable health system. Upstream investments can also be classified as protection, prevention, health promotion and action on the social determinants of health; downstream investments are treatment-and rehabilitation-focused.

Risk Narrative

The Agency operates within an environment where domestic and international public health challenges continually evolve, highlighting the importance of ongoing planning and preparedness for public health events/emergencies. The multi-jurisdictional nature of public health also means that the Agency must work closely with domestic and international partners to respond to situations and to build on lessons learned.

The risks[4] identified in the table above were drawn from the Agency's 2013–15 Corporate Risk Profile. These risks were ranked as having the highest likelihood of significant impacts on the achievement of the Agency's objectives, and the most significant potential health and safety consequences for Canadians in the event of a failure of any risk response strategy.

Actual Expenditures

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2014–15 Total Authorities Available for Use	2014–15 Actual Spending (authorities used)	2014-15 Difference (actual minus planned)
614,696,685	614,696,685	667,423,660	636,969,185	22,272,500

Total Authorities were higher than Planned Spending primarily due to: funding for Ebola preparedness and response initiatives to protect Canadians at home and abroad; the inclusion of additional authorities for the operating budget carry forward; paylist expenditures (includes reimbursement of severance pay, vacation credits payable upon termination of employment, and parental benefits); and a one-time transition payment where the Government of Canada implemented payment in arrears, an industry standard payroll practice.

Actual Spending was less than Total Authorities mainly due to the unavailability of Ebola medical countermeasures in the 2014–15 fiscal year. These expenditures were deferred to 2015–16 and future years.

Human Resources (Full-Time Equivalents — FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
2,454	2,101*	(353)

* Numbers may not add up due to rounding.

[4] The Agency's approach to integrated risk management is consistent with: ISO 31000 Risk Management Principles and Guidelines,[xxxi] the Treasury Board of Secretariat's (TBS) Framework for the Management of Risk,[xxxii] Guide to Corporate Risk Profiles,[xxxiii] Guide to Developing Risk Statements,[xxxiv] Guide to Risk Taxonomies,[xxxv] Risk Management Capability Model,[xxxvi] Guide to Integrated Risk Management,[xxxvii] the Agency's IRM Policy and IRM Standard, and the International Risk Governance Council's Workshop Report: Public Sector Governance of Emerging Risks Hallmarks and Drivers, May 2013.[xxxviii]

The variance is primarily due to the Health Portfolio Shared Services Partnership, where for planning purposes, FTEs were planned under the Agency, however, actual FTEs were expended under Health Canada.

Budgetary Performance Summary for Strategic Outcome and Programs (dollars)

Strategic Outcome(s), Programs and Internal Services	2014–15 Main Estimates	2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending	2014–15 Total Authorities Available for Use	2014–15 Actual Spending (authorities used)	2013–14 Actual Spending (authorities used)	2012–13 Actual Spending (authorities used)
Strategic Outcome: Protecting Canadians and empowering them to improve their health								
1.1 Public Health Infrastructure	118,150,146	118,150,146	118,150,147	118,510,146	141,558,759	124,806,312	132,987,799	137,453,765
1.2 Health Promotion and Disease Prevention	350,697,145	350,697,145	295,772,937	291,518,794	354,326,520	351,381,857	305,929,930	315,767,073
1.3 Health Security	55,329,126	55,329,126	54,896,463	47,908,379	64,846,100	61,983,921	73,097,007	59,951,642
Subtotal	524,176,417	524,176,417	468,819,547	457,937,319	560,731,379	538,172,090	512,014,736	513,172,480
Internal Services Subtotal	90,520,268	90,520,268	90,067,773	89,709,613	106,692,281	98,797,095	109,482,900	106,483,749
Total	614,696,685	614,696,685	558,887,320	547,646,932	667,423,660	636,969,185	621,497,636	619,656,229

Planned spending increased in 2014–15 and subsequently will decrease in 2015–16 as the Agency makes the final payment of $49.7 million under the Hepatitis C Health Care Services Program.

Alignment of Spending With the Whole-of-Government Framework

Alignment of 2014–15 Actual Spending with the Whole-of-Government-Framework Spending Area[xxxix] (dollars)

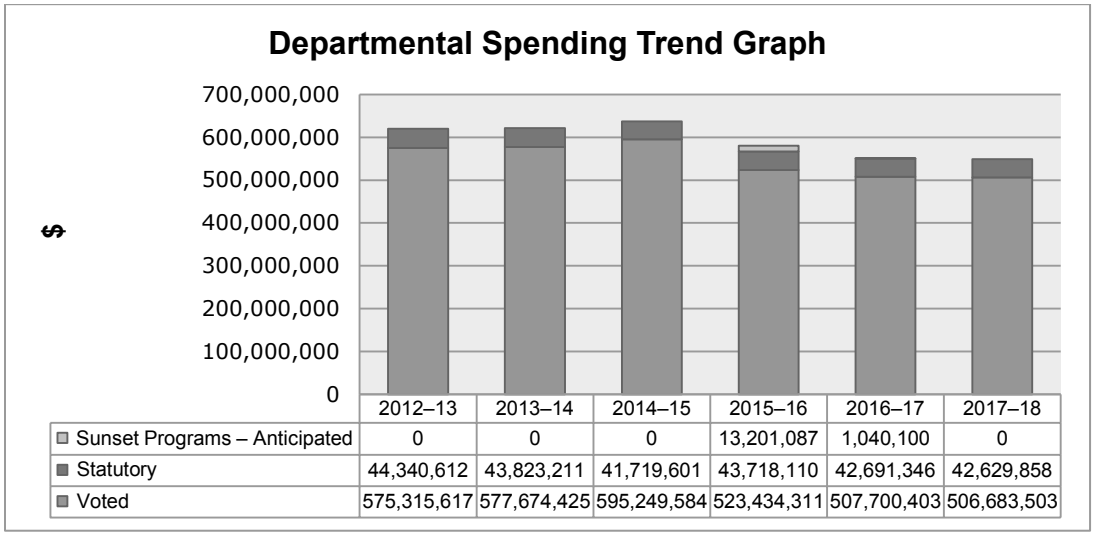
Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2014–15 Actual Spending
Protecting Canadians and empowering them to improve their health	1.1 Public Health Infrastructure	Social Affairs	Healthy Canadians	124,806,312
	1.2 Health Promotion and Disease Prevention	Social Affairs	Healthy Canadians	351,381,857
	1.3 Health Security	Social Affairs	A Safe and Secure Canada	61,983,921

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending	Total Actual Spending
Economic Affairs	N/A	N/A
Social Affairs	524,176,417	538,172,090
International Affairs	N/A	N/A
Government Affairs	N/A	N/A

Departmental Spending Trend

Departmental Spending Trend Graph



The changes in spending are associated primarily with issuing the final payment for the Hepatitis C Health Care Services Program in 2014–15 and sunsetting of some temporary Agency programs, including: Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad, Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games, and Installation of Automated External Defibrillators and Associated Training in Recreational Hockey Arenas across Canada.

Expenditures by Vote

For information on the Agency's Votes and statutory expenditures, consult the *Public Accounts of Canada 2015*[xl] on the Public Works and Government Services Canada website.[xli]

Section II: Analysis of Programs by Strategic Outcome

Strategic Outcome: *Protecting Canadians and empowering them to improve their health*

Program 1.1: *Public Health Infrastructure*

Description

The Public Health Infrastructure Program strengthens Canada's public health workforce capability, information exchange, and F/P/T networks, and scientific capacity. These infrastructure elements are necessary to support effective public health practice and decision making in Canada. Working with federal, provincial and territorial stakeholders and within existing collaborative mechanisms, the Program supports planning for and building consensus on strategic and targeted investments in public health infrastructure, including training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services; surveillance; outbreak response capacity; and national laboratory coordination. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system. Key stakeholders include local, regional, provincial and national public health organizations, practitioners and policy makers, researchers and academics, professional associations and non-governmental organizations.

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2014–15 Total Authorities Available for Use	2014–15 Actual Spending (authorities used)	2014–15 Difference (actual minus planned)
118,150,146	118,150,146	141,558,759	124,806,312	6,656,166

Actual spending was higher than planned primarily due to additional funding to respond to the Ebola virus outbreak, renewed funding for the Genomics Research and Development Initiative, and a re-alignment of resources.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
740	717	(23)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Canada has the public health system infrastructure to manage public health threats of domestic and international concern	Level of Canada's compliance with the public health capacity requirements outlined in the *International Health Regulations (IHR)*	3 (by March 31, 2015)	2
Canada is able to use highly specialized laboratory technologies to identify and characterize pathogens in support of public health surveillance and investigation of disease outbreaks	The number of pathogens for which molecular typing is offered by national laboratories	128 (by March 31, 2015)	131

Performance Analysis and Lessons Learned

The Agency continued to strengthen Canada's public health infrastructure, and provided specialized laboratory expertise that enabled Canada to detect and respond to infectious disease threats during the year.

- Over 10 years of Ebola virus research and analysis at the National Microbiology Laboratory[xlii] led to, in 2014–15:
  - Discovery of two of the three antibodies used to create the ZMapp™ drug treatment for Ebola; and
  - Support for clinical trials of a promising Ebola vaccine (VSV-EBOV) by donating 800 vials to the World Health Organization (WHO) for trials in West Africa and elsewhere.
- The Agency advanced its ability to improve pathogen detection and enhance outbreak investigations through the use of genome sequencing and the development of biological data tools to improve the efficiency of data analysis.
- New methods and tests to monitor, analyze, and collect drug resistance data were developed, and are enhancing Canadian antimicrobial resistance surveillance activities (e.g., drug-resistant gonorrhea).
- PulseNet Canada applied genomic methods to support timely detection and public health response to 10 multi-jurisdictional food-borne outbreaks.

- To support measles case investigations, Agency laboratories implemented genotyping technologies and developed a rapid test to distinguish between vaccine-related rash and true measles cases, thus informing public health response. Molecular surveillance confirmed that measles had been eliminated in Canada by demonstrating that all outbreaks originated from outside Canada.
- The Agency's annual report to the WHO on the implementation of the *International Health Regulations* (IHR) reaffirmed that Canada continues to maintain and strengthen core public health capacity requirements outlined in the IHR (level 2).
    - Canada continues to work toward an advanced capability level 3 rating[5], and has surpassed level 2 in key areas of detection, assessment, notification and response to national and international public health threats. This was demonstrated through Canada's response to Ebola with domestic preparedness efforts, enhanced border security protocols, a mechanism to report travellers under public health observation, as well as testing of core laboratory functions, surveillance systems, and preparedness measures.

Sub-Program 1.1.1: *Public Health Capacity Building*

Description

The Public Health Capacity Program contributes to the development and maintenance of a Canadian public health workforce which has the depth and capability to respond to public health issues and requirements at any time. Working with federal, provincial and territorial partners and stakeholders, the Program provides training and support to public health professionals to support this group to carry out core functions and respond effectively and cooperatively to public health events. The Program takes a leadership role in: developing strategies for public health human resources; identifying core competencies required for public health workforce; offering training for public health practitioners to be able to carry out core public health functions; strengthening national capacity to quickly respond to disease outbreaks and public health events; and providing funding to academia to strengthen and advance research and innovative methods in public health. The Program uses funding from the following transfer payment: Public Health Scholarship and Capacity Building Initiative.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
16,611,472	13,466,486	(3,144,986)

[5] Level 3 involves the generation of information, products and tools that reflect models of best practices and standards that can be adopted or shared globally.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
122	88	(34)

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Public health partners have the competencies and capabilities to execute their public health functions	Percent of PHAC field staff who say that their competencies have improved	85 (by March 31, 2017)	91.5
	Percent of public health practitioners who took PHAC training who say they are better equipped to perform public health functions	80 (by March 31, 2015)	88
	Percent of public health host organizations who say that PHAC field staff contributed to their capacity to respond to public health events	83 (by March 31, 2015)	72

Performance Analysis and Lessons Learned

Through this Sub-Program, the Agency continued to focus on targeted strategies to address public health workforce needs in Canada and helping to build the skills of people with public health responsibilities.

- The Agency placed 23 field staff (eight field epidemiologists and 15 public health officers) in public health organizations across Canada, including the North. They were engaged in projects to build public health capacity, such as supporting front-line staff in gaining skills and using epidemiological methods to collect and interpret data from administrative sources, surveys, surveillance programs and outbreak investigations.
    - Learning that public health host partners for these placements reported lower satisfaction with the contribution of Agency field staff than the target level, the Agency responded by working with these partners to improve placement effectiveness and developed a Strategic Policy Framework that defines placement selection criteria and documents public health capacity gaps.
- The Skills Online[xliii] program enabled 646 public health professionals such as public health nurses, public health inspectors, nutritionists and medical officers of health from across the country to maintain or build competencies in epidemiology, outbreak investigation and management, surveillance and related skills.
- The Agency worked with partners to implement new processes and tools to improve public health workforce management practices, so that Canada consistently has people with the competencies and capabilities needed to address public health needs.

Sub-Program 1.1.2: *Public Health Information and Networks*

Description

The Public Health Information and Networks Program facilitates federal, provincial, and territorial coordination and collaboration, and establishes core structures to facilitate access to accurate and reliable information, tools and models required by Canadian public health professionals to perform their public health duties effectively. Working with federal, provincial and territorial partners through the Public Health Network, the Program provides leadership by consulting and undertaking collaborative planning for public health strategies and addressing issues affecting the sharing of information for effective surveillance and action. The Program also invests in tools and processes to allow public health practice and core public health functions to be informed by evidence and applied knowledge; develops scenarios for population and public health research, and prepares models for economic analysis to support effective decision making. The Program uses funding from the following transfer payments: Assessed Contribution to the Pan American Health Organization, National Collaborating Centres for Public Health, and Grants to eligible non-profit international organizations in support of their projects or programs on health.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
30,318,374	30,418,598	100,224

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
85	57	(28)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues	Number of jurisdictions who sign the Multi-lateral Information Sharing Agreement on infectious diseases and public health events	4 (by December 31, 2014)	12

Public health organizations are engaged and participate in collaborative networks and processes	Percent of collaborative initiatives/projects delivered and/or on track based on work plans by fiscal year	70 (by March 31, 2015)	56[6]
Public health professionals and partners have access to reliable, actionable public health data and information	Percent of public health professionals and partners who responded that the Chief Public Health Officer's (CPHO) Report on the State of Public Health in Canada was useful	75 (by March 31, 2015)	87

Performance Analysis and Lessons Learned

Under this Sub-Program, the Agency continued to advance surveillance and information-sharing initiatives with stakeholders and support the Public Health Network (PHN).[xliv]

- As a result of the Agency leading the national public health response to the Ebola virus outbreak, there was a substantial refocus of PHN priorities to include: collaborative treatment capacity, personal protective equipment, communications, and domestic air transport/medical evacuation.
  - Significant progress was made on all four priorities as well as PHN commitments related to the National Immunization Strategy, the Canadian Pandemic Influenza Plan and Healthy Weights.[xlv]
- The Agency advanced F/P/T initiatives related to surveillance and information sharing. For example:
  - The Multilateral Information Sharing Agreement (MLISA)[7] was completed and signed by 12 F/P/T jurisdictions which exceeded expectations;
  - The Agency, in collaboration with its P/T partners, helped advance the development of the Blueprint for a Federated System for Public Health Surveillance in Canada.[8] The vision and priority areas for action were approved in principle by the Pan-Canadian Public Health Network Council/Council of Chief Medical Officers of Health in January 2015; and
  - A lesson learned from both the MLISA and the Blueprint processes is that active, long-term engagement and collaboration with key partners and stakeholders is required. Since public health activity often crosses jurisdictional boundaries, multi-jurisdictional approaches to addressing public health needs are indispensable for stakeholders to be effective within their roles and mandates.

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[6] Actual results are below target primarily due to delays associated with the need to refocus efforts and resources to respond to the Ebola virus outbreak.

[7] MLISA is a legal instrument that articulates how and what information on infectious diseases and urgent public health events will be shared between signatory jurisdictions.

[8] This Blueprint is a comprehensive policy guidance document consisting of a vision for surveillance in the federated system and an action plan for enabling the development and implementation of an infrastructure for more effective collaboration on public health surveillance.

- The implementation of the Open Data Action Plan for Surveillance Holdings increased access to and dissemination of surveillance data through the Open Data Portal.[xlvi]
- The Chief Public Health Officer's Report on the State of Public Health in Canada, 2014[xlvii] examined public health in the future with a focus on demographics, climate change and digital technology as a tool for public health. An online survey indicated that 87% of respondents found the report to be useful.

Sub-Program 1.1.3: *Public Health Laboratory Systems*

Description

The Public Health Laboratory Systems Program is a national resource providing Canada with a wide range of highly specialized scientific and laboratory expertise and access to state of the art technologies. The Program informs public health professionals at all levels of government to enable evidence-based decision making in the management of and response to diseases and their risk factors. The Program conducts public health research; uses innovative approaches to advance laboratory science; performs reference laboratory services; contributes to public health surveillance; provides outbreak response capacity; and leads national public health laboratory coordination. The Program also addresses public health risk factors arising from human, animal and environmental interactions by conducting research, surveillance and population risk analysis. These combined efforts work to inform infectious and chronic disease-specific strategies and prevention initiatives. The knowledge generated and translated by the Program supports the development and implementation of national and international public health policies, guidelines, interventions, decisions and action that contribute to the lifelong health of the population.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
71,220,300	80,921,227	9,700,927

Actual spending was higher than planned primarily due to additional funding to support the response to the Ebola virus outbreak, renewed funding for the Genomics Research and Development Initiative,[xlviii] and a re-alignment of resources within the Agency.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
532	572	40

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Decisions and interventions to protect the health of Canadians are supported by research and reference/testing services	Percent of accredited reference laboratory tests that are conducted within the specific turnaround times	95 (by March 31, 2015)	95.78
	Percent of clients indicating overall satisfaction with laboratory reference services as “satisfied” or “very satisfied”	90 (by March 31, 2015)	97.03
	# of citations to Agency laboratory research publication to demonstrate knowledge transfer uptake	1,800 (by March 31, 2015)	2,138[9]

Performance Analysis and Lessons Learned

The Agency drew on its laboratory infrastructure and strengths to address a wide range of public health priorities during the year.

- The Agency employed its Containment Level 4 laboratory capacity to provide safe, efficient and accurate testing for 39 domestic Ebola investigations that all tested negative. These requests for Ebola testing demonstrated heightened domestic vigilance and Canada’s capacity to provide highly-specialized laboratory testing.
- In response to a widespread EVD-68 outbreak associated with respiratory illness in children across Canada and the U.S.A., 970 specimens were tested resulting in 282 positive cases identified and their data were shared internationally to support worldwide tracking of severe strains.
- Using state-of-the-art testing methods, the Agency identified over 500 non-endemic cases of chikungunya[xlix] virus among returning Canadian travellers. A risk model was developed predicting the potential expansion of the virus into Canada to support a pre-emptive public health action plan.
- Under the Canadian Integrated Program for Antimicrobial Resistance (CIPARS), the Agency monitored the impact on human illness of antimicrobials on the food supply. Highlights included:
    - Collection and analysis of food-chain antimicrobial use and antimicrobial resistance surveillance information, methods and expertise were shared with government partners in Canada and internationally; and
    - Improved testing for resistance to carbapenems, a "last line of defense" class of antibiotics recognized as at risk of entering the food chain internationally.

[9] The number of citations is based on a three-year rolling average that can fluctuate primarily due to public health events, the timing of the release of publications, and changes in organizational structure. Uptake of information depends on the visibility of the event (e.g., Ebola), publication in high profile journals, the nature of the article, and the popularity of the media being used.

- Canada's public health laboratory capacity was enhanced through innovative testing methodology, processes and leadership such as development of:
  - Molecular diagnostic methods and provision of Influenza A (H7N9) protocols to provincial public health laboratories; and
  - Testing controls for emerging viruses including Influenza A (H5N1, H7N9), MERS-CoV (Middle East respiratory syndrome coronavirus) and the Ebola virus which enhanced national testing capacities and increased Canada's preparedness to detect and respond to emerging viruses.
- The Agency provided leadership in determining the types and sources of bacteria linked to cases of human infections from food, water and the environment, such as Salmonella and *E.coli*. Support for the FoodNet surveillance program and reference testing services contribute to preventing future cases of severe food-borne illness.
- In partnership with the U.S., U.K., and the Netherlands, the Agency standardized a method[i] to type *C. difficile*, a serious health-care associated infection, in order to share strain typing data in support of global surveillance efforts.

Program 1.2: *Health Promotion and Disease Prevention*

Description

The Health Promotion and Disease Prevention Program aims to promote better overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and controlling chronic and infectious diseases. Working in collaboration with provinces and territories, the Program develops and implements federal aspects of frameworks and strategies (e.g., Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, national approaches to addressing immunization, HIV/AIDS) geared toward promoting health and preventing disease. The Program carries out primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions. It also undertakes health promotion and prevention initiatives working with stakeholders to prevent and mitigate chronic disease and injury, and to help prevent and control infectious disease.

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2014–15 Total Authorities Available for Use	2014–15 Actual Spending (authorities used)	2014–15 Difference (actual minus planned)
350,697,145	350,697,145	354,326,520	351,381,857	684,712

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
856	845	(11)

Performance Results

Expected Result	Performance Indicators	Targets[10]	Actual Results[11]
Diseases in Canada are prevented or mitigated	Rates per 100,000 of key infectious diseases (HIV)	6.41	5.9
	Rates per 100,000 of key infectious diseases (hepatitis B)	9.17	15.2[12,13]
	Rates per 100,000 of key infectious diseases (hepatitis C)	28.82	29.6[13]
	Rates per 100,000 of key infectious diseases (tuberculosis)	3.6	4.7[14]
	Rates per 100,000 of key infectious diseases (*E. coli* 0157)	1.39	1.28
	Rates per 100,000 of key infectious diseases (salmonella)	19.68	21.95[15]
	Rates per 100,000 of key infectious diseases (invasive pneumococcal disease in children of less than one year old)	28	17.86[16]
	Rates per 100,000 of key infectious diseases (invasive pneumococcal disease in children ages one to four years)	20	11.21[16]

[10] To be achieved by March 31, 2015.

[11] These results were obtained through national and/or pan-Canadian surveillance and survey approaches. Where cycles provide for new information, the actual results will be updated along with the latest year of data availability.

[12] The rate of reported cases of hepatitis B for 2013 appears significantly higher than that reported for 2012 due to the integration of newly-available data on the rate of chronic hepatitis B in Ontario, which had a significant impact on the total number of reported cases. The Agency has since revised the 2012 rate to 15.9 per 100,000 population to reflect the more comprehensive dataset. The 2013 rate thus indicates a 4% decrease in reported hepatitis B cases compared to 2012.

[13] Rates reflect acute, chronic and unspecified cases. As the majority of newly-acquired cases of viral hepatitis are asymptomatic, early diagnosis is unlikely. As such, the rates reported are believed to reflect primarily chronic cases contracted years prior to diagnosis as opposed to the actual annual incidence of either disease.

[14] The rate reflects new and re-treatment (i.e., re-diagnosis) after previous diagnosis and treatment of cases of active tuberculosis. Monitoring of re-treatment cases is an important component of the Agency's surveillance as these cases may be a marker for drug resistance. Higher than average rates of active TB that persist among Aboriginal people and foreign-born individuals, particularly those from regions in which TB is prevalent, continued to influence significantly the overall national rate, which, at 4.7 per 100,000 for 2013, is among the lowest in the world.

[15] Rates were slightly higher in 2014 as there was a significant increase in Salmonella Enteritidis illness (from poultry), a naturally occurring variance seen over years that can be mitigated by ensuring that food is cooked thoroughly.

[16] Canada has surpassed the long-term disease rate target set at the National Consensus Conference for Vaccine Preventable Diseases in Canada (June 2005), in part through the development of new vaccines and implementation of vaccination programs.

	Rates per 100,000 of key infectious diseases (pertussis deaths in the target population of less than or equal to three months of age)	0	0.52[17]
	Rates per 100,000 of key infectious diseases (invasive meningococcal disease)	0.7	0.3[18]
	Rate of key chronic disease risk factors (% of adults aged 20 and over that report being physically active)	50.1[19]	53.4[20]
	Rate of key chronic disease risk factors (% of the population of children and youth aged 5 to 17 who are overweight or obese)	31.5[21]	31.2[22]

Performance Analysis and Lessons Learned

Under this Program, the Agency took action on a variety of health promotion and disease prevention priorities.

- The Agency's ongoing focus on raising public and health professional awareness of high-priority health issues and targeted prevention initiatives, included:
  - Advancing the Lyme Disease Action Plan through an awareness campaign that reached more than one million Canadians;
  - Supporting the implementation of Tuberculosis Prevention and Control in Canada: A Federal Framework for Action,[li] by collaborating with P/T and other partners to address tuberculosis among Aboriginal people and foreign-born populations by exploring screening approaches and protocols for migrants and Northern populations;[23]
  - Launching an antimicrobial resistance campaign[24] during Antibiotic Awareness Week that educated the public and public health stakeholders on roles they can play against AMR and on the responsible use of antibiotics. Nearly 50% of physicians surveyed after the campaign recalled having seen AMR messages in outreach media from the Government of Canada during the campaign period;

[17] The disease rate target was set at the National Consensus Conference for Vaccine Preventable Diseases in Canada (June 2005). Analysis of the disease trend shows that the numbers of deaths are low, varying between 0 and 3 in any given year, and that pertussis occurs in a cyclical pattern every 2-5 years.

[18] Canada has surpassed the long-term disease rate target set at the National Consensus Conference for Vaccine Preventable Diseases in Canada (June 2005), in part through the development of new vaccines and implementation of vaccination programs.

[19] This baseline was obtained through the Canadian Community Health Survey (2009–10*)*. Over time, the objective is to achieve an upward trend for physical activity.

[20] Current reporting is based on CCHS data for 2013.

[21] This baseline was obtained through the Canadian Health Measures Survey (2009–11). Over time, the objective is to achieve a downward trend for obesity and overweight.

[22] Current reporting is based on CHMS data for 2012-13; Cycle 3.

[23] Persistently higher-than-average rates of active tuberculosis among these populations continued to influence significantly the overall national rate of 4.7 per 100,000 population in 2013, among the lowest in the world.

[24] During the campaign period, over 950,000 brochures and 25,000 posters were made available to Canadians through physicians and pharmacists. Resources shared via social media generated over 165,000 actions (e.g., "likes", comments) by over 1,400 individuals.

    - Informing travellers about the health risks related to MERS-CoV associated with pilgrimages in Saudi Arabia through an awareness campaign of information sheets and posters distributed in 5 languages across Canada; and
    - Providing Canadian travellers with warnings on infectious diseases, such as chikungunya and polio, through up-to-date Travel Health Notices[lii] and the Agency's website.[liii]
- The Agency continued to work with P/Ts, private, and not-for-profit sectors to support innovative partnerships promoting healthy active lifestyles among Canadians to mitigate and reduce their risks of developing chronic diseases.
    - The Play Exchange[liv] is the Agency's flagship healthy living and chronic disease prevention initiative that used an innovative partnership model, crowdsourcing, and citizen engagement approaches to attract more than 400 ideas to promote healthier, active living. Finalists were featured in a CBC television special,[lv] seen by over 300,000 viewers. After 80,000 votes were tabulated, Trottibus[lvi] was the winner of up to $1 million in investment funding from the Government of Canada to put an active living plan into action across Canada.
    - More generally, the Agency created new multi-sectoral partnerships promoting healthy active lifestyles to mitigate and reduce the risk for chronic disease. The partnerships have leveraged $27.6 million of private sector funding (as of February 2015), harnessed expertise from other sectors, fostered innovative solutions, and helped to expand the Agency's reach to new audiences.

Sub-Program 1.2.1: *Infectious Disease Prevention and Control*

Description

The Infectious Disease Prevention and Control Program is the national focal point for efforts to help prevent, mitigate and control the spread and impact of infectious diseases in Canada. The Program provides leadership for integrating activities related to surveillance, laboratory science, epidemiology, research, promotion, modeling, intervention and prevention, including immunization. Applying an evidence-based approach, the Program informs targeted prevention and control initiatives for many infectious disease threats including acute respiratory and vaccine preventable infections (e.g., influenza, measles), sexually transmitted and blood borne infections (e.g., hepatitis B and C, HIV), hospital associated infections (e.g., *C. difficile*), and human diseases resulting from environmental exposures to food, water, animals and other vectors (e.g., Listeria, *E.coli* O157, West Nile virus). This Program reinforces efforts to protect the health and well-being of Canada's population, reinforces efforts to reduce the economic burden of infectious disease and provides expert advice to federal, provincial and territorial partners and stakeholders. The knowledge generated and translated by this Program influences and enables the development and implementation of public health policies, guidelines, interventions and action—including those required to meet Canada's *International Health Regulations* obligations—and helps to guide the population in their decisions regarding their personal health and that of their families.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
97,431,091	51,905,327	(45,525,764)

Actual Spending was less than Planned Spending primarily due to the payment of the Hepatitis C Health Care Services program that was planned under the Infectious Disease Prevention and Control Sub-Program, but was more appropriately spent under Conditions for Health Living.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
314	324	10

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
New emerging and re-emerging infectious disease trends are identified and responded to in a timely manner	Percent of operational plans developed within six months to address new emerging and re-emerging infectious disease trends for non-outbreak situations of potentially serious consequence	75 (by March 31, 2015)	100[25]
Actively engage Canadians on infectious disease issues	Percent uptake of information via social media outreach mechanisms	0.6 (by March 31, 2015)	2.0[26]

Performance Analysis and Lessons Learned

The Agency continued to be a focal point on infectious disease for information for Canadians, public health professionals, governments and other partners.

- Infectious disease surveillance data to support timely stakeholder analysis, detection and response to existing and emerging threats was made available, including release of data on:
  - Influenza seasons from FluWatch[lvii] for 2008 to 2014 through the Government of Canada's Open Government Portal;
  - Food-borne hospitalization and death estimates to public health stakeholders;

[25] Actual results are 100 percent as a result of full compliance with Agency internal planning requirements.
[26] The increased uptake of information via social media is partly due to interest in public health events such as Ebola, Lyme Disease, and chikungunya, increased interest and endorsements from reputable media outlets, and Agency contributions to public health (e.g., awareness campaigns).

    - Infectious diseases, such as measles and rubella, through weekly web reports; and
    - An integrated national picture of antimicrobial resistance and antimicrobial use in Canada through the Canadian Antimicrobial Resistance Surveillance System (CARSS) – of a new national approach to monitoring and reporting antimicrobial resistance – and the release of the first CARSS report.[lviii]
- The Agency enhanced Northern community and partner capacity and engagement by:
    - Increasing the reach of the updated Canadian Tuberculosis Standards[lix] throughout the North by providing printed copies where online access may be limited; and
    - Monitoring vaccine preventable infectious diseases in Northern Canada through the International Circumpolar Surveillance system, enabling data-sharing that informs infectious disease prevention and control strategies for Aboriginal populations.
- The Agency developed key knowledge products for health professionals, such as:
    - A revitalized Canada Communicable Disease Report [lx] that includes scientific information on Ebola, chikungunya, and Lyme, as well as surveillance information on food safety and antimicrobial resistance;
    - A mobile application for the Canadian Guidelines on Sexually Transmitted Infections,[lxi] giving front-line healthcare workers recommendations on screening, diagnosis and treatment;
    - Updated guidelines for preventing the spread of the Ebola virus, including practical recommendations for Canadian healthcare settings and workers;
    - New guidance materials such as A Parent's Guide to Vaccination,[lxii] and 25 reports and 29 publications to support early detection of and response to food-borne illness; and
    - Improvements to the interactive Notifiable Diseases On-Line[lxiii] website increasing access to, and utility of, data and trends on the 59 notifiable diseases.

Sub-Sub-Program 1.2.1.1: *Immunization*

Description

The Immunization Program reduces the burden of infectious disease and contributes to higher life expectancies for Canada's population and lower costs to the health care system by supporting vaccine accessibility in Canada. Under the framework of the National Immunization Strategy, the Immunization Program seeks to protect all of the population from vaccine preventable diseases by providing a science-based approach for the use of existing and the introduction of new vaccines, encouraging maximum vaccine uptake and coverage, providing information on vaccine surveillance and safety, and ensuring a safe and affordable supply of vaccines. In this regard, the Program enables provinces and territories to access vaccines at a reduced cost through bulk purchases so a supply of vaccine is available in the event of an outbreak. The Program also supports the work of the National Advisory Committee on Immunization which provides expert advice on vaccine use for all jurisdictions in Canada.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
7,687,121	5,939,454	(1,747,667)

Actual Spending was less than Planned Spending primarily due to a contract for immunization that should have been included in the Immunization Sub-Sub-Program, but was reported under Infectious and Communicable Diseases.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
35	32	(3)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Constructive engagement and support of public health stakeholders	Percent of population covered by functioning immunization registries	95 (by March 31, 2017)	Due 2017
Elimination status of measles, rubella, congenital rubella and polio in Canada is maintained through immunization against these diseases and surveillance of importations to Canada	% of WHO elimination/eradication verification criteria met	95 (by March 31, 2015)	100

Performance Analysis and Lessons Learned

Increased public interest and media coverage on the emergence of vaccine-preventable illnesses served to underline the value of the immunization activities that are the focal point of this Program. In this regard, the Agency:

- Continued to strengthen vaccine research and innovation by partnering with other federal departments and consulting with key public health stakeholders to identify priority pathogens for future human vaccine research and development, and posting these priorities online to encourage this research;
- Continued to conduct the adult National Immunization Coverage Survey to help monitor trends, identify under-immunized populations, meet international reporting obligations and inform immunization programs;

- Enhanced security of vaccine supply for Canadians by:
  - Developing and approving a Security of Vaccine Supply Protocol which promoted cooperation among F/P/T immunization authorities;
  - Awarding 2015-16 influenza vaccine supply contracts with strategies to minimize supply issues where possible; and
  - Developing a draft Vaccine Supply Risk Management Strategy for Canada for consideration by the Public Health Network Council.
- Collaborated with the Canadian Institutes of Health Research to launch the Canadian Immunization Research Network (CIRN)[lxiv] through a three-year grant of $6.6 million. Research supported by CIRN will inform important public health policy on topics such as vaccine hesitancy and adverse events and will increase national capacity to respond to infectious disease threats; and
- Collaborated with stakeholders to deliver the 2014 Canadian Immunization Conference[lxv] the largest national immunization learning event in Canada. The conference's accreditation enables physicians to earn professional continuing education credits, and provides the latest information and research on immunization to support health care providers in patient care.

Sub-Sub-Program 1.2.1.2: *Infectious and Communicable Diseases*

Description

The Infectious and Communicable Diseases Program supports the prevention and control of infectious diseases by monitoring emerging and re-emerging infectious diseases which are identified by the Agency as leading causes of hospitalization and death in Canada, and by developing strategic approaches to reduce the likelihood of infection. The Program monitors and reports risk factors and trends associated with infectious diseases and works collaboratively with federal, provincial, territorial, and international partners to develop national approaches to manage infectious disease threats and decrease the transmission of communicable diseases and infections (such as hospital associated infections, sexually transmitted infections, HIV/AIDS, hepatitis B and C, tuberculosis, vaccine preventable diseases and other respiratory infectious diseases). The Program also seeks to reduce the risk and incidence of infections and injuries associated with blood transfusions and organ transplantation by providing knowledge products to federal, provincial, and territorial health care experts. This Program, informed by science, uses this knowledge to prevent infectious disease outbreaks and generate guidelines, education materials, frameworks and reports to guide decision making to support public health action. These activities inform national action plans and global responses to prevent and control infectious diseases, in accordance with the *International Health Regulations*. The Program uses funding from the following transfer payments: Federal Initiative to Address HIV and AIDS; Hep C Program.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
75,385,473	31,871,251	(43,514,222)

Actual Spending was less than planned Spending primarily due to the payment of the Hepatitis C Health Care Services program that was planned under the Infectious and Communicable Diseases Sub-Sub-Program, but was more appropriately spent under Healthy Communities.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
193	206	13

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Reduce the annual rate of active TB infections in key populations	The annual rate per 100,000 of active tuberculosis cases in key populations	3.6 (by March 31, 2015)	4.7[27]
Up-to-date guidance information on prevention and control of infectious disease is available to provincial and territorial public health officials and other stakeholders to support policy and operational decisions	Percent of emerging and re-emerging infectious disease guidance information requiring update that is updated and disseminated annually	90 (by March 31, 2015)	71[28]
Infectious disease surveillance information is available to support evidence based decision making	Percent of surveillance disease reports associated with key emerging and re-emerging infectious diseases that are updated and disseminated annually	90 (by March 31, 2015)	98

[27] This rate reflects new active and re-treatment cases of active tuberculosis. Despite stable or declining rates of active tuberculosis in the general population, Canada's overall rate of reported cases of active TB continues to be driven by disproportionately higher rates among Aboriginal people and foreign-born populations. Source: Tuberculosis in Canada 2013 – Pre-release[lxvi]

[28] Results are below target primarily due to delays associated with the need to refocus efforts and resources to respond to the Ebola virus outbreak.

Performance Analysis and Lessons Learned

The Agency supported the prevention and control of infectious diseases by monitoring emerging and re-emerging infectious diseases and by developing strategic approaches to reduce the likelihood of infection.

- During the year, Tuberculosis (TB) continued to be a focus of attention with the Agency supporting the implementation of Tuberculosis Prevention and Control in Canada: A Federal Framework for Action[29, lxvii] by leading collaborative action to address and increase awareness of persistently high rates of active TB in certain communities. The Agency also worked with HC and provincial authorities to explore early intervention methods targeting northern populations at risk for Tuberculosis.
- The Agency worked with stakeholders to develop an F/P/T approach for responding to infectious and communicable disease outbreaks and other public health events. The approach focuses on common principles to guide responses, combined with event-specific expertise and protocols reflecting the type of event or outbreak.
- The Agency provided leadership through:
  - Four Vaccine Preventable Disease Reports[lxviii] that provide information to health professionals on invasive bacterial diseases;
  - Consultations with public health decision-makers to identify stakeholder information needs related to a planned evaluation of FluWatch, so that the evaluation can better inform improvements to influenza surveillance and outbreak response;
  - Establishment of a Canadian Blood Safety Contribution Program Action Plan that responds to recent evaluation recommendations[lxix] by providing for the enhancement of surveillance systems and timely data, including new service standards for national-level blood safety reporting, as well as expanded tools for public health professionals; and
  - Expanded knowledge dissemination activities by doubling the audience for the Agency's Communicable Infectious Disease Webinar Series from 2013–14[30] with topics such as AMR, tuberculosis, and sexually-transmitted and bloodborne infections (STBBIs), sessions on the updated Canadian Tuberculosis Standards[lxx] and the Agency's Interim Guidance to prevent and control MERS-CoV,[lxxi] reaching over 1,500 stakeholders. Almost 90% of 2014–15 participants indicated their intent to apply the webinar information in their work.

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29 See section 1.2 for more information.

30 The delivery of the webinars continued to support the Agency's response to the Evaluation of Community Associated Infections Prevention and Control Activities at the Public Health Agency of Canada[lxxii] and the Evaluation of the Federal Initiative to Address HIV/AIDS in Canada (2008-09 to 2012-13).[lxxiii]

Sub-Sub-Program 1.2.1.3: *Food-borne, Environmental and Zoonotic Infectious Diseases*

Description

The Food-borne, Environmental and Zoonotic Infectious Diseases Program seeks to reduce the risk of food-borne, water-borne, environmental and zoonotic diseases in Canada which have the potential to adversely impact the health of Canada's population. By examining the interrelationship between the environment and human health, the Program develops and disseminates measures to address the risks associated with infectious disease threats such as salmonella, *E.coli* 0157, West Nile virus, Legionella, and Listeria, including emerging antimicrobial resistance. The Program undertakes national surveillance of zoonotic diseases, targeted research projects with the aim of reducing infectious disease emergence, and manages Canada's national and international response to food- and water-borne disease outbreaks; and addresses the risk associated with rising global population mobility through enhancing evidence-based information. The Program works with federal, provincial, territorial, and regional stakeholders as well as international public health organizations to address emerging global food-borne, water-borne, environmental and zoonotic infectious diseases, in keeping with Canada's obligations under the *International Health Regulations*.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
14,358,497	14,094,622	(263,875)

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
86	87	1

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Evidence of knowledge uptake of food safety surveillance information	Percent of surveillance information uptake by stakeholders	90 (by March 31, 2015)	81.5[31]
Multi-jurisdictional food-borne and zoonotic illness outbreaks are detected and responded to in a timely manner	Percent of significant multi-jurisdictional clusters that are assessed for further investigation within 24 hours of notification	90 (by March 31, 2015)	93
Public access to information on Travel Health via social media	Number of referrals from social media to the travel health section of the Web site	12,000 (by March 31, 2015)	65,913[32]

Performance Analysis and Lessons Learned

The Agency continued its ongoing work of building the knowledge base that Canadians and the public health community can use to better understand and address current or potential threats from food-borne, water-borne, environmental and zoonotic diseases in Canada.

- Climate change and its potential impacts on infectious diseases continued to be an emphasis as the Agency partnered with key stakeholders through activities such as:
  - Estimating the direct health care costs of Lyme disease in Ontario;
  - Investigating the impact of extreme weather events on gastrointestinal illness in vulnerable drinking water systems;
  - Developing a Public Health and Flooding Adaptation Framework for local public health use in adapting to extreme precipitation and flooding in the context of climate change; and
  - Disseminating a decision analysis tool for Lyme and similar vector-borne diseases.
- The Agency issued a 2009-2012 Lyme Disease Surveillance Program report,[lxxiv] which detailed disease emergence and trends to enable public health partners to target communities at risk with communication and intervention strategies.
- The Agency strengthened Canada's food-borne illness outbreak capacity by:
  - Developing an Enteric Outbreak Investigation Toolkit to support outbreak investigations involving multiple jurisdictions in Canada; and

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[31] 55% of the publications for the last three years were in 2014–15. As of early 2015, fewer of these articles have been referenced, accounting for the slightly below target uptake.

[32] During the reporting period, the variance between the target of 12,000 social media referrals and the actual result of 65,913 can be attributed to the surge in additional social media posts related to: Ebola Virus Disease outbreak, emergence of local transmission of chikungunya virus in the Caribbean and Americas, and first documented case of H7N9 infection in a human in North America.

- Expanding FoodNet Canada from one site (Ontario) to three sites (British Columbia, Alberta), and improving its collaboration with the Canadian Integrated Program for Antimicrobial Resistance (CIPARS)[lxxv] to enable both programs to better track food-borne pathogens, antimicrobial resistance, and antimicrobial use among swine, broiler chickens and beef cattle.

Sub-Program 1.2.2: *Conditions for Healthy Living*

Description

The Conditions for Healthy Living Program supports improved health outcomes for Canada's population throughout life by promoting positive mental, social, and physical development, and by enabling the development of healthy communities. Population-wide health promotion efforts that respond to the needs of vulnerable and at-risk populations have been shown to improve health outcomes, especially in circumstances where poor social, physical or economic living conditions exist. The Program contributes to early childhood development, sustains healthy living conditions into youth and adolescence and builds individual and community capacity to support healthy transitions into later life. In collaboration with provinces, territories, stakeholders, and individuals directly affected by a condition or disease, the Program advances priorities and initiatives to promote health and well-being. It also develops, tests, and implements evidence-based interventions and initiatives that can help those facing socially challenging circumstances (e.g., family violence, poor mental health, injuries, communicable infections, and social isolation). Finally, the Program provides evidence-based information for public health policies, practices and programs, and helps to build community public health capacity.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
196,100,516	244,054,008	47,953,492

Actual Spending was more than Planned Spending primarily due to the payment of the Hepatitis C Health Care Services program that was planned under the Infectious Disease Prevention and Control Sub-Sub-Program, but was more appropriately spent under the Conditions for Healthy Living Sub-Program.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
356	336	(20)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Programs, policies and practices to promote health and reduce health inequalities are informed by evidence	Level of usage of science and intervention research evidence in public health policies, practices, programs by key stakeholders	70 (by March 31, 2015)	73[33]
Communities have the capacity to respond to health inequalities of targeted populations	Percent of funded community organizations that leverage multi-sectoral collaborations to support at risk populations	70 (by March 31, 2015)	89[34]
	Percent of funded community organizations that have leveraged funds from other sources	50 (by March 31, 2015)	68[35]

Performance Analysis and Lessons Learned

The Agency continued to support and work with a wide range of partners that share its commitment to the health of all populations in Canada, with particular attention to those facing health inequalities. That work took many forms during the year.

- Research on factors that influence vulnerability to sexually transmitted and blood-borne infections among ethnocultural minorities was translated into strategies for disease prevention programming and policy including the use of culturally-based approaches.
- The Agency established a funding partnership with GeoSentinel, which is a global collaboration of travel medicine clinics that collect data on travel and tropical diseases, giving the Agency access to a multi-disciplinary network of experts on emerging infections in Canada and internationally.
- As part of Canada's contribution to the World Health Organization's 8th Global Conference on Health Promotion, the Agency developed the Toward Health Equity: Canadian Approaches to the Health Sector Role[lxxvi] report. It illustrates Canadian experiences and lessons learned in advancing health equity within health sector policies, programs and practices.

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[33] Of the 730 CAPC, CPNP, AHSUNC and Innovation Strategy (IS) funding recipients surveyed, 535 (73%) have used science and intervention research evidence to inform public health policies, practices, and programs. The indicator is measured based on the proportion of funding recipients reporting having promoted, disseminated or used one or more evidence-based products (e.g. brochures, toolkits, videos) generated by these Agency-funded programs.

[34] Of the 714 CAPC, CPNP, AHSUNC and IS funding recipients surveyed, 633 (89%) leveraged multi-sectoral collaborations (more than three different types of partners) to support at risk populations. The indicator is measured based on the proportion of funding recipients reporting having more than three types of partner organizations.

[35] Of the 714 CAPC, CPNP, AHSUNC and IS funding recipients surveyed, 487 (68%) leveraged additional funds from other sources (i.e., federal government funding other than the Agency's CAPC, CPNP, AHSUNC or IS programs, P/T and regional government funding, not-for-profit organizations, etc.).

- The Health Behaviour in School-aged Children, 1990-2010 Trends Report[lxxvii] was released by the Agency to provide information on young people's health indicators such as mental health, eating habits, physical activity, injuries and bullying that can be used to inform program and policy development.
- A 2014–15 evaluation[lxxviii] of the Innovation Strategy[lxxix] highlighted that, during the 2009–14 evaluation period:
  - Effective interventions to promote mental health and achieve healthier weights were tested, implemented and scaled up in over 500 communities and reached more than 600,000 individuals across Canada;
  - Projects developed partnerships across sectors to achieve results including leveraging an additional 31% in in-kind and financial resources; and
  - The Innovation Strategy model of a phased approach and staggered delivery for each priority area contributed to program efficiencies and allowed for lessons learned to be applied to the delivery of Achieving Healthier Weights projects.

Sub-Sub-Program 1.2.2.1: *Healthy Child Development*

Description

The Healthy Child Development Program promotes improvement of maternal and child health outcomes, and encourages positive health and development throughout the stages of infancy and childhood. Current research demonstrates that building resilience, developing empathy, exposing children to healthy eating practices and promoting breastfeeding can substantially compensate for adverse socio-economic conditions throughout their life. Through social science research, population health and community-based interventions, the Program works to promote positive physical, social and cognitive development, and reduce health inequalities in order to set a positive trajectory for sustained health throughout the life course. The Program engages key stakeholders to identify and address shared priorities related to healthy childhood and adolescent development, including fetal alcohol spectrum disorder, maternal and infant health, positive parenting practices, and health status in Aboriginal and Northern communities. It supports interventions to assist pregnant women, children, adolescents and families who face circumstances such as low socio-economic status, family violence, poor mental health, and isolation. As well, it facilitates knowledge development and exchange of practice guidelines, frameworks for action, training, tools and supports which benefit the Canadian population, their families, other jurisdictions, national non-governmental organizations, and public health practitioners. The Program uses funding from the following transfer payments: Aboriginal Head Start in Urban and Northern Communities, Canadian Prenatal Nutrition Program, Community Action Program for Children, Fetal Alcohol Spectrum Disorder (FASD), and Joint Consortium for School Health.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
133,486,212	133,997,874	511,662

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
140	153	13

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Participation in PHAC funded interventions is positively associated with protective factors for healthy child development	Percent change in school readiness for Aboriginal participants in funded interventions relative to an Aboriginal population of non-participants	15 (by March 31, 2018)	19[36]
	Percent of participants reporting positive parental-child interaction in funded interventions relative to a population of non-participants with comparable socio-demographic characteristics	58.9 (by March 31, 2018)	58.9[37]

Performance Analysis and Lessons Learned

The Agency continued to develop and strengthen engagement with P/Ts, federal departments, non-governmental organizations and other key stakeholders across Canada to extend the impact of the Agency's programs, improving the health outcomes of vulnerable children and their parents.

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[36] Children enrolled in the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program for nine months showed a 19% improvement in school readiness skills. AHSUNC has had a measurable, positive effect on participants' language, social, motor and academic skills, and length of time in the program correlates positively to higher school readiness scores.

[37] 58.9% of participants in funded interventions report positive parental-child interaction relative to a population of non-participants with comparable socio-demographic characteristics. A study conducted in 2011 found that the extent of the caregivers' participation in CAPC was associated with a higher score on positive parental-child interaction. Participants with high exposure to CAPC had significantly better scores than those with very low exposure to the program. In a comparative analysis with a matched National Longitudinal Survey of Children and Youth (NLSCY) sub-sample, the positive interaction scores among CAPC participants aged 2-7 years old were significantly better than the matched sample of NLSCY respondents. As well, the CAPC scores among participants with greater exposure to the program were increasingly better than the matched NLSCY sample.

- The Agency reached 2,230 health and related practitioners across all P/Ts during the year through learning events related to the Nobody's Perfect[lxxx] parenting program and the Mother's Mental Health Toolkit.[lxxxi] In addition, webinars were held on topics, such as:
  - Effective approaches for early childhood educators, parents and families to support Aboriginal children with speech and language difficulties;
  - Approaches to prevent family violence; and
  - The Aboriginal Ways Tried and True Framework, which was launched on the Canadian Best Practices Portal[lxxxii] in September 2014.
- In collaboration with the Breastfeeding Committee for Canada, the Agency released the second edition of Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-Based Programs,[lxxxiii] which provided practical, best practice strategies to promote breastfeeding, receiving 3,100 web hits in 2014–15.
- The Agency partnered with Health Canada and the Government of Nunavut[lxxxiv] to improve the oral health of vulnerable and at-risk children up to age seven.
  - Communities in Nunavut now have Community Oral Health Coordinators who conduct promotion and prevention activities, with all communities being visited at least once by a dental team reaching approximately 2,330 children.
- The Agency continued its partnership with Nunavut Arctic College to advance early childhood education (ECE), and piloted innovative approaches in the delivery of the Aboriginal Head Start in Urban and Northern Communities[lxxxv] Program.
  - The first pilot of the Applied ECE Certificate Program involved 74 childcare workers in nine Nunavut communities.
  - 12 full-time students successfully completed the first year of the inaugural Diploma Program in ECE and 189 adults have received accredited ECE training since 2013–14.

Sub-Sub-Program 1.2.2.2: *Healthy Communities*

Description

The Healthy Communities Program aims to improve the community capacity to contribute to better health outcomes for Canada's population, including those who are vulnerable and at-risk. Evidence demonstrates that supportive social and physical community environments can have a positive impact on health status through the life course. Certain populations such as seniors, new Canadians, Aboriginal Peoples or those living with a communicable or infectious disease, are more likely to experience health challenges that can be prevented or mitigated in a community context. By engaging federal departments, other levels of government and stakeholders, the Program implements shared priorities and health promotion initiatives. The Program develops, adapts and implements promising, innovative population health and community-based initiatives and interventions that equip communities to support the population including those affected by a communicable disease in living the healthiest, most productive lives possible. The Program facilitates the exchange and uptake of evidence-based information to inform decision making for policy and programs and improve public health outcomes within communities. The Program uses

funding from the following transfer payments: Federal Initiative to Address HIV/AIDS, Innovation Strategy, Canadian HIV Vaccine Initiative and Hepatitis C Prevention, Support and Research Program.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
62,614,304	110,056,134	47,441,830

Actual Spending was more than Planned Spending primarily due to the payment of the Hepatitis C Health Care Services program that was planned under Infectious and Communicable Diseases Sub-Sub-Program, but was more appropriately spent under the Health Communities Sub-Program.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
216	183	(33)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Health promotion, policies and practices for supportive community environments are in place	Number of provinces and territories participating in Age Friendly Communities	10 (by March 31, 2015)	10[38]
New Strategic Partnerships to promote health, prevent and control infections, and address barriers to care, treatment and support, are in place across Canada	% of programming funded through Strategic Partnerships	50 (by March 31, 2018)	N/A[39]

[38] To help Canada's seniors lead healthy and active lives and to support community connectedness and seniors' continuing contributions to society, the Agency successfully encouraged the uptake of the Age Friendly Communities initiative in all provinces. Efforts to engage the territories at this time are not realistic given their demographics and current priorities focusing on children and youth.

[39] Beginning in 2014–15, the Agency began moving towards alternate models to support more effective and streamlined delivery of related funding programs. The Agency is piloting a collaborative model with community-based organizations working to address HIV and hepatitis C in Saskatchewan. The results of this pilot will be used to inform new delivery models.

Performance Analysis and Lessons Learned

This Sub-Sub-Program encompasses the ongoing work of the Agency to support action at the community level, typically by community-based organizations, to address a broad range of health promotion priorities with many examples of progress during the year.

- To support safe and healthy communities, the Agency launched "Stop Family Violence",[lxxxvi] a one-stop online source of information for professionals and the public on family violence prevention and response, including intimate partner violence, child maltreatment and elder abuse. Since its launch, the site has averaged 6,500 visits per month.
- The Agency helped to strengthen the evidence base for effective mental health promotion and suicide prevention through development of a Positive Mental Health Indicator Framework which presents data on key mental health outcomes[lxxxvii] and their risk and protective factors. The Agency also developed new indicators of psychological and social wellbeing that helped describe these aspects of Canadians' mental health.
- The Agency enhanced the capacity of community-based organizations to contribute to prevention and support programs related to STBBIs under the Federal Initiative to Address HIV/AIDS in Canada and the Hepatitis C Prevention, Support and Research Program.
  - Programming was integrated to reflect: common risk factors, target populations for these diseases, and related health factors.
  - This integration was reflected in new Terms of Reference for the Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada[lxxxviii] and the National Aboriginal Council on HIV/AIDS.[lxxxix]
  - Three-year funding extensions were approved for 130 community-based projects under a new integrated funding model.[40]
- The majority of participants in a survey on the fact sheet Pregnancy and Women's Mental Health in Canada[xc] reported the information provided was timely (84%) and relevant for their work (80%).
- An Infographic[xci] for health practitioners, seniors and their families related to the Seniors' Falls in Canada: Second Report[xcii] was released in April 2014 to support seniors' health. Since its release, the Report was downloaded 2,229 times (as of March 31, 2015) and was referenced and used by other organizations supporting injury prevention, such as Accreditation Canada, the Canadian Institute for Health Information, and the Canadian Patient Safety Institute's document Preventing Falls: From Evidence to Improvement in Canadian Health Care.[xciii]

[40] For more information, see the Federal Initiative to Address HIV/AIDS in Canada horizontal initiative in the Agency's 2014–15 DPR Supplementary Information Tables.[xciv]

Sub-Program 1.2.3: *Chronic (non-communicable) Disease and Injury Prevention*

Description

The Chronic (non-communicable) Disease and Injury Prevention Program mobilizes and supports governmental and non-governmental organizations at national, provincial/territorial and local levels, and collaborates with international/national multi-sectoral stakeholders in designing, evaluating and identifying best practices, with the goal that policies and programs support healthy living, decrease chronic disease rates and reduce the impact of these diseases on Canada's population. This Program tracks injuries, chronic diseases, their risk factors and related inequalities, analyses the risks to public health, and determines priorities for action. It also identifies what works in chronic disease prevention and mitigation, according to scientific criteria, and disseminates these approaches widely to increase the use of effective interventions. Finally, it facilitates collaboration among stakeholders to increase the efficiency and effectiveness of chronic disease prevention and mitigation. The Program uses funding from the following transfer payments: Integrated Strategy for Healthy Living and Chronic Disease (Cancer, Diabetes, Cardiovascular Disease, Surveillance for Chronic Disease, Healthy Living, and Observatory of Best Practices), Canadian Breast Cancer Initiative, Federal Tobacco Control Strategy, and Promoting Access to Automated External Defibrillators in Recreational Hockey Arenas Initiative.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
57,165,538	55,422,522	(1,743,016)

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
186	185	(1)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Chronic disease prevention priorities for Canada are identified and advanced	Percent of key stakeholders who agree that chronic disease and injury priorities have been advanced through collaboration with PHAC	70 (by March 31, 2015)	72[41]
Chronic disease prevention practice, programs and policies for Canadians are informed by evidence	Level of usage of evidence in chronic disease and injury policies and programs by key stakeholders	7[42] (by March 31, 2015)	7.6[43]
	Percent of key stakeholders using best and promising practices / interventions to inform chronic disease and injury prevention practice	70 (by March 31, 2015)	88[44]

Performance Analysis and Lessons Learned

This Sub-Program continued its ongoing commitment to support knowledge development and action across a range of chronic health conditions and injury prevention priorities during 2014–15. That work generated many examples of value to the health of Canadians.

- The Agency made data on chronic diseases and injuries available on the Government of Canada's Open Data webpage,[xcv] as part of Canada's Action Plan on Open Government.
    - Inclusion of internet based tools on the Agency's Infobase webpage enabled users to help visualize, analyze, interpret and disseminate health indicator data for chronic diseases and injuries - resulting in a 60% increase in visitors to the site.
- The Agency's support to the Canadian Task Force on Preventive Health Care (CTFPHC)[xcvi] resulted in guidelines for primary care practitioners on Prostate Cancer Screening, Growth Monitoring, the Prevention and Management of Overweight and Obesity in Children and Youth, the Prevention of Weight Gain, and the Use of Behavioural and Pharmacologic Interventions to Manage Overweight and Obesity in Adults. In 2014, there was a 16% increase in unique new visitors to the CTFPHC website and a 22% increase in page views.

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41 Of 71 key stakeholders surveyed working in the areas of neurological conditions, autism, and mental health / mental illness, 51 (72%) agreed that these public health priorities were advanced through collaboration with PHAC.

42 The target for this indicator is based on a 1-10 rating scale with 1 being "low" and 10 being a "high" level of usage of evidence. The Agency is targeting an average rating across key stakeholders of 7 or higher.

43 Of 338 key stakeholders surveyed across a range of knowledge products, 257 (76% or 7.6) stated they had used or intended to use the information obtained.

44 Of 335 key stakeholders surveyed, 295 (88%) stated they had used or intended to use information obtained from the Canadian Best Practices Portal.

- Progress in building a national autism spectrum disorder (ASD) surveillance system continues with seven P/Ts joining the system in 2014–15. An ASD Surveillance System Report that describes the basic epidemiology of ASD and details prevalence and incidence estimates in Canada is expected to be released in 2016.
- Initial investments to the Open Water Wisdom Campaign[xcvii] were leveraged by community-based organizations to support continued uptake of educational kits and lifejackets in 2014, with 278 communities indicating their intention to sustain these activities in 2015.
- In collaboration with the Neurological Health Charities Canada,[xcviii] the Agency released Mapping Connections: An understanding of neurological conditions in Canada[xcix] and developed seminars, social media posts, fact sheets, booklets and other items to reach researchers and practitioners.
    - More than 4,600 page views and 1,600 downloads were recorded within the first month of the report's release, with 80% of surveyed stakeholders indicating that the publication met their needs and that they would use the information in their work.

Program 1.3: *Health Security*

Description

The Health Security Program takes an all-hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prepare for and respond to public health issues and events. This Program seeks to bolster the resiliency of the population and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through partnerships with key jurisdictions and international partners. These actions are carried out through the implementation and maintenance of *International Health Regulations* and through the administration and enforcement of legislation, including the *Emergency Management Act*, the *Quarantine Act*, the *Human Pathogens and Toxins Act*, the *Health of Animals Act*, and the *Human Pathogens Importation Regulations*.

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2014–15 Total Authorities Available for Use	2014–15 Actual Spending (authorities used)	2014–15 Difference (actual minus planned)
55,329,126	55,329,126	64,846,100	61,983,921	6,654,795

Actual spending was higher than planned primarily due to additional spending to support Canada's response to the Ebola virus disease outbreak and supplementary purchases of medical countermeasures for the National Emergency Strategic Stockpile.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
243	275	32

Actual FTEs were more than planned primarily due to a re-alignment of resources between Sub-Programs.

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Canada has the partnerships and regulatory frameworks to prevent, prepare for and respond to threats to public health	Percent of partnerships with key jurisdictions and international partners in place to prepare for and respond to public health issues and events	100 (by March 31, 2015)	100
	Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the *Emergency Management Act*, the *Quarantine Act*, the *Human Pathogens and Toxins Act* and the *Human Pathogens Importation Regulations*	100 (by December 31, 2015)	100

Performance Analysis and Lessons Learned

The Canadian and global response to the Ebola virus outbreak during the fiscal year underlined the importance of the ongoing public health security responsibilities encompassed under this Program, which took many forms.

- The Agency began developing the health security framework. Further development of the framework will be informed by lessons learned from the response to Ebola.
- The Agency also continued to enhance its emergency management capacity by participating in Exercise Unified Response[c] in May 2014, the largest nuclear preparedness exercise ever held in Canada. This was to test a coordinated response, including health security, to a significant emergency at a nuclear facility.

Sub-Program 1.3.1: *Emergency Preparedness and Response*

Description

The Emergency Preparedness and Response Program is the central coordinating point among federal, provincial, territorial and non-governmental public health partners. The Program is also

responsible for strengthening the nation's capacity to help prevent, mitigate, prepare and respond to public health emergencies. In order to meet these goals, the Program's interventions include emergency preparedness, emergency planning, training and exercises, ongoing situational awareness and risk assessment, maintenance of a Health Portfolio Operations Centre, coordination of inter-jurisdictional mutual aid, deployment of surge capacity to provinces and territories, and deployment of Microbiological Emergency Response Teams and associated mobile laboratories. The Program seeks to protect all persons living in Canada and provides surge capacity to provinces and territories and fulfills Canada's international obligations for events, such as infectious disease, pandemic influenza and bioterrorism. In addition, it coordinates response to national or man-made disasters and preparedness for mass gatherings and high-profile events. The Program supports the continued implementation of the *Emergency Management Act* and *International Health Regulations*, and it also makes a significant contribution to the Beyond the Border (BTB) initiatives and to the North American Plan for Animal and Pandemic Influenza.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
38,876,207	44,350,211	5,474,004

Actual spending was higher than planned primarily due to additional spending to support the response to the Ebola virus disease outbreak and supplementary purchases of medical countermeasures for the National Emergency Strategic Stockpile.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
146	152	6

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Canada has the capacity to prevent, mitigate, prepare	Percent of all-hazards and disease specific plans and procedures developed, maintained and kept current at all times	100 (by March 31, 2015)	90

and respond to public health emergencies including infectious disease	Percent of inter-jurisdictional mutual aid/federal assistance requests coordinated for domestic and international response and resource sharing within negotiated timelines	100 (by March 31, 2015)	100
	Percent of required health portfolio capabilities ready to respond to events/emergencies on 24/7 basis	100 (by March 31, 2015)	100

Performance Analysis and Lessons Learned

This Sub-Program was a focal point for many of the most high-profile actions by the Agency and the Government of Canada to address the Ebola virus outbreak, demonstrating the effectiveness of the plans and procedures the Agency already had in place to deal with threats to public health.

- The Agency activated its Health Portfolio Operations Centre on July 28, 2014 in anticipation of the WHO declaration that Ebola was a public health emergency of international concern. Canada maintained a 24/7 situational awareness capacity and established a roster of available staff ready to operate within an Incident Management System.
- As part of the domestic preparedness and response strategy in the event of a confirmed case of Ebola in Canada, Rapid Response Teams[ci] were trained and equipped to provide support to provincial/territorial and local health authorities.
- Canada donated personal protective equipment[cii] to the WHO for use in West Africa, as well as mobilizing personnel and assets that supported the front-line public health response in that region.
- The Agency acquired specialized pharmaceuticals for stockpiling and collaborated with partners to advance the development of medical countermeasures to protect Canadians against potential high-risk threats to public health.
- The planned target to complete the Pan-Canadian All Hazards Health Emergency Response Protocols was not achieved as this work was deferred due to the management of the Ebola outbreak. The Protocols will be finalized with P/T partners to reflect lessons learned from Ebola.
- As part of the government's support for the 2015 Pan American and Parapan American Games, the Agency worked closely with partners to plan for the effective delivery of essential federal services and activities for the Games.

Sub-Program 1.3.2: *Border Health Security*

Description

The Border Health Program builds and maintains the health security of the Canadian population by implementing public health measures across borders. The Program includes communicable disease control and environmental health services activities to help maintain public health and provide information to international travellers. This Program administers and enforces the *Quarantine Act* and elements of the *Department of Health Act*, to reduce or delay the

introduction of communicable diseases into or from Canada. The issuance of Ship Sanitation Certificates to international vessels, the implementation of passenger terminal and passenger transportation inspection programs (conveyances), and responding to passenger conveyance gastrointestinal disease outbreaks also help to prevent the introduction and spread of communicable diseases. The Border Health Security Program promotes coordinated border health measures by creating linkages between key border departments and agencies, including the Canadian Border Services Agency, Royal Canadian Mounted Police, and the Canadian Food Inspection Agency.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
5,655,957	6,699,307	1,043,350

Actual spending was higher than planned primarily due to additional spending to support Canada's response to the Ebola virus disease outbreak.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
46	50	4

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Risks associated with import and export of communicable diseases into and out of Canada are mitigated and/or controlled	Percent of inspected passenger conveyances (ships, planes, trains) that meet federal guidelines	75 (by March 31, 2015)	92
	Percent of designated Canadian points of entry that maintain the IHR core capacities	100 (by March 31, 2015)	100

Performance Analysis and Lessons Learned

As with other Health Security programs, this Sub-Program responded to the Ebola virus outbreak while also continuing to deliver its ongoing core services at Canadian borders.

- At the direction of the Government through the "Minimizing the Risk of Exposure to Ebola Virus Disease (EVD) in Canada Order (No. 2)", the Agency enhanced the public health measures taken at Canada's boarders.
    - By March 31, 2015, more than 1,000 travellers from Ebola-affected countries were referred by the Canada Border Services Agency for enhanced screening by Agency Quarantine Officers.
    - The Agency designated Environmental Health Officers as screening officers to provide surge capacity at airports and to support responses to potential public health events on aircraft.
    - The Agency worked closely with P/Ts and referred all travellers to local authorities for follow-up pursuant to the Order, in addition to developing Ebola-specific guidance documents and protocols.
    - The Agency developed and published Ebola sanitation protocols for conveyances and terminals.
- The Ebola response led to stronger relationships and a unified response at border with Agency partners including the Canada Border Services Agency, U.S. Customs and Border Protection, first responders, police, port authorities, P/T and local health authorities and hospitals. The Agency is drawing on its lessons learned from the outbreak to frame a new service delivery model.
- The Agency also conducted its ongoing responsibilities under this Sub-Program, including:
    - 1,350 public heath inspections of passenger conveyances and ancillary services and analysis of 1,222 potable water samples;
    - Working closely with the travel industry to promote full compliance with public health inspection guidelines, including following up with industry operators to correct critical public health violations. In 92% of cases, critical violations identified were resolved. For the remaining 8%, the Agency continued to work with the travel industry and public health partners; and
    - Publishing 98 travel health notices to communicate and provide essential information on understanding travel health and safety risks as well as preventive measures that Canadians should take before and during a trip.

Sub-Program 1.3.3: *Biosecurity*

Description

The Biosecurity Program is responsible for administration and enforcement activities related to the use and manipulation of human, terrestrial animal pathogens, and toxins. This Program has specific responsibility under the *Human Pathogens and Toxins Act* and the *Human Pathogens Importation Regulations*, and select sections of the *Health of Animals Act* to promote and enforce safe and secure biosafety practices and laboratory environments. The Program's main methods of intervention include the issuance of import permits, laboratory inspections, lab certification and verification, education through the provision of knowledge products and training, and compliance and enforcement activities. Researchers, industries, hospitals and laboratories that

handle pathogens and toxins are provided with regulatory oversight—including laboratory certification, inspection, guidance and the issue of importation permits. This Program further contributes to the health security of the population by mitigating risks posed by pathogen misuse such as a deliberate release or the intentional production of bioterrorism agents.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2014–15 Actual Spending	2014–15 Difference (actual minus planned)
10,796,962	10,934,404	137,442

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
51	73	22

Actual FTEs were more than planned primarily due to a re-alignment of resources between Sub-Programs.

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Safe and secure biosafety practices and laboratory environments	Percent of federally registered laboratories working with moderate risk pathogens and toxins compliant with requirements	90 (by December 31, 2015)	100
	Percent of federally registered laboratories working with high risk pathogens and toxins compliant with requirements	80 (by March 31, 2015)	100
	Percent decrease of laboratory acquired infections[45]	0 (by December 31, 2021)	N/A

[45] Baseline or average annual expected laboratory acquired infections is to be established following the initiation of prospective reporting at the end of 2015. A minimum of five consecutive years of data will be needed to establish an accurate baseline.

Performance Analysis and Lessons Learned

Under this Sub-Program, the Agency continued to oversee the full range of activities that seek to protect the health of Canadians through safe and secure biosafety practices and laboratory environments where pathogens and toxins are handled for research, diagnostic and business purposes. This included ongoing responsibilities such as laboratory audits that resulted in 100% compliance.

- The Agency addressed biosafety aspects of its response to Ebola which included:
  - Involvement in the development of a medical evacuation unit and performing fit-testing of equipment; and
  - Biosafety advice and guidance was provided to laboratories on safety and security measures for handling the Ebola virus. The Agency established a diagnostic capacity test and the guidelines to allow P/Ts to conduct rapid diagnoses in potential Ebola cases.
- The Agency developed the *Human Pathogens and Toxins Regulations*,[ciii] which were made by Order-in-Council in February 2015 and will come into force, along with the remaining sections of the *Human Pathogens and Toxins Act (HPTA)*,[civ] in December 2015.
  - The HPTA is intended to improve federal oversight of human pathogens and toxins in facilities working with these agents. The Agency engaged in national consultations,[cv] targeted outreach to key stakeholders, and an economic cost analysis to develop comprehensive regulations.
- Consistent with the recommendations of a 2014 Biosecurity program evaluation, the Agency continued to enhance service delivery, increase attention to training needs and leverage technology to reduce the burden on Canadian business and scientific organizations.
- The Agency launched a new Canadian Biosafety Standard and Guidelines (CBSG)[cvi] application that enables regulated parties to more efficiently and effectively use the CBSG within their organizations.
- Through a collaborative approach with law enforcement and intelligence communities, the Agency developed an academic outreach initiative entitled “SafeGuarding Science.” This initiative raised scientists’ awareness of security risks, and promoted a dialogue between scientific and security sectors to identify measures that can be implemented without hindering scientific progress and innovation.

Internal Services

Description

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are: Management and Oversight Services, Communications Services, Legal Services, Human Resources Management Services, Financial Management Services, Information Management Services, Information Technology Services, Real Property Services, Materiel Services, Acquisition Services, and Travel and Other Administrative Services. Internal Services include

only those activities and resources that apply across an organization and not to those provided specifically to a program.

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2014–15 Total Authorities Available for Use	2014–15 Actual Spending (authorities used)	2014–15 Difference (actual minus planned)
90,520,268	90,520,268	106,692,281	98,797,095	8,276,827

Actual spending was higher than planned primarily due to projects to modernize the Agency's accommodations.

Human Resources (FTEs)

2014–15 Planned	2014–15 Actual	2014–15 Difference (actual minus planned)
616	265	(351)

The variance is primarily due to the transfer of various programs to HC as part of the Health Portfolio Shared Services Partnership which resulted in the consolidation and streamlining of internal services organizations to create efficiencies.

Performance Analysis and Lessons Learned

Internal Services continued to support the work of other Programs in the Agency through essential functions that enable effective operations and the achievement of key Agency and government-wide commitments.

- In support of the government-wide reform of the administration of Grant and Contribution (G&C) programs, the Agency introduced a new G&C Information Management System, reduced the number of agreements by 20%, and integrated program suites and tools, resulting in better management, reduced reporting burden, and a 22% reduction in operating costs.
- The Agency, supported by Communications as a Shared Service, developed innovative communications tools and products to provide Canadians with access to the information needed to make informed decisions to protect their health, including:
    - Strategic communications advice, tools and products (e.g., outreach events, videos and social media initiatives etc.) to help raise awareness of key public health issues such as healthy living, mental health, dementia, family violence, antimicrobial resistance, Lyme disease. This also included responding to 1705 media calls, publishing 74 Public Health Notices on subjects like Salmonella and Listeria, issuing 51 new releases on subjects such as the launch of Play Exchange and providing seven technical briefings on Ebola; and

    - Risk communications training, tools and networks that strengthen capacity for communicating about risk issues with Canadians, including those most at risk, and the steps they can take to protect themselves (e.g., Ebola, MERS-CoV, food-borne illness, measles outbreaks).

- Through the Shared Services Partnership, the Agency supports a variety of government-wide modernization and transformation initiatives, including:
    - Preparation to ensure readiness on shared services initiatives including a new Standard for Email Management;
    - Successful deployment of Windows 7;
    - Assessment of existing recordkeeping to prepare for implementation of a government-wide records management system;
    - Progress on the Agency's "Cut the Cord" and "Workplace 2.0" initiatives moving employees from landline telephone services to wireless, as well as modernizing workspaces;
    - Successful testing of all systems as part of a Canada Border Services and Agency-led multi-departmental initiative to implement a single window for importers to electronically submit the information necessary to comply with government import regulations; and
    - Successful implementation of a new Performance Management Initiative.[46]
- The Agency contributes to Theme IV - Greening Government Operations (GGO) within the 2013–16 Federal Sustainable Development Strategy. Details on the Agency's GGO activities can be found in the Departmental Sustainable Development Strategy Supplementary Information Table.[cvii]

[46] The Performance Management Initiative is a government-wide comprehensive approach to managing employee performance that includes setting commitments, performance objectives and expected behaviours, assessing results, and providing continuous feedback and coaching.

Section III: Supplementary Information

Financial Statements Highlights

Condensed Statement of Operations (unaudited)
For the Year Ended March 31, 2015
(dollars)

Financial Information	2014–15 Planned Results	2014–15 Actual	2013–14 Actual	Difference (2014–15 actual minus 2014–15 planned)	Difference (2014–15 actual minus 2013–14 actual)
Total expenses	663,004,000	659,848,313	634,679,000	(3,154,687)	25,170,313
Total revenues	574,000	14,822,413	15,269,000	14,248,413	(446,587)
Net cost of operations before government funding and transfers	662,430,000	645,026,900	619,410,000	(17,403,100)	25,616,000

The Agency's total expenses were $659.8M in 2014–15. There was a decrease of $3.2M (0.5%) when comparing actual expenditures with planned results for 2014–15.

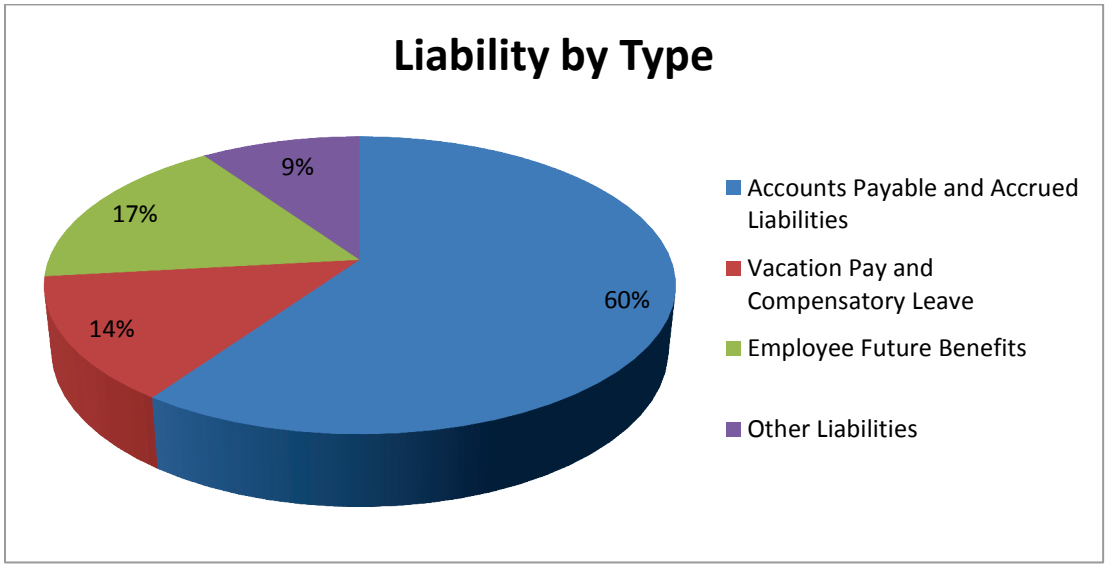
There was an increase of $25.2M (4.0%) in actual expenses from 2013–14 to 2014–15 primarily due to the completion and final payment of the Hepatitis C Health Care Services Program. This increase was offset by a decrease due to the purchase, in 2013–14, for the National Emergency Stockpile System and the National Anti-Viral Stockpile.

The Agency's total revenues, which resulted primarily from the Health Portfolio Shared Services Partnership with Health Canada, were $14.8M in 2014–15 representing a decrease of $0.4M (2.7%) from the prior year actual revenues.

The difference between planned Results and Actuals was primarily due to the recognition of Health Canada payments as revenues for the Agency services provided to them under the Shared Services Partnership Agreement and not Revenues Earned on Behalf of Government.

Condensed Statement of Financial Position (unaudited)
As at March 31, 2015
(dollars)

Financial Information	2014–15	2013–14	Difference (2014–15 minus 2013–14)
Total net liabilities	79,326,765	83,803,000	(4,476,235)
Total net financial assets	54,839,671	63,199,000	(8,359,329)
Departmental net debt	24,487,094	20,604,000	3,883,094
Total non-financial assets	120,902,487	127,003,000	(6,100,513)
Agency net financial position	96,415,393	106,399,000	(9,983,607)

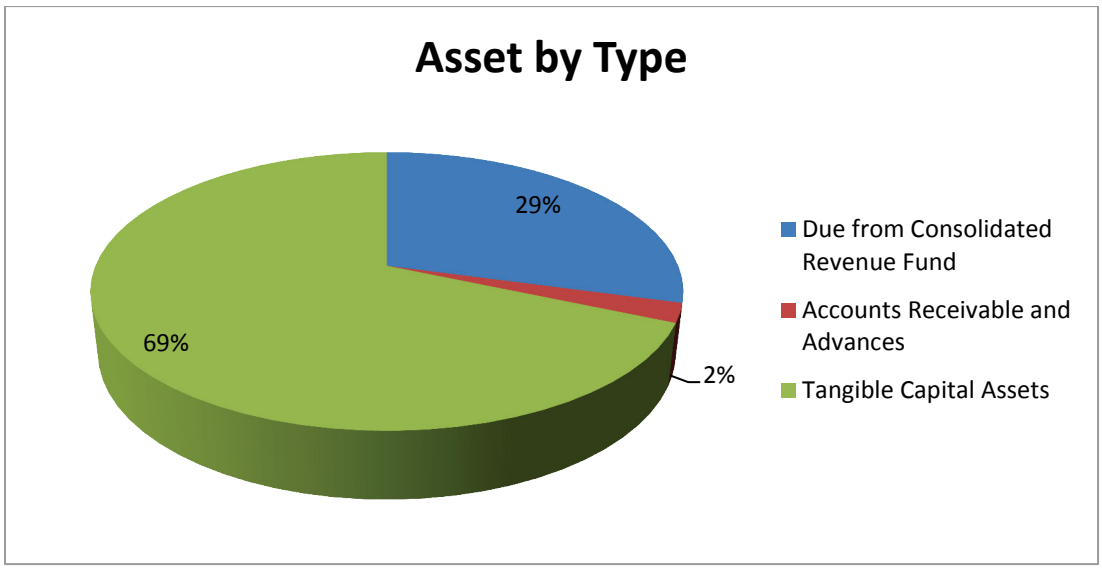


Total liabilities were $79.3M, a decrease of $4.5M (5.3%) over the previous year's total of $83.8M. The variance was primarily due to a large decrease ($17.4M) in acccounts payable at year end, including external parties (41%) and other government departments (57%). This decrease was offset by:

- a 29% increase in accrued liabilitities, mostly for contributions payable at year end;
- an 8% increase in vacation pay and compensatory leave due to overaccrual;
- a 34% increase in Employee Future Benefits, including unplanned severance pay; and
- a 65% increase in other liabilities, mostly due to increase in contrator's holdbacks.

Of the total liabilities:

- accounts payable and accrued liabilities represented $47.4M (60%);
- vacation pay and compensatory leave represented $10.7M (14%);
- employee future benefits represented $13.6M (17%); and
- other liabilities represented $7.7M (9%).



Total assets were $176.4M, a decrease of $14.4M (7.6%) over the previous year's total of $190.8M. This decrease was primarily due to amortization without offsetting acquisitions.

Of the total assets:

- Due from Consolidated Revenue Fund represented $51.6M (29%);
- Accounts Receivable and Advances represented $3.9M (2%); and
- Tangible Capital Assets represented $121M (69%).

Financial Statements

The Agency's 2014–15 Financial Statements[cviii] are available online and include the Annex to the Statement of Management Responsibility and Internal Control over Financial Reporting.

Supplementary Information Tables

The supplementary information tables listed in the *2014–15 Departmental Performance Report* can be found on the Agency's website.[cix]

- Departmental Sustainable Development Strategy;
- Details on Transfer Payment Programs of $5 Million or More;
- Horizontal Initiatives;

- Internal Audits and Evaluations;
- Response to Parliamentary Committees and External Audits; and
- Status Report on Projects Operating With Specific Treasury Board Approval.

Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures annually in the Tax Expenditures and Evaluations[cx] publication. The tax measures presented in the *Tax Expenditures and Evaluations* publication are the sole responsibility of the Minister of Finance.

Section IV: Organizational Contact Information

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Appendix: Definitions

appropriation: Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures: Include operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

full-time equivalent: Is a measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes: A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures: Include net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance: What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve and how well lessons learned have been identified.

performance indicator: A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting: The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

plan: The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program: A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture: A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

result: An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures: Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome: A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program: A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

target: A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures: Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

whole-of-government framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

[i] *Public Health Agency of Canada Act*, http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html

[ii] *Department of Health Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html

[iii] *Emergency Management Act*, http://laws-lois.justice.gc.ca/eng/acts/E-4.56/page-1.html#s-1

[iv] *Quarantine Act*, http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html

[v] *Human Pathogens and Toxins Act*, http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html

[vi] *Health of Animals Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3.3/

[vii] *International Health Regulations*, http://www.who.int/ihr/publications/9789241596664/en/index.html

[viii] *Act Respecting a Federal Framework on Lyme Disease*, http://laws-lois.justice.gc.ca/eng/acts/F-7.35/page-1.html#docCont

[ix] Public Health Agency of Canada, http://www.phac-aspc.gc.ca/index-eng.php

[x] Health Portfolio, http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php

[xi] PulseNet, https://www.nml-lnm.gc.ca/Pulsenet/index-eng.htm

[xii] FoodNet Canada, http://www.phac-aspc.gc.ca/foodnetcanada/index-eng.php

[xiii] Canadian Integrated Program for Antimicrobial Resistance, http://www.phac-aspc.gc.ca/cipars-picra/index-eng.php

[xiv] Antimicrobial resistance, http://www.who.int/mediacentre/factsheets/fs194/en/

[xv] Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice, http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/index-eng.php

[xvi] Infectious diseases, http://www.phac-aspc.gc.ca/id-mi/az-index-eng.php

[xvii] “Stop Family Violence”, http://www.phac-aspc.gc.ca/sfv-avf/index-eng.php

[xviii] Community Action Program for Children (CAPC), http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/index-eng.php

[xix] Canada Prenatal Nutrition Program (CPNP), http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php

[xx] Aboriginal Head Start Program in Urban and Northern Communities (AHSUNC), http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php

[xxi] Mapping Connections: An understanding of neurological conditions in Canada, http://www.phac-aspc.gc.ca/publicat/cd-mc/mc-ec/assets/pdf/mc-ec-eng.pdf

[xxii] Ebola Virus Disease, http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/ebola/index-eng.php

[xxiii] Rapid Response Teams (RRT), http://news.gc.ca/web/article-en.do?nid=924699

[xxiv] *Human Pathogens and Toxins Regulations*, http://laws.justice.gc.ca/eng/regulations/SOR-2015-44/index.html

[xxv] Canada’s Action Plan on Open Government, http://data.gc.ca/eng/canadas-action-plan-open-government

[xxvi] Security of vaccine supply, http://healthycanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/supply-approvisionnement/index-eng.php

[xxvii] Safe cooking temperatures for mechanically tenderized beef, http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/meat-and-poultry-products/eng/1393979114983/1393979162475?chap=18

[xxviii] Action Plan on Lyme Disease, http://www.healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/lyme/plan-eng.php

[xxix] Positive Mental Health Surveillance Indicator Framework, http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pmh-smp-eng.php

[xxx] Infographic, http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pdf/pmh-smp2-eng.pdf

[xxxi] SO 31000 Risk Management Principles and Guidelines, http://www.iso.org/iso/catalogue_detail?csnumber=43170

[xxxii] Framework for the Management of Risk, http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=19422

[xxxiii] Guide to Corporate Risk Profiles, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/gcrp-gepro01-eng.asp

[xxxiv] Guide to Developing Risk Statements, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/rmg-ger04-eng.asp

[xxxv] Guide to Risk Taxonomies, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/grt-gtrtb-eng.asp

[xxxvi] Risk Management Capability Model, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/rmcm-mcmgr-eng.asp

[xxxvii] Guide to Integrated Risk Management, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/girm-ggirtb-eng.asp

[xxxviii] Workshop Report: Public Sector Governance of Emerging Risks Hallmarks and Drivers, May 2013, http://www.irgc.org/wp-content/uploads/2013/05/IRGC_Workshop-Report_Public-Sector-Governance-of-Emerging-Risks-2013.pdf

[xxxix] The Whole-of-Government-Framework Spending Area, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx

[xl] Public Accounts of Canada 2015, http://www.tpsgc-pwgsc.gc.ca/recgen/cpc-pac/index-eng.html

[xli] Public Works and Government Services Canada website, http://www.tpsgc-pwgsc.gc.ca/recgen/cpc-pac/index-eng.html

[xlii] National Microbiology Laboratory, https://www.nml-lnm.gc.ca/index-eng.htm

[xliii] Skills Online, http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/index-eng.php

[xliv] Public Health Network, http://www.phn-rsp.ca/network-eng.php

[xlv] Healthy Weights, http://www.phn-rsp.ca/thcpr-vcpsre-2013/index-eng.php

[xlvi] Open Data Portal, http://open.canada.ca/en/open-data

[xlvii] Chief Public Health Officer's Report on the State of Public Health in Canada, 2014, http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2014/index-eng.php

[xlviii] Genomics Research and Development Initiative, http://grdi-irdg.collaboration.gc.ca/eng/about/index.html

[xlix] chikungunya, http://www.who.int/mediacentre/factsheets/fs327/en/

[l] Standardized method to type *C. difficile*, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118150

[li] Tuberculosis Prevention and Control in Canada: A Federal Framework for Action, http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tpc-pct/index-eng.php

[lii] Travel Health Notices, http://travel.gc.ca/

[liii] PHAC website – travel health notices, http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/index-eng.php

[liv] The Play Exchange, http://news.gc.ca/web/article-en.do?nid=927459&tp=1&_ga=1.134069134.1096222815.1444005360

[lv] CBC television special, https://www.youtube.com/watch?v=XRip-0VmeqY

[lvi] Trottibus, https://www.changemakers.com/playexchange/blog/winner-play-exchange

[lvii] FluWatch, http://www.phac-aspc.gc.ca/fluwatch/index-eng.php

[lviii] CARSS report, http://www.healthycanadians.gc.ca/publications/drugs-products-medicaments-produits/antibiotic-resistance-antibiotique/antimicrobial-surveillance-antimicrobioresistance-eng.php#a2

[lix] Canadian Tuberculosis Standards, http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tb-canada-7/index-eng.php

[lx] Canada Communicable Disease Report, http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/index-eng.php

[lxi] Canadian Guidelines on Sexually Transmitted Infections, http://www.phac-aspc.gc.ca/std-mts/sti-its/

[lxii] A Parent's Guide to Vaccination, http://www.phac-aspc.gc.ca/im/iyc-vve/pgi-gpv/index-eng.php

[lxiii] Notifiable Diseases On-Line, http://dsol-smed.phac-aspc.gc.ca/dsol-smed/ndis/index-eng.php

[lxiv] Canadian Immunization Research Network (CIRN), http://cirnetwork.ca/

[lxv] 2014 Canadian Immunization Conference, http://www.phac-aspc.gc.ca/cnic-ccni/index-eng.php

[lxvi] Tuberculosis in Canada 2013 – Pre-release, http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tbcan13pre/index-eng.php

[lxvii] Tuberculosis Prevention and Control in Canada: A Federal Framework for Action, http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tpc-pct/index-eng.php

[lxviii] Vaccine Preventable Disease Reports, http://www.phac-aspc.gc.ca/im/pub-eng.php

[lxix] Evaluation recommendations, http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2013-2014/ebscp-epcss/index-eng.php#es

[lxx] Canadian Tuberculosis Standards, http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tb-canada-7/index-eng.php

[lxxi] Interim Guidance to prevent and control MERS-CoV, http://www.phac-aspc.gc.ca/eri-ire/coronavirus/guidance-directives/nCoV-ig-dp-eng.php

[lxxii] Evaluation of Community Associated Infections Prevention and Control Activities at the Public Health Agency of Canada, http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2012-2013/ipca-pcia/index-eng.php

[lxxiii] Evaluation of the Federal Initiative to Address HIV/AIDS in Canada (2008-09 to 2012-13), http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2013-2014/diaha-idlvs/index-eng.php

[lxxiv] 2009-2012 Lyme Disease Surveillance Program report, http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/2009-2012-lyme/index-eng.php

[lxxv] Canadian Integrated Program for Antimicrobial Resistance (CIPARS), http://www.phac-aspc.gc.ca/cipars-picra/index-eng.php

[lxxvi] Toward Health Equity: Canadian Approaches to the Health Sector Role, http://www.who.int/social_determinants/publications/64-03-Towards-Health-Equity-EN-FINAL.pdf

[lxxvii] Health Behaviour in School-aged Children, 1990-2010 Trends Report, http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/school-scolaire/behaviour-comportements/trends-tendances-eng.php

[lxxviii] Evaluation of the Innovation Strategy, http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2014-2015/eis-sie/assets/pdf/eis-sie-eng.pdf

[lxxix] Innovation Strategy, http://www.phac-aspc.gc.ca/ph-sp/fund-fonds/index-eng.php

[lxxx] Nobody's Perfect, http://www.nobodysperfect.ca/

[lxxxi] Mother's Mental Health Toolkit, http://www.iwk.nshealth.ca/mmh

[lxxxii] Canadian Best Practices Portal, http://cbpp-pcpe.phac-aspc.gc.ca/aboriginalwtt/

[lxxxiii] Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-Based Programs, http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/ppsb-ppsam-eng.php

[lxxxiv] Government of Nunavut, http://www.gov.nu.ca/health/information/oral-health-clinic-infants-and-children-arctic-bay-cape-dorset-and-repulse-bay

[lxxxv] Aboriginal Head Start in Urban and Northern Communities, http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/ppsb-ppsam-eng.php

[lxxxvi] "Stop Family Violence", http://www.phac-aspc.gc.ca/sfv-avf/index-eng.php

[lxxxvii] Data on key mental health outcomes, http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pmh-smp-eng.php

[lxxxviii] Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada, http://www.phac-aspc.gc.ca/aids-sida/fi-if/minister-eng.php

[lxxxix] National Aboriginal Council on HIV/AIDS, http://www.phac-aspc.gc.ca/aids-sida/fi-if/nacha-cnavs-eng.php

[xc] Pregnancy and Women's Mental Health in Canada, http://www.phac-aspc.gc.ca/rhs-ssg/factshts/mental_health-sante_mentale-eng.php

[xci] Infographic, http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/infographic-infographie2_2015-eng.pdf

[xcii] Seniors' Falls in Canada: Second Report, http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/index-eng.php

[xciii] Preventing Falls: From Evidence to Improvement in Canadian Health Care, https://www.accreditation.ca/sites/default/files/falls-joint-report-2014-en.pdf

[xciv] 2014–15 DPR Supplementary Information Tables, http://healthycanadians.gc.ca/publications/department-ministere/phac-supplementary-information-2014-2015-renseignements-supplementaires-aspc/index-eng.php

[xcv] Open Data webpage, http://open.canada.ca/data/en/dataset/9525c8c0-554a-461b-a763-f1657acb9c9d

[xcvi] Canadian Task Force on Preventive Health Care (CTFPHC), http://canadiantaskforce.ca/

[xcvii] Open Water Wisdom Campaign, http://www.openwaterwisdom.ca/

[xcviii] Neurological Health Charities Canada, http://www.mybrainmatters.ca/en

[xcix] Mapping Connections: An understanding of neurological conditions in Canada, http://www.phac-aspc.gc.ca/publicat/cd-mc/mc-ec/assets/pdf/mc-ec-eng.pdf

[c] Exercise Unified Response, http://www.opg.com/generating-power/nuclear/Documents/ExUR_AAR.pdf

[ci] Rapid Response Teams, http://news.gc.ca/web/article-en.do?nid=924699

[cii] Personal protective equipment, http://news.gc.ca/web/article-en.do?nid=884669

[ciii] *Human Pathogens and Toxins Regulations*, http://gazette.gc.ca/rp-pr/p2/2015/2015-03-11/html/sor-dors44-eng.php

[civ] *Human Pathogens and Toxins Act*, http://www.phac-aspc.gc.ca/lab-bio/regul/hpta-lapht-eng.php

[cv] National consultations, http://www.phac-aspc.gc.ca/lab-bio/consul/hpta-lapht/index-eng.php

[cvi] Canadian Biosafety Standard and Guidelines (CBSG), http://canadianbiosafetystandards.collaboration.gc.ca/bsg-nldcb-app-eng.php

[cvii] Departmental Sustainable Development Strategy Supplementary Information Table, http://healthycanadians.gc.ca/publications/ department-ministere/phac-supplementary-information-2014-2015-renseignements-supplementaires-aspc/index-eng.php

[cviii] 2014–15 Financial Statements, http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/fs-ef/2013-2014/index-eng.php

[cix] 2014–15 DPR Supplementary Information Tables, http://healthycanadians.gc.ca/publications/department-ministere/phac-supplementary-information-2014-2015-renseignements-supplementaires-aspc/index-eng.php

[cx] Tax Expenditures and Evaluations, http://www.fin.gc.ca/purl/taxexp-eng.asp