Public Health Agency of Canada
2017–18 Departmental Plan:
Supplementary Information Tables

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Details on transfer payment programs of $5 million or more

Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

General information

Name of transfer payment program	Aboriginal Head Start in Urban and Northern Communities (Voted)
Start date	1995–96
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13

Link to department's Program Inventory

1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.1 Sub-Sub-Program: Healthy Child Development

Description

Objective(s): Provide Indigenous preschool children off-reserve in rural, remote, urban, and Northern settings with a positive sense of self, a desire for learning, and opportunities to develop fully and successfully as young people.

Why this transfer payment program (TPP) is Necessary: Indigenous children are at higher risk of poor developmental and health outcomes than non-Indigenous children. Considerable evidence supports the mitigating role of community-based early childhood development programs in the lives of children facing similar risks.

Intervention Method(s): Funded projects must incorporate the six core program components (health promotion, nutrition, education, Indigenous culture and language, parental involvement, and social support) into their program design. Within the context of this pan-Canadian consistency, sites are locally-tailored to the needs and assets within their communities.

Repayable Contributions: No.

Expected results

- Indigenous children and their families participate in AHSUNC programs;
- Organizations from various sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants; and
- Parents/caregivers are engaged and supported as children's primary teachers and caregivers.

Performance indicators:

- Number of children enrolled in the AHSUNC program;
- Percentage of AHSUNC sites that leverage multi-sectoral collaborations (i.e., have more than three types of partners); and
- Percentage of parents/caregivers who report positive changes in their family practices (e.g., doing more things at home with their children to support their development, preparing nutritious meals and snacks more often, etc.) as a result of participation in the AHSUNC program.

Fiscal year of last completed evaluation	2016–17
Decision following the results of last evaluation	Continuation

Fiscal year of planned completion of next evaluation	2021–22
General targeted recipient groups Indigenous community-based organizations serving First Nations, Métis, and Inuit children and their families living off-reserve in rural, remote, urban, and Northern communities across Canada.	
Initiatives to engage applicants and recipients Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally-appropriate, locally-controlled and designed early childhood development programs for Indigenous pre-school children and their families. They also support knowledge development and exchange at the community, provincial/territorial (P/T), and national levels through various types of training and meetings.	

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	-	-	-	-
Total contributions	32,134,000	32,134,000	32,134,000	32,134,000
Total other types of transfer payments	-	-	-	-
Total program	**32,134,000**	**32,134,000**	**32,134,000**	**32,134,000**

Canada Prenatal Nutrition Program (CPNP)

General information

Name of transfer payment program	Canada Prenatal Nutrition Program (Voted)
Start date	1994–95
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.1 Sub-Sub-Program: Healthy Child Development	
Description Objective(s): Mitigate health inequalities for pregnant women and infants, improve maternal-infant health, increase the rates of healthy birth weights, as well as promote and support breastfeeding. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity in order to increase support for vulnerable pregnant women and new mothers. Why this TPP is Necessary: Evidence shows that maternal nutrition, as well as the level of social and	

emotional support provided to a mother and her child, can affect both prenatal and infant health as well as longer-term physical, cognitive, and emotional functioning in adulthood. This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. It also supports knowledge development and exchange on promising public health practices related to maternal-infant health for vulnerable families, community-based organizations, and practitioners.

Intervention Method(s): Programming delivered across the country includes: nutrition counselling; provision of prenatal vitamins; food and food coupons; parenting classes; social supports; and education on prenatal health, infant care, child development, and healthy living.

Repayable Contributions: No.

Expected results

- Pregnant and postnatal women and their families facing conditions of risk participate in CPNP programs;
- Organizations from various sectors collaborate with CPNP projects to support the needs of participants; and
- Pregnant and postnatal women and their families gain knowledge and build skills to support maternal, child, and family health.

Performance indicators:

- Number of CPNP program participants (pregnant women, postnatal women, and other parents/caregivers);
- Percentage of CPNP projects that leverage multi-sectoral collaborations (i.e., have more than three types of partners) to support pregnant women, postnatal women, and families facing conditions of risk;
- Percentage of CPNP projects that have leveraged funds from other sources;
- Ratio of leveraged funds to Public Health Agency of Canada (PHAC) funding; and
- Participants report gaining knowledge and skill development to support maternal, child, and family health (as a result of program participation).

Fiscal year of last completed evaluation	2015–16
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2020–21

General targeted recipient groups

Community-based organizations serving at-risk pregnant and postnatal women and their families.

Initiatives to engage applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally-appropriate, locally-controlled and designed programs for pregnant women, new mothers, their infants and families facing conditions of risk across Canada. They also support knowledge development and exchange at the community, P/T, and national levels through training, meeting and exchange opportunities.

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	-	-	-	-
Total contributions	27,189,000	27,189,000	27,189,000	27,189,000
Total other types of transfer payments	-	-	-	-
Total program	**27,189,000**	**27,189,000**	**27,189,000**	**27,189,000**

Canadian Diabetes Strategy (CDS)

General information

Name of transfer payment program	Canadian Diabetes Strategy (Voted)
Start date	2005–06
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2009–10

Link to department's Program Inventory

1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention

Description

Objective(s): Support multi-sectoral partnerships and innovative approaches to promote healthy active living, thereby reducing the risk of developing diabetes and other chronic diseases.

Why this TPP is Necessary: Type 2 diabetes is one of the fastest growing diseases in Canada with more than 60,000 new cases yearly. It is estimated that approximately 2,000,000 Canadians have diabetes and one third of them are unaware that they have the disease. The risk factors for diabetes are becoming more common.

Intervention Method(s): This TPP supports federal leadership by facilitating multi-sectoral partnerships between governments, non-governmental organizations, and the private sector to ensure that resources are deployed to maximum effect.

Repayable Contributions: No.

Expected results

- Target populations have access to health promotion, chronic disease prevention, early detection, and/or support resources;
- Target populations have knowledge about healthy living and chronic disease prevention practices; and
- Social and physical environments support healthy living and chronic disease prevention.

Performance indicators:

- Number of participants demonstrating knowledge of chronic disease risk factors (e.g., unhealthy eating, physical inactivity, and smoking);

• Number of participants demonstrating knowledge of chronic disease protective factors (e.g., healthy eating, physical activity, and smoking cessation); and • Number of participants demonstrating a change in behaviour relative to a chronic disease risk or protective factor.	
Fiscal year of last completed evaluation	2014–15
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2019–20
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions, P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	
Initiatives to engage applicants and recipients Open solicitations posted on PHAC's website and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and support the development of case studies to share learnings from funded projects.	

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	1,227,000	1,227,000	1,227,000	1,227,000
Total contributions	5,051,000	5,051,000	5,051,000	5,051,000
Total other types of transfer payments	-	-	-	-
Total program	**6,278,000**	**6,278,000**	**6,278,000**	**6,278,000**

Community Action Program for Children (CAPC)

General information

Name of transfer payment program	Community Action Program for Children (Voted)
Start date	1993–94
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13

Link to department's Program Inventory

1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.1 Sub-Sub-Program: Healthy Child Development

Description

Objective(s): Fund community-based groups and coalitions to develop and deliver comprehensive, culturally-appropriate, early intervention and prevention programs to mitigate health inequalities and promote the health and development of children aged 0-6 years and their families facing conditions of risk. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity to increase support for vulnerable children and their families.

Why this TPP is Necessary: Compelling evidence shows that risk factors affecting the health and development of children can be mitigated over the life course by investing in early intervention services that address the needs of the whole family.

Intervention Method(s): Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living, and social supports.

Repayable Contributions: No.

Expected results

- Parents/caregivers and their children facing conditions of risk participate in CAPC programs;
- Organizations from various sectors collaborate with CAPC projects to support the needs of participants; and
- Parents/caregivers and their children gain knowledge and build skills to support maternal, child, and family health.

Performance indicators:

- Number of CAPC program participants (parents/caregivers and children 0-6 years);
- Percentage of CAPC projects that leverage multi-sectoral collaborations (i.e., more than three types of partners) to support the health needs of women, children 0-6 years, and families facing conditions of risk;
- Percentage of CAPC projects that have leveraged funds from other sources;
- Ratio of leveraged funds to PHAC; and
- Parents/caregivers participants report gaining knowledge and skill development to support maternal, child, and family health (as a result of program participation).

Fiscal year of last completed evaluation	2015–16
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2020–21

General targeted recipient groups

Community-based organizations serving at-risk children 0-6 years and their families.

Initiatives to engage applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally-appropriate, locally-controlled and designed programs for at-risk children 0-6 years and families facing conditions of risk across Canada[1].

[1] Families participating in CAPC often experience multiple and compounding risk conditions. These conditions include: low socioeconomic status (e.g., low income, low education, insecure employment, insecure housing, and food insecurity); teenage pregnancy or parenthood; social or geographic isolation with poor access to services; recent arrival to Canada; alcohol or substance abuse/addiction; and/or situations of violence or neglect. Special emphasis is placed on the inclusion of Indigenous families living in urban and rural communities.

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	-	-	-	-
Total contributions	53,400,000	53,400,000	53,400,000	53,400,000
Total other types of transfer payments	-	-	-	-
Total program	**53,400,000**	**53,400,000**	**53,400,000**	**53,400,000**

Economic Action Plan 2015 Initiative - Brain Health

General information

Name of transfer payment program	Economic Action Plan 2015 Initiative - Brain Health (Voted)
Start date	2015–16
End date	2019–20
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2015–16

Link to department's Program Inventory

1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (Non-communicable) Disease and Injury Prevention

Description

Objective(s): Support Baycrest Health Sciences in the establishment and operation of the Canadian Centre for Aging and Brain Health Innovation (CC-ABHI). The CC-ABHI will be a national hub of leading organizations dedicated to the development, validation, commercialization, dissemination, and adoption of brain health and aging technologies and services.

Why this TPP is Necessary: There are current needs to improve health outcomes and the quality of life of individuals living with dementia and other brain health conditions, particularly in the absence of readily-available treatments or cures. By facilitating the use of the latest research, technologies, and interventions through partnership and collaboration across multiple sectors, Canadians can benefit from new innovations in products, services, and care that will have a measurable impact on improving cognitive, emotional, and physical health outcomes within an aging population.

Intervention Method(s): The TPP facilitates partnerships with senior care providers/care organizations, academic and industry partners, non-profit organizations, and government to accelerate the development, validation, dissemination, and adoption of innovative products, practices, and services designed to support brain health and aging.

Repayable Contributions: No.

Expected results

- Greater development and collaboration on emerging aging and brain health issues among relevant sectors in Canada;

• Improved capacity to ensure that new knowledge and technologies are transformed into effective and innovative health-enhancing interventions to improve brain health; and • Accelerated adoption, scalability, and integration of new solutions across Canadian health and related social systems. Performance indicators: • Number of proposals (best practice, product, or service) received and evaluated; • Number of projects launched; and **Number of best practices, products or services developed, refined, or introduced.**

Fiscal year of last completed evaluation	Not applicable (N/A)
Decision following the results of last evaluation	N/A
Fiscal year of planned completion of next evaluation	2019–20
General targeted recipient groups The only eligible recipient is Baycrest Health Sciences.	
Initiatives to engage applicants and recipients A targeted call for proposals was utilized to solicit a proposal.	

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	-	-	-	-
Total contributions	6,000,000	10,000,000	12,000,000	10,000,000
Total other types of transfer payments	-	-	-	-
Total program	**6,000,000**	**10,000,000**	**12,000,000**	**10,000,000**

Healthy Living Fund (HLF)

General information

Name of transfer payment program	Healthy Living Fund (Voted)
Start date	2005–06
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2013–14
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Description Objective(s): Support multi-sectoral partnerships and innovative approaches focused on promoting healthy active lifestyles, thereby reducing the risk of developing a chronic disease.	

Why this TPP is Necessary: Complex public health challenges defy single solution approaches that are developed in isolation. By engaging multiple sectors of society, partners can leverage knowledge, expertise, reach and resources, allowing each to do what it does best, in working towards the common shared goal of producing better health outcomes for Canadians.

Intervention Method(s): The TPP engages and provides funding to multiple sectors and builds partnerships between governments, non-governmental organizations and other sectors, including the private sector. It also focuses on informing policy and program decision making.

Repayable Contributions: No.

Expected results

- Target populations have access to health promotion, chronic disease prevention, early detection, and/or support resources;
- Target populations have knowledge about healthy living and chronic disease prevention practices; and
- Social and physical environments support healthy living and chronic disease prevention.

Performance indicators:

- Number of participants demonstrating knowledge of chronic disease risk factors (e.g., unhealthy eating, physical inactivity, and smoking);
- Number of participants demonstrating knowledge of chronic disease protective factors (e.g., healthy eating, physical activity, and smoking cessation); and
- Number of participants demonstrating a change in behaviour relative to a chronic disease risk or protective factor.

Fiscal year of last completed evaluation	2014–15
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2019–20

General targeted recipient groups

Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments and agencies; organizations and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.

Initiatives to engage applicants and recipients

Open solicitations posted on PHAC's website and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and the development of case studies to share learnings from funded projects.

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	-	-	-	-
Total contributions	5,388,000	5,388,000	5,388,000	5,388,000
Total other types of transfer payments	-	-	-	-
Total program	**5,388,000**	**5,388,000**	**5,388,000**	**5,388,000**

HIV and Hepatitis C Community Action Fund (CAF)

General information

Name of transfer payment program	HIV and Hepatitis C Community Action Fund[2] (Voted)
Start date	January 2005 / November 2007
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012

Link to department's Program Inventory

1.2 Program: Health Promotion and Disease Prevention; 1.2.1 Sub-Program: Infectious Disease Prevention and Control; and 1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases

Description

Objective(s): Increase knowledge of effective HIV, hepatitis C, and/or related sexually transmitted and blood borne infections (STBBIs) interventions and prevention evidence; increase access to health and social services for priority populations; strengthen capacity (skills, competencies, and abilities) of priority populations and target audiences to prevent infection and improve health outcomes; enhance application of knowledge in community-based interventions; and increase uptake of personal behaviours that prevent the transmission of HIV, hepatitis C, and/or related STBBIs.

Why this TPP is Necessary: Canada is considered to have a concentrated HIV epidemic, with very low prevalence in the general population (approximately 182 per 100,000 population in 2014) and a higher prevalence in certain key populations. In 2014, there were approximately 2,500 new HIV infections in Canada, which was a slight decrease from the 2,800 infections estimated in 2011. More than half of the estimated new HIV infections in 2014 were among gay, bisexual, and other men who have sex with men (54.3%), while 13.9% were among people from HIV-endemic countries, 10.5% among people who inject drugs, and 10.8% among Indigenous people. In Canada in 2011, an estimated 221,000 to 246,000 people were infected with hepatitis C, though up to 44% are unaware and may therefore transmit the infection to others.

Intervention Method(s): In addition to facilitating access to testing, diagnosis, treatment, and information on prevention methods, the CAF also supports and strengthens multi-sector partnerships to address the determinants of health. The CAF supports collaborative efforts to address factors that can increase transmission and acquisition of HIV, hepatitis C virus (HCV), and sexually transmitted infections (STIs). People living with and vulnerable to HIV, HCV and STIs were active partners in the development of the CAF objectives and priorities.

Repayable Contributions: No.

Expected results

Projects funded at the national and regional levels will result in:

- Enhanced knowledge of effective HIV, hepatitis C, and/or related STBBI interventions and prevention evidence;
- Enhanced knowledge and awareness of the nature of HIV and AIDS and ways to address the disease;

[2] As of 2017–18, grants and contributions available through the Federal Initiative to Address HIV/AIDS in Canada and the hepatitis C Prevention, Support and Research Program have been integrated into the HIV and hepatitis C Community Action Fund.

• Increased access to health and social services for priority populations; • Strengthened capacity (skills, competencies, and abilities) of priority populations and target audiences to prevent infection and improve health outcomes; • Enhanced application of knowledge in community-based interventions; and • Increased uptake of personal behaviors that prevent the transmission of HIV, HCV, and/or other STBBIs. Performance indicators: • Percentage of respondents from priority populations who indicate improved awareness/knowledge of STBBIs risk factors; • Percentage of target audiences who indicate improved awareness/knowledge of STBBIs risk factors; • Percentage of respondents from the priority populations who indicate improved awareness/ knowledge of stigma and discrimination related to STBBIs; • Percentage of target audiences who indicate improved awareness/knowledge of stigma and discrimination related to STBBIs; • Percentage of respondents who indicated their intention to adopt healthy sexual behaviour or other behaviours to prevent transmission of STBBIs; and • Percentage of respondents who report having changed their practices/behaviours as a result of the intervention.	
Fiscal year of last completed evaluation	2013–14 (HIV) / 2012–13 (Hep C)
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2018–19
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; societies; and coalitions.	
Initiatives to engage applicants and recipients Applicants and recipients are engaged through performance measurement and evaluation processes, and regular meetings with stakeholders involved in the prevention and control of communicable diseases.	

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants FI	8,084,000	8,084,000	8,084,000	8,084,000
Total contributions FI	18,335,000	18,335,000	18,335,000	18,335,000
Total other types of transfer payments	-	-	-	-
Total program	**26,419,000**	**26,419,000**	**26,419,000**	**26,419,000**

Innovation Strategy (IS)

General information

Name of transfer payment program	Innovation Strategy (Voted)
Start date	2009–10
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2009–10

Link to department's Program Inventory

1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.2 Sub-Sub-Program: Healthy Communities

Description

Objective(s): Support the development, adaptation, implementation, and evaluation of promising, innovative population health interventions and initiatives across various settings and populations in Canada using an intervention research approach. In addition, to support knowledge translation and dissemination based on the systematic collection of results of these interventions and promote their use across Canada.

In 2014–15, a portion of IS funds was identified to address family violence from a health perspective. Building on elements of the IS approach, specific objectives of this investment are to:

- Equip survivors of violence with knowledge and skills to improve their health;
- Promote multi-agency and multi-sectoral collaboration in the delivery of services and programs for survivors of family violence;
- Build the knowledge base through intervention research on what works to improve the health of survivors of family violence; and
- Improve the capacity of professionals to support the health of survivors of family violence safely and effectively.

Why this TPP is Necessary: The majority of public health research focuses on describing public health problems instead of identifying potential solutions. As such, there is little evidence available to inform decision-makers regarding effective interventions. Also, there is little data available to show how a successful pilot intervention moves past the experimental stage and into the expanded, replicated, adapted, and sustained stages in an effort to influence long-term application or policy change. The TPP funds research to generate knowledge about policy and program interventions that impact health at the population level.

Intervention Method(s): The TPP carries out activities in two key areas:

- Implementation and testing of innovative population health interventions. The TPP funds, supports, and monitors organizations to design, develop, implement, adapt and evaluate population health interventions that target children, youth, and families in over 300 communities; and
- Knowledge development and exchange. The TPP focuses on the development, exchange, and use of practical knowledge based on results of interventions to reduce health inequalities and address complex public health issues.

Repayable Contributions: No.

Expected results: IS

- Population health interventions contribute to improved protective factors, reduced risk behaviours and improved health outcomes for individuals, families, and communities;

- Population health interventions demonstrate readiness for scale-up; and
- Stakeholders access and use knowledge products, intervention research evidence, and synthesized learnings to advance population health policy and practice.

Performance indicators:

- Number of projects demonstrating a change in health outcomes, protective factors, and/or risk behaviours;
- Percentage of stakeholders using knowledge generated through the IS in their work;
- Percentage of projects that have leveraged additional funding;
- Percentage of projects receiving in-kind support for the project; and
- Percentage of partnerships sustained three years or more.

Expected results: Family Violence Investment

- Survivors of violence use their knowledge and skills to improve their health;
- Organizations use integrated trauma-informed, health promotion approaches to support survivors of violence; and
- Professionals use knowledge to support survivors of violence.

Performance indicators:

- Percentage of key stakeholders using evidence; and
- Percentage of funded community organizations that leverage multi-sectoral collaborations to support at-risk populations.

Fiscal year of last completed evaluation	2014–15
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2019–20

General targeted recipient groups

Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments and agencies; universities; organizations and institutions supported by P/T governments; and individuals deemed capable of conducting population health activities.

Initiatives to engage applicants and recipients

Open and targeted calls for proposals are utilized to solicit proposals from potential applicants. Various approaches are used to engage applicants and optimize the quality of submitted proposals, including information events and tools and resources. The IS places a high priority on and supports the systematic collection of learnings and the sharing of this information between funded recipients, PHAC, and other partners to influence future program and policy design.

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	7,370,000	7,370,000	7,370,000	7,370,000
Total contributions	2,877,000	3,827,000	3,827,000	3,827,000
Total other types of transfer payments	-	-	-	-
Total program	**10,247,000**	**11,197,000**	**11,197,000**	**11,197,000**

National Collaborating Centres for Public Health (NCCPH)

General information

Name of transfer payment program	National Collaborating Centres for Public Health (Voted)
Start date	2005–06
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13
Link to department's Program Inventory 1.1 Program: Public Health Infrastructure; and 1.1.2 Sub-Program: Public Health Information and Networks	
Description Objective(s): Promote the use of knowledge for evidence-informed decision making by public health practitioners and policy makers across Canada. The National Collaborating Centres (NCCs) synthesize, translate, and share knowledge to make it useful and accessible to policy makers, program managers, and practitioners. Why this TPP is Necessary: The NCCs are designed to identify knowledge gaps, stimulate research in priority areas, and link public health researchers with practitioners to build strong practice-based networks across Canada in order to strengthen Canada's public health and emergency response capacity. Intervention Method(s): Provision of contribution funds for creative solutions to be developed by the recipient that are responsive to the public health system and its organizations' needs. Repayable Contributions: No.	
Expected results • Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues; • Public health organizations are engaged and participate in collaborative networks and processes; and • Public health professionals and partners have access to reliable, actionable public health data and information. Performance indicators: • The number and types of activities undertaken that identify research knowledge gaps; • The number and types of knowledge translation products and activities created and disseminated; and • The number of collaborations to address emerging public health issues.	
Fiscal year of last completed evaluation	2014–15
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2018–19
General targeted recipient groups Six centres focusing on thematic areas (Indigenous, environment, determinants of health, infectious diseases, policy, and evidence-based knowledge) and public health priorities of host organizations in non-profit, academic, and local/provincial government settings.	

Initiatives to engage applicants and recipients

Program does not anticipate issuing further solicitations as contribution agreements with recipients are eligible for renewal every five years, and workplans are reviewed and approved annually.

Planning information (dollars)

Type of transfer payment	2016–17 Forecast Spending	Planned Spending		
		2017–18	2018–19	2019–20
Total grants	-	-	-	-
Total contributions	5,842,000	5,842,000	5,842,000	5,842,000
Total other types of transfer payments	-	-	-	-
Total program	**5,842,000**	**5,842,000**	**5,842,000**	**5,842,000**

Disclosure of transfer payment programs under $5 million

General information

Name of transfer payment program	Blood Safety (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory: 1.2 Program: Health Promotion and Disease Prevention; 1.2.1 Sub-Program: Infectious Disease Prevention and Control; and 1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	
Main objective Support P/T transfusion and/or transplantation adverse event surveillance activities.	
Planned spending for 2017–18	$2,190,000
Fiscal year of last completed evaluation	2013–14
Fiscal year of planned completion of next evaluation (if applicable)	N/A
General targeted recipient groups P/T governments; and not-for-profit organizations (i.e., universities, research and health institutions).	

General information

Name of transfer payment program	Canadian Breast Cancer Initiative (Voted)
End date	Ongoing
Type of transfer payment	Contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Contribute to breast cancer prevention and women's health by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living.	
Planned spending for 2017–18	$583,000
Fiscal year of last completed evaluation	2014–15
Fiscal year of planned completion of next evaluation (if applicable)	2019–20
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.	

General information

Name of transfer payment program	Concussions (Voted)
End date	March 2018
Type of transfer payment	Contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Harmonize concussion management guidelines, with a focus on athlete and student return-to-play and return-to-learn protocols.	
Planned spending for 2017–18	$700,000
Fiscal year of last completed evaluation	N/A
Fiscal year of planned completion of next evaluation (if applicable)	2019–20
General targeted recipient groups Key national stakeholders in concussion and injury; medical professionals; and national sports organizations.	

General information

Name of transfer payment program	Federal Tobacco Control Strategy (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Support tobacco-related interventions to reduce tobacco use by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease.	
Planned spending for 2017–18	$2,000,000
Fiscal year of last completed evaluation	2016–17
Fiscal year of planned completion of next evaluation (if applicable)	2021–22
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.	

General information

Name of transfer payment program	Fetal Alcohol Spectrum Disorder (FASD) – National Strategic Projects Fund (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.1 Sub-Sub-Program: Healthy Child Development	
Main objective Assist organizations with existing capacity to build on and enhance ongoing FASD activities across the country, and to support and develop new capacity.	
Planned spending for 2017–18	$1,499,000
Fiscal year of last completed evaluation	2013–14
Fiscal year of planned completion of next evaluation (if applicable)	2018–19
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T and local governments; affiliated entities; and agencies, organizations, and institutions supported by P/T governments.	

General information

Name of transfer payment program	Immunization Partnership Fund (Voted)
End date	2020–21
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; 1.2.1 Sub-Program: Infectious Disease Prevention and Control; and 1.2.1.1 Sub-Sub-Program: Immunization	
Main objective Improve both immunization coverage and vaccine preventable disease rates within Canada.	
Planned spending for 2017–18	$2,897,114
Fiscal year of last completed evaluation	N/A
Fiscal year of planned completion of next evaluation (if applicable)	2021–22
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups, societies, and coalitions; P/T, regional, and municipal governments and agencies; organizations and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities. Eligibility and entitlement criteria are identified in individual program	

guidelines and/or guides to applicants. Non-Canadian recipients may be considered upon recommendation by the Chief Public Health Officer.

General information

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Cancer (Voted)
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Contribute to cancer prevention by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease.	
Planned spending for 2017–18	$4,723,000
Fiscal year of last completed evaluation	2014–15
Fiscal year of planned completion of next evaluation (if applicable)	2019–20
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.	

General information

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Cardiovascular Disease Program (Voted)
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Contribute to the reduction of the severity and burden of cardiovascular disease by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease.	
Planned spending for 2017–18	$1,376,000
Fiscal year of last completed evaluation	2014–15

Fiscal year of planned completion of next evaluation (if applicable)	2019–20
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.	

General information

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease (Voted)
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Enhance capacity for public health chronic disease surveillance activities to expand data sources for healthy living and chronic disease surveillance.	
Planned spending for 2017–18	$2,729,000
Fiscal year of last completed evaluation	2014–15
Fiscal year of planned completion of next evaluation (if applicable)	2019–20
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.	

General information

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Joint Consortium for School Health (Voted)
End date	Ongoing
Type of transfer payment	Grant
Type of appropriation	Appropriated annually through Estimates

Link to department's Program Inventory Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
Main objective Strengthen federal leadership efforts to promote health and prevent chronic disease among school-aged children, and strengthen cooperation among federal/provincial/territorial ministries in support of healthy schools; build the capacity for health and education sectors to work together more effectively and efficiently; and promote comprehensive school health.	
Planned spending for 2017–18	$250,000
Fiscal year of last completed evaluation	2015–16
Fiscal year of planned completion of next evaluation (if applicable)	2019–20
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.	

General information

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices (Voted)
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Build collaborative linkages, nationally and internationally, between researchers, policy makers, and practitioners, for the purpose of increasing the adoption of effective practices.	
Planned spending for 2017–18	$217,000
Fiscal year of last completed evaluation	2014–15
Fiscal year of planned completion of next evaluation (if applicable)	2019–20
General targeted recipient groups Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions); and individuals deemed capable of conducting population health activities.	

General information

Name of transfer payment program	International Health Grants Program (Voted)
End date	Ongoing
Type of transfer payment	Grant
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.1 Program: Public Health Infrastructure; and 1.1.2 Sub-Program: Public Health Information and Networks	
Main objective Facilitate the Health Portfolio's international engagement to advance Canada's health priorities at home and abroad, strengthen relationships with international partners, and promote increased awareness and understanding of current and emerging global health issues to inform policy and program development.	
Planned spending for 2017–18	$1,280,000
Fiscal year of last completed evaluation	2013–14
Fiscal year of planned completion of next evaluation (if applicable)	N/A
General targeted recipient groups International entities (i.e., bilateral and multilateral international organizations and institutions with established relationships with Canada, such as the World Health Organization's Framework Convention on Tobacco Control); and Canadian not-for-profit organizations and institutions, including academic and research-based institutions.	

General information

Name of transfer payment program	Men's Health (Voted)
End date	March 31, 2020
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Main objective Expand the implementation of the "Don't Change Much" initiative in order to provide men (aged 30 to 49) with information about how they can make lifestyle and behavioural changes to improve their health.	
Planned spending for 2017–18	$1,250,000
Fiscal year of last completed evaluation	N/A
Fiscal year of planned completion of next evaluation (if applicable)	2019–20

General targeted recipient groups A directed letter was utilized to solicit a proposal from the Canadian Men's Health Foundation.

General information

Name of transfer payment program	Nutrition North Canada (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.2 Program: Health Promotion and Disease Prevention; and 1.2.2 Sub-Program: Conditions for Health Living 1.2.2.2 Healthy Communities	
Main objective Help make perishable, nutritious food more accessible and affordable than it otherwise would be to residents of eligible isolated northern communities.	
Planned spending for 2017–18	$335,000
Fiscal year of last completed evaluation	N/A
Fiscal year of planned completion of next evaluation (if applicable)	N/A
General targeted recipient groups All residents of eligible isolated northern communities without year-round surface (i.e., road, rail, or marine) access.	

General information

Name of transfer payment program	Public Health Scholarship and Capacity Building Initiative (Voted)
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory 1.1 Program: Public Health Infrastructure; and 1.1.1 Sub-Program: Public Health Workforce	
Main objective Increase the number and skills of public health professionals; to enhance relationships between university programs in public health and public health organizations; and to develop public health training products and tools.	
Planned spending for 2017–18	$1,203,000
Fiscal year of last completed evaluation	2016–17
Fiscal year of planned completion of next evaluation (if applicable)	2021–22

General targeted recipient groups

Academia; Canadian not-for-profit voluntary organizations and corporations; P/T and local governments; agencies, organizations, and institutions supported by P/T governments (e.g., regional health authorities or districts, and post-secondary institutions); and individuals, deemed capable of conducting public health activities to contribute to enhancing public health workforce development and strengthening the capacity and knowledge of the public health sector.

Horizontal initiatives

Canadian HIV Vaccine Initiative (CHVI)

Note: As of March 31, 2017, all CHVI activities and expenditures will be completed. As a result, a final close-out report will be included in PHAC's 2016–17 Departmental Results Report.

Federal Initiative to Address HIV/AIDS in Canada (FI)

General information

Name of horizontal initiative	Federal Initiative to Address HIV/AIDS in Canada
Lead department	PHAC
Federal partner organizations	Health Canada (HC), Canadian Institutes of Health Research (CIHR), and Correctional Service Canada (CSC)
Non-federal and non-governmental partners	N/A
Start date of the horizontal initiative	January 13, 2005
End date of the horizontal initiative	Ongoing
Total federal funding allocated (start to end date) (dollars)	Ongoing
Total federal planned spending to date (dollars)	$818,160,746
Total federal actual spending to date (dollars)	$793,811,870
Funding contributed by non-federal and non-governmental partners	N/A

Governance structures

- The Responsibility Centre Committee (RCC) is the governance body for the FI. It is comprised of directors (or equivalent) from the nine responsibility centres which receive funding through the FI. Directors General meet with the RCC annually to review the FI's progress against its performance and strategic objectives. Led by PHAC, the RCC promotes policy and program coherence among the participating departments and agencies, and enables evaluation, performance measurement, and reporting requirements to be met;
- PHAC is the federal lead for issues related to HIV and AIDS in Canada. It is responsible for laboratory science, surveillance, program development, knowledge exchange, public awareness, guidance for health professionals, global collaboration and coordination;
- HC supports HIV and AIDS prevention, education and awareness, community capacity building, as well as facilitating access to quality HIV/AIDS diagnosis, care, treatment, and support to on-reserve First Nations and Inuit communities south of the 60th parallel;

- As the Government of Canada (GoC)'s agency for health research, the CIHR supports the creation of new scientific knowledge and enables its translation into improved health, more effective health services and products, and a strengthened Canadian health care system; and
- CSC, an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of HIV and AIDS) to offenders sentenced to two years or more.

Contact Information

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Results Information

Description of the horizontal initiative

Objective(s):

- Increase knowledge of the epidemic through laboratory science, surveillance, and research on the factors that contribute to it and on better methods to respond effectively;
- Promote the use and uptake of public health guidance for prevention and control of HIV as well as the availability of evidence-based HIV interventions that are centred on the needs of at-risk populations and people living with HIV/AIDS; and
- Increase awareness of the need for HIV testing and access to prevention, treatment and care and supportive social environments for people living with or at risk of acquiring HIV.

Why this HI is Necessary:

- UNAIDS has set international targets for 2020, known as 90-90-90 targets, as a step toward the end of the AIDS epidemic by 2030:
  - 90% of people living with HIV know their status;
  - 90% of people who know their HIV positive status are on treatment; and
  - 90% of people receiving treatment achieve suppressed viral loads.
- At the end of 2014, an estimated 65,040 persons were living with HIV in Canada. Of persons living with HIV, an estimated 52,220 (80%) were diagnosed, 39,790 (76%) were on antiretroviral therapy, and 35,350 (89%) had suppressed viral load. Canada's 90-90-90 estimates lie within the range reported by other developed countries such as Australia, the United States, and the countries of Western Europe.
- The proportion of new HIV cases among men who have sex with men, people from countries where HIV is endemic and indigenous people remain disproportionately high, and stigma and discrimination prevent people from seeking testing and treatment.
- Key populations at risk for HIV may also be at increased risk for other STBBIs. It is estimated that 44% of people infected with hepatitis C are unaware of their infection and may transmit the infection to others. Because STBBIs share common risk factors and transmission routes, the FI also supports integrated approaches to address HIV along with other STBBIs.
- A horizontal GoC approach will enable organizations to work together to make the knowledge and evidence-base available to support effective public health interventions and practice; support a robust community and federal response; contribute to the reduction of barriers which prevent priority populations from accessing prevention, diagnosis, care, treatment, and support; and promote a coherent and coordinated approach to achieve the global targets.

Intervention Method(s):

Government of Canada partners are responsible for:

- Public health laboratory science and services;
- Surveillance;
- The development of public health practice guidance;
- Knowledge synthesis;
- Program policy development;
- Capacity building;
- Awareness activities;
- Education and prevention activities for First Nations living on-reserve, Inuit living south of the 60th parallel, and federal inmates;
- The creation of new knowledge through research funding;
- The delivery of public health and health services to federal inmates; and
- Support for community-based prevention activities through grants and contributions funding.

Federal partners develop multi-sectoral partnerships and undertake collaborative efforts to address factors which can increase the transmission and acquisition of HIV. These include addressing STIs and issues of co-infection with other infectious diseases (e.g., hepatitis C and tuberculosis). People living with and vulnerable to HIV/AIDS are active partners in the development of FI policies and programs.

Fiscal year of planned completion of next evaluation

2018–19 (PHAC)

Shared outcomes of federal partners

Immediate Outcomes:

- Increased awareness and knowledge of ways to prevent the acquisition and control the transmission of HIV and associated STBBIs; and
- Strengthened capacity (skills, competencies and abilities) of priority populations and audiences.

Medium-term Outcomes:

- Improved uptake and application of knowledge in action and public health practice;
- Increased uptake of personal behaviours that prevent the transmission of HIV and associated STBBIs; and
- Increased coherence of the federal response.

Long-term Outcomes:

- Decreased acquisition and transmission of new infections.

Performance Indicators

PI 1: Percentage of people living with HIV who know their status;

PI 2: Percentage of people who know their HIV positive status who are on treatment; and

PI 3: Percentage of people receiving treatment who are virally suppressed.

Targets

T 1: 90%;

T 2: 90%; and

T 3: 90%.

Data source and frequency of monitoring and reporting Data source: National HIV surveillance estimates, PHAC Frequency of reporting: Annually on the first of December.
Expected outcome or result of non-federal and non-governmental partners N/A

Planning Information

To contribute to meeting global HIV, hepatitis C and STBBI targets in Canada, FI partners will collaborate with P/Ts, indigenous communities and civil society to improve the domestic response to HIV and other STBBIs. FI partners plan to support the creation and synthesis of evidence and tools required to inform STBBI prevention and control efforts and support community-based interventions to prevent new infections and increase access to testing among priority populations, as well as to facilitate access to treatment and care for those living with HIV and/or hepatitis C.

Planning summary

Federal organizations	Link to department's Program Inventory	Contributing programs and activities	Total allocation (from start to end date) (dollars)	2017–18 Planned spending (dollars)	2017–18 Expected results	2017–18 Performance Indicators	2017–18 Targets	Link to department's Strategic Outcomes	Link to government priorities
PHAC	Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	6,182,216	ER 1.1 ER 1.2	PI 1.1.1 PI 1.1.2 PI 1.2.1	T 1.1.1 T 1.1.2 T 1.2.1	Protecting Canadians and empowering them to improve their health	N/A
	Health Promotion and Disease Prevention	Infectious and Communicable Diseases	Ongoing	35,341,075	ER 1.3 ER 1.4 ER 1.5 ER 1.6	PI 1.3.1 PI 1.3.2 PI 1.5.1 PI 1.6.1	T 1.3.1 T 1.3.2 T 1.5.1 T 1.6.1	Protecting Canadians and empowering them to improve their health	N/A
HC	Communicable Disease Control and Management	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	Ongoing	4,515,000	ER 2.1 ER 2.2	PI 2.1.1 PI 2.2.1 PI 2.2.2	T 2.1.1 T 2.2.1 T 2.2.2	First Nations communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	N/A
CIHR	Horizontal Health Research Initiatives	Health and Health Service Advances	Ongoing	22,374,448	ER 3.1 ER 3.2	PI 3.1.1 PI 3.1.2 PI 3.2.1 PI 3.2.2	T 3.1.1 T 3.1.2 T 3.2.1 T 3.2.2	Canada is a world leader in the creation, dissemination and application of health research knowledge	N/A
CSC	Custody	Institutional Health Services	Ongoing	4,187,261	ER 4.1 ER 4.2	PI 4.1.1 PI 4.2.1	T 4.1.1 T 4.2.1	The custody, correctional interventions and supervision of offenders in communities and in institutions contribute to public safety	N/A
Total for all federal organizations			Ongoing	**72,600,000**	N/A	N/A	N/A	N/A	N/A

Expected Results for 2017–18:

ER 1.1: Inform public health interventions for addressing HIV and related STBBIs (including detection and care) both in Canada and internationally by providing laboratory reference service testing, bioinformatics research infrastructure and improving testing methodologies.

ER 1.2: Improve the availability of both diagnostic and patient care testing in indigenous communities through the development of point-of-care, novel specimen collection methods and laboratory systems to facilitate HIV and other STBBI testing in remote communities.

ER 1.3: Data sources and methods required to measure more accurately progress against the global HIV targets are improved.

ER 1.4: HIV surveillance activities are reoriented to support population-level analysis, thus informing more effective population-specific prevention and care interventions.

ER 1.5: Effective screening intervals for "at risk" groups (e.g., injection drug use, gay men, and other men who have sex with men) will be identified through evidence reviews, as well as modelling to inform HIV screening approaches in an effort to decrease the number of individuals who are unaware of their HIV infection status.

ER 1.6: New evidence-based community-based interventions will be implemented in communities across the country to address HIV and other STBBIs.

ER 2.1: First Nations community members, chiefs, councils and service providers will demonstrate increased readiness to implement multidisciplinary STBBI prevention initiatives, such as the Know Your Status (KYS) program, which promote testing and access to care and support resources for diagnosed individuals, including treatment, mental health counselling and other supports.

ER 2.2: The number of KYS programs in select First Nation communities will be expanded to provide high-impact, culturally-appropriate STBBI interventions to increase access to testing and diagnosis; facilitate contact tracing; improve prevention and access to harm reduction services; and facilitate access to counselling, treatment, addictions programs, and other supportive services. These interventions will enable more First Nation communities to reach the 90-90-90 HIV targets by 2020.

ER 3.1: Scientific knowledge about the nature of HIV, ways to address the disease, and mitigate its impact, is created and shared freely.

ER 3.2: HIV and related STBBI research reduces barriers to, and informs, prevention and treatment options.

ER 4.1: Evidence-based enhancements to the suite of prevention programs for HIV/AIDS and other STBBIs will be implemented in federal penitentiaries based on published evidence from enhanced surveillance analysis. CSC will conduct analysis and research to understand barriers to

full participation in screening and testing and to reduce stigma among offenders so all inmates may know their HIV status and access prevention, treatment, care, and support services.

ER 4.2: Inmates known to be living with HIV will be linked to medical specialists to support retention in care and maintain viral suppression among those on treatment.

Performance Indicators for 2017–18:

PI 1.1.1: Percentage of accredited reference laboratory tests that are conducted within the specific turnaround times.
T 1.1.1: 90%

PI 1.1.2: Percentage of diagnostic specimens received at National Microbiology Laboratory that are sequenced for strain, drug resistance and bioinformatics.
T 1.1.2: 90%

PI 1.2.1: Percentage of communities that receive quality testing as measured by the percent of proficiency panel and parallel test results that pass quality screening or have corrective remedial action taken.
T 1.2.1: 100%

PI 1.3.1: Percentage of provinces and territories participating and complying with standards to monitor the HIV treatment cascade.
T. 1.3.1: 100%

PI 1.3.2: Percentage of surveillance disease reports that are updated and disseminated annually.
T 1.3.2: 80%

PI 1.5.1: Percentage of target audience indicating applying PHAC evidence to guide their work.
T 1.5.1: 65%

PI 1.6.1: Percentage of funds allocated for community-based investment to enhance the prevention of HIV and related STBBI among priority populations most at risk.
T 1.6.1: 100%

PI 2.1.1: Increased number of First Nations communities demonstrating readiness as expressed by the community chief and council request to HC to implement full or partial KYS program.
T 2.1.1: 50%

PI 2.2.1: Increased number of First Nations communities implementing full KYS programs.
T 2.2.1: 50%

PI 2.2.2: Increased number of First Nations communities implementing partial KYS programs.
T 2.2.2: 50%

PI 3.1.1: Percentage of grants leading to a new, or advanced, research method.
T 3.1.1: 55%

PI 3.1.2: Percentage of publications freely accessible.
T 3.1.2: 52%

PI 3.2.1: Percentage of grants reporting translating the knowledge from the research setting into real world applications.
T 3.2.1: 75%

PI 3.2.2: Percentage of grant leading to newly developed or advanced information or guidance for patients or the public.
T 3.2.2: 30%

PI 4.1.1: Percentage of newly admitted offenders tested for HIV at reception.
T 4.1.1: 80%

PI 4.2.1: Percentage of inmates on HIV treatment with viral suppression.
T 4.2.1: 90%

Upcoming evaluations over the next five fiscal years[3]

Programs planned to be evaluated in the next five years

Fiscal year (of the planned date for deputy head approval of the evaluation report)	Title of the evaluation	Completion of last evaluation	Link to department's Program Inventory	Planned spending associated with the program(s) evaluated (dollars)
2017–18	Health Care Associated Infections	N/A	1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	4,893,519
2017–18	Foodborne and Waterborne Enteric Diseases	2012	1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Diseases	3,503,774
2017–18	Family Violence Initiative	2011	1.2.2.2 Sub-Sub-Program: Healthy Communities	1,125,006
2017–18	Emergency Preparedness and Response (including supplies)	2011 (National Emergency Stockpile System)	1.3.1 Sub-Program: Emergency Preparedness and Response	45,415,713
2018–19	National Collaborating Centres	2014	1.1.2 Sub-Program: Public Health Information and Networks	6,694,356
2018–19	International Activities	2013	1.1.2 Sub-Program: Public Health Information and Networks	1,280,000
2018–19	Animal Health Program (including Bovine Spongiform Encephalopathy) - Horizontal led by CFIA	2014	1.1.3 Sub-Program: Public Health Laboratory Systems; and 1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Diseases	800,000
2018–19	Food Safety Information Network - Horizontal led by CFIA	2013	1.1.3 Sub-Program: Public Health Laboratory Systems	692,895

[3] Information contained in this table is from the draft Five-Year Departmental Evaluation Plan (2017–18 to 2021–22) which is scheduled for Deputy Head approval in March 2017.

Fiscal year (of the planned date for deputy head approval of the evaluation report)	Title of the evaluation	Completion of last evaluation	Link to department's Program Inventory	Planned spending associated with the program(s) evaluated (dollars)
2018–19	Fetal Alcohol Spectrum Disorder	2014	1.2.2.1 Sub-Sub-Program: Healthy Child Development	1,950,763
2018–19	Federal Initiative for HIV/AIDS in Canada (including STBBIs)	2014	1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	41,523,291
2019–20	Public Health Laboratories	N/A	1.1.3 Sub-Program: Public Health Laboratory Systems	76,896,750
2019–20	Travel Health and Border Health Security	2015	1.3.2 Sub-Program: Border Health Security	6,830,132
2019–20	Innovation Strategy	2015	1.2.2.2 Sub-Sub-Program: Healthy Communities	5,713,659
2019–20	Family Violence Investment	N/A	1.2.2.2 Sub-Sub-Program: Healthy Communities	6,086,010
2019–20	Chronic Disease Prevention	2015	1.2.3 Sub-Program: Chronic (non-communicable) and Injury Prevention	63,013,524
2020–21	Tuberculosis	2015	1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	2,676,574
2020–21	Zoonotic Infectious Diseases including Federal Framework on Lyme Disease	2016	1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Diseases	8,252,435
2020–21	Community Action Program for Children, the Canada Prenatal Nutrition Program and Related Activities	2016	1.2.2.1 Sub-Sub-Program: Healthy Child Development	92,474,210
2020–21	Mental Health	2016	1.2.2.2 Sub-Sub-Program: Healthy Communities	1,989,300
2020–21	Healthy Communities (including Aging and Seniors)	N/A	1.2.2.2 Sub-Sub-Program: Healthy Communities	14,208,021

Fiscal year (of the planned date for deputy head approval of the evaluation report)	Title of the evaluation	Completion of last evaluation	Link to department's Program Inventory	Planned spending associated with the program(s) evaluated (dollars)
2020–21	Biosecurity	2014	1.3.3 Sub-Program: Biosecurity	9,114,232
2021–22	Public Health Workforce Development Activities	2016	1.1.1 Sub-Program: Public Health Workforce	12,102,927
2021–22	Genomics Research and Development Initiative - Horizontal led by National Research Council	2011	1.1.3 Sub-Program: Public Health Laboratory Systems	1,586,864
2021–22	Immunization and Respiratory Infectious Diseases and other related activities	2016	1.2.1.1 Sub-Sub Program: Immunization; and 1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	21,456,028
2021–22	Canada's Clean Air Agenda – Adaptation Theme - Horizontal led by Environment and Climate Change Canada.	2015	1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Diseases	1,600,240
2021–22	Aboriginal Head Start in Urban and Northern Communities	2017	1.2.2.1 Sub-Sub-Program: Healthy Child Development	33,140,338
2021–22	Oral Health	2017	1.2.2.1 Sub-Sub-Program: Healthy Child Development	550,348
2021–22	Federal Tobacco Control Strategy - Horizontal led by HC	2016	1.1.2 Sub-Program: Public Health Information and Networks; and 1.2.3 Sub-Program: Chronic (non-communicable) and Injury Prevention	2,205,000
Total organizational spending	N/A	N/A	N/A	467,775,909

Programs with no planned evaluations in the next five years

Link to the departmental Program Inventory	Completion of last evaluation	Rationale for not evaluating in the current five-year cycle	Planned spending associated with the programs not planned to be evaluated (dollars)*
Public Health Information	N/A	**Program is expected to change under the Departmental Results Framework.** **Low Risk:** Low program materiality. **Low Need:** No senior management or program need for evaluation.	10,875,666
Blood Safety (including Drug safety)	2014	**Low Risk:** Grants and contributions on average less than $5 million a year. **Low Need:** Evaluation conducted within last seven years (2013–14); No senior management or program need for evaluation.	2,728,962
Nutrition North Canada (PHAC portion)	N/A	Funding for PHAC will start in 2017–18, therefore this program is beyond the scope of this Five-Year Departmental Evaluation Plan. It will be included in 2022–23.	405,000
Total organizational spending	N/A	N/A	14,009,628

* Planned spending is to be considered as estimates. Specific funding to programs will be determined during the evaluation.

Total planned organizational spending in dollars (programs planned to be evaluated in the next five years plus programs with no planned evaluations in the next five years): $481,785,537.

Upcoming internal audits for the coming fiscal year[4]

Internal audits

Title of internal audit	Internal audit type	Status	Expected completion date
Audit of Internal Control over Financial Reporting – PHAC	Internal control	In progress	June 2017
Audit of the Grants and Contribution Management Control Framework – PHAC	Transfer payment agreement management, internal controls, and information technology systems	In progress	October 2017
Review of Regional Operations – PHAC	Governance, delivery and performance, reporting and communication processes, and stakeholder engagement.	In progress	October 2017
Audit of Accounts Receivable – PHAC/HC	Financial management	Planned	February 2018

[4] Information contained in this table is from the draft 2017–18 Departmental Risk-Based Audit Plan which is scheduled for Deputy Head approval in March 2017.