Public Health Agency of Canada
2018–19 Departmental Plan:
Supplementary Information Tables

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Departmental Sustainable Development Strategy

Public Health Agency of Canada 2017-2020 Departmental Sustainable Development Strategy: 2018-2019 Update.

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	2016–17
Link to department's Program Inventory Health Promotion	
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 Aboriginal community-based non-profit recipients and 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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
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	2017–18
Link to department's Program Inventory Health Promotion	

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; 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

Non-profit organizations, municipalities and local organizations, and other Aboriginal organizations.

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.

Planning information (dollars)

Type of transfer payment	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
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

Chronic Disease 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 participate in healthy living and chronic disease prevention interventions;
- Target populations are knowledgeable about healthy living and chronic disease prevention practices; and
- Social and physical environments support healthy living and chronic disease prevention practices.

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 positive behaviour change related to chronic disease risk or protective factors.	
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, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	
Initiatives to engage applicants and recipients Open solicitations posted on the Public Health Agency of Canada (PHAC) 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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
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	2017–18

Link to department's Program Inventory

Health Promotion

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; 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

Non-profit organizations, municipalities and local organizations, and other Aboriginal organizations.

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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
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

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

Description

Objective(s): Support Baycrest Health Sciences in the establishment and operation of the Centre for Aging and Brain Health Innovation (CABHI). The CABHI 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
Decision following the results of last evaluation	Not applicable
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 used to solicit a proposal.	

Planning information (dollars)

Type of transfer payment	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
Total grants	-	-	-	-
Total contributions	10,000,000	12,000,000	10,000,000	-
Total other types of transfer payments	-	-	-	-
Total program	**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 Chronic Disease 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 participate in healthy living and chronic disease prevention interventions; • Target populations are knowledgeable about healthy living and chronic disease prevention practices; and • Social and physical environments support healthy living and chronic disease prevention practices. 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 positive behaviour change related to a chronic disease risk or protective factors.

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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
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 (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	2012–13

Link to department's Program Inventory

Communicable Diseases and Infection Control

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 and a higher prevalence in certain key populations.

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;
- 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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
Total grants	8,084,000	8,084,000	8,084,000	8,984,000
Total contributions	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**	**27,319,000**

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	2016–17
Link to department's Program Inventory Health Promotion	

Description

Objective(s): The Innovation Strategy funds the testing and delivery of evidence-based population health interventions. Knowledge gained from the evaluation of each community based intervention is then applied to public health policy and practice.

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 the generation of knowledge about policy and program interventions that are effective and have the potential to 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; 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

- 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; 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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
Total grants	7,370,000	7,370,000	7,370,000	7,370,000
Total contributions	3,827,000	3,827,000	3,827,000	3,827,000
Total other types of transfer payments	-	-	-	-
Total program	**11,197,000**	**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	2004–05
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 Evidence for Health Promotion, and Chronic Disease and Injury Prevention; Communicable Diseases and Infection Control; Foodborne and Zoonotic Diseases; and Emergency Preparedness and Response	

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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
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**

Strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fund)

General information

Name of transfer payment program	Strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fund) (Voted)
Start date	2017–18
End date	Ongoing
Type of transfer payment	Grants and Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2017–18

Link to department's Program Inventory

Communicable Disease and Infection Control

Description

Objective(s): The Harm Reduction Fund is one component of the overall Strengthening the Canadian Drugs and Substances Strategy. The objective of the Harm Reduction Fund is to strengthen the response of front-line organizations, public health and health professionals to reduce the negative health impacts (related to acquisition of HIV and Hepatitis C) experienced by drug and substance users as a result of sharing drug use equipment (specifically for intravenous drug use [IDU] and crack inhalation).

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. The estimated proportion of new HIV infections attributed to IDU by province in 2014 was: BC 13.8%, ON 19.5%, QC 13.8%, SK 40.2%, MB 3.2%, AB 9.0%, Atlantic provinces 0.2% and territories 0.2% which are correct. This meant 40% new infections in 2014 attributable to the IDU exposure category from Saskatchewan, followed by ON (19.5%), QC (13.8%) and BC (13.8%).

Intervention Method(s): Grants and Contributions

Repayable Contributions: No

Expected results

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

- Increased knowledge of ways to reduce risk behaviours related to the sharing of injection and inhalant drug use equipment;
- Strengthened capacity (skills, competencies, abilities) to prevent infections associated with shared drug use equipment;
- Increased access to harm reduction services, STBBI testing and other health services;
- Reduced stigma and discrimination toward mental health, addictions, and those using drugs; and
- Reduction in risk-taking behaviour among shared drug equipment users, including unprotected sex.

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	Not applicable
Decision following the results of last evaluation	Not applicable
Fiscal year of planned completion of next evaluation	2021–22
General targeted recipient groups Non-profit organizations (for example, charities, foundations, non governmental organizations, universities, research institutions, health related entities); and other societies.	
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	2017–18 Forecast Spending	Planned Spending		
		2018–19	2019–20	2020–21
Total grants	1,500,000	3,000,000	3,500,000	3,500,000
Total contributions	1,500,000	3,000,000	3,500,000	3,500,000
Total other types of transfer payments	-	-	-	-
Total program	**3,000,000**	**6,000,000**	**7,000,000**	**7,000,000**

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 Communicable Diseases and Infection Control	
Main objective Support P/T transfusion and/or transplantation adverse event surveillance activities.	
Planned spending in 2018–19	$2,190,000
Fiscal year of last completed evaluation	2013–14
Fiscal year of planned completion of next evaluation (if applicable)	Not applicable
General targeted recipient groups P/T (for example, provincial and territorial governments); and Non-profit organizations (for example, charities, foundations, non-governmental organizations, universities, research institutions, health related entities).	

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 Chronic Disease 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 in 2018–19	$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	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 Chronic Disease 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 in 2018–19	$2,000,000
Fiscal year of last completed evaluation	2016–17
Fiscal year of planned completion of next evaluation (if applicable)	2022–23
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 Evidence for Health Promotion, and Chronic Disease and Injury Prevention	
Main objective To collaborate with key stakeholders across Canada to develop nationally applicable tools, resources and knowledge that can be used to prevent FASD and improve outcomes for those who are already affected, including their families and communities.	
Planned spending in 2018–19	$1,499,000
Fiscal year of last completed evaluation	2013–14
Fiscal year of planned completion of next evaluation (if applicable)	2020–21
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 Immunization	
Main objective Improve both vaccination coverage and vaccine preventable disease rates within Canada.	
Planned spending in 2018–19	$3,549,231
Fiscal year of last completed evaluation	Not applicable
Fiscal year of planned completion of next evaluation (if applicable)	2021–22
General targeted recipient groups Non-profit organizations (for example, charities, foundations, non-governmental organizations, universities, research institutions, health related entities); Municipalities and local organizations (for example, municipal and regional governments, cities); Provinces and territories (for example, provincial and territorial governments); Industry-related (for example, for-profit businesses, airport authorities, specific industry sectors); Persons (for example, individual farmers and fishers, veterans, members of the Canadian Armed Forces, families, researchers, workers, students) 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; and Other agencies; organizations and institutions supported by P/T governments (e.g., regional health authorities and schools).	

General information

Name of transfer payment program	Infectious Diseases and Climate Change Fund (IDCCF) - Adapting to the Impacts of Climate Change (Voted)
End date	2027–28
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory Foodborne and Zoonotic Diseases	
Main objective Address the impact of climate change on human health by building and increasing access to infectious disease-based evidence, education and awareness. The focus is on preparing for and protecting Canadians from climate-driven infectious diseases that are zoonotic, food-borne and/or water-borne.	
Planned spending in 2018–19	$1,650,000
Fiscal year of last completed evaluation	2017–18
Fiscal year of planned completion of next evaluation (if applicable)	2020–21

General targeted recipient groups
Canadian not-for-profit voluntary organizations and corporations; unincorporated groups, societies and coalitions; P/T, regional and municipal governments; indigenous organizations; organizations and institutions supported by P/T governments (e.g., regional health authorities, schools, and post-secondary institutions, etc.); and applicants deemed capable of conducting activities that meet the scope, objectives and priorities of the IDCCF.

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 Chronic Disease 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 in 2018–19	$4,571,000
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 Chronic Disease 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 in 2018–19	$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 Evidence for Health Promotion, and Chronic 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 in 2018–19	$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 / Councils, schools, post-secondary institutions, hospitals, etc.); 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 Evidence for Health Promotion, and Chronic Disease and Injury Prevention	
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 in 2018–19	$250,000
Fiscal year of last completed evaluation	2015–16
Fiscal year of planned completion of next evaluation (if applicable)	2020–21
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 / Councils, schools, post-secondary institutions, hospitals, etc.); 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 Evidence for Health Promotion, and Chronic 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 in 2018–19	$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 / Councils, schools, post-secondary institutions, hospitals, etc.); 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 Chronic Disease Prevention , and Communicable Diseases and Infection Control	
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 in 2018–19	$1,030,000
Fiscal year of last completed evaluation	2013–14
Fiscal year of planned completion of next evaluation (if applicable)	2018–19
General targeted recipient groups International entities (i.e., bilateral and multilateral international organizations and institutions with established relationships with Canada, such as the World Health Organization [WHO] and the Pan American Health Organization); and Canadian not-for-profit organizations and institutions, including academic and research-based institutions. Note: In addition to project funding, the International Health Grants Program is used to pay Canada's assessed contribution to the WHO Framework Convention on Tobacco Control—a $205,000 annual allocation—which is reported under the Federal Tobacco Control Strategy Horizontal Initiative led by Health Canada.	

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 Chronic Disease 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 in 2018–19	$1,250,000
Fiscal year of last completed evaluation	Not applicable
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 Health Promotion	
Main objective To complement the food retail subsidy by supporting culturally appropriate retail and community-based nutrition education initiatives that are intended to influence healthy eating in isolated northern communities.	
Planned spending in 2018–19	$469,000
Fiscal year of last completed evaluation	Not applicable
Fiscal year of planned completion of next evaluation (if applicable)	Not applicable
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	Preventing Gender-Based Violence: The Health Perspective (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Link to department's Program Inventory Health Promotion	

Main objective Contribute to the Government of Canada's Strategy to Address Gender-Based Violence through programs that promote healthy relationships and prevent violence; focusing on children, families and youth. This investment will include parenting support programs to prevent child maltreatment, and programs to prevent dating violence among teens and youth. These investments early in life can help establish a foundation for healthy relationships throughout the life course.	
Planned spending in 2018–19	$1,000,000
Fiscal year of last completed evaluation	Not applicable
Fiscal year of planned completion of next evaluation (if applicable)	2020–21
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	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 Laboratory Science Leadership and Services, and Emergency Preparedness and Response	
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 in 2018–19	$1,383,000
Fiscal year of last completed evaluation	2016–17
Fiscal year of planned completion of next evaluation (if applicable)	2021–22
General targeted recipient groups Non-profit organizations (for example, charities, foundations, non-governmental organizations, universities, research institutions, health related entities); Provinces and territories (for example, provincial and territorial governments); Other institutions supported by P/T governments (e.g., regional health authorities or districts, and post-secondary institutions); and Persons 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 (for example, individual farmers and fishers, veterans, members of the Canadian Armed Forces, families, researchers, workers, students).	

Gender-based analysis plus

General information

Governance structures	In the Health Portfolio, we refer to sex and gender-based analysis plus (SGBA+) because of the important roles that both sex and gender play in health. Sex and gender-based analysis plus (SGBA+) is a systematic approach that considers the needs of diverse groups of boys, girls, men, women and gender-diverse people. Sex- and gender are important determinants of health. Health Portfolio Deputy Heads are responsible for providing leadership to ensure SGBA+ implementation through the Health Portfolio's Sex and Gender-Based Analysis Policy. Taking into account sex and gender in PHAC efforts is supported as part of our broader commitment to health equity – reducing the health gap between subgroups of Canadians. Integrating sex, gender and other diversity factors increases the reach and impact of our interventions, enabling us to better meet the diverse needs of Canadians. PHAC's planned efforts to advance SGBA+ implementation will focus on: increasing the organisation's internal capacity by providing targeted trainings; integrating SGBA+ more systematically into surveillance activities, science, policy programs and evaluation. This will be achieved by strengthening disaggregated data collection, analysis, and regular reporting on sex and gender-based health differences and their intersection with other diversity/identity factors; adapting programs and policies based on sex and gender related evidence, and increasing accountability and integration of SGBA+ in performance measurement and reporting. Performance related to SGBA+ implementation is monitored at the Agency level through three main mechanisms: annual reporting to Status of Women Canada's GBA+ Implementation Survey; inclusion of sex and gender specific indicators in the Departmental Results Framework where feasible and relevant; and through performance measurement and reporting to PHAC Executive Committee.
Human resources	6 FTEs: • 3 FTEs of dedicated staff as Agency focal point for SGBA+; and • 3 FTEs in total of a SGBA+ Champion and PHAC SGBA+ Network members' time.
Planned initiatives	PHAC will continue to enhance the application and monitoring of SGBA+. In 2018–19, key initiatives for more comprehensive SGBA+ will include: HIV and Hepatitis C Community Action Fund, surveillance data for immunization, dementia, suicide prevention, family violence prevention, and implementation within the Departmental Results Framework. The performance measurement approach associated with these initiatives will include several indicators that can be disaggregated by sex. Examples of those indicators include: <u>HIV/Hepatitis C/Sexually Transmitted and Blood-Borne Infections</u> • Percentage of individuals living with HIV who know their status; and • Rate per 100,000 of new diagnosed cases of HIV. <u>Vaccination</u> • Percentage of 2 year old children who have received all recommended vaccinations.

	Family violence • Population(s) reached by the intervention (provided by project leads, disaggregated as available by site and subpopulations [e.g., age, sex, gender, Indigenous - First Nations, Inuit, Metis; specific ethno-cultural communities; newcomers to Canada; LGBTQ2[2]; persons with disabilities]); and • Documented learnings related to intervention success (e.g., project evaluation results and intervention research findings). The data from these indicators will allow regular monitoring and reporting on sex and gender-based health inequalities and their intersection with other diversity/identity factors.

[2] LGBTQ2 is the acronym for lesbian, gay, bisexual, transgender, queer and two-spirited.

Horizontal initiatives

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	Department of Indigenous Services Canada (DISC), Canadian Institutes of Health Research (CIHR), and Correctional Service Canada (CSC)
Non-federal and non-governmental partners	Not applicable
Start date of the horizontal initiative	January 13, 2005
End date of the horizontal initiative	Ongoing

Description of the horizontal initiative

Objective(s):

- Increase knowledge with respect to HIV and other STBBIs in Canada through laboratory science, surveillance, and research on 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 and other STBBIs as well as the availability of evidence-based HIV interventions that are centred on the needs of at-risk populations and people living with affected STBBIs; and
- Increase awareness of the need for STBBI testing and access to prevention, treatment and care and supportive social environments for people living with, affected by, or at risk of acquiring, STBBIs.

Why this HI is Necessary:

- The Joint United Nations Programme on HIV/AIDS 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.
- International targets have also been set by the WHO for viral hepatitis and sexually-transmitted infections. These include targets related to new cases of these infections as well as access to testing and treatment, aimed at eliminating these infections as public health threats by 2030;
- 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 including viral hepatitis and STIs;
- In Canada, it is estimated that 44% of people infected with hepatitis C are unaware of their infection and may transmit the infection to others. Newly diagnosed cases of the STIs chlamydia, gonorrhea, and syphilis have been increasing consistently since the mid-1990s. Between 2005 and 2014, there was a 49% increase in the reported rate of chlamydia, a 61% increase in the reported rate of gonorrhea, and a 95% increase in the reported rate of syphilis;

- Because STBBIs share common risk factors and transmission routes, the FI also supports integrated approaches to address HIV along with other STBBIs; and
- A horizontal Government of Canada 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, prevention and screening 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 viral hepatitis STIs and issues of co-infection with other infectious diseases (e.g., tuberculosis). People living with and vulnerable to HIV/AIDS are active partners in the development of FI policies and programs.

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 STBBIs, including HIV in Canada. It is responsible for laboratory science, surveillance, program development, knowledge exchange, public awareness, guidance for health professionals, global collaboration and coordination;
- DISC supports STBBI 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'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 STBBIs, including HIV) to offenders sentenced to two years or more.

Total federal funding allocated (start to end date) (dollars)	Ongoing

Total federal planned spending to date (dollars)	$890,760,746
Total federal actual spending to date (dollars)	$865,524,595
Date of last renewal of the horizontal initiative	Not applicable
Total federal funding allocated at the last renewal and source of funding (dollars)	Not applicable
Additional federal funding received after the last renewal (dollars)	Not applicable
Funding contributed by non-federal and non-governmental partners (dollars)	Not applicable

Fiscal year of planned completion of next evaluation
2018–19 (PHAC)

Shared outcome of federal partners
Increased awareness and knowledge of ways to prevent the acquisition and control the transmission of HIV and associated STBBIs.

Performance Indicator (PI) / Target (T):

PI 1: % of stakeholders reporting increasing their knowledge.
T 1: 90%

PI 2: % of priority populations reporting increasing knowledge.
T 2: 95%

PI 3: % of publications available through open access.
T 3: 71%

PI 4: % of target audiences reporting increasing knowledge.
T 4: 80%

Shared outcome of federal partners
Strengthened capacity (skills, competencies and abilities) of priority populations and audiences.

Performance Indicator / Target:

PI 1: % of priority population's reporting increasing capacity.
T 1: 75%

PI 2: % of newly-admitted people who live in federal correctional facilities who attended Reception Awareness Program at admission.
T 2: 65%

PI 3: % of First Nations communities reporting that HIV testing is accessible on or near the reserve.
T 3: 100%

Shared outcome of federal partners

Improved uptake and application of knowledge in action and public health practice.

Performance Indicator / Target:

PI 1: % clients indicating overall satisfaction with laboratory reference services.
T 1: 90%

PI 2: % of molecular test administered by referral services within the optimal time-response.
T 2: 70%

PI 3: % of serological test administered by referral services were within the optimal time-response.
T 3: 90%

PI 4: % of peer-reviewed articles that were cited in other peer-reviewed articles – five years of data.
T 4: 100%

PI 5: % of attendees to STBBIs webinars indicating applying evidence acquired through webinars to guide their work.
T 5: 75%

PI 6: % of CIHR grants leading to production of new method, new theory, or replication of findings.
T 6: 100%

PI 7: % of CIHR grants reporting translation of knowledge/creating more effective health services and products.
T 7: 100%

PI 8: % of CIHR grants leading to information or guidance for patients or public/patients' or public behaviour(s).
T 8: 100%

PI 9: % of audiences that indicated they have enhanced their practices / community-based interventions following project activities.
T 9: 75%

Shared outcome of federal partners

Increased uptake of personal behaviours that prevent the transmission and acquisition of HIV and associated STBBIs.

Performance Indicator / Target:

PI 1: % of people who live in federal correctional facilities who are known to be HIV positive who have access to treatment.
T 1: 90%

PI 2: % of priority populations reached indicating increased uptake of personal behaviours that prevent the transmission of HIV/hepatitis C or related STBBIs.
T 2: 5%

PI 3: % of priority populations who indicated improved access to health, social, and support services.
T 3: 75%

Shared outcome of federal partners

Decreased acquisition and transmission of new infections.

Performance Indicator / Target:

PI 1: % of people living with HIV who know their status.
T 1: 90%

PI 2: % of people who know their HIV positive status who are on treatment.
T 2: 90%

PI 3: % of people receiving treatment who are virally suppressed.
T 3: 90%

Expected outcome or result of non-federal and non-governmental partners

Not applicable

Name of theme

Not applicable

Planning highlights

To contribute to meeting global HIV, hepatitis C and STBBI targets in Canada, FI partners will collaborate with P/T governments, indigenous communities and civil society to improve the domestic response to HIV and other STBBIs. Specifically, PHAC's plans to finalize and release a Pan-Canadian Framework to reduce STBBIs in Canada. The Government of Canada, led by PHAC, will develop and release a Federal Implementation Plan to coordinate the federal government's response.

Contact Information

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Planning summary

Federal organizations	Link to the department's Program Inventory	Horizontal initiative activities	Total federal allocation (from start to end date) (dollars)	2018–19 Planned spending (dollars)	2018–19 Expected results	2018–19 Performance Indicators	2018–19 Targets	Date to achieve target
PHAC	Laboratory Science Leadership and Services	Lab Testing Services	Ongoing	6,334,589	ER 1.1 ER 1.2	PI 1.1.1 PI 1.1.2 PI 1.1.3 PI 1.2.1 PI 1.2.2	T 1.1.1 T 1.1.2 T 1.1.3 T 1.2.1 T 1.2.2	1.1.1 March 31, 2022 1.1.2 March 31, 2022 1.1.3 March 31, 2022 1.2.1 March 31, 2022 1.2.2 Dec. 31, 2020
	Communicable Disease and Infection Control	Knowledge Creation; Knowledge, Creation and Analysis; Knowledge Translation, synthesis, and Mobilization; and Public Health Intervention.	Ongoing	35,188,702	ER 1.3 ER 1.4 ER 1.5 ER 1.6	PI 1.3.1 PI 1.4.1 PI 1.5.1 PI 1.5.2 PI 1.5.3 PI 1.6.1	T 1.3.1 T 1.4.1 T 1.5.1 T 1.5.2 T 1.5.3 T 1.6.1	March 31, 2022
DISC	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	Know Your Status	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	March 31, 2019
CIHR	Health and Health Service Advances	Knowledge creation	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	March 31, 2019

CSC	Care and Custody	Institutional Health Services	Ongoing	4,187,261	ER 4.1 ER 4.2 ER 4.3	PI 4.1.1 PI 4.2.1 PI 4.3.1	T 4.1.1 T 4.2.1 T 4.3.1	March 31, 2020
Total for all federal organizations	Not applicable	Not applicable	Ongoing	72,600,000[3]	Not applicable	Not applicable	Not applicable	Not applicable

[3] In addition, PHAC will invest an additional $14,900,000 to address HIV, Hepatitis C and Sexually Transmitted Infections in 2018–19. This amount consists of $8,900,000 under the Hepatitis C Prevention, Support and Research Program, and $6,000,000 under the Harm Reduction Fund.

Expected Results for 2018–19:

ER 1.1: Public health interventions for addressing HIV and related STBBIs both in Canada and internationally will be informed by laboratory reference service testing; bioinformatics research infrastructure and improving testing methodologies.

ER 1.2: The availability of diagnostic and patient care testing will be improved 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 will be 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: Awareness and uptake of HIV screening efforts will be increased through the promotion of evidence of effective screening intervals for "at risk" groups (e.g., injection drug use, gay men, and other men who have sex with men) and on barriers and facilitators of HIV testing, in order to increase the number of people who are aware of their HIV status.

ER 1.6: Evidence-based community-based interventions focused on populations at-risk with the greatest potential for impact 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 and other STBBIs including comorbidities, and the mitigation of their impact, will be 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.

ER 4.3: Inmates diagnosed with chronic hepatitis C infection will be linked to medical specialists in order to access treatment and achieve sustained viral response (SVR).

Performance Indicators for 2018–19:

PI 1.1.1: Percentage of HIV molecular test administered by referral services within the optimal time-response.
T 1.1.1: 90%

PI 1.1.2: Percentage of HIV serological test administered by referral services within the optimal time response.
T 1.1.2: 70%

PI 1.1.3: Percentage of diagnostic specimens received at the National Microbiology Laboratory that are sequenced for HIV and related STBBI strain, drug resistance and bioinformatics.
T 1.1.3: 90%

PI 1.2.1: Percentage of indigenous communities where NML novel specimen collection methods and laboratory system to facilitate HIV and other STBBI testing in remote community are available.
T 1.2.1: 75%

PI 1.2.2: Percentage of individuals who are made aware of their HIV status in indigenous communities for which the National Microbiology Laboratory provides testing services.
T 1.2.2: 90%

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 1.4.1: Percentage of planned funding disbursed for community-based investment to enhance the prevention of HIV and related STBBI by priority populations that are informed by HIV surveillance activities.
T 1.4.1: 100%

PI 1.5.1: Percentage of target audience indicating applying PHAC evidence to guide their work.
T. 1.5.1: 60%

PI 1.5.2: Percentage of target audiences that report they have increased their knowledge on evidence based practices and interventions to prevent the acquisition, and control the transmission of HIV and related STBBIs.
T. 1.5.2: 90%

PI 1.5.3: Percentage of HIV and related STBBI publications freely accessible.
T. 1.5.3: 66%

PI 1.6.1: Percentage of planned funding disbursed for community-based investment to enhance the prevention of HIV and related STBBI among priority populations most at risk and target audiences.
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 DISC 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: 30%

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: 66%

PI 3.2.1: Percentage of grants reporting translating the knowledge from the research setting into real world applications.
T 3.2.1: 61%

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: 22%

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%

PI 4.3.1: Percentage of inmates on HCV treatment that achieved SVR.
T4.3.1: 90 %

Planned evaluation coverage over the next five fiscal years[4]

Planned evaluation coverage, 2018–19 to 2022–23

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
Health Promotion	Evaluation of the Innovation Strategy 2014–15	Innovation Strategy (including Family Violence Investment)	2019–20	$22,915,129	$141,709,275	$142,728,623	This program includes **Oral Health** with an amount of $550,348 and **Nutrition North Canada** with an amount of $469,000 that is exempt from section 42.1 of the Financial Administration Act. **Low need:** Evaluation conducted within last seven years (2016–17). **Low Risk Previous evaluations:** Evaluation of Oral Health 2016–17. Implementation Evaluation of the Nutrition North Canada Program 2013–14 (INAC).
	Evaluation of the Community Action Program for Children, Canada Prenatal Nutrition Program and Associated Activities 2015–16 Evaluation of the Fetal Alcohol Spectrum Disorder Initiative 2013–14	Children's Programs (Community Action Program for Children, the Canadian Prenatal Nutrition Program, Fetal Alcohol Spectrum Disorder)	2020–21	$83,492,645			
	Not applicable	Horizontal Evaluation of Strategy to Prevent and Address Gender-Based Violence - Led by Status of Women Canada	2020–21	$1,230,492			

[4] PHAC is currently in the process of updating its Five-Year Evaluation Plan. As a result of this update, planned evaluations, including planned start and completion dates, are subject to change.

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
	Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program 2016–17	Aboriginal Head Start in Urban and Northern Communities	2021–22	$33,072,719			
	Evaluation of Family Violence Initiative 2017–18	Family Violence Initiative	2022–23	$998,290			
Chronic Disease Prevention	Evaluation of the Chronic Disease Prevention Activities 2014–15	Multisectoral Partnerships Program (including Men's Health) (Joint Audit and Evaluation)	2019–20	$23,988,189	$25,988,189	$25,988,189	Not applicable
	Evaluation of the Federal Tobacco Control Strategy 2016–17	Horizontal Evaluation of Federal Tobacco Control Strategy & Vaping Activities	2022–23	$2,000,000			
Evidence for Health Promotion, and Chronic	Evaluation of the National Collaborating Centres 2014–15	National Collaborating Centres[5]	2018–19	$3,540,174	$56,898,375	$59,473,726	This program includes **Applied Research activities** with an amount of $2,575,351 that is

[5] As reflected in this table, the evaluation of the National Collaborating Centres falls within four programs: Evidence for Health Promotion, and Chronic Disease and Injury Prevention, Communicable Diseases and Infection Control, Foodborne and Zoonotic Diseases, and Emergency Preparedness and Response.

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
Disease and Injury Prevention	Not applicable	Aging and Seniors (including Dementia)	2019–20	$12,000,000			exempt from section 42.1 of the Financial Administration Act. **Low Need**: Evaluation conducted within last seven years (2014–15). Program is undergoing major changes in the short term.
	Evaluation of the Public Health Agency of Canada's Chronic Disease Prevention Activities 2014–15	Evidence for Health Promotion, Chronic Disease and Injury (including Chief Public Health Office Report, Canada Communicable Disease Report)	2020–21	$41,358,201			
Laboratory Science Leadership and Services	Not applicable	Horizontal Evaluation of Canadian Food Safety Information Network - Led by Canadian Food Inspection Agency	2022–23	$3,228,668	$73,636,810	$73,636,810	Not applicable

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
	Evaluation of the Federal Initiative to Address HIV/AIDS in Canada 2013–14 Evaluation of Community Associated Infections Prevention and Control Activities 2012–13	Federal Initiative for HIV/AIDS in Canada (including Sexually Transmitted and Blood-borne Infections)[6]	2018–19	$6,472,071			
	Various evaluations[7]	Coordination of Antimicrobial Resistance Activities	2018–19	$2,927,383			
	Various evaluations[8]	Public Health Laboratories	2019–20	$57,814,621			

6 As reflected in this table, the evaluation of the Federal Initiative for HIV/AIDS in Canada (including STBBIs) falls within two programs: Laboratory Science Leadership and Services, and Communicable Diseases and Infection Control.

7 Evaluations of Non-Enteric Zoonotic Infectious Disease Activities; Food-borne Enteric Illness Prevention, Detection and Response Activities; Community Associated Infections Prevention and Control Activities, Health Care-Associated Infections; Tuberculosis Activities; and Federal Initiative to Address HIV/AIDS in Canada.

8 Evaluations of Food-borne Enteric Illness Prevention, Detection and Response Activities; Community Associated Infections Prevention and Control Activities, Health Care-Associated Infections; Tuberculosis Activities.

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
	Evaluation of the Non-Enteric Zoonotic Infectious Disease Activities 2015–16	Zoonotic Infectious and Emerging Diseases (including Bovine Spongiform Encephalopathy [BSE] and Adaptation to Climate Change [ACC])[9]	2020–21	$1,624,897			
	Horizontal Evaluation of the Genomics R&D Initiative 2016–17	Horizontal Evaluation of Genomics Research and Development Initiative - Led by National Research Council	2021–22	$1,569,170			
Communica-ble Diseases and Infection Control	Evaluation of the Federal Initiative to Address HIV/AIDS in Canada 2013–14 Community Associated Infections Prevention and Control Activities 2012–13	Federal Initiative for HIV/AIDS in Canada (including Sexually Transmitted and Blood-borne Infections)	2018–19	$36,730,732	$61,785,428	$63,975,428	This program includes **Blood Safety** with an amount of $2,190,000 that is exempt from section 42.1 of the Financial Administration Act.

[9] As reflected in this table, the evaluation of the Zoonotic Infectious and Emerging Diseases (including BSE and ACC) falls within two programs: Laboratory Science Leadership and Services, and Foodborne and Zoonotic Diseases.

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
	Evaluation of the National Collaborating Centres 2014–15	National Collaborating Centres	2018–19	$973,666			**Low Risk:** Low materiality (grant and contribution on average less than $5 million a year). **Low Need**: Evaluation conducted within last seven years (2013–14).
	Evaluation of the International Health Grants Program 2013–14	Office of International Affairs[10]	2018–19	$825,000			
	Evaluation of the tuberculosis Activities 2015–16	Tuberculosis	2020–21	$5,329,260			
	Not applicable	Horizontal Evaluation of Canadian Drug and Substance Strategy - Led by Health Canada	2021–22	$6,298,623			
	Evaluation of Health Care-Associated Infections 2017–18	Health Care-Associated Infections	2022–23	$11,628,147			
Immunization	Evaluation of Immunization and Respiratory Infectious Disease Activities 2016–17	Immunization and Respiratory Infectious Diseases	2021–22	$29,992,160	$29,992,160	$29,992,160	Not applicable

[10] As reflected in this table, the evaluation of the Office of International Affairs falls within two programs: Communicable Diseases and Infection Control, and Internal Services.

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
Foodborne and Zoonotic Diseases	Evaluation of the National Collaborating Centres 2014–15	National Collaborating Centres	2018–19	$973,666	$16,528,507	$16,528,507	Not applicable
	Evaluation of the Non-Enteric Zoonotic Infectious Disease Activities 2015–16	Zoonotic Infectious and Emerging Diseases (including Bovine Spongiform Encephalopathy and Adaptation to Climate Change)	2020–21	$291,688			
	Evaluation of Canada's Clean Air Regulatory Agenda (2017–18) Clean Air Agenda Adaptation Theme 2017–18	Horizontal Evaluation of Adapting to Impacts of Climate Change (formerly Clean Air Agenda – Adaptation Theme) - Led by Environment and Climate Change Canada	2021–22	$3,942,849			
	Evaluation of Foodborne and Waterborne Enteric Diseases 2017–18	Foodborne and Waterborne Enteric Diseases	2022–23	$11,320,304			
Emergency Preparedness and Response	Evaluation of the National Collaborating Centres 2014–15	National Collaborating Centres	2018–19	$973,666	$33,737,828	$33,737,828	Not applicable
	Evaluation of the Public Health	Public Health Workforce	2021–22	$7,717,190			

Program	Last evaluation	Evaluations planned in the next 5 years	Fiscal Year of approval	2018–19 Program spending covered by the planned evaluation (dollars)	2018–19 Program spending covered by all planned evaluations (dollars)	2018–19 Total program spending (dollars)	Rationales for not evaluating program or spending
	Workforce Development Activities 2016–17	Development Activities					
	Evaluation of Emergency Preparedness and Response 2017–18	Emergency Preparedness and Response	2022–23	$25,046,972			
Biosecurity	Evaluation of the Biosecurity Program 2013–14	Biosecurity	2020–21	$10,151,638	$10,151,638	$10,151,638	Not applicable
Border and Travel Health	Evaluation of the Travel Health and Border Health Security Activities 2015–16	Travel Health and Border Health Security	2019–20	$6,682,766	$6,682,766	$6,682,766	Not applicable
Internal Services	Evaluation of the International Health Grants Program 2013–14	Office of International Affairs	2018–19	$2,847,531	$2,847,531	$2,847,531	Not applicable
Not applicable	Not applicable	Horizontal evaluation of Single Window Initiative- Led by Canada Border Service Agency	2019–20	$0	$0	$0	Not applicable
Total	Not applicable	Not applicable	Not applicable	$459,958,507	$459,958,507	$465,743,206	Not applicable

Upcoming internal audits for the coming fiscal year[11]

Internal audits

Title of internal audit	Area being audited	Status	Expected completion date
Audit of Biosecurity Program	Management Control Framework	In-progress	Jan 2019
Audit of Contracting and Procurement	Management Control Framework	In-progress	Jan 2019
Audit of Multi-sectoral Partnerships	Grants and Contributions	Planned	Oct 2019
Audit of Surveillance	Management Control Framework	Planned	Jan 2020
Audit of Costing Information for Decision Making	Management Control Framework	Planned	Oct 2019
Audit of Acquisition Cards	Management Control Framework	Planned	Jan 2020
Audit of Travel Expenditures	Management Control Framework	Planned	Oct 2019
Audit of the Management of Privacy Practices	Management Control Framework	Planned	Jun 2019

[11] PHAC is currently in the process of updating its Risk-Based Audit Plan (RBAP) as required by Treasury Board. Information contained in this table is from the draft 2018–19 to 2020–21 RBAP. Planned audits, including planned start and completion dates, are therefore subject to change.