



Public Health  
Agency of Canada

Agence de la santé  
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Canada

# Public Health Agency of Canada 2019–20 Departmental Plan: Supplementary Information Tables



PROTECTING AND EMPOWERING CANADIANS  
TO IMPROVE THEIR HEALTH

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## Departmental Sustainable Development Strategy

[Public Health Agency of Canada 2017–2020 Departmental Sustainable Development Strategy: 2019–2020 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)
<b>Start date</b>	1995–96
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2016–17
<b>Link to department's Program Inventory</b> Health Promotion	
<p><b>Description</b></p> <p><u>Objective(s)</u>: 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.</p> <p><u>Why this transfer payment program (TPP) is Necessary</u>: 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.</p> <p><u>Intervention Method(s)</u>: 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.</p> <p><u>Repayable Contributions</u>: No.</p>	
<p><b>Expected results</b></p> <ul style="list-style-type: none"> <li>• Indigenous children and their families participate in AHSUNC programs;</li> <li>• Organizations from various sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants; and</li> <li>• Parents/caregivers are engaged and supported as children's primary teachers and caregivers.</li> </ul> <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> <li>• Number of children enrolled in the AHSUNC program;</li> <li>• Percentage of AHSUNC sites that leverage multi-sectoral collaborations (i.e., have more than three types of partners); and</li> </ul>	

<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	<a href="#">2016–17</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2021–22
<p><b>General targeted recipient groups</b> 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.</p>	
<p><b>Initiatives to engage applicants and recipients</b> 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 preschool 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.</p>	

## Planning information (dollars)

Type of transfer payment	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	-	-	-	-
Total contributions	34,634,000	34,634,000	34,634,000	34,634,000
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>34,634,000</b>	<b>34,634,000</b>	<b>34,634,000</b>	<b>34,634,000</b>

## Canada Prenatal Nutrition Program (CPNP)

### General information

Name of transfer payment program	Canada Prenatal Nutrition Program (Voted)
<b>Start date</b>	1994–95
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2017–18
<b>Link to department's Program Inventory</b> Health Promotion	
<b>Description</b> <p><u>Objective(s)</u>: 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.</p> <p><u>Why this TPP is Necessary</u>: 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.</p> <p><u>Intervention Method(s)</u>: 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.</p> <p><u>Repayable Contributions</u>: No.</p>	
<b>Expected results</b> <ul style="list-style-type: none"> <li>• Pregnant and postnatal women and their families facing conditions of risk participate in CPNP programs;</li> <li>• Organizations from various sectors collaborate with CPNP projects to support the needs of participants; and</li> <li>• Pregnant and postnatal women and their families gain knowledge and build skills to support maternal, child, and family health.</li> </ul> <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> <li>• Number of CPNP program participants (pregnant women, postnatal women, and other parents/caregivers);</li> <li>• 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;</li> <li>• Percentage of CPNP projects that have leveraged funds from other sources; and</li> <li>• Participants report gaining knowledge and skill development to support maternal, child, and family</li> </ul>	

health (as a result of program participation).	
<b>Fiscal year of last completed evaluation</b>	<a href="#">2015–16</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2020–21
<b>General targeted recipient groups</b> Non-profit organizations, municipalities and local organizations, and other Aboriginal organizations.	
<b>Initiatives to engage applicants and recipients</b> 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	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	-	-	-	-
Total contributions	27,189,000	27,189,000	27,189,000	27,189,000
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>27,189,000</b>	<b>27,189,000</b>	<b>27,189,000</b>	<b>27,189,000</b>

## Community Action Program for Children (CAPC)

### General information

Name of transfer payment program	Community Action Program for Children (Voted)
<b>Start date</b>	1993–94
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2017–18
<b>Link to department's Program Inventory</b>	
Health Promotion	
<b>Description</b>	
<p><b>Objective(s):</b> 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.</p> <p><b>Why this TPP is Necessary:</b> 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.</p> <p><b>Intervention Method(s):</b> Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living, and social supports.</p> <p><b>Repayable Contributions:</b> No.</p>	
<b>Expected results</b>	
<ul style="list-style-type: none"> <li>• Parents/caregivers and their children facing conditions of risk participate in CAPC programs;</li> <li>• Organizations from various sectors collaborate with CAPC projects to support the needs of participants; and</li> <li>• Parents/caregivers and their children gain knowledge and build skills to support maternal, child, and family health.</li> </ul>	
<b>Performance indicators:</b>	
<ul style="list-style-type: none"> <li>• Number of CAPC program participants (parents/caregivers and children 0–6 years);</li> <li>• 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;</li> <li>• Percentage of CAPC projects that have leveraged funds from other sources; and</li> <li>• Parents/caregivers participants report gaining knowledge and skill development to support maternal, child, and family health (as a result of program participation).</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	<a href="#">2015–16</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	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.<sup>1</sup>

## Planning information (dollars)

Type of transfer payment	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	-	-	-	-
Total contributions	53,400,000	53,400,000	53,400,000	53,400,000
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>53,400,000</b>	<b>53,400,000</b>	<b>53,400,000</b>	<b>53,400,000</b>

<sup>1</sup> 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.



## 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	
<b>Link to department's Program Inventory</b>		
Evidence for Health Promotion, and Chronic Disease and Injury Prevention		
<b>Description</b>		
<p><u>Objective(s)</u>: 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.</p> <p><u>Why this TPP is Necessary</u>: 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.</p> <p><u>Intervention Method(s)</u>: 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.</p> <p><u>Repayable Contributions</u>: No.</p>		
<b>Expected results</b>		
<ul style="list-style-type: none"> <li>Greater development and collaboration on emerging aging and brain health issues among relevant sectors in Canada;</li> <li>Improved capacity to ensure that new knowledge and technologies are transformed into effective and innovative health-enhancing interventions to improve brain health; and</li> <li>Accelerated adoption, scalability, and integration of new solutions across Canadian health and related social systems.</li> </ul> <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> <li>Number of proposals (best practice, product, or service) received and evaluated;</li> <li>Number of projects launched; and</li> <li>Number of best practices, products or services developed, refined, or introduced.</li> </ul>		
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	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	-	-	-	-
Total contributions	12,000,000	10,000,000	-	-
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>12,000,000</b>	<b>10,000,000</b>	-	-

## Healthy Living and Chronic Disease Prevention- Multi-Sectoral Partnerships

### General information

<b>Name of transfer payment program</b>	Healthy Living and Chronic Disease Prevention – Multi-Sectoral Partnerships (Voted)
<b>Start date</b>	2005–06
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2013–14
<b>Link to department's Program Inventory</b>	
Evidence for Health Promotion and Chronic Disease Prevention	
<b>Description</b>	
<p><u>Objective(s)</u>: Leverage the knowledge, expertise, reach, and resources of multi-sectoral partners to support innovative approaches focused on the promotion of healthy living and the prevention of chronic disease.</p>	
<p><u>Why this TPP is Necessary</u>:</p> <p>Chronic diseases and related risk factors represent the leading causes of death in Canada and can largely be prevented. The <i>Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships</i> (MSP Program) program addresses the common risk factors (i.e., healthy weight, physical activity, healthy eating and tobacco prevention/cessation) that underlie the major chronic diseases of diabetes, cancer, and cardiovascular disease. By engaging and partnering with the private sector, the not-for-profit sector, organizations within or outside the health sector and other levels of government, progress can be made to support and sustain behaviour change that will positively impact health for Canadians. By way of a program funding refresh, the Healthy Living and Chronic Disease Prevention Multi-Sectoral Partnerships TPP comprises six existing PHAC funds including the Canadian Diabetes Strategy and Healthy Living Fund.</p>	
<p><u>Intervention Method(s)</u>:</p> <p>Aimed at implementing and testing innovative healthy living promotion and chronic disease prevention interventions the MSP Program recognizes the power of co-creation and co-investment by leveraging the knowledge, expertise, reach, resources and ingenuity of multi-sectoral partners. This involves providing funding to test and/or scale up the most promising interventions to enable and change behaviour that will positively impact health through a dual focus on individuals and social/physical environments.</p>	
<p><u>Repayable Contributions</u>: No.</p>	
<b>Expected results</b>	
<ul style="list-style-type: none"> <li>• Target populations have access to, and participate in healthy living, chronic disease prevention initiatives, early detection, and/or support resources;</li> <li>• Target populations have knowledge about healthy living and chronic disease prevention practices; and</li> <li>• Social and physical environments support healthy living and chronic disease prevention.</li> </ul>	
<u>Performance indicators</u> :	
<ul style="list-style-type: none"> <li>• Number of participants demonstrating knowledge of chronic disease risk factors (e.g., unhealthy</li> </ul>	

eating, physical inactivity, and smoking); <ul style="list-style-type: none"> <li>• Number of participants demonstrating knowledge of chronic disease protective factors (e.g., healthy eating, physical activity, and smoking cessation); and</li> <li>• Number of participants demonstrating a change in behaviour relative to a chronic disease risk or protective factor.</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	<a href="#">2014–15</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2019–20
<b>General targeted recipient groups</b> 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.	
<b>Initiatives to engage applicants and recipients</b> Open solicitations posted on PHAC's website and targeted solicitations are utilized to attract possible recipients and partners. In-person or teleconference meetings with potential recipients are used to co-create initiatives through the exploration of various aspects of project design (e.g. technology, measurement of changes in health status/behaviour) and to share learnings from funded projects (e.g. evaluation, partnerships).	

## Planning information (dollars)

Type of transfer payment	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	2,749,000	2,749,000	2,749,000	2,749,000
Total contributions	22,895,946	23,697,000	24,697,000	24,697,000
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>25,644,946</b>	<b>26,446,000</b>	<b>27,446,000</b>	<b>27,446,000</b>

## HIV and Hepatitis C Community Action Fund (CAF)

### General information

<b>Name of transfer payment program</b>	<b>HIV and Hepatitis C Community Action Fund (Voted)</b>
<b>Start date</b>	January 2005/November 2007
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2012–13
<b>Link to department's Program Inventory</b> Communicable Diseases and Infection Control	
<b>Description</b> <u>Objective(s)</u> : 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 the 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.	
<u>Why this TPP is Necessary</u> : 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. <u>Intervention Method(s)</u> : 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. <u>Repayable Contributions</u> : No.	
<b>Expected results</b>  Projects funded at the national and regional levels will result in: <ul style="list-style-type: none"> <li>• Enhanced knowledge of effective HIV, hepatitis C, and/or related STBBI interventions and prevention evidence;</li> <li>• Enhanced knowledge and awareness of the nature of HIV and AIDS and ways to address the disease;</li> <li>• Increased access to health and social services for priority populations;</li> <li>• Strengthened capacity (skills, competencies, and abilities) of priority populations and target audiences to prevent infection and improve health outcomes;</li> <li>• Enhanced application of knowledge in community-based interventions; and</li> <li>• Increased uptake of personal behaviours that prevent the transmission of HIV, HCV, and/or other STBBIs.</li> </ul> <u>Performance indicators</u> : <ul style="list-style-type: none"> <li>• Percentage of respondents from priority populations who indicate improved awareness/knowledge</li> </ul>	

of STBBIs risk factors; <ul style="list-style-type: none"> <li>• Percentage of target audiences who indicate improved awareness/knowledge of STBBIs risk factors;</li> <li>• Percentage of respondents from the priority populations who indicate improved awareness/knowledge of stigma and discrimination related to STBBIs;</li> <li>• Percentage of target audiences who indicate improved awareness/knowledge of stigma and discrimination related to STBBIs;</li> <li>• Percentage of respondents who indicated their intention to adopt healthy sexual behaviour or other behaviours to prevent transmission of STBBIs; and</li> <li>• Percentage of respondents who report having changed their practices/behaviours as a result of the intervention.</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	<a href="#">2013–14</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2018–19
<b>General targeted recipient groups</b>	
Canadian not-for-profit voluntary organizations and corporations; societies; and coalitions.	
<b>Initiatives to engage applicants and recipients</b>	
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	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	8,084,000	8,084,000	8,984,000	8,984,000
Total contributions	18,335,000	18,335,000	18,335,000	18,335,000
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>26,419,000</b>	<b>26,419,000</b>	<b>27,319,000</b>	<b>27,319,000</b>

## National Collaborating Centres for Public Health (NCCPH)

## General information

Name of transfer payment program	National Collaborating Centres for Public Health (Voted)	
<b>Start date</b>	2004–05	
<b>End date</b>	Ongoing	
<b>Type of transfer payment</b>	Contribution	
<b>Type of appropriation</b>	Appropriated annually through Estimates	
<b>Fiscal year for terms and conditions</b>	2012–13	
<b>Link to department's Program Inventory</b>		
Evidence for Health Promotion, and Chronic Disease and Injury Prevention; Communicable Diseases and Infection Control; Foodborne and Zoonotic Diseases; and Emergency Preparedness and Response		
<b>Description</b>		
<u>Objective(s)</u> : 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.		
<u>Why this TPP is Necessary</u> : 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.		
<u>Intervention Method(s)</u> : 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.		
<u>Repayable Contributions</u> : No.		
<b>Expected results</b>		
<ul style="list-style-type: none"> <li>• Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues;</li> <li>• Public health organizations are engaged and participate in collaborative networks and processes; and</li> <li>• Public health professionals and partners have access to reliable, actionable public health data and information.</li> </ul>		
<u>Performance indicators</u> :		
<ul style="list-style-type: none"> <li>• The number and types of activities undertaken that identify research knowledge gaps;</li> <li>• The number and types of knowledge translation products and activities created and disseminated; and</li> <li>• The number of collaborations to address emerging public health issues.</li> </ul>		
<b>Fiscal year of last completed evaluation</b>	<a href="#">2014–15</a>	
<b>Decision following the results of last evaluation</b>	Continuation	
<b>Fiscal year of planned completion of next evaluation</b>	2018–19	
<b>General targeted recipient groups</b>		
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	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	-	-	-	-
Total contributions	5,842,000	5,842,000	5,842,000	5,842,000
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>5,842,000</b>	<b>5,842,000</b>	<b>5,842,000</b>	<b>5,842,000</b>



## Violence Prevention

### General information

Name of transfer payment program	Violence Prevention
<b>Start date</b>	2017–18
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2018–19
<b>Link to department's Program Inventory</b> Health Promotion	
<p><b>Description</b></p> <p>The Violence Prevention Program invests in health promotion and violence prevention interventions to prevent harm, address trauma and promote best practices to recovery and healing. Two programs supported through this fund are:</p> <ol style="list-style-type: none"> <li>1. <a href="#">Supporting the Health of Survivors of Family Violence</a> – to deliver and test health promotion programs for survivors, and to equip health and allied professionals to respond safely and effectively to family violence; and</li> <li>2. Preventing Gender-Based Violence: the Health Perspective – to advance promising programs and initiatives to prevent teen/youth dating violence and child maltreatment, and to equip health and allied professionals to respond safely and effectively to gender-based violence. This program is part of the Government of Canada's Strategy to Address Gender-Based Violence.</li> </ol> <p><b>Objective(s):</b> Develop and share knowledge of effective approaches to prevent violence and associated health impacts; support the health of survivors of family and gender-based violence through community programs; and equip health and allied professionals to respond safely and effectively to family and gender-based violence.</p> <p><b>Why this TPP is Necessary:</b> While many promising programs exist in the area of violence prevention and response, more rigorous research is needed to understand which programs are effective, for whom and in which settings. These investments will help to build the evidence base and identify effective programs by measuring changes in knowledge, skills and behaviours, and physical and mental health. The investments will also support knowledge mobilization, so effective approaches can be identified and incorporated into ongoing practice.</p> <p><b>Intervention Method(s):</b> Grants and Contributions</p> <p>The Violence Prevention Program funds, supports, and monitors organizations to design, develop, implement, adapt and evaluate population health interventions to prevent family and gender-based violence and their impacts on health. The program also supports the development and mobilization of knowledge about effective practices, to build the field of violence prevention and response.</p> <p><b>Repayable Contributions:</b> No</p>	
<p><b>Expected results</b></p> <p>Supporting the Health of Survivors of Family Violence:</p> <ul style="list-style-type: none"> <li>• Survivors of violence use new knowledge and skills to improve their health;</li> <li>• Organizations use integrated trauma-informed, health promotion approaches to support survivors of</li> </ul>	

<p>violence; and</p> <ul style="list-style-type: none"> <li>• Professionals use knowledge of effective programs and approaches to safely and effectively support survivors of violence.</li> </ul> <p>Preventing Gender-Based Violence:</p> <ul style="list-style-type: none"> <li>• Program participants enhance knowledge, skills, attitudes and behaviour related to gender-based violence;</li> <li>• Professionals/organizations provide enhanced support for those affected by or at risk of gender-based violence;</li> <li>• Experiences of youth/teen dating violence and child maltreatment decrease; and</li> <li>• Policies and programs are informed by evidence from effective interventions to prevent youth/teen dating violence and child maltreatment.</li> </ul> <p><b>Performance indicators<sup>2</sup>:</b></p> <ul style="list-style-type: none"> <li>• Number of population health interventions developed and/or adapted;</li> <li>• Percentage of projects that engage in multi-sectoral collaborations;</li> <li>• Percentage of projects reporting increased knowledge and/or skills amongst participants;</li> <li>• Percentage of projects reporting positive changes in behaviour amongst participants;</li> <li>• Percentage of projects reporting improved wellbeing amongst participants;</li> <li>• Percentage of projects demonstrating readiness for scale up;</li> <li>• Percentage of projects sustained post-PHAC funding;</li> <li>• Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;</li> <li>• Percentage of stakeholders using evidence; and</li> <li>• Nature of incorporation of evidence into policies, programs and practices.</li> </ul> <p><b>Note:</b> Due to the nature of the intervention research and evaluation plans of the funded projects, some results may not be available until the final project reports (2021/2022).</p>	
<b>Fiscal year of last completed evaluation</b>	Not applicable
<b>Decision following the results of last evaluation</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation</b>	2019–20 (Supporting the Health of Survivors of Family Violence)
<p><b>General targeted recipient groups</b></p> <p>Non-profit organizations (for example, charities, foundations, non-governmental organizations, universities, research institutions, health-related entities); and other societies. Not-for-profit voluntary organizations and corporations; for profit organizations; unincorporated groups, societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and Indigenous organizations.</p>	
<b>Initiatives to engage applicants and recipients</b>	

<sup>2</sup> Frequency of reporting varies depending on the indicator, data collection and methodology and results may not necessarily be reported annually. Some results may not be available until the Final Project Reports or until after project completion.

Applicants were engaged through open, targeted and directed calls for proposals. Recipients through each program participate in a facilitated community of practice that connects and supports funded projects.

Planning information (dollars)

Type of transfer payment	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	500,000	5,800,000	5,800,000	5,800,000
Total contributions	3,450,000	8,500,000	9,400,000	9,525,000
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>3,950,000</b>	<b>14,300,000</b>	<b>15,200,000</b>	<b>15,325,000</b>

## Support for Canadians Impacted by Autism Spectrum Disorder Initiative

### General information

Name of transfer payment program	Support for Canadians Impacted by Autism Spectrum Disorder Initiative
<b>Start date</b>	2018–19
<b>End date</b>	2022–23
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2018–19
<b>Link to department's Program Inventory</b> Health Promotion	
<p><b>Description</b></p> <p><u>Objective(s)</u>: Budget 2018 proposed to allocate \$20M over five years to the Public Health Agency of Canada (PHAC), to support the needs of Canadians living with autism spectrum disorder, herein after autism, and their families. The proposed funding would be allocated as follows:</p> <ul style="list-style-type: none"> <li>• \$9.1M for community-based projects that will support innovative program models, help reduce stigma, and support the integration of health, social and educational programs to better serve the complex needs of families;</li> <li>• \$10.9M for the creation of an Autism-Intellectual-Developmental Disabilities National Resource and Exchange Network (AIDE) which will help connect people with autism and their families to information, resources, employment opportunities and local programming.</li> </ul> <p><u>Why this TPP is Necessary</u>: According to PHAC's 2018 NASS surveillance report, approximately 1 in 66 Canadian children and youth, aged 5 to 17 years, are diagnosed with autism. Autism is a disorder that can include broad range of conditions characterized by challenges with social skills, repetitive behaviours, speech and nonverbal communication. Because each person with autism can have unique strengths and challenges, support needs may range from none to very substantial. It is a complex life-long condition that affects not only the person with autism, but their families, caregivers and communities.</p> <p>Previous stakeholder engagement supported by PHAC highlighted a range of priorities and needs for Canadians affected by autism, including but not limited to: social, behavioural and adaptive supports across the lifespan as well as comprehensive planning for adulthood, including transition support. This stakeholder engagement also found that access to information for families, caregivers and people living with autism was considered a top priority. Further, in 2014, Autism Ontario conducted a province-wide survey to identify the most pressing needs within the autism community. Results showed that families feel overwhelmed and vulnerable due to a lack of access to credible information, programs, tools and resources for those with autism.</p> <p><u>Intervention Method(s)</u>: Grants and Contributions</p> <p><u>Repayable Contributions</u>: No</p> <p><b>Expected results</b></p> <p>Projects funded at the national and regional levels will result in:</p> <ul style="list-style-type: none"> <li>• Program participants gaining knowledge, resources and support on autism spectrum disorder</li> </ul> <p><u>Performance indicators</u>:</p>	

<ul style="list-style-type: none"> <li>Percentage of participants who gain knowledge and/or skills as a result of programming, by project</li> <li>Number/or percentage of participants accessing resources (disaggregated and measured by type of resource)</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	Not applicable
<b>Decision following the results of last evaluation</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation</b>	Not planned
<p><b>General targeted recipient groups</b> Canadian organizations that are:</p> <ul style="list-style-type: none"> <li>not-for-profit voluntary organizations and corporations;</li> <li>for-profit organizations, provided they partner with a not-for-profit organization;</li> <li>unincorporated groups, societies and coalitions;</li> <li>provincial/territorial/regional/municipal governments and agencies;</li> <li>organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and</li> <li>Indigenous organizations.</li> </ul>	
<p><b>Initiatives to engage applicants and recipients</b> For the first three years of the five-year funding under the ASD Strategic Fund, an open solicitation was posted on PHAC's website to reach applicants. A second open solicitation will be launched for the remaining two years of funding under the Strategic Fund in the future. A targeted solicitation was used for the AIDE Network. In person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and to share learnings from funded projects.</p>	

## Planning information (dollars)

Type of transfer payment	2018–19 Forecast Spending	Planned Spending		
		2019–20	2020–21	2021–22
Total grants	-	-	-	-
Total contributions	1,664,150	5,429,300	4,549,300	3,747,210
Total other types of transfer payments	-	-	-	-
<b>Total program</b>	<b>1,664,150</b>	<b>5,429,300</b>	<b>4,549,300</b>	<b>3,747,210</b>

## Disclosure of transfer payment programs under \$5 million

### General information

<b>Name of transfer payment program</b>	<b>Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations</b>
<b>End date</b>	2021–22
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Evidence for Health Promotion, Chronic Disease and Injury Prevention – Enhanced Surveillance	
<b>Main objective</b> In Canada, the dramatic and increasing number of overdoses and deaths related to the use of opioids is a national public health crisis. This funding opportunity will help address evidence gaps to better understand the public health impact of the opioid crisis among select Indigenous populations.	
<b>Planned spending in 2019–20</b>	\$1,000,000
<b>Fiscal year of last completed evaluation</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	Not applicable
<b>General targeted recipient groups</b> Indigenous organizations with technical capacity and content expertise and/or eligible organizations with technical capacity, content expertise and established good working relationships with Indigenous organizations to ensure Indigenous rights to ownership, control, access and possession (OCAP) of their data are respected.	

### General information

<b>Name of transfer payment program</b>	<b>Blood Safety (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Communicable Diseases and Infection Control	
<b>Main objective</b> Support P/T transfusion and/or transplantation adverse event surveillance activities.	
<b>Planned spending in 2019–20</b>	\$2,190,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2013–14</a>
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	Not applicable
<b>General targeted recipient groups</b>	

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

<b>Name of transfer payment program</b>	<b>Fetal Alcohol Spectrum Disorder (FASD) National Strategic Projects Fund (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Evidence for Health Promotion, and Chronic Disease and Injury Prevention	
<b>Main objective</b> 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.	
<b>Planned spending in 2019–20</b>	\$1,499,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2013–14</a>
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2020–21
<b>General targeted recipient groups</b> 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

<b>Name of transfer payment program</b>	<b>Immunization Partnership Fund (Voted)</b>
<b>End date</b>	2020–21
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Vaccination	
<b>Main objective</b> Improve both vaccination coverage and vaccine preventable disease rates within Canada.	
<b>Planned spending in 2019–20</b>	\$3,804,735
<b>Fiscal year of last completed evaluation</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2020-21

**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

<b>Name of transfer payment program</b>	<b>Infectious Diseases and Climate Change Fund (IDCCF) - Adapting to the Impacts of Climate Change (Voted)</b>
<b>End date</b>	2027–28
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Foodborne and Zoonotic Diseases	
<b>Main objective</b> 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.	
<b>Planned spending in 2019–20</b>	\$2,550,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2017–18</a>
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2020–21
<b>General targeted recipient groups</b> 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

<b>Name of transfer payment program</b>	<b>Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates



<b>Link to department's Program Inventory</b>	
Evidence for Health Promotion, and Chronic Disease and Injury Prevention	
<b>Main objective</b>	
Enhance capacity for public health chronic disease surveillance activities to expand data sources for healthy living and chronic disease surveillance.	
<b>Planned spending in 2019–20</b>	\$2,929,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2014–15</a>
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2021–22
<b>General targeted recipient groups</b>	
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

<b>Name of transfer payment program</b>	<b>Integrated Strategy for Healthy Living and Chronic Disease – Joint Consortium for School Health (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grant
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b>	
Evidence for Health Promotion, and Chronic Disease and Injury Prevention	
<b>Main objective</b>	
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.	
<b>Planned spending in 2019–20</b>	\$250,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2015–16</a>
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2020–21
<b>General targeted recipient groups</b>	
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

<b>Name of transfer payment program</b>	<b>Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department’s Program Inventory</b> Evidence for Health Promotion, and Chronic Disease and Injury Prevention	
<b>Main objective</b> Build collaborative linkages, nationally and internationally, between researchers, policy makers, and practitioners, for the purpose of increasing the adoption of effective practices.	
<b>Planned spending in 2019–20</b>	\$217,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2014–15</a>
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2021–22
<b>General targeted recipient groups</b> 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

<b>Name of transfer payment program</b>	<b>International Health Grants Program (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grant
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department’s Program Inventory</b> Chronic Disease Prevention Evidence for Health Promotion and Chronic Disease Injury Prevention Communicable Disease and Infection Control Foodborne and Zoonotic Diseases	
<b>Main objective</b> Facilitate the Health Portfolio’s international engagement to advance Canada’s health priorities at home and abroad through knowledge transfer and capacity building; strengthen relationships with international partners; and promote increased awareness and understanding of current and emerging global health issues to inform policy and program development.	
<b>Planned spending in 2019–20</b>	\$1,330,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2013–14</a>

<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	Not applicable
<b>General targeted recipient groups</b> 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 (FCTC), which is reported under the Federal Tobacco Control Strategy Horizontal Initiative led by Health Canada.	

## General information

<b>Name of transfer payment program</b>	<b>Men's Health (Voted)</b>
<b>End date</b>	March 31, 2020
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Chronic Disease Prevention	
<b>Main objective</b> 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.	
<b>Planned spending in 2019–20</b>	\$1,250,000
<b>Fiscal year of last completed evaluation</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2019–20
<b>General targeted recipient groups</b> A directed letter was utilized to solicit a proposal from the Canadian Men's Health Foundation.	

## General information

<b>Name of transfer payment program</b>	<b>Mental Health Promotion Innovation Fund (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Health Promotion	
<b>Main objective</b> The Mental Health Promotion Innovation Fund is a new funding program that replaces the Innovation Strategy in 2019-20 in an effort to support positive mental health for children, youth, their caregivers, and communities. The program builds on the best practices and lessons learned of the Innovation Strategy and uses a multi-phase-gate approach to fund 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.	
<b>Planned spending in 2019–20</b>	\$4,947,000
<b>Fiscal year of last completed evaluation</b>	Not applicable (New)
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2025–26
<b>General targeted recipient groups</b>	
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.	

## General information

<b>Name of transfer payment program</b>	<b>Nutrition North Canada (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b>	
Health Promotion	
<b>Main objective</b>	
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.	
<b>Planned spending in 2019–20</b>	\$469,000
<b>Fiscal year of last completed evaluation</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	Not applicable
<b>General targeted recipient groups</b>	
All residents of eligible isolated northern communities without year-round surface (i.e., road, rail, or marine) access.	

## General information

<b>Name of transfer payment program</b>	<b>Public Health Scholarship and Capacity Building Initiative (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b>	
Laboratory Science Leadership and Services, and Emergency Preparedness and Response	
<b>Main objective</b>	
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.	
<b>Planned spending in 2019–20</b>	\$2,513,000
<b>Fiscal year of last completed evaluation</b>	<a href="#">2016–17</a>
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	2022–23
<b>General targeted recipient groups</b> 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).	

## General information

<b>Name of transfer payment program</b>	<b>Supporting Canada's Official Languages</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Inventory</b> Health Promotion	
<b>Main objective</b> This funding will help strengthen official-language minority communities, improve access to services in both official languages and promote a bilingual Canada.	
<b>Planned spending in 2019–20</b>	\$2,835,000
<b>Fiscal year of last completed evaluation</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation (if applicable)</b>	Not applicable
<b>General targeted recipient groups</b> 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).	

## Gender-based analysis plus

### General information

Governance structures	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Performance related to SGBA+ implementation is monitored at the Agency level through three main mechanisms: annual reporting to Department of Women and Gender Equality'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.</p>
Human resources	<p>6 FTEs:</p> <ul style="list-style-type: none"> <li>• 3 FTEs of dedicated staff as Agency focal point for SGBA+; and</li> <li>• 3 FTEs in total of a SGBA+ Champion and PHAC SGBA+ Network members' time.</li> </ul>
Planned initiatives	<p>PHAC will continue to enhance the application and monitoring of SGBA+. In 2019-20, 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.</p> <p>The performance measurement approach associated with these initiatives will include several indicators that can be disaggregated by sex. Examples of those indicators include:</p> <p><u>HIV/Hepatitis C/Sexually Transmitted and Blood-Borne Infections</u></p> <ul style="list-style-type: none"> <li>• Percentage of individuals living with HIV who know their status; and</li> <li>• Rate per 100,000 of newly diagnosed cases of HIV.</li> </ul> <p><u>Vaccination</u></p> <ul style="list-style-type: none"> <li>• Percentage of 2 year old children who have received all recommended vaccinations.</li> </ul>

	<p><u>Family and Gender-Based Violence</u></p> <ul style="list-style-type: none"><li>• 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<sup>3</sup>; persons with disabilities]); and</li><li>• Documented learnings related to intervention success (e.g., project evaluation results and intervention research findings).</li></ul> <p>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.</p>
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<sup>3</sup> 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

<b>Name of horizontal initiative</b>	<a href="#">Federal Initiative to Address HIV/AIDS in Canada</a>
<b>Lead department</b>	PHAC
<b>Federal partner organizations</b>	Indigenous Services Canada (ISC), Canadian Institutes of Health Research (CIHR), and Correctional Service Canada (CSC)
<b>Start date of the horizontal initiative</b>	January 13, 2005
<b>End date of the horizontal initiative</b>	Ongoing
<p><b>Description of the horizontal initiative</b></p> <p><u>Objective(s):</u></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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</li> <li>• 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.</li> </ul> <p><u>Why this HI is Necessary:</u></p> <ul style="list-style-type: none"> <li>• 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: <ul style="list-style-type: none"> <li>○ 90% of people living with HIV know their status;</li> <li>○ 90% of people who know their HIV positive status are on treatment; and</li> <li>○ 90% of people receiving treatment achieve suppressed viral loads.</li> </ul> </li> <li>• 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;</li> <li>• It is estimated that 1 in 7 people living with HIV in Canada are unaware and the proportion of new HIV cases among gay and bisexual 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;</li> <li>• 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 2007 and 2016, there was a 49% increase in the reported rate of chlamydia, an 81% increase in the reported rate of gonorrhea, and a 95% increase in the reported rate of syphilis;</li> <li>• Because STBBIs share common risk factors and transmission routes, the FI also supports integrated approaches to address HIV along with other STBBIs; and</li> </ul>	



- 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;
- [ISC](#) 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.

<b>Total federal funding allocated start to end date (dollars)</b>	Ongoing
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<b>Total federal planned spending to date (dollars)</b>	\$963,360,746
<b>Total federal actual spending to date (dollars)</b>	\$943,772,908
<b>Date of last renewal of the horizontal initiative</b>	Not applicable
<b>Total federal funding allocated at the last renewal and source of funding (dollars)</b>	Not applicable
<b>Additional federal funding received after the last renewal (dollars)</b>	Not applicable
<b>Total planned spending since the last renewal</b>	Not applicable
<b>Total actual spending since the last renewal</b>	Not applicable
<b>Fiscal year of planned completion of next evaluation</b>	2023–24 (PHAC)
<p><b>Shared outcome of federal partners</b> Increased awareness and knowledge of ways to prevent the acquisition and control the transmission of HIV and associated STBBIs.</p> <p><u>Performance Indicator (PI) / Target (T):</u></p> <p>PI 1: % of stakeholders reporting increased knowledge. T 1: 90%</p> <p>PI 2: % of priority populations reporting increased knowledge. T 2: 95%</p> <p>PI 3: % of publications available through open access. T 3: 71%</p> <p>PI 4: % of target audiences reporting increased knowledge. T 4: 80%</p>	
<p><b>Shared outcome of federal partners</b> Strengthened capacity (skills, competencies and abilities) of priority populations and audiences.</p> <p><u>Performance Indicator / Target:</u></p> <p>PI 1: % of priority population's reporting increased capacity. T 1: 75%</p> <p>PI 2: % of First Nations communities reporting that HIV testing is accessible on or near the reserve. T 2: 100%</p>	
<p><b>Shared outcome of federal partners</b> Improved uptake and application of knowledge in action and public health practice.</p> <p><u>Performance Indicator / Target:</u></p>	

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 in STBBI webinars who apply 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: 89%

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

T 7: 73%

PI 8<sup>4</sup>: % of CIHR grants leading to information or guidance for patients or public/patients' or public behaviour(s).

T 8: 33%

PI 9: Percentage of publications freely accessible.

T 9: 66%

PI 10: % of audiences that indicated they have enhanced their practices / community-based interventions following project activities.

T 10: 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:

<sup>4</sup> Note that the methodology for the above CIHR targets have been redefined to include only grants supporting knowledge creation, as per CIHR's mandate, and no longer include grants supporting knowledge dissemination activities, such as Planning and Dissemination Grant and Knowledge Synthesis Grant. Indicator PI8 is set at a lower target because a small proportion of the knowledge creation activity supported by CIHR have outcomes that relates to this indicator. Biomedical and clinical research are not expected to deliver on the outcome measured by this indicator.

PI 1: % of people who live in federal correctional facilities who are known to be HIV positive who are on 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%

**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, people with lived experience and civil society to improve the domestic response to HIV and other STBBIs. Specifically, a Pan-Canadian STBBI Framework for Action was approved in June 2018. PHAC is leading the development of the Federal Action Plan which will include concrete actions by the federal government to address STBBI.

**Contact Information**

Bersabel Ephrem  
 Director General, Centre for Communicable Diseases and Infection Control  
 130 Colonnade Road  
 Ottawa, ON K1A 0K9  
 (613) 948-6799  
 bersabel.ephrem@canada.ca

## Planning Information

## Horizontal initiative activities

Departments	Link to the department's Program Inventory	Horizontal initiative activities	Total federal funding allocated to each horizontal initiative activity since the last renewal (dollars)	2019–20 Planned spending for each horizontal initiative activity (dollars)	2019–20 horizontal initiative activity expected results	2019–20 horizontal initiative activity Performance Indicators	2019–20 horizontal initiative activity Targets	Date to achieve horizontal initiative activity target
PHAC	Laboratory Science Leadership and Services	Lab Testing Services	Ongoing	6,334,589	<a href="#">ER 1.1</a> <a href="#">ER 1.2</a>	<a href="#">PI 1.1.1</a> <a href="#">PI 1.1.2</a> <a href="#">PI 1.1.3</a> <a href="#">PI 1.2.1</a> <a href="#">PI 1.2.2</a>	<a href="#">T 1.1.1</a> <a href="#">T 1.1.2</a> <a href="#">T 1.1.3</a> <a href="#">T 1.2.1</a> <a href="#">T 1.2.2</a>	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	<a href="#">ER 1.3</a> <a href="#">ER 1.4</a> <a href="#">ER 1.5</a> <a href="#">ER 1.6</a>	<a href="#">PI 1.3.1</a> <a href="#">PI 1.4.1</a> <a href="#">PI 1.5.1</a> <a href="#">PI 1.5.2</a> <a href="#">PI 1.5.3</a> <a href="#">PI 1.6.1</a>	<a href="#">T 1.3.1</a> <a href="#">T 1.4.1</a> <a href="#">T 1.5.1</a> <a href="#">T 1.5.2</a> <a href="#">T 1.5.3</a> <a href="#">T 1.6.1</a>	March 31, 2022
DISC	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	Know Your Status	Ongoing	4,515,000	<a href="#">ER 2.1</a> <a href="#">ER 2.2</a>	<a href="#">PI 2.1.1</a> <a href="#">PI 2.2.1</a> <a href="#">PI 2.2.2</a>	<a href="#">T 2.1.1</a> <a href="#">T 2.2.1</a> <a href="#">T 2.2.2</a>	March 31, 2020

2019–20 Departmental Plan – Supplementary Information Tables

CIHR	Health and Health Service Advances	Knowledge creation	Ongoing	22,374,448	<a href="#">ER 3.1</a> <a href="#">ER 3.2</a>	<a href="#">PI 3.1.1</a> <a href="#">PI 3.1.2</a> <a href="#">PI 3.2.1</a> <a href="#">PI 3.2.2</a>	<a href="#">T 3.1.1</a> <a href="#">T 3.1.2</a> <a href="#">T 3.2.1</a> <a href="#">T 3.2.2</a>	March 31, 2019
CSC	Care and Custody	Institutional Health Services	Ongoing	4,187,261	<a href="#">ER 4.1</a> <a href="#">ER 4.2</a> <a href="#">ER 4.3</a>	<a href="#">PI 4.1.1</a> <a href="#">PI 4.2.1</a> <a href="#">PI 4.3.1</a>	<a href="#">T 4.1.1</a> <a href="#">T 4.2.1</a> <a href="#">T 4.3.1</a>	March 31, 2020
<b>Total for all federal organizations</b>	Not applicable	Not applicable	Ongoing	72,600,000	Not applicable	Not applicable	Not applicable	Not applicable

## Expected Results for 2019–20:

**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 improved 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 which are required to more accurately measure progress against the global HIV targets will be improved.

**ER 1.4:** HIV surveillance activities are enhanced and reoriented to better 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:** Stakeholders, including people living with HIV, viral hepatitis and from other key populations, are engaged to inform STBBI policies and programs.

**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 2019–20:

**PI 1.1.1:** Percentage of HIV molecular testing administered by referral services within the optimal time-response.

**T 1.1.1:** 90%

**PI 1.1.2:** Percentage of HIV serological testing 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 systems facilitate HIV and other STBBI testing in remote communities 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 the application of 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 STBBI.

**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:** Percentage increase in 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:** 3%

**PI 2.2.1:** Percentage increase in number of First Nations communities implementing full KYS programs.

**T 2.2.1:** 5%

**PI 2.2.2:** Percentage increase in number of First Nations communities implementing partial KYS programs.

**T 2.2.2:** 2%

**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 grants 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 inmates who know their HIV status.

**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%