



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada

# Public Health Agency of Canada

2019–20

## Departmental Plan

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The Honourable Ginette Petitpas Taylor, P.C., M.P.  
Minister of Health

PROTECTING AND EMPOWERING CANADIANS  
TO IMPROVE THEIR HEALTH



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

— Public Health Agency of Canada

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## Minister's message

I am pleased to present the 2019–20 Departmental Plan for the Public Health Agency of Canada (PHAC). This Plan provides an overview of the Agency's priorities for the coming year and its plans to strengthen the overall health of Canadians.



While the majority of Canadians enjoy good health, Canada continues to face persistent public health challenges. PHAC programs aim to strengthen Canada's public health system by providing data and evidence, and testing and supporting interventions for Canadians who face serious health inequities. This includes health promotion and chronic disease prevention, preventing and controlling the spread of infectious diseases, and preparedness and response efforts to domestic and international public health threats.

In 2019–20, PHAC will support national efforts to respond to the opioid crisis in Canada by increasing our evidence base and our surveillance of opioid-related overdose deaths. This evidence will contribute to ongoing public education efforts to inform Canadians about the health risks associated with opioids and help change public perceptions about people who use drugs.

PHAC continues to focus on improving Canadians' physical and mental health by promoting healthy lifestyles and relationships. The Agency will also focus on mental health initiatives to address gender-based violence and suicide.

Through innovative, community-based programs, PHAC will support Canadians living with autism spectrum disorder, their families and their caregivers. It will also address the challenges of dementia and will release Canada's first national dementia strategy.

PHAC is working to improve vaccination rates, reduce rates of tuberculosis, and address HIV and other sexually transmitted and blood-borne infections as well as the stigma that stems from them. The Agency will also lead the development of a Pan-Canadian Action Plan on Antimicrobial Resistance.

All of this important work will be accomplished in close collaboration with Health Portfolio organizations, provinces and territories, Indigenous partners, and national and international stakeholders.

**The Honourable Ginette Petitpas Taylor, P.C., M.P.**  
**Minister of Health**



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## Plans at a glance and operating context

### Key planning highlights:

#### 1. Health Promotion and Chronic Disease Prevention

- Strengthen evidence on the **opioid crisis** by working with cross-sectoral partners to expand the national surveillance system to report on opioid-related deaths and overdoses, as well as other substance-related harms such as cannabis and alcohol and other emerging substances;
- Lead implementation of the [\*National Strategy for Alzheimer’s Disease and Other Dementias Act\*](#),<sup>i</sup> including sharing Canada’s first national **dementia strategy** and providing Parliament with the first annual report on the effectiveness of the strategy; and
- Using a multi-sectoral approach, invest in initiatives that address common risk factors for **chronic diseases**, such as physical inactivity, through the ParticipACTION “Let’s Get Moving” strategy, and tobacco use, through the Construction Industry Tobacco Cessation Project.

#### 2. Infectious Disease Prevention and Control

- Collaborate with provinces and territories (P/Ts) and other partners to improve access and uptake to **vaccinations** and public education for informed decision making;
- Support public health efforts to reduce the rate of **tuberculosis** in Canada by conducting national surveillance, increasing awareness and contributing to enhanced testing;
- Lead the development of the Pan-Canadian Action Plan on **Antimicrobial Resistance** focusing on surveillance, infection prevention and control, research, and innovation to reduce the health risk to Canadians from antimicrobial resistance; and
- Lead the development and implementation of a Federal Action Plan to address **HIV and other sexually transmitted and blood-borne infections**.

#### 3. Health Security

- Address findings from the World Health Organization’s Joint External Evaluation of Canada’s public health emergency response system and work with federal, provincial, territorial, and external partners to enhance **emergency preparedness** and response activities;
- Advance the federal government’s efforts in protecting Canadians from public health risks associated with travel by implementing a modernized **travel health** program, including leveraging innovative technology to communicate with the Canadian public; and
- Continue to address **health security risks** by enhancing PHAC’s ability to assess and use public health intelligence from sources such as the Global Public Health Intelligence Network.

## Internal Services

Internal Services activities will align with key 2019–20 priorities for the Government of Canada—referenced in the [Clerk’s 25th Annual Report to the Prime Minister](#)<sup>ii</sup>—such as:

- Promoting a culture that supports **workplace well-being** through a diverse and inclusive workforce that is free of harassment and discrimination, committed to mental health, and with access to modern tools and facilities.

## Gender-based analysis plus (GBA+)<sup>1</sup>:

PHAC’s efforts to advance GBA+ implementation will focus on increasing the organisation’s internal capacity by providing targeted training, and integrating GBA+ more systematically into surveillance activities, science policy and programs. Planned activities include:

- Strengthening the collection of data, analysis, and regular reporting on sex and gender-based health differences;
- Adapting programs and policies based on sex and gender related evidence;
- Applying a GBA+ lens to all program evaluations and internal audits conducted; and
- Increasing accountability and integration of GBA+ in performance measurement and reporting.

## Experimentation<sup>2</sup>:

Experimentation is fundamentally important to PHAC as a science and evidence-based department. PHAC promotes experimentation in the design and delivery of its programs and services, which includes continuing to test and improve traditional methods as well as explore and compare new approaches. The objective of these efforts is to improve its programs and services, support evidence-based decision making, and learn what works and what does not, in delivering results for Canadians.

For more information on PHAC’s experimentation, see the “[Planned results](#)” section of this report.

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<sup>1</sup> An analytical process used to help identify the potential impacts of policies, programs and services on diverse groups of women, men and gender-diverse people. The “plus” acknowledges that GBA goes beyond sex and gender differences. We all have multiple identity factors that intersect to make us who we are; GBA+ considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical disability.

<sup>2</sup> Experimentation is best understood as activities that explore, test and compare the effects and impacts of different policies, interventions and approaches to inform evidence-based decision-making, by learning what works and what does not work, in delivering results to Canadians.



## Operating context:

The health status of Canadians is the result of many interconnected factors. For example, socio-economic factors (e.g., access to affordable housing, food security, education, income, culture and gender) can affect health. In addition, environmental factors such as the worsening impacts of climate change present a range of health risks from poor air quality to the spread of [vector-borne diseases](#).<sup>iii</sup> Globalization and health events elsewhere in the world can impact Canada’s public health landscape. The rapid evolution of science and technology (e.g., artificial intelligence) can also affect public health delivery. As well, an aging population may result in an increased demand for public health action. The ability to proactively recognize key risks to health and contributing factors, and to respond effectively, may greatly influence the capacity of PHAC’s programs to achieve results for Canadians.

While the majority of Canadians are experiencing good health and living longer, certain vulnerable populations and regions (e.g., low-income families, children, Indigenous peoples, people living in the north, the elderly, LGBTQ2S<sup>+</sup> and racialized communities) continue to experience increased risks of poor health outcomes. Canada also continues to face persistent public health challenges including the increased burden from chronic diseases (e.g., diabetes), the re-emergence of [Vaccine-Preventable Diseases](#)<sup>iv</sup> (e.g., measles), the rise in sexually transmitted infections, and the threat of drug-resistant organisms. Harms and deaths associated with the problematic use of alcohol and other substances such as opioids are also significant challenges that will require evidence to inform prevention and harm reduction.

Given the dynamic and evolving nature of public health events, it is important for the Agency to take an all-hazards approach in order to remain responsive. This means being prepared for infectious disease outbreaks and natural disasters, as well as other complex public health issues, such as problematic substance use and addiction. The multi-jurisdictional nature of public health also creates a diverse coordination, information sharing and engagement environment. PHAC must adapt its tools, processes, and mechanisms to maintain the capacity to rapidly and effectively prevent, detect, and respond to emerging global and domestic public health events.

Timely and reliable data are essential to understanding risk factors, patterns, and behaviours. Consequently, strengthening surveillance, collection, and access to national data supports evidence-based decision-making. PHAC works collaboratively with various levels of government, stakeholders, and partners nationally and internationally to set and achieve public health goals and targets.

Public health is a shared responsibility, the Agency plays a national role in promoting and protecting the health of Canadians. The Agency works closely with its portfolio partners, other government departments (OGD), provinces and territories, Indigenous partners, as well as national and international stakeholders to deliver on its priorities.

The Chief Public Health Officer (CPHO) is the lead health professional of the Government of Canada and supports and provides advice to the PHAC President and the Minister of Health on public health issues. The CPHO works closely with other levels of government, voluntary organizations, the private sector and Canadians on public health issues. Each year, the CPHO submits a report to the Minister of Health on the state of public health in Canada which is tabled in Parliament.

## **Risk management:**

Risk management is integrated into PHAC’s day-to-day operations as an ongoing and dynamic activity that supports: governance, prevention (through surveillance), leadership, guidance, public health promotion, emergency preparedness and response activities.

PHAC has a Corporate Risk Profile (CRP) that is part of this risk management process. The CRP highlights the risks of most concern to PHAC’s senior management, and allows them to be monitored and mitigated on an ongoing basis.

The four risks identified in the CRP that pose the most significant challenges to PHAC’s objectives in 2019–20 are:

- **Simultaneous events/large events:** There is a risk that a significant or simultaneous public health event(s) may occur and PHAC may not have the scope and depth of workforce or the capacity and resources required to mobilize an effective and timely response, while maintaining its non-emergency obligations.
- **Access to timely and accurate data:** There is a risk that, as the volume of and need for public health data increases both domestically and internationally, PHAC may not have access to timely, reliable and accurate information and/or data nor the ability to undertake necessary data analysis, which could reduce effective evidence-based decision-making pertaining to public health matters.
- **Keeping up with the changing external environment:** There is a risk that PHAC may not be able to keep pace with changing technology and communications, thereby affecting its ability to effectively communicate with Canadians and respond to public health issues.
- **PHAC physical infrastructure:** There is a risk that without necessary and adequate infrastructure, as well as timely maintenance of, and investment in, facilities and assets, PHAC may be exposed to threats which could impact how it will deliver on its mandate and objectives.

To manage these risks effectively, PHAC promotes risk prevention strategies, has risk mitigation controls and strategies in place, and monitors and responds to risks at various levels while minimizing the impact of unplanned and adverse events.

For more information on PHAC’s plans, priorities and planned results, see the [“Planned results”](#) section of this report.

## Planned results: what we want to achieve this year and beyond

### Core Responsibilities

#### 1. Health Promotion and Chronic Disease Prevention

##### Description

Promote the health and well-being of Canadians of all ages by supporting community-based projects which address the root causes of health inequalities<sup>3</sup> and the common risk and protective factors that are important to preventing chronic disease, and conduct public health research and surveillance.

##### Planning highlights

Efforts under this Core Responsibility will contribute to meeting PHAC's priorities as well as to managing risks. In addition, this Core Responsibility will contribute to the Minister's mandate letter commitments related to the opioid crisis and mental health, and will include GBA+ considerations in its program design and delivery.

##### **Result 1.1: Canadians have improved physical and mental health.**

Physical and mental health is fundamentally linked: poor mental health is a risk factor for chronic physical conditions, and similarly, chronic physical conditions can affect mental health. Certain populations are more likely to experience poor health outcomes. PHAC's programming intends to reach and respond to health issues affecting these populations, with an emphasis on those most vulnerable.

- PHAC's Preventing Gender-Based Violence Program will provide funding for approximately 30 projects that will deliver and test promising approaches to teen dating violence and child maltreatment, both of which can have long-term effects on the physical and mental health of survivors. The program will also support training and resources to equip professionals in order to identify and respond to gender-based violence.
- To better help Canadians living with autism spectrum disorder, PHAC will support innovative community-based projects, by investing \$9.1 M over 5 years, for Canadians living with this disorder, their families and caregivers so that they gain the knowledge, resources and skills for healthier behaviours and, in the longer term, improved well-being. In addition, \$10.9M over 5 years will support the creation of the Autism-Intellectual-Disabilities National Resource (AIDE) Network. The AIDE Network, led by the Pacific Autism Family Network

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<sup>3</sup> Health inequalities refer to differences in health status between groups in society. These differences can be attributed to social and economic factors such as income, education, employment and social supports.

and the Miriam Foundation, will provide Canadians with evidence-based online resources, as well as an inventory of services, employment opportunities and local programming.

- To increase national awareness and enhance the diagnosis, treatment and management of Post-traumatic Stress Disorder (PTSD), PHAC will work with partners, including the departments of National Defence, Veterans Affairs, and Public Safety and Emergency Preparedness, to develop a comprehensive Federal Framework on PTSD.
- PHAC will work with key partners on suicide prevention efforts by developing and promoting responsible ways to communicate about suicide in a way that reduces stigma, and by supporting a pan-Canadian suicide prevention service to provide crisis support to Canadians using the technology of their choice (i.e., phone, text and chat).
- The Agency will promote breastfeeding in Canada by providing funding to the Breastfeeding Committee for Canada to enhance the Baby-Friendly Initiative and strengthen public education and awareness efforts.

**Result 1.2: Canadians have improved health behaviours.**

Canadians are encouraged to choose positive health behaviours such as physical activity, decreasing sedentary activity, eating healthy, maintaining good oral health, and quitting smoking. By incorporating healthy behaviours into their daily lives, Canadians can reduce their risks of developing a chronic disease or improve their health and quality of life if they already have a chronic disease. PHAC programming works to promote a range of positive health behaviours among Canadians.

- To encourage Canadians to move more and sit less, PHAC will support ParticipACTION’s five-year “[Let’s Get Moving](#)”<sup>v</sup> strategy to increase physical activity levels amongst less active Canadians.
- To address the high smoking rate among construction workers in Canada – which is double the national average – PHAC is working with a broad range of partners to deliver the Construction Industry Tobacco Cessation Project. This project will test the effectiveness of construction workplace tobacco cessation interventions in five Canadian cities over five years.
- PHAC will work with partners to address the impact of problematic substance use by:
  - Supporting the prevention and reduction of potential harms of problematic cannabis use through public education and leveraging existing networks and partnerships to effectively reach priority populations with clear messaging;
  - Implementing a national epidemiological study with P/Ts to better understand the context around the deaths and/or harms related to substance use, including cannabis, methamphetamines, alcohol; and opioids; and

- Addressing problematic Opioid use by:
  - Collaborating with health professional organizations and other partners to reduce the stigma among health professionals which acts as a barrier to care for people who use drugs;
  - Collaborating with Indigenous organizations to better understand the impact of the opioid crisis on Indigenous communities;
  - Working with dental professional and regulatory organizations to implement National Guidelines to encourage dentists to support a reduction of opioid prescriptions in dentistry; and
  - Working with Health Canada to deliver a public awareness campaign to inform Canadians about the health risks associated with opioids and to change perceptions about people who use drugs, including stigma, which can create barriers for those seeking help.

### **Result 1.3: Chronic diseases are prevented.**

Chronic diseases, conditions, and injuries are major health, social and economic challenges for Canada, and are linked to shorter life expectancy and decreased quality of life, particularly with the rapidly aging population. Similar to physical inactivity and unhealthy eating, obesity is also a significant risk factor for multiple chronic diseases. PHAC seeks to contribute to new solutions for these complex challenges.

- To help reduce the incidence of falls amongst older adults – the number one reason for injury-related hospitalizations of older Canadians – PHAC is supporting the development of a fall prevention network which will promote education, knowledge sharing and collaboration amongst stakeholders.
- PHAC is working with partners to improve our understanding of dementia, help reduce the risks, and improve the quality of life of those affected by dementia. In 2019–20, PHAC will:
  - Release Canada’s first national dementia strategy, meeting one of the targets of the World Health Organization’s (WHO) Global Action Plan on Dementia, and will provide the first report to Parliament on the Strategy as per the *National Strategy for Alzheimer’s Disease and Other Dementias Act*;
  - Collaborate with P/Ts and other stakeholders to collect and report data on dementia, which is fundamental to monitor the burden of dementia in Canada, to support policy and program development as well as related healthcare planning and delivery; and
  - Implement the new Dementia Community Investment Fund to support community-based projects that address the challenges of dementia.

#### **Did You Know**

Women represent about 66% of people affected by dementia, and in long-term care facilities this proportion is even higher at 72%.

- PHAC commissioned a [CADTH Health Technology Assessment](#)<sup>vi</sup> on community water fluoridation – a universal, safe and cost-effective way to prevent tooth decay – to support evidence-based decision-making on oral health in communities. Culturally appropriate versions of this assessment will be developed for Indigenous and non-Indigenous decision makers.

### **Did You Know**

Community water fluoridation remains a safe, cost effective and equitable public health practice and an important tool in protecting and maintaining the health and well-being of Canadians.

## **Innovation and Experimentation**

- PHAC is experimenting with the application of artificial intelligence (AI) to collect anonymous data on the prevalence of suicide-related behaviours through publicly available social media. The goal of this experiment is to determine if AI can produce more timely data on suicide-related behaviours. A summary report describing the results of this experiment, and the plan for future applications, will be published in 2020.
- To support healthy living and to decrease incidences of chronic diseases among Canadians, PHAC is experimenting, through its Healthy Living and Chronic Disease Prevention - Multi-sectoral Partnerships program, with social innovation and social financing tools, including social impact bonds and pay-for-performance agreements to funded organizations. These tools are expected to increase the reach and impact of the program by leveraging the private and voluntary sectors by linking payments to measureable changes in health outcomes.
- To address the unique mental health challenges faced by Black Canadians, PHAC will build on work done with Black community stakeholders to identify the most pressing needs by funding experimental approaches to design, implement and rigorously test more culturally-focused interventions.
- To support positive mental health for children, youth, their caregivers, and communities, PHAC's Mental Health Promotion Innovation Fund will invest in testing and delivering promising projects that improve health and discover what works best and for whom. As well, an innovative Knowledge Development and Exchange Hub will connect and enhance the work of these funded projects.

## Planned results

Departmental Results	Departmental Result Indicators	Target	Date to achieve target	Actual results		
				2015–16	2016–17	2017–18
Canadians have improved physical and mental health	% of low-income children in very good or excellent health	80%	Mar. 31, 2020	Data Expected in Spring 2020 <sup>4</sup>	Data Expected in Spring 2020 <sup>4</sup>	Data Expected in Spring 2020 <sup>4</sup>
	% of population who have high psychological well-being	75%	Mar.31, 2020	75% (CCHS 2015-16)	Not applicable	Data Expected in Fall 2019
Canadians have improved health behaviours	% increase in average minutes/day of physical activity among adults	20%	Mar. 31, 2025	0% (No change from baseline of 25 min/day) <sup>5</sup>	0% (No change from baseline of 25min/day) <sup>5</sup>	Data Expected in Fall 2019
	% increase in average minutes/day of physical activity among children/youth	10%	Mar. 31, 2025	0% (No change from baseline of 58 min/day) <sup>5</sup>	0% (No change from baseline of 58 min/day) <sup>5</sup>	Data Expected in Fall 2019
Chronic diseases are prevented	% increase in years lived in good health by seniors	4%	Mar. 31, 2022	1.2% (Increase from 2010–11 to 2012–13)	0.6% <sup>6</sup> (Increase from 2010–11 to 2012–13)	1.2% (increase from 2010-11 to 2012-13) <sup>7</sup>
	Rate of new diabetes cases among Canadians (age standardized to 2011 Canadian population)	6.2 Cases per 1,000 age 1 and older	Mar. 31, 2020	6.2 Cases per 1,000 age 1 and older (2012–13) <sup>8</sup>	6.2 Cases per 1,000 age 1 and older (2012–13) <sup>8</sup>	6.1 Cases per 1,000 age 1 and older (2015–16) <sup>8</sup>
	% of adults who are obese	28%	Mar. 31, 2020	28% <sup>8,9</sup>	28% <sup>8,9</sup>	28% <sup>8,9</sup>
	% of children and youth who are obese	13%	Mar. 31, 2020	13% <sup>8,9</sup>	13% <sup>8,9</sup>	13% <sup>8,9</sup>

<sup>4</sup> The data source for this indicator is the Canadian Health Survey on Children and Youth, which is a new annual survey currently under development.

<sup>5</sup> The data source for this indicator is the 2012–13 Canadian Health Measures Survey (CHMS). Data from the 2014–15 CHMS will be available in 2019.

<sup>6</sup> This actual result of 0.6% is a correction to the 1.2% reported in PHAC's 2018–19 Departmental Plan.

<sup>7</sup> The data source for this indicator is the Canadian Chronic Disease Surveillance System 2013–2015.

<sup>8</sup> Given the high numbers of Canadians living with diabetes and obesity, stabilizing the rates is a first measure of success for preventing chronic disease. This aligns with the WHO's recommended global target to "halt the rise in diabetes and obesity" (WHO Global Action Plan for the Prevention and Control of Non communicable Diseases 2013–2020).

<sup>9</sup> The data source for this indicator is the 2014–15 CHMS. Data from the 2016–17 CHMS will be available in 2019.

Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
257,822,279	257,822,279	246,632,317	245,433,541

Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
484	483	482



## 2. Infectious Disease Prevention and Control

### Description

Protect Canadians from infectious diseases (e.g., Human Immunodeficiency Virus [HIV], E. Coli, measles) by predicting, detecting, assessing, and responding to outbreaks and new threats; and contribute to the prevention, control, and reduction of the spread of infectious disease among Canadians.

### Planning highlights

Efforts under this Core Responsibility will contribute to meeting PHAC’s priorities as well as to managing risks. In addition, this Core Responsibility will contribute to the Minister’s mandate letter commitments related to increasing vaccination rates, and will include GBA+ considerations in its program design and delivery.

#### **Result 2.1: Infectious diseases are prevented and controlled.**

PHAC uses targeted public health initiatives and provides information and guidance for health professionals and the public, based on science, to support infectious disease prevention and to control the spread of diseases.

#### *Vaccinations*

Vaccinations are one of the most effective public health strategies for protecting populations against infectious disease threats. PHAC collaborates with P/T governments, academia, and professional associations to maximize the impact of vaccination programs. In 2019–20 PHAC will:

#### **Did You Know**

[FluWatch](#) is Canada's national surveillance system that monitors the spread of flu, and flu-like illnesses, on an on-going basis.

- Improve vaccination access and uptake to further protect Canadians from infectious diseases by:
  - Funding capacity-building projects through the Immunization Partnership Fund; and
  - Supporting the National Advisory Committee on Immunization through a newly [expanded mandate](#)<sup>vii</sup> to support P/T vaccination program decisions and improve vaccine access for all Canadians. This effort addresses a recommendation outlined in the [Evaluation of Immunization and Respiratory Infectious Disease Activities at the Public Health Agency of Canada](#).<sup>viii</sup>

### *Sexually transmitted and blood-borne infections (STBBI)*

Prevention, detection, and treatment of STBBI are domestic and global priorities, and Canada is a part of global efforts to eliminate these infections by 2030. In 2019–20, PHAC will:

- In accordance with the [Pan-Canadian STBBI Framework for Action](#),<sup>ix</sup> work with federal partners to develop and implement an Action Plan to guide the Government of Canada’s future actions and investments toward eliminating HIV and STBBI by:
  - Developing a suite of domestic indicators and targets, in collaboration with P/T partners, to measure progress; and
  - Sharing STBBI-related evidence and lessons learned from community-based projects which seek to reduce stigma among those living with or at risk of these infections, and prevent new infections by supporting information exchange among funded organizations and other interested stakeholders.
- Support increased access to testing, treatment and care by funding the development of tools and resources for health care providers and front-line service providers.

### *Antimicrobial Resistance (AMR)*

The growing resistance of bacteria to antibiotic drugs is a global public health threat. PHAC is coordinating multi-sectoral efforts under a “[One Health](#)”<sup>x</sup> approach<sup>10</sup> to combat this challenge. In 2019–20 PHAC will:

- Work with F/P/T partners to complete the Pan-Canadian Action Plan on Antimicrobial Resistance. The themes of the Action Plan are: data, infection prevention and control, and appropriate prescribing of antimicrobials; and
- Combat antibiotic resistance across Canada by engaging National professional/regulatory dental organisations to increase awareness of other options in prescribing antibiotics in dentistry.

### *Data and Information Sharing*

Data and information sharing is integral to informing evidence-based infectious disease prevention and control activities. PHAC plays a key role in coordinating and sharing information internationally to support public health measures. In 2019–20 PHAC will:

- Provide evidence to support national public health responses by developing Technical Annexes to the Multi-Lateral Information Sharing Agreement which will provide guidance on information that is shared between PHAC and P/Ts.

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<sup>10</sup> A One Health approach acknowledges the interconnection between the health of humans, animals, and the environment, and the need for collaborative efforts to improve the health for all.

### *Climate Change and Infectious Diseases*

Climate change is likely to drive an increase in infectious diseases transmitted by, for example, mosquitoes and ticks in Canada. PHAC plays a public health role in prevention and detection, and coordinates national responses to inform Canadians about risks and protective measures. In 2019–20 PHAC will:

- Provide Canadians with information and tools on the prevention and detection of Lyme disease through an education and awareness campaign so they can take action to reduce the health risks associated with this disease; and
- Support the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change by supporting education, awareness and best practices to better inform Canadians of infectious diseases resulting from climate change across Canada.

### **Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to.**

Rapid and accurate detection of infectious diseases and their causes is a core public health function. During an outbreak, public health stakeholders require the tools, expertise, and protocols to rapidly respond to, and contain, infectious disease from spreading. PHAC focusses on making sure that these resources are available to facilitate early detection of outbreaks, as well as delivering a coordinated, timely, and effective response.

### *Scientific Leadership and Laboratory Capacity*

PHAC will continue to optimize national laboratory capacity and provide science leadership and services to test for new pathogens of national and international concern by:

- Providing guidance and working with provincial public health laboratories to transition to a national approach to genomics-based testing methods for infectious diseases;
- Establishing the virtual Centre for Innovation in Infectious Disease Diagnostics starting with addressing gaps in HIV/TB diagnostic testing in priority areas where commercial tests are unavailable e.g., vulnerable and remote populations; and
- Enhancing the diagnosis of infectious diseases by, for example, bringing together experts to develop an international consensus on the use of next generation sequencing for HIV drug resistance.

#### **Did You Know**

PHAC is using genome sequencing technology to determine the sources of food that result in illnesses and outbreaks.

### *Tuberculosis*

Tuberculosis continues to affect individuals, families and communities. Particularly Indigenous Peoples and foreign-born Canadians remain at increased risk for this disease. To reduce rates of TB in at risk populations, PHAC will:

- Conduct national surveillance of active TB disease and drug resistance to monitor progress towards TB elimination;
- Work with Immigration, Refugees and Citizenship Canada to initiate a change in policy to enhance testing for latent TB infection among at-risk migrants in partnership with selected provinces; and
- Support community based initiatives aimed at increasing awareness of TB among at-risk newcomers to Canada to proactively facilitate access to diagnosis and treatment.

### *Foodborne Illness*

PHAC supports investigations of food outbreaks and the analysis of foodborne illness trends aimed at improving food safety. In 2019–20 PHAC will:

- Maintain timely detection and response to foodborne illness outbreaks based on laboratory testing, data, and analysis; and
- Assess foodborne illness trends to inform public health action, and enable Canadians to make informed decisions to protect themselves from foodborne illness.

#### **Did You Know**

In 2017–18, PHAC assessed 324 foodborne illness events, and led the response to 13 broader foodborne outbreaks, including the E. coli O157 outbreak associated with romaine lettuce.

### **Innovation and Experimentation**

- PHAC is investigating the use of drones to transport diagnostic samples from remote communities in Canada.
- Through the Innovative Solutions Canada program, PHAC will work with Canadian businesses to develop and test software that uses artificial intelligence to create an interactive portal for the Canadian Immunization Guide. This interactive portal will make it easier for Canadians to search and find custom and trustworthy answers to their vaccine questions (based on the expert and evidence-based guidance of the National Advisory Committee on Immunization) and address gaps in vaccination knowledge and beliefs.
- To improve the accessibility of its surveillance data for multiple purposes, audiences, and end users, PHAC will experiment with new ways of providing data on foodborne illnesses to stakeholders. Providing surveillance data in an interactive manner will expedite the transition of data to stakeholders and provide flexibility in customizing analysis requirements based on their unique needs.

## Planned results

Departmental Results	Departmental Result Indicators	Target	Date to achieve target	Actual results		
				2015–16	2016–17	2017–18
Infectious diseases are prevented and controlled	% of 2 year old children who have received all recommended vaccinations	95%	Dec. 31, 2025	69%	not available <sup>11</sup>	Data Expected in March 2019
	Proportion of national vaccination coverage goals met for children by 2 years of age	7/7	Dec. 31, 2025	0/7 (2015)	not available <sup>11</sup>	Data Expected in March 2019
	Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV) <sup>12</sup>	0.6 Cases per 100,000	Mar. 31, 2030	5.8 Cases per 100,000 (2015)	6.4 Cases per 100,000 (2016)	6.5 (2017)
	Rate of a key antimicrobial resistant infection <sup>12,13</sup> identified among people in hospitals	2 cases per 1,000 patient admissions	Mar. 31, 2020	2.18 Cases per 1,000 (2015)	2.30 Cases per 1,000 (2016)	2.35 per 1,000 (2017)
Infectious disease outbreaks and threats are prepared for and responded to	% of foodborne illness outbreaks responded to within 24 hours of notification	90% <sup>14</sup>	Mar. 31, 2020	90%	91%	95%
	% of new pathogens of international concern that Canada has the capacity to accurately test for	90%	Mar. 31, 2020	not available <sup>15</sup>	94%	100% (2017)

<sup>11</sup> Data for this indicator is collected every two (2) years, therefore, results for this year are not available.

<sup>12</sup> In Canada, health and health care are the responsibility of P/T governments, and other partners, including different levels of government, hospitals, and non-government organizations. As a result, the lowering of this rate is a shared, common goal among all stakeholders.

<sup>13</sup> Total methicillin-resistant *Staphylococcus aureus* (MRSA) infection rate per 1,000 patient admissions.

<sup>14</sup> Although the target was met in 2015–16 and exceeded in 2014–15 and 2016–17, the target value of 90% was determined as a reasonable standard for PHAC's ability to assess potential foodborne illness related outbreaks in a timely manner (based on previous results, current capacity, and forward expectations).

<sup>15</sup> Actual Results for this year are not available because this performance indicator was not established. This indicator is new under the 2018–19 PHAC Departmental Results Framework. Data will be collected and reported in future Parliamentary reports.

Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
207,886,062	207,886,062	205,436,515	198,561,208

The decrease in 2020–21 planned spending is mainly due to sunsetting of funds for the Economic Action Plan 2015 Initiative - Brain Health.

Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
1,008	1,005	987

### 3. Health Security

#### Description

Prepare for and respond to public health events and emergencies (e.g., floods, forest fires, and outbreaks such as Zika and Ebola); address health and safety risks associated with the use of pathogens and toxins; and address travel-related public health risks.

#### Planning highlights

Efforts under this Core Responsibility will contribute to meeting PHAC's priorities, as well as to managing risks. In addition, this Core Responsibility will contribute to the Minister's mandate letter commitments, and will include GBA+ considerations in its program design and delivery.

#### **Result 3.1: Public health events and emergencies are prepared for and responded to effectively.**

- Working with F/P/T and other partners, PHAC works to strengthen its ability to prepare for, and respond to, public health events and emergencies. In 2019–20, PHAC will:
  - Develop an action plan to address recommendations from the World Health Organization's assessment (Joint External Evaluation) of Canada's readiness to respond to public health events and emergencies;
  - Enhance PHAC's capabilities to support preparedness and response by improving the alignment of the National Emergency Strategic Stockpile (NESS) with current needs and the operating environment; and
  - Improve the mechanisms whereby PHAC collects, analyzes and uses public health intelligence to facilitate early detection, identification and monitoring of emerging global health events.

#### **Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced.**

Pathogens and toxins pose a risk to Canadians because of their ability to cause disease or death. These agents are used in a wide range of Canadian sectors for many different purposes including teaching and research at universities; disease diagnosis at hospitals and public health facilities; and vaccine development in the pharmaceutical industry. PHAC regulates the use of human and terrestrial animal pathogens and toxins to protect the health and safety of the public. In 2019–20, PHAC will:

- Modernize risk-based oversight of Canadian laboratories including the adoption of E-inspection tools (by 2021), while focusing compliance and enforcement activities on areas of greatest risk to the health and safety of Canadians;

- Continue to promote compliance and enable regulated parties to meet regulatory requirements by providing current and comprehensive information, guidance, resources and tools in accordance with PHAC’s [Regulatory Openness and Transparency Framework Action Plan](#),<sup>xi</sup> and
- Support the advancement of global health priorities by delivering against PHAC’s action plan as a World Health Organization Collaborating Centre for Biosafety and Biosecurity.

**Result 3.3: Public health risks associated with travel are reduced.**

PHAC protects Canadians by informing travellers on how to protect themselves from travel-related public health risks, working with the passenger conveyance industry to protect against risks associated with water, food and sanitation, and working with border partners to limit the spread of public health risks. In 2019–20, PHAC will:

- Enhance communications to Canadians through social media and engagement with travel industry partners about existing and emerging travel health risks, and precautions they should take in order to reduce health risks while travelling to other countries;
- Protect the travelling public by focussing inspections of conveyances (e.g., aircraft, passenger ferries and trains, cruise ships, etc.) on areas of greatest risk to public health and safety; and
- Implement the new border and travel health model to prevent travel-related infectious disease by conducting rapid assessment and management of ill travellers at Canadian borders.

**Innovation and Experimentation**

PHAC’s [Global Public Health Information Network](#)<sup>xii</sup> is using artificial intelligence to support early detection and warning for global public health threats, through active search and monitoring approaches that aim to discover patterns, trends, anomalies, and novel connections.



## Planned results

Departmental Results	Departmental Result Indicators	Target	Date to achieve target	Actual results		
				2015–16	2016–17	2017–18
Public health events and emergencies are prepared for and responded to effectively	Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization	4 (Rating out of 5)	Mar.31, 2020	Data expected in 2017–18 <sup>16</sup>	Data expected in 2017–18 <sup>16</sup>	4
	% of provincial and territorial requests for assistance responded to within negotiated timelines	100%	Mar.31, 2020	100%	100%	100%
Public health risks associated with the use of pathogens and toxins are reduced	% compliance issues in Canadian laboratories successfully responded to within established timelines	85%	Mar. 31, 2020	Data expected in 2017–18 <sup>16</sup>	not available <sup>16</sup>	82% <sup>17</sup>
Public health risks associated with travel are reduced	Canada's capacity <sup>18</sup> for effective public health response at designated points of entry into Canada	4 (Rating out of 5)	Mar. 31, 2020	Data expected in 2017–18 <sup>16</sup>	Data expected in 2017–18 <sup>16</sup>	4
	% of inspected passenger transportation operators that meet public health requirements	95% <sup>19</sup>	Mar. 31, 2020	95%	96%	97%

<sup>16</sup> Actual Results for this year are not available because this performance indicator is new under the 2018–19 PHAC Departmental Results Framework. Data will be collected and reported in future Parliamentary reports.

<sup>17</sup> The majority of compliance issues not successfully responded to within established timelines were completed within ten days of the due date.

<sup>18</sup> Capacity is defined by the World Health Organization's International Health Regulations (2005) Monitoring and Evaluation Framework Joint External Evaluation Tool.

<sup>19</sup> Although the recent result is higher than the target, the 95% target value is appropriate given the voluntary nature of some elements of the inspections.

## Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
52,331,185	52,331,185	52,139,861	48,213,275

The decrease in 2021–22 planned spending is mainly due to sunsetting of funds for the Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and the Funding to improve immunization coverage rates in Canada.

## Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
381	382	348

Financial, human resources and performance information for PHAC's Program Inventory is available in the [GC InfoBase](#).<sup>xiii</sup>

## Internal Services

### Description

Internal Services are those groups of related activities and resources that the federal government considers to be services in support of Programs and/or required to meet corporate obligations of an organization. Internal Services refers to the activities and resources of the 10 distinct services that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. These services are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Management Services; Materiel Management Service; and Acquisition Management Services.

### Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
99,299,635	99,299,635	94,898,571	94,536,808

### Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
626	626	626

### Planning highlights

PHAC will continue its focus on supporting its employees and achieving its departmental results in the most effective and efficient manner possible. Our plans for 2019–20 include:

#### *Building a healthy, diverse and inclusive workforce*

- To attract, retain and develop a talented, diverse and representative workforce, PHAC will:
  - Integrate public health needs (e.g., skills, competencies, etc.) into human resources planning and invest in people, define broader diversity goals, manage talent throughout an employee’s career, and ensure an accessible workplace in alignment with the Government of Canada’s public service accessibility agenda; and
  - Modernize recruitment and workplace practices in support of greater efficiency, leverage information technology to support human resources operations, and support executives and managers in creating a physically and psychologically healthy work environment that is free from harassment and discrimination.

- Support a modern, high-performing workforce that is agile, inclusive and equipped through initiatives tied to Blueprint 2020, Beyond 2020 and Public Service Renewal.

*Modernizing the workplace to enable a safe and productive workforce with access to modern tools and facilities*

- PHAC will improve workplace safety and productivity through a number of initiatives such as implementing the national accommodation strategy, which ensures modernization of office facilities, as well as enhancing IM/IT security awareness, all aligned with Government of Canada direction.

*Pay System Stabilization*

- PHAC will support Public Services and Procurement Canada to address pay issues faced by its employees (e.g., accurate and timely pay). It will provide emergency salary advances and priority payments while building in-house compensation capacity to support the Public Service Pay Centre.

*Informing Canadians about Public Health Issues*

- PHAC will provide Canadians with timely and relevant information about ongoing and emerging public health issues related to health promotion, disease prevention and public health security. This includes informing and engaging Canadians through a variety of modern communication methods.

*Results-based Management*

- PHAC will systematically use information on program performance and results achieved in order to continually improve its programs and services for Canadians. PHAC will also build its capacity for results-based management through learning and development initiatives for its employees.

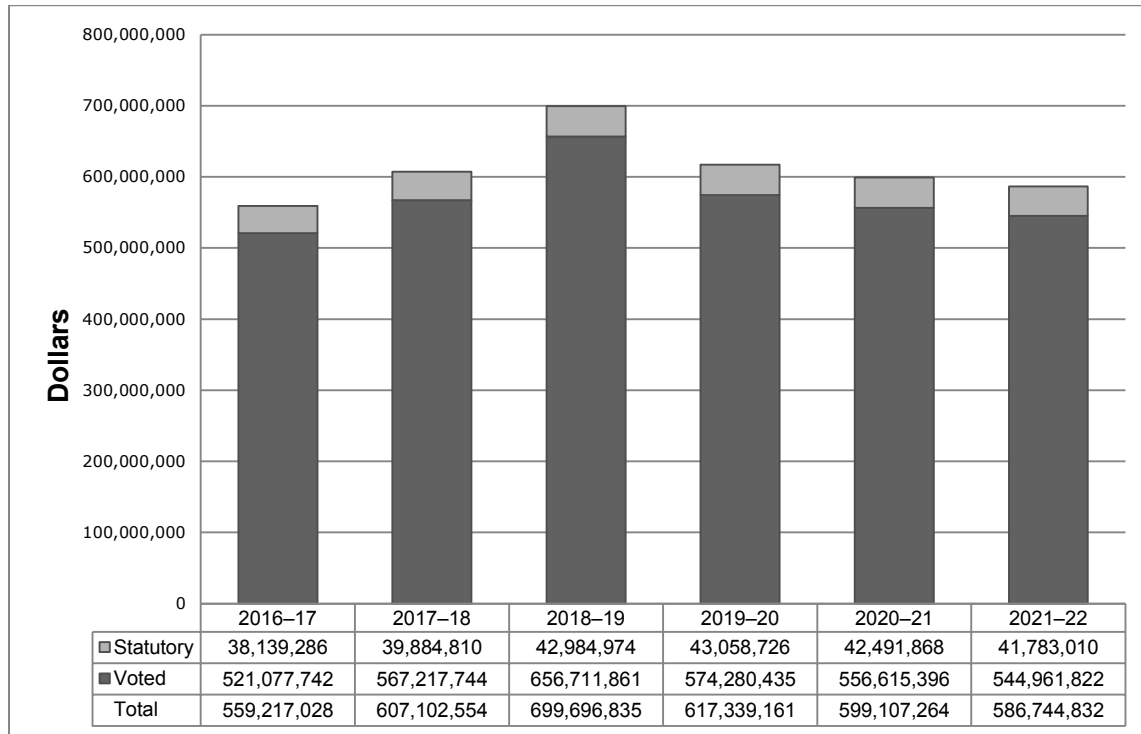
## Innovation and Experimentation

PHAC's Accessible and Inclusive Meeting Spaces Initiative will retrofit and pilot up to four meeting spaces equipped with special features to make the space accessible and inclusive to all employees. Lessons learned from this pilot project will help inform similar future initiatives across government, in support of the pending *Accessible Canada Act*.

## Spending and human resources

### Planned spending

#### Departmental spending trend graph



The increase in planned spending from 2017–18 to 2018–19 is mainly due to new funding for the Healthy Seniors Pilot Project and for Supporting ParticipACTION.

The decreasing in planned spending from 2018–19 to 2019–20 is primarily due to the sunsetting the Healthy Seniors Pilot Project, and Medical Countermeasures for Smallpox and Anthrax Preparedness.

The decreasing in planned spending from 2019–20 to 2020–21 is primarily due to the sunsetting of funding for the Canadian Centre for Aging and Brain Health Innovation.

The decrease in planned spending from 2020–21 to 2021–22 is primarily due to the sunsetting of the Funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad, the Travelling Public Program, and the Funding to improve immunization coverage rates in Canada.

PHAC will continue to examine the level of resources required for priority initiatives and seek renewal, where applicable.

Budgetary planning summary for Core Responsibilities and Internal Services (dollars)<sup>20</sup>

Core Responsibilities and Internal Services	2016–17 Expenditures	2017–18 Expenditures	2018–19 Forecast spending	2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
1. Health Promotion and Chronic Disease Prevention	250,992,266	239,450,960	324,457,825	257,822,279	257,822,279	246,632,317	245,433,541
2. Infectious Disease Prevention and Control	135,938,857	189,906,141	204,602,039	207,886,062	207,886,062	205,436,515	198,561,208
3. Health Security	79,699,743	78,982,234	59,398,414	52,331,185	52,331,185	52,139,861	48,213,275
<b>Subtotal</b>	<b>466,630,866</b>	<b>508,339,335</b>	<b>588,458,278</b>	<b>518,039,526</b>	<b>518,039,526</b>	<b>504,208,693</b>	<b>492,208,024</b>
Internal Services	92,586,162	98,763,219	111,238,557	99,299,635	99,299,635	94,898,571	94,536,808
<b>Total</b>	<b>559,217,028</b>	<b>607,102,554</b>	<b>699,696,835</b>	<b>617,339,161</b>	<b>617,339,161</b>	<b>599,107,264</b>	<b>586,744,832</b>

Actual spending in 2017–18 was higher compared to 2016–17 primarily due to the funding for Early Learning and Child Care Infrastructure and Programming; Adapting to the Impacts of Climate Change; Strengthening the Canadian Drugs and Substances Strategy; Government advertising programs (horizontal item); and re-profiling of funding to Acquire Medical Countermeasures for Smallpox and Anthrax Preparedness.

The increase in planned spending from 2017–18 to 2018–19 is mainly due to new funding for the Healthy Seniors Pilot Project and for Supporting ParticipACTION.

Planned spending will decrease in 2019–20 and beyond primarily due to the sunseting of initiatives including the Funding to improve immunization coverage rates in Canada, funding for the Canadian Centre for Aging and Brain Health Innovation, the Healthy Seniors Pilot Project, Medical Countermeasures for Smallpox and Anthrax Preparedness, and Funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

<sup>20</sup> Differences may arise due to rounding.

## Planned human resources

Human resources planning summary for Core Responsibilities and Internal Services (full-time equivalents)<sup>21</sup>

Core Responsibilities and Internal Services	2016–17 Actual	2017–18 Actual	2018–19 Forecast	2019–20 Planned	2020–21 Planned	2021–22 Planned
1. Health Promotion and Chronic Disease Prevention	517	439	499	484	483	482
2. Infectious Disease Prevention and Control	915	958	1,001	1,008	1,005	987
3. Health Security	409	372	353	381	382	348
<b>Subtotal</b>	<b>1,841</b>	<b>1,768</b>	<b>1,853</b>	<b>1,873</b>	<b>1,870</b>	<b>1,817</b>
Internal Services	286	307	620	626	626	626
<b>Total</b>	<b>2,127</b>	<b>2,075</b>	<b>2,473</b>	<b>2,499</b>	<b>2,496</b>	<b>2,443</b>

The increase in forecast and planned full-time equivalents (FTE), compared to previous year actuals, is primarily due to the Shared Services Partnership between PHAC and Health Canada, where planned FTEs are reported under PHAC, but actual FTEs are expended and reported under Health Canada.

## Estimates by vote

Information on PHAC's organizational appropriations is available in the [2019–20 Main Estimates](#).<sup>xiv</sup>

## Future-Oriented Condensed Statement of Operations

The Future-Oriented Condensed Statement of Operations provides a general overview of PHAC's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management. The forecast and planned spending amounts presented in other sections of the Departmental Plan are prepared on an expenditure basis; as a result, amounts may differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, are available on [PHAC's website](#).<sup>xv</sup>

<sup>21</sup> Differences may arise due to rounding.

## Future-Oriented Condensed Statement of Operations for the year ending March 31, 2020 (dollars)

Financial information	2018–19 Forecast results	2019–20 Planned results	Difference (2019–20 Planned results minus 2018–19 Forecast results)
Total expenses	729,545,358	653,521,577	(76,023,781)
Total revenues	13,988,140	13,984,973	(3,167)
Net cost of operations before government funding and transfers	715,557,218	639,536,604	(76,020,614)

PHAC is projecting \$653.5M in expenses based on 2019–20 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents a decrease of \$76.0M from 2018–19 projections.

This decrease is primarily attributable to the sunset of funds for the \$75 million Healthy Seniors Pilot Project in 2018–2019.

The 2019–20 planned expenses by core responsibility are as follows:

- Infectious disease prevention and control \$225.0M;
- Health promotion and chronic disease prevention \$263.5M;
- Health security \$60.1M; and,
- Internal services \$105.0M.

PHAC receives most of its funding through annual Parliamentary appropriations. PHAC's revenue is generated by programs that support the above-noted core responsibilities. PHAC projects total revenues in 2019–20 to be \$14.0M (2018–19 \$14.0M).



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## Additional information

### Corporate information

### Organizational profile

**Appropriate minister:** The Honourable Ginette Petitpas Taylor, P.C., M.P.

**Institutional head:** Dr. Theresa Tam, Interim President.

**Ministerial portfolio:** Health

**Enabling instruments:** [Public Health Agency of Canada Act](#),<sup>xvi</sup> [Department of Health Act](#),<sup>xvii</sup> [Emergency Management Act](#),<sup>xviii</sup> [Quarantine Act](#),<sup>xix</sup> [Human Pathogens and Toxins Act](#),<sup>xx</sup> [Health of Animals Act](#),<sup>xxi</sup> [Federal Framework on Lyme Disease Act](#),<sup>xxii</sup> and the [Federal Framework for Suicide Prevention Act](#).<sup>xxiii</sup>

**Year of incorporation / commencement:** 2004

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

### Raison d'être, mandate and role: who we are and what we do

“Raison d'être, mandate and role: who we are and what we do” is available on the [Public Health Agency of Canada's website](#).<sup>xxiv</sup>

## Reporting framework

PHAC’s Departmental Results Framework and Program Inventory of record for 2019–20 are shown below:

Departmental Results Framework		Core Responsibility 1: Health Promotion and Chronic Disease Prevention		Core Responsibility 2: Infectious Disease Prevention and Control		Core Responsibility 3: Health Security	
		Result 1.1 Canadians have improved physical and mental health.	Indicator: % of low-income children in very good or excellent health Indicator: % of population who have high psychological well-being	Result 2.1 Infectious diseases are prevented and controlled.	Indicator: % of 2 year old children who have received all recommended vaccinations	Result 3.1 Public health events and emergencies are prepared for and responded to effectively.	Indicator: Canada’s readiness to respond to public health events and emergencies as assessed independently by the World Health Organization
Result 1.2 Canadians have improved health behaviours.	Indicator: % increase in average minutes/day of physical activity among adults Indicator: % increase in average minutes/day of physical activity among children/youth	Indicator: Proportion of national vaccination coverage goals met for children by 2 years of age	Indicator: % of provincial and territorial requests for assistance responded to within negotiated timelines				
Result 1.3 Chronic diseases are prevented.	Indicator: % increase in years lived in good health by seniors	Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to.	Indicator: Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV)	Result 3.2 Public health risks associated with the use of pathogens and toxins are reduced.	Indicator: % of compliance issues in Canadian laboratories successfully responded to within established timelines		
	Indicator: Rate of new diabetes cases among Canadians		Indicator: Rate of a key antimicrobial resistant infection identified among people in hospitals				
	Indicator: % of adults who are obese		Indicator: % of foodborne illness outbreaks responded to within 24 hours of notification				
Indicator: % of children and youth who are obese	Indicator: % of new pathogens of international concern that Canada has the capacity to accurately test for	Result 3.3 Public health risks associated with travel are reduced.	Indicator: Canada’s capacity for effective public health response at designated points of entry into Canada				
Program: Health Promotion	Program: Laboratory Science Leadership and Services			Indicator: % of inspected passenger transportation operators that meet public health requirements			
Program: Chronic Disease Prevention	Program: Communicable Diseases and Infection Control	Program: Emergency Preparedness and Response					
Program: Evidence for Health Promotion, and Chronic Disease and Injury Prevention	Program: Vaccination	Program: Biosecurity					
	Program: Foodborne and Zoonotic Diseases	Program: Border and Travel Health					

Internal Services

## Concordance table

## Changes to the approved reporting framework since 2018–19

Structure	2019–20	2018–19	Change	Rationale for change
<b>Core Responsibility 1</b>	Health Promotion and Chronic Disease Prevention	Health Promotion and Chronic Disease Prevention	No change	Not applicable
<b>Program</b>	Health Promotion	Health Promotion	No change	Not applicable
<b>Program</b>	Chronic Disease Prevention	Chronic Disease Prevention	No change	Not applicable
<b>Program</b>	Evidence for Health Promotion, and Chronic Disease and Injury Prevention	Evidence for Health Promotion, and Chronic Disease and Injury Prevention	No change	Not applicable
<b>Core Responsibility 2</b>	Infectious Disease Prevention and Control	Infectious Disease Prevention and Control	No change	Not applicable
<b>Program</b>	Laboratory Science Leadership and Services	Laboratory Science Leadership and Services	No change	Not applicable
<b>Program</b>	Communicable Diseases and Infection Control	Communicable Diseases and Infection Control	No change	Not applicable
<b>Program</b>	Vaccination	Immunization	Title change	Note 1
<b>Program</b>	Foodborne and Zoonotic Diseases	Foodborne and Zoonotic Diseases	No change	Not applicable
<b>Core Responsibility 3</b>	Health Security	Health Security	No change	Not applicable
<b>Program</b>	Emergency Preparedness and Response	Community Participation Program	No change	Not applicable
<b>Program</b>	Biosecurity	Coach Development Program	No change	Not applicable
<b>Program</b>	Border and Travel Health	Community Infrastructure Program	No change	Not applicable

**Note 1**

The change from “Immunization” to “Vaccination” more accurately depicts PHAC’s goal to reduce vaccine preventable disease and increase the number of Canadians vaccinated. PHAC has a more concrete role in promoting and providing information and guidance around vaccines and vaccination than it does in immunization. Vaccination is the action of giving/receiving a vaccine; immunization is what occurs in the body after vaccination.

## Supporting information on the Program Inventory

Supporting information on planned expenditures, human resources, and results related to PHAC's Program Inventory is available in the GC InfoBase.

## Supplementary information tables

The following supplementary information tables are available on [PHAC's website](#).<sup>xxv</sup>

- [Departmental Sustainable Development Strategy](#)<sup>xxvi</sup>
- [Details on transfer payment programs of \\$5 million or more](#)<sup>xxvii</sup>
- [Disclosure of transfer payment programs under \\$5 million](#)<sup>xxviii</sup>
- [Gender-based analysis plus](#)<sup>xxix</sup>
- [Horizontal initiatives](#)<sup>xxx</sup>

## Federal tax expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the [Report on Federal Tax Expenditures](#).<sup>xxx1</sup> This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis. The tax measures presented in this report are the responsibility of the Minister of Finance.

## Organizational contact information

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## Appendix: definitions

**appropriation (crédit)**

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

**budgetary expenditures (dépenses budgétaires)**

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

**Core Responsibility (responsabilité essentielle)**

An enduring function or role performed by a department. The intentions of the department with respect to a Core Responsibility are reflected in one or more related Departmental Results that the department seeks to contribute to or influence.

**Departmental Plan (plan ministériel)**

A report on the plans and expected performance of an appropriated department over a three-year period. Departmental Plans are tabled in Parliament each spring.

**Departmental Result (résultat ministériel)**

Any change that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by Program-level outcomes.

**Departmental Result Indicator (indicateur de résultat ministériel)**

A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

**Departmental Results Framework (cadre ministériel des résultats)**

The department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

**Departmental Results Report (rapport sur les résultats ministériels)**

A report on the actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

**evaluation (évaluation)**

In the Government of Canada, the systematic and neutral collection and analysis of evidence to judge merit, worth or value. Evaluation informs decision making, improvements, innovation and accountability. Evaluations typically focus on programs, policies and priorities and examine questions related to relevance, effectiveness and efficiency. Depending on user needs, however, evaluations can also examine other units, themes and issues, including alternatives to existing interventions. Evaluations generally employ social science research methods.

**experimentation (expérimentation)**

Activities that seek to explore, test and compare the effects and impacts of policies, interventions and approaches, to inform evidence-based decision-making, by learning what works and what does not.

**full-time equivalent (équivalent temps plein)**

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

**gender-based analysis plus (GBA+) (analyse comparative entre les sexes plus [ACS+])**

An analytical process used to help identify the potential impacts of policies, Programs and services on diverse groups of women, men and gender-diverse people. The “plus” acknowledges that GBA goes beyond sex and gender differences. We all have multiple identity factors that intersect to make us who we are; GBA+ considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical disability.

**government-wide priorities (priorités pangouvernementales)**

For the purpose of the 2019–20 Departmental Plan, government-wide priorities refers to those high-level themes outlining the government’s agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

**horizontal initiative (initiative horizontale)**

An initiative where two or more departments are given funding to pursue a shared outcome, often linked to a government priority.

**non-budgetary expenditures (dépenses non budgétaires)**

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

**performance (rendement)**

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

**performance indicator (indicateur de rendement)**

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

**Performance Information Profile (profil de l’information sur le rendement)**

The document that identifies the performance information for each Program from the Program Inventory.

**performance reporting (production de rapports sur le rendement)**

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

**plan (plan)**

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

**planned spending (dépenses prévues)**

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the Main Estimates.

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

**priority (priorité)**

A plan or project that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Departmental Results.

**Program (programme)**

Individual or groups of services, activities or combinations thereof that are managed together within the department and focus on a specific set of outputs, outcomes or service levels.

**Program Inventory (répertoire des programmes)**

Identifies all of the department's programs and describes how resources are organized to contribute to the department's Core Responsibilities and Results.

**result (résultat)**

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

**statutory expenditures (dépenses législatives)**

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

**sunset program (programme temporisé)**

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

**target (cible)**

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

**voted expenditures (dépenses votées)**

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



## Endnotes

- i. National Strategy for Alzheimer’s Disease and Other Dementias Act, [https://laws-lois.justice.gc.ca/eng/AnnualStatutes/2017\\_19/FullText.html](https://laws-lois.justice.gc.ca/eng/AnnualStatutes/2017_19/FullText.html)
- ii. Clerk’s 25th Annual Report to the Prime Minister, <https://www.canada.ca/en/privy-council/corporate/clerk/publications/twenty-fifth-annual-report-prime-minister-public-service.html>
- iii. Vector-borne Diseases, <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2016-42/ccdr-volume-42-10-october-6-2016/ccdr-volume-42-10-october-6-2016-emerging-challenges-vector-borne-diseases-cities-2.html>
- iv. Vaccine-Preventable Diseases, <https://www.canada.ca/en/public-health/services/immunization/vaccine-preventable-diseases.html>
- v. Let’s Get Moving, <https://www.canada.ca/en/public-health/services/publications/healthy-living/lets-get-moving.html>
- vi. CADTH Health Technology Assessment, <https://www.cadth.ca/about-cadth/what-we-do/products-services/hta>
- vii. Expanded mandate, <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/immunization/national-advisory-committee-on-immunization-naci.html>
- viii. Evaluation of Immunization and Respiratory Infectious Disease Activities at the Public Health Agency of Canada, <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/office-evaluation/evaluation-reports/evaluation-immunization-respiratory-infectious-disease-activities-2011-2012-2015-2016.html>
- ix. Pan-Canadian STBBI Framework for Action, <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html>
- x. One Health, <http://www.phac-aspc.gc.ca/owoh-umus/index-eng.php>
- xi. Regulatory Openness and Transparency Framework Action Plan, <https://www.canada.ca/en/public-health/corporate/transparency/regulatory-openness-and-transparency/action-plan.html>
- xii. Global Public Health Information Network, [https://gphin.canada.ca/cepr/aboutgphin-rmispenbref.jsp?language=en\\_CA](https://gphin.canada.ca/cepr/aboutgphin-rmispenbref.jsp?language=en_CA)
- xiii. GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html>
- xiv. 2019–20 Main Estimates, <http://www.tbs-sct.gc.ca/hgw-cgf/finances/pgs-pdg/gepme-pdgbpd/index-eng.asp>
- xv. Future-Oriented Statement of Operations, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-future-oriented-statement-operations.html>
- xvi. Public Health Agency of Canada Act, <http://laws-lois.justice.gc.ca/eng/acts/P-29.5/page-1.html>
- xvii. Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- xviii. Emergency Management Act, <http://laws-lois.justice.gc.ca/eng/acts/E-4.56/index.html>
- xix. Quarantine Act, <http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html>
- xx. Human Pathogens and Toxins Act, <http://laws-lois.justice.gc.ca/eng/acts/H-5.67/FullText.html>
- xxi. Health of Animals Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.3/>
- xxii. Federal Framework on Lyme Disease Act, <http://laws-lois.justice.gc.ca/eng/acts/F-7.35/index.html>
- xxiii. Federal Framework for Suicide Prevention Act, [http://laws-lois.justice.gc.ca/eng/annualstatutes/2012\\_30/page-1.html](http://laws-lois.justice.gc.ca/eng/annualstatutes/2012_30/page-1.html)
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- xxvi. Departmental Sustainable Development Strategy, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a1>
- xxvii. Details on transfer payment programs of \$5 million or more, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a2>

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- xxx. Horizontal Initiatives, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a5>
- xxxi. Tax Expenditures and Evaluations publication, <http://www.fin.gc.ca/purl/taxexp-eng.asp>