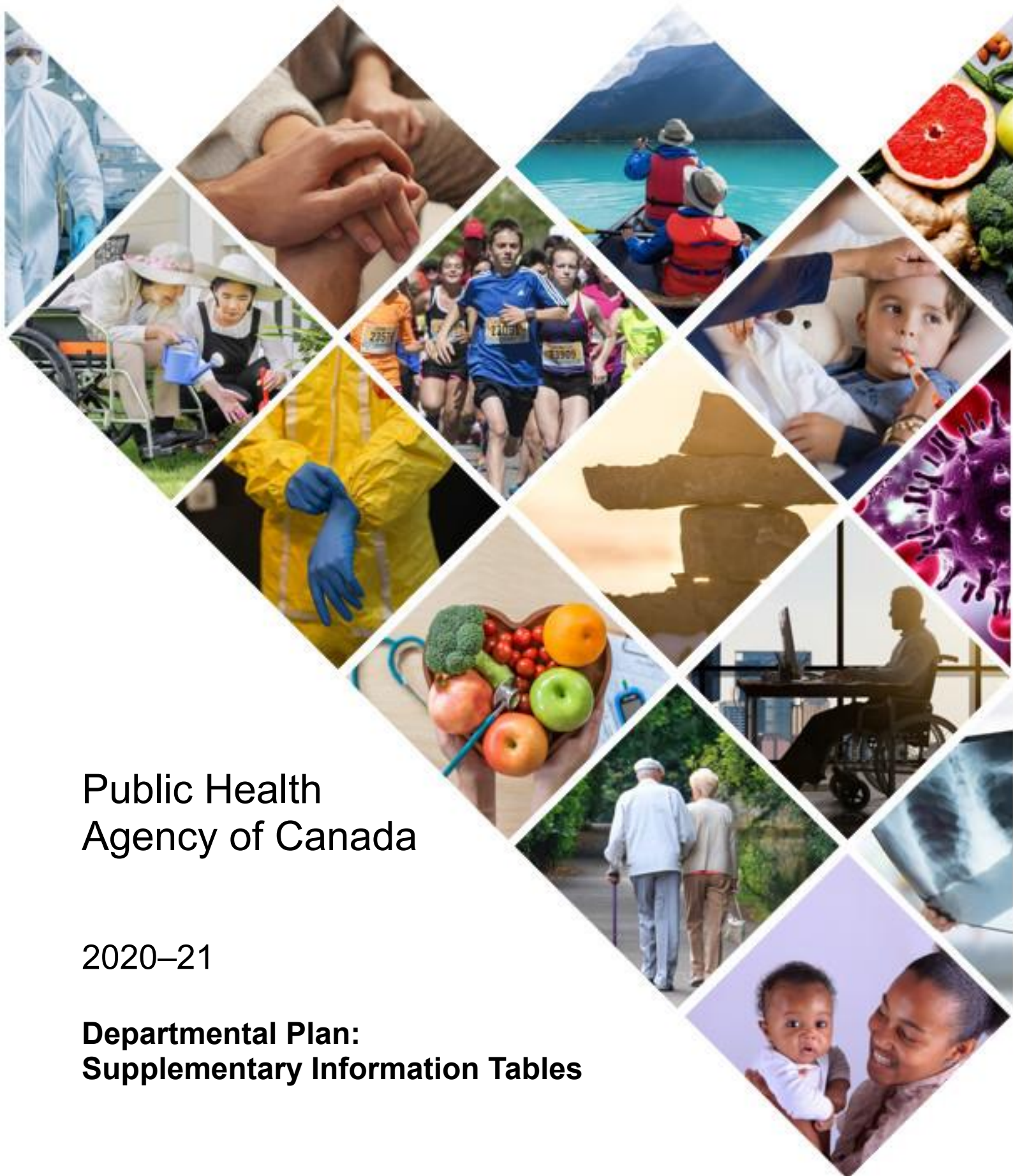




Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada



Public Health  
Agency of Canada


2020–21

**Departmental Plan:  
Supplementary Information Tables**



## Table of Contents

Transfer payment programs of \$5 million or more .....	1
3-year plan for Aboriginal Head Start in Urban and Northern Communities (AHSUNC).....	1
3-year plan for Canada Prenatal Nutrition Program (CPNP).....	3
3-year plan for Community Action Program for Children (CAPC) .....	5
3-year plan for Healthy Living and Chronic Disease Prevention - Multi-Sectoral Partnerships .....	7
3-year plan for HIV and Hepatitis C Community Action Fund (CAF).....	9
3-year plan for Indigenous Early Learning and Child Care Transformation Initiative (IELCC).....	11
3-year plan for National Collaborating Centres for Public Health (NCCPH) .....	13
3-year plan for the Dementia Strategic Fund and Public Health Surveillance and Data funding .....	15
3-year plan for Strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fund) .....	18
3-year plan for ParticipACTION .....	20
3-year plan for Preventing Gender-Based Violence: the Health Perspective .....	22
3-year plan for Supporting the Health of Survivors of Family Violence .....	24
Transfer payment programs under \$5 million .....	26
3-year plan for Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations .....	26
3-year plan for Addressing the Challenges Faced by Black Canadians .....	28
3-year plan for Blood Safety .....	30
3-year plan for Dementia Community Investment .....	32
3-year plan for Fetal Alcohol Spectrum Disorder (FASD) National Strategic Projects Fund .....	34
3-year plan for Healthy Early Years – Official Languages in Minority Communities .....	36
3-year plan for Infectious Diseases and Climate Change Fund (IDCCF) - Adapting to the Impacts of Climate Change .....	38
3-year plan for Immunization Partnership Fund (IPF) .....	40
3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease.....	42
3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Pan-Canadian Joint Consortium for School Health .....	44
3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices .....	46



3-year plan for International Health Grants Program.....	48
3-year plan for Mental Health Promotion Innovation Fund.....	51
3-year plan for Nutrition North Canada.....	53
3-year plan for Métis Nation Health Data .....	55
3-year plan for Pan-Canadian Suicide Prevention Strategy.....	57
3-year plan for Public Health Scholarship and Capacity Building Initiative .....	59
3-year plan for Support for Canadians Impacted by Autism Spectrum Disorder Initiative .....	61
3-year plan for The Drug Overdose Crisis in Canada: Funding for Actions to Protect Canadians and Prevent Overdose Deaths .....	63
Gender-based analysis plus.....	65

## Transfer payment programs of \$5 million or more

### 3-year plan for Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

**Start date**

1995–96

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2016-17

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

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.

**Expected results**

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

**Performance indicators:**

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

**Fiscal year of last completed evaluation**

[2016–17](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2021-22

### General targeted recipient groups

Aboriginal community-based non-profit recipients and organizations serving First Nations, Métis, and Inuit children and their families living off-reserve in rural, remote, urban, and Northern communities across Canada.

### Initiatives to engage applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed early childhood development programs for Indigenous 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.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	32,134,000	32,134,000	32,134,000	32,134,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	32,134,000	32,134,000	32,134,000	32,134,000



### **3-year plan for Canada Prenatal Nutrition Program (CPNP)**

**Start date**

1994-95

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2017-18

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

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.

**Expected results**

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

**Performance indicators:**

- Number of CPNP program participants (pregnant women, postnatal women, and other parents/caregivers); and
- 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.

**Fiscal year of last completed evaluation**

[2015-16](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2020-21

**General targeted recipient groups**

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

### Initiatives to engage applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for pregnant women, new mothers, their infants and families facing conditions of risk across Canada.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	27,189,000	27,189,000	27,189,000	27,189,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	27,189,000	27,189,000	27,189,000	27,189,000



### **3-year plan for Community Action Program for Children (CAPC)**

**Start date**

1993-94

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2017-18

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

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.

**Expected results**

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

**Performance indicators:**

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

**Fiscal year of last completed evaluation**

[2015–16](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2020-21

### General targeted recipient groups

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

### Initiatives to engage applicants and recipients

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

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	53,400,000	53,400,000	53,400,000	53,400,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	53,400,000	53,400,000	53,400,000	53,400,000

---

<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.

### **3-year plan for Healthy Living and Chronic Disease Prevention - Multi-Sectoral Partnerships**

**Start date**

2005-06

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2013-14

**Link to departmental result(s)**

Result 1.3: Chronic diseases are prevented.

**Link to department's Program Inventory**

Chronic Disease Prevention

**Purpose and objectives of transfer payment program**

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.

**Expected results**

- Target populations participate in healthy living and chronic disease prevention interventions;
- Project participants have the knowledge, skills or ability to support ongoing healthy behaviours;
- Environments (social and/or physical) are improved to support ongoing healthy behaviours;
- Project participants have improved health behaviours; and
- Project participants have improved health.

**Performance indicators:**

- Percentage of project participants that improve health status;
- Percentage of project participants that improve health behaviours;
- Percentage of project participants who agree they have improved access to physical/built environments that support healthy living;
- Percentage of project participants who report social environments are improved to support ongoing healthy behaviour;
- Percentage of project participants demonstrating knowledge of chronic disease or risk/protective factors;
- Percentage of project participants demonstrating skills/ability to support healthy behaviour;
- Number of individuals participating in interventions - cumulative reach; and
- Percentage of target population participating.

**Fiscal year of last completed evaluation**

2019-20

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2024-25

**General targeted recipient groups**

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

**Initiatives to engage applicants and recipients**

Open solicitations posted on PHAC's website and targeted solicitations are 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).

**Financial information (dollars)**

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	2,749,000	2,749,000	2,749,000	2,749,000
Total contributions	18,697,000	19,697,000	19,697,000	19,697,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>21,446,000</b>	<b>22,446,000</b>	<b>22,446,000</b>	<b>22,446,000</b>

### 3-year plan for HIV and Hepatitis C Community Action Fund (CAF)

**Start date**

2005-07

**End date**

Ongoing

**Type of transfer payment**

Grants and Contributions

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2012-13

**Link to departmental result(s)**

Result 2.1: Infectious diseases are prevented and controlled.

**Link to department's Program Inventory**

Communicable Diseases and Infection Control

**Purpose and objectives of transfer payment program**

Purpose: To reduce rate of sexually transmitted and blood-borne infections (STBBI) in Canada.

Objective(s): Increase knowledge of effective HIV, hepatitis C, and/or related STBBI 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 behaviours that prevent the transmission of HIV, hepatitis C, and/or related STBBI.

**Expected results**

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

- Increased knowledge of effective HIV, hepatitis C, and/or related STBBI interventions and prevention evidence;
- Increased access to health and social services for priority populations;
- Strengthened capacity (skills, competencies, and abilities) of priority populations and target audiences to prevent infection and improve health outcomes;
- Enhanced application of knowledge in community-based interventions; and,
- Increased uptake of behaviours that prevent the transmission of HIV, hepatitis C, and/or other STBBI.

Performance indicators:

- Percentage of respondents from target audiences who reported an increase in knowledge of effective HIV, hepatitis C, and/or related STBBI interventions and prevention evidence;
- Percentage of respondents from priority populations who reported increased access and/or intention to access health, social, and support services;
- Percentage of respondents who reported increased capacity (skills, competencies, and abilities) to prevent infection and improve health outcomes;
- Percentage of respondents from target audiences who reported having enhanced their application of knowledge in community-based interventions; and,
- Percentage of respondents from priority populations who reported the adoption of or intention to adopt personal behaviours that prevent the transmission of HIV, hepatitis C, and/or other STBBI.

**Fiscal year of last completed evaluation**[2018-19](#)**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2023-24

**General targeted recipient groups**

Canadian not-for-profit voluntary organizations and corporations; societies; and coalitions.

**Initiatives to engage applicants and recipients**

Applicants and recipients are engaged through performance measurement and evaluation processes, and regular meetings with stakeholders involved in the prevention and control of communicable diseases.

**Financial information (dollars)**

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	8,084,000	8,609,000	8,084,000	8,084,000
Total contributions	18,335,000	18,335,000	18,335,000	18,335,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	26,419,000	26,944,000	26,419,000	26,419,000

## **3-year plan for Indigenous Early Learning and Child Care Transformation Initiative (IELCC)**

### **Start date**

September 2018

### **End date**

March 2028

### **Type of transfer payment**

Contribution (as part of Horizontal Initiative lead by Employment and Social Development Canada [ESDC])

### **Type of appropriation**

Appropriated annually through estimates

### **Fiscal year for terms and conditions**

2018-19

### **Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

### **Link to department's Program Inventory**

Health Promotion

### **Purpose and objectives of transfer payment program**

The Indigenous Early Learning and Child Care (IELCC) Transformation Initiative supports the implementation of the co-developed Indigenous Early Learning and Child Care Framework. This framework reflects the unique cultures and priorities of First Nations, Inuit, and Métis children across Canada. The Initiative enables greater control in IELCC through a new partnership model to facilitate Indigenous-led decision making to advance national and regional priorities.

ESDC is the federal focal point guiding this horizontal initiative, with Indigenous Services Canada (ISC) and the Public Health Agency of Canada (PHAC) as key federal partners.

### **Expected results**

The IELCC Transformation Initiative will contribute to the shared objective of providing high quality early learning and child care services that are also affordable, flexible and inclusive, as outlined in Infrastructure Canada's Horizontal Management Framework.

Specifically, the IELCC Transformation Initiative will contribute to achieving expected results through reporting on the number of quality improvement projects funded that for example: would enable the development of curriculum content incorporating Indigenous traditions, cultures and languages; build community, administration and professional capacity and centres of expertise; and support staff training and other activities that will enhance access to high quality IELCC.

Targets will be determined with Indigenous partners.

The IELCC Transformation Initiative will also demonstrate progress on the shared outcome through reporting on the number of children accessing culturally appropriate and inclusive IELCC, with the target to be determined with the Public Health Agency of Canada (baseline 4,600 children).

Performance indicators:

- Number of participants reached;
- Percentage of AHSUNC sites offering activities (e.g. elder participation, storytelling, traditional ceremonies, etc.) to increase Indigenous cultural knowledge;



- Percentage of participants/parents/children who experience improved protective factors as a result of programming (e.g. access to cultural activities); and
- Percentage of participants/caregivers that report that their child's health and wellbeing has improved as a result of programming.

#### **Fiscal year of last completed evaluation**

[2016–17](#)

#### **Decision following the results of last evaluation**

Continuation

#### **Fiscal year of planned completion of next evaluation**

2021-2022

#### **General targeted recipient groups**

Targeted recipients include existing AHSUNC recipients alongside distinctions-based (First Nations, Metis and Inuit) providers of Indigenous Early Learning and Child Care Services.

#### **Initiatives to engage applicants and recipients**

The co-developed Indigenous ELCC Framework was informed by comprehensive engagement including over 100 engagement activities and 3,000 participants across Canada. This process was jointly led by ESDC and National Indigenous Organizations in 2017.

In implementing this framework through horizontal collaboration, PHAC's AHSUNC-IELCC Partnership Strategy guides engagement with applicant and recipient partners. This active and ongoing outreach supports partners' involvement in existing IELCC processes to contribute to holistic, Indigenous-led decision outcomes, including the development of allocation methodologies, results-based frameworks, and future priority setting.

#### **Financial information (dollars)**

<b>Type of transfer payment</b>	<b>2019–20 planned spending</b>	<b>2020–21 planned spending</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>
Total grants	0	0	0	0
Total contributions	3,822,138	6,084,143	2,793,272	4,000,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>3,822,138</b>	<b>6,084,143</b>	<b>2,793,272</b>	<b>4,000,000</b>

### **3-year plan for National Collaborating Centres for Public Health (NCCPH)**

**Start date**

2004-05

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2012-13

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health;

Result 1.2: Canadians have improved health behaviours;

Result 1.3: Chronic diseases are prevented;

Result 2.1: Infectious diseases are prevented and controlled;

Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to;

Result 3.1: Public health events and emergencies are prepared for and responded to effectively;

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

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

**Link to department's Program Inventory**

Evidence for Health Promotion, and Chronic Disease and Injury Prevention; Communicable Diseases and Infection Control; Foodborne and Zoonotic Diseases; and Emergency Preparedness and Response

**Purpose and objectives of transfer payment program**

Purpose: As one of the three pillars used to create the Agency in response to the SARS outbreak, the program raises the public health system capacity in Canada by improving the ability of research to be applied and implemented in public health settings.

Objective(s): Promote evidence-informed decision-making by public health practitioners and policy makers across Canada. The National Collaborating Centres (NCCs) synthesize and share knowledge in ways that are useful and accessible to public health stakeholders.

**Expected results**

- Public health partners work collaboratively to address existing and emerging public health issues;
- Public health organizations participate in collaborative networks and processes; and
- Public health professionals and partners have access to reliable, actionable public health data and information.

Performance indicators:

- The number and types of activities undertaken that identify research knowledge gaps;
- The number and types of products and activities created and disseminated; and
- The number of collaborations to address emerging public health issues.

**Fiscal year of last completed evaluation**[2018-19](#)**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2023-24

**General targeted recipient groups**

Six centres focusing on public health 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**

There are currently no initiatives in place to engage applicants and recipients as a solicitation was finalized in 2019. Contribution agreements with recipients will be renewed in 2028. Workplans are reviewed and approved annually.

**Financial information (dollars)**

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	5,842,000	5,842,000	5,842,000	5,842,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	5,842,000	5,842,000	5,842,000	5,842,000

### **3-year plan for the Dementia Strategic Fund and Public Health Surveillance and Data funding**

**Start date**

2019-20

**End date**

2023-24

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health;

Result 1.2: Canadians have improved health behaviours; and,

Result 1.3: Chronic diseases are prevented.

**Link to department's Program Inventory**

Health Promotion, Evidence for Health Promotion and Chronic Disease and Injury Prevention

**Purpose and objectives of transfer payment program**

This transfer payment program will support the implementation of Canada's first national dementia strategy.

It is estimated more than 432,000 Canadians were living with diagnosed dementia in 2016-17, two-thirds of whom are women. Nine seniors are diagnosed with dementia every hour. As Canada's population ages, it is expected that the number of people living with dementia could almost double in the next 20 years. The total annual health care costs and out-of-pocket caregiver costs for Canadians living with dementia has been projected to double from \$8.3 billion in 2011 to \$16.6 billion by 2031. This program will support the vision of a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood, and effectively treated.

Funding will support the development and implementation of targeted awareness raising activities, the development and/or dissemination of dementia guidance, including guidelines and best practices, and an online portal to share information resources with the general public and targeted audiences. Funding for public health surveillance and data will support the enhancement and expansion of data and the development of new evidence to address priority evidence gaps related to dementia.

**Expected results**

- Targeted populations gain resources, knowledge and/or skills;
- Targeted populations have improved health behaviours;
- Evidence is accessed by stakeholders;
- Evidence is used by stakeholders; and
- Evidence-informed public health action is implemented across sectors to improve the health of Canadians.

Performance indicators:

- Percentage of targeted populations who gain knowledge and/or skills;
- Percentage of targeted populations who improve their health behaviours;
- Number of sessions an evidence product was accessed;
- Percentage of stakeholders using evidence;
- Percentage stakeholders reporting overall satisfaction with evidence; and
- Nature of evidence-informed action on public health.

**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**

2024-25

**General targeted recipient groups**

Canadian not-for-profit voluntary organizations and corporations; Indigenous organizations working with First Nations, Inuit and Métis peoples, for-profit organizations; unincorporated groups, societies and coalitions; provincial, territorial, regional, and municipal governments and agencies; organizations and institutions supported by provincial and territorial governments (regional health authorities/councils, schools, post-secondary institutions, hospitals, etc.).

**Initiatives to engage applicants and recipients**

Awareness raising:

Recipients will be engaged through a mix of open, directed and/or targeted solicitations. Funding recipients are expected to deliver culturally appropriate and culturally safe information, resources, tools, and/or events to raise Canadians' awareness of dementia.

Dementia guidance:

Recipients will be engaged through a mix of open and/or targeted solicitations. Funding recipients are expected to support access to and use of dementia guidance including guidelines and best practices for dementia diagnosis and treatment and care, including by health professionals and care providers.

Public health surveillance and data:

Recipients of funding for public health surveillance and data activities are expected to generate evidence that may be used by decision-makers, public health and care planners at the federal, provincial/territorial, and regional level to inform their dementia programming and service delivery to better meet the needs of people living with dementia and their caregivers.

Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	774,466	6,897,767	6,986,867	7,044,100
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	774,466	6,897,767	6,986,867	7,044,100

### **3-year plan for Strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fund)**

**Start date**

2017

**End date**

Ongoing

**Type of transfer payment**

Grants and Contributions (as part of the Horizontal Initiative lead by Health Canada)

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 2.1: Infectious diseases are prevented and controlled.

**Link to department's Program Inventory**

Communicable Diseases and Infection Control

**Purpose and objectives of transfer payment program**

The goal of the strategy is to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities.

The Canadian Drugs and Substances Strategy (CDSS) formally restores harm reduction as a pillar of federal drug and substance use policy, alongside the existing prevention, treatment and enforcement pillars, supported by a strong, modern evidence base across all pillars. The public health focus on the CDSS, along with the inclusion of harm reduction as a core pillar of the strategy, will better enable the Government to address the current opioid crisis, and to work toward preventing the emergence of new challenges in substance abuse.

**Expected results**

Reduction in risk-taking behaviours among drug or substance users.

**Fiscal year of last completed evaluation**

N/A

**Decision following the results of last evaluation**

N/A

**Fiscal year of planned completion of next evaluation**

2021-22

**General targeted recipient groups**

Federal/Provincial/Territorial stakeholders and people with lived and living experience with substance use.

**Initiatives to engage applicants and recipients**

Current federal/provincial/territorial (F/P/T) engagement is achieved through a number of F/P/T mechanisms, including the F/P/T Committee on Problematic Substance Use and Harms that is co-chaired by HC and the Province of British Columbia. Secretariat support for the CDSS is provided by the Controlled Substances Directorate (CSD) within HC.



Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	3,500,000	3,500,000	3,500,000	3,500,000
Total contributions	3,500,000	3,500,000	3,500,000	3,500,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	7,000,000	7,000,000	7,000,000	7,000,000

### 3-year plan for ParticipACTION

**Start date**

2018-19

**End date**

2020-23

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory**

Chronic Disease Prevention

**Purpose and objectives of transfer payment program**

Support [ParticipACTION](#)'s "Let's Get Moving" initiative to encourage and support Canadians to get active and help promote healthier lifestyles among children, youth and families across the country.

**Expected results**

- Target populations participate in healthy living and chronic disease prevention interventions;
- Project participants have the knowledge, skills or ability to support ongoing healthy behaviours; and;
- Environments (social and/or physical) are improved to support ongoing healthy behaviours.

Performance indicators:

- Number of individuals participating in interventions - cumulative reach;
- Percentage of target population participating;
- Number of project participants demonstrating knowledge of chronic disease protective factors (e.g. physical activity); and
- Number of project participants that improve health behaviours (e.g. increase in physical activity).

**Fiscal year of last completed evaluation**

2019-20

**Decision following the results of last evaluation**

Not applicable

**Fiscal year of planned completion of next evaluation**

2024-25

**General targeted recipient groups**

ParticipACTION will work with its many partners, including sport, physical activity, recreation organizations, government and corporate sponsors, to coordinate and implement the activities associated with this initiative across Canada.

### Initiatives to engage applicants and recipients

ParticipACTION progress reports are delivered quarterly (in-year), and annually to PHAC. PHAC uses these to review the project's progress, including the budget and work plan activities. Revisions to plans are made as required based on these submitted reports. Ad-hoc reports are produced in relation to the development of new or specific elements of the "Let's Get Moving" initiative to ensure activities remain within the approved scope of the project. Representatives from PHAC participate as observers on the ParticipACTION Advisory Network, which meets three times annually.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	5,000,000	5,000,000	5,000,000	5,000,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	5,000,000	5,000,000	5,000,000	5,000,000

### 3-year plan for Preventing Gender-Based Violence: the Health Perspective

**Start date**

2017-2018

**End date**

Ongoing

**Type of transfer payment**

Grants and Contributions (as part of the Horizontal Initiative lead by Department for Women and Gender Equality)

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

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 Prevent and Address Gender-Based Violence.

Objective(s): By supporting the delivery and evaluation of diverse initiatives, develop and share knowledge of effective approaches to prevent child maltreatment and dating violence among teens/youth; and equip health and allied professionals to recognize, prevent and respond safely and effectively to gender-based violence.

**Expected results**

- Program participants enhance knowledge, skills, attitudes and behaviour related to gender-based violence;
- Professionals/organizations provide enhanced support for those affected by or at risk of gender-based violence;
- Experiences of youth/teen dating violence and child maltreatment decrease; and
- Policies and programs are informed by evidence from effective interventions to prevent youth/teen dating violence and child maltreatment.

Performance indicators<sup>2</sup>:

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;

---

<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.

- Percentage of projects reporting increased knowledge and/or skills amongst participants;
- Percentage of projects reporting positive changes in behaviour amongst participants;
- Percentage of projects sustained post-PHAC funding;
- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders using evidence; and
- Nature of incorporation of evidence into policies, programs and practices.

**Note:** 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 (2023-24).

#### **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**

2020-21

#### **General targeted recipient groups**

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.

#### **Initiatives to engage applicants and recipients**

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

#### **Financial information (dollars)**

<b>Type of transfer payment</b>	<b>2019–20 planned spending</b>	<b>2020–21 planned spending</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>
Total grants	500,000	500,000	500,000	500,000
Total contributions	7,600,000	8,450,000	8,575,000	7,925,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>8,100,000</b>	<b>8,950,000</b>	<b>9,075,000</b>	<b>8,425,000</b>

### 3-year plan for Supporting the Health of Survivors of Family Violence

**Start date**

2015-2016

**End date**

Ongoing

**Type of transfer payment**

Grants and Contributions

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

Purpose: The Supporting the Health of Survivors of Family Violence Program invests in development, delivery and evaluation of health promotion interventions to prevent harm, address trauma and promote best practices to recovery and healing for survivors of family violence, including but not necessarily limited to intimate partner violence and child maltreatment.

Objective(s): Develop and share knowledge of effective approaches to support the health of survivors of family violence through community programs; and equip health and allied professionals to respond safely and effectively to family violence.

**Expected results**

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

**Performance indicators<sup>3</sup>:**

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of projects reporting increased knowledge and/or skills amongst participants;
- Percentage of projects reporting positive changes in behaviour amongst participants;
- Percentage of projects reporting improved wellbeing amongst participants;

---

<sup>3</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.

- Percentage of projects sustained post-PHAC funding;
- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders using evidence; and
- Nature of incorporation of evidence into policies, programs and practices.

**Note:** 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).

#### **Fiscal year of last completed evaluation**

2019-20

#### **Decision following the results of last evaluation**

Continuation

#### **Fiscal year of planned completion of next evaluation**

2024-25

#### **General targeted recipient groups**

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.

#### **Initiatives to engage applicants and recipients**

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

#### **Financial information (dollars)**

<b>Type of transfer payment</b>	<b>2019–20 planned spending</b>	<b>2020–21 planned spending</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>
Total grants	5,300,000	5,300,000	5,300,000	5,300,000
Total contributions	950,000	950,000	950,000	950,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>6,250,000</b>	<b>6,250,000</b>	<b>6,250,000</b>	<b>6,250,000</b>



## Transfer payment programs under \$5 million

### 3-year plan for Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations

**Start date**

2019-20

**End date**

2021-22

**Type of transfer payment**

Contribution (as part of the Horizontal Initiative lead by Health Canada)

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2014-15

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Evidence for Health Promotion, Chronic Disease and Injury Prevention - Enhanced Surveillance

**Purpose and objectives of transfer payment program**

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.

**Expected results**

Increased evidence base to shape promotion of population health policy and practice.

**Fiscal year of last completed evaluation**

Not applicable

**Decision following the results of last evaluation**

Not applicable

**Fiscal year of planned completion of next evaluation**

2021-22

**General targeted recipient groups**

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.

**Initiatives to engage applicants and recipients**

Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually until their close.

Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	1,000,000	1,000,000	1,000,000	0
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	1,000,000	1,000,000	1,000,000	0

### 3-year plan for Addressing the Challenges Faced by Black Canadians

**Start date**

2018-19

**End date**

2022-23

**Type of transfer payment**

Grants and Contributions

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2016-17

**Link to departmental result(s)**

Result 1.1: Canadians have improved mental and physical health.

**Link to department's Program Inventory**

Chronic Disease Prevention.

**Purpose and objectives of transfer payment program**

The new Promoting Health Equity: Mental Health of Black Canadians Fund ("Fund") will support Black Canadians to develop more culturally focused knowledge, capacity and programs to improve mental health in their communities. This program will also:

- Increase understanding of the unique barriers to and social determinants of mental health for Black Canadians;
- Increase knowledge of effective, culturally focused approaches and programs for improving mental health and addressing its key social determinants for Black Canadians, including a focus on youth and their family and community environments; and
- Increase capacity within Black Canadian communities to address barriers to mental health.

**Expected results**

- Target populations participate in healthy living and chronic disease prevention interventions;
- Social environments are improved to support ongoing healthy behaviours;
- Project participants have the knowledge, skills or ability to support ongoing healthy behaviours;
- Project participants have improved health; and
- Innovative interventions and new models of public health are identified and shared.

**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**

2024-25

### General targeted recipient groups

Funded projects must be led by, or developed in close collaboration with, Black Canadian community groups, not-for-profit organizations, and/or researchers.

### Initiatives to engage applicants and recipients

PHAC is coordinating activities to build capacity of funded organizations in areas such as research ethics, Sex and Gender-Based Analysis+ and mental health indicators. PHAC has also established a Mental Health of Black Canadians Working Group to provide strategic guidance on the funding program. PHAC is also facilitating the building of a network so that Black Canadian communities can sustain the momentum built by the Fund once the initiative sunsets.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	565,000	65,000	65,000	65,000
Total contributions	1,200,000	1,800,000	2,200,000	2,200,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>1,765,000</b>	<b>1,865,000</b>	<b>2,265,000</b>	<b>2,265,000</b>

### **3-year plan for Blood Safety**

**Start date**

1998-1999

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2004-05

**Link to departmental result(s)**

Result 2.1: Infectious diseases are prevented and controlled.

**Link to department's Program Inventory**

Communicable Diseases and Infectious Control

**Purpose and objectives of transfer payment program**

Purpose: To reduce the risk of healthcare-associated pathogens and biological injuries due to blood transfusion/cell, tissue and organ transplantation in both institutions and community healthcare settings.

Objective(s): Support provinces and territories in monitoring adverse events associated with the transfusion of blood, blood products and cells/tissues/organ transplantation which could include infectious diseases, and allergic and immune-mediated events.

**Expected results**

- Enhanced capacity to identify and assess the risks associated with the use of blood, blood products or transplantation of cells, tissues and organs;
- Enhanced capacity to survey and assess risks for high-risk populations;
- Enhanced capacity to develop mitigation strategies for risks associated with the use of blood, blood products or transplantation of cells, tissues and organs.

**Fiscal year of last completed evaluation**

[2013-14](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2020-21

**General targeted recipient groups**

P/T and Non-profit organizations (for example, charities, foundations, non-governmental organizations, universities, research institutions, health related entities).

### Initiatives to engage applicants and recipients

Provincial and territorial governments are engaged via meetings and teleconferences to support the assessment, validation and reconciliation of data and dissemination of surveillance information contained in the Transfusion Error Surveillance System (TESS), Transfusion Transmitted Injuries Surveillance system (TTIS) and Cells, Tissues and Organs Surveillance System (CTOSS).

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	2,190,000	2,190,000	2,190,000	2,190,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	2,190,000	2,190,000	2,190,000	2,190,000

### 3-year plan for Dementia Community Investment

**Start date**

2018

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

This funding program will seek to optimize the wellbeing of people living with dementia and family/friend caregivers through community-based projects that address the challenges of dementia.

**Expected results**

- Program participants gain resources, knowledge and/or skills to provide enhanced support to people living with dementia and to support their own wellbeing; and
- Program participants have improved health behaviours.

Performance indicators:

- Percentage of program participants reporting increased knowledge and/or skills as a result of programming; and
- Percentage program participants who report improving their health behaviours as a result of programming.

**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**

2024-25

**General targeted recipient groups**

Canadian not-for-profit voluntary organizations and corporations, for-profit organizations provided they partner with a not-for-profit organization, unincorporated groups, societies and coalitions, provincial, territorial, regional and municipal governments and agencies, organizations and institutions supported by provincial and territorial governments (for example, regional health authorities, post-secondary institutions, etc.), and Indigenous organizations working with First Nations, Inuit or Métis.



### Initiatives to engage applicants and recipients

Recipients will be engaged through an open, two-phased (letter of intent and invitation to submit a full proposal) solicitation posted on PHAC's website and shared with stakeholders. Dementia Community Investment projects are expected to deliver community-based projects that deliver, test and scale-up knowledge, tools, and initiatives to optimize the wellbeing of people living with dementia and family/friend caregivers.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	3,400,000	4,775,000	4,400,000	4,400,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	3,400,000	4,775,000	4,400,000	4,400,000

### **3-year plan for Fetal Alcohol Spectrum Disorder (FASD) National Strategic Projects Fund**

**Start date**

1999

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

1999

**Link to departmental result(s)**

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory**

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

**Purpose and objectives of transfer payment program**

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.

**Expected results**

The FASD Initiative will support greater awareness of FASD and the risks of consuming alcohol during pregnancy as well as support the dissemination of nationally applicable tools and resources for use by health and allied professionals and others with the aim of reducing the number of alcohol-affected births and improving the outcomes for those affected by FASD.

**Fiscal year of last completed evaluation**

[2013–14](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2020–21

**General targeted recipient groups**

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

### Initiatives to engage applicants and recipients

Solicitations under the FASD National Strategic Projects Fund are posted on the Grants and Contributions funding page for the Public Health Agency of Canada.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	1,499,000	1,499,000	1,499,000	1,499,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	1,499,000	1,499,000	1,499,000	1,499,000

### **3-year plan for Healthy Early Years – Official Languages in Minority Communities**

**Start date**

2018

**End date**

Ongoing

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

This funding will support communities to develop comprehensive, culturally and linguistically appropriate programs to improve the health and development of children (0-6 years) and improve access to early childhood health promotion programming for children and their families living in Official Language Minority Communities (OLMC). It is part of a broader government initiative aimed to strengthen official-language minority communities, improve access to services in both official languages, and promote a bilingual Canada.

**Expected results**

- Vulnerable families in Official Language Minority Communities will have access to programs and supports that will allow them to gain the knowledge and skills they need to improve their family health practices; and
- As a result of the access to programming in the official language of their choice, vulnerable families in Official Language Minority Communities have improved wellbeing as a result of the access to programming in the official language of their choice.

**Fiscal year of last completed evaluation**

Not applicable

**Decision following the results of last evaluation**

Not applicable

**Fiscal year of planned completion of next evaluation**

2021-22

**General targeted recipient groups**

Not-for-profit voluntary organizations/corporations, unincorporated groups, societies and coalitions.

**Initiatives to engage applicants and recipients**

- Conducted an extensive consultation process for Health Early Years with potential applicants,
- Ongoing exchanges and site visits/meetings with the successful recipients.

Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	2,835,000	1,890,000	1,890,000	1,890,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	2,835,000	1,890,000	1,890,000	1,890,000

## 3-year plan for Infectious Diseases and Climate Change Fund (IDCCF) - Adapting to the Impacts of Climate Change

### Start date

2017

### End date

2027-28

### Type of transfer payment

Grants and Contributions (as part of the Horizontal Initiative lead by Environment and Climate Change Canada)

### Type of appropriation

Appropriated annually through Estimates

### Fiscal year for terms and conditions

2018

### Link to departmental result(s)

Result 2.1: Infectious diseases are prevented and controlled.

### Link to department's Program Inventory

Foodborne and Zoonotic Diseases

### Purpose and objectives of transfer payment program

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.

The two Infectious Disease and Climate Change Fund (IDCCF) priorities are:

#### 1. Monitoring and Surveillance

- Building baseline data and enhancing knowledge and expertise to understand, predict, and monitor current and future risks through innovative approaches to surveillance, detection and analysis of climate driven infectious diseases; and
- Collaborative and novel approaches for the collection, sharing and use of data to support evidence-based public health actions that equip and empower Canadians to adapt.

#### 2. Education and Awareness

- Promoting the development, distribution and uptake of education and awareness materials for health professionals; and
- Facilitating education, awareness and the dissemination of tools and best practices within or across Canadian communities and among vulnerable populations.

#### Objective(s):

The Infectious Disease and Climate Change Fund (IDCCF) addresses the impact of climate change on human health in Canada by:

- **Increasing capacity** to respond to the rising demands posed by climate-driven zoonotic, food-borne and water-borne infectious diseases;
- **Enabling Canadians and communities** to have access to timely and accurate information to better understand their risks and take measures to prevent infection; and
- **Improving adaptability and resiliency** to the health impacts of climate-driven infectious diseases, through surveillance and monitoring activities and access to education and awareness tools, which in turn equips:

- Health professionals with the information they need to provide advice to their patients and clients on climate-driven infectious diseases; and
- Canadians and communities with the tools to protect themselves from the health risks associated with climate-driven food-borne, water-borne and zoonotic infectious diseases.

### **Expected results**

Horizontal Management Framework for Clean Growth and Climate Change (CGCC) - Adaptation and Climate Resilience (Theme 3 outcome).

Outcome: Reduce the risks associated with climate-driven infectious diseases – (i.) Increased knowledge base of climate-driven infectious diseases, particularly in the health sector, communities and vulnerable populations, and (ii.) enhanced systems and tools support decision-making and knowledge translation.

### **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**

2020-21

### **General targeted recipient groups**

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

### **Initiatives to engage applicants and recipients**

Calls for proposals (solicitations - open, targeted, and/or directed).

### **Financial information (dollars)**

<b>Type of transfer payment</b>	<b>2019–20 planned spending</b>	<b>2020–21 planned spending</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>
Total grants	400,000	500,000	500,000	500,000
Total contributions	1,550,000	2,559,319	1,500,000	1,700,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>1,950,000</b>	<b>3,059,319</b>	<b>2,000,000</b>	<b>2,200,000</b>

### **3-year plan for Immunization Partnership Fund (IPF)**

**Start date**

2016

**End date**

March 2021

**Type of transfer payment**

Grants and Contributions

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2012-13

**Link to departmental result(s)**

Result 2.1: Infectious diseases are prevented and controlled.

**Link to department's Program Inventory**

Vaccination

**Purpose and objectives of transfer payment program**

Purpose: The Immunization Partnership Fund (IPF) is designed to improve vaccination coverage by focusing on three areas: enable healthcare providers to support their patients in their vaccination decisions; increase demand for vaccination; and, enhance access to vaccination services.

Objective(s): Improve vaccination coverage and vaccine preventable disease rates in Canada.

**Expected results**

Stakeholders have access to information and tools to improve vaccination coverage rates and control health risks associated with vaccine preventable diseases.

**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**

2020-21

**General targeted recipient groups**

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



### Initiatives to engage applicants and recipients

In July 2016, provinces and territories (P/Ts) were invited to submit proposals aligning with the IPF's first priority of "Enabling healthcare providers to vaccinate their patients – interventions that improve the ability of vaccinators and public health programs to identify under and un-immunized patients and increase vaccination coverage." Directed solicitations were also used to establish contribution agreements with several non-governmental organizations.

In 2017-18, a second solicitation process, broader in scope, invited applicants to submit proposals addressing any or all of the IPF priority areas. In 2018-19, recognizing the capacity needs of the territories to manage their vaccination-related challenges, the IPF provided directed funding over a three-year period (2018-2021).

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	575,000	575,000	0	0
Total contributions	3,229,735	1,623,241	0	0
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>3,804,735</b>	<b>2,198,241</b>	<b>0</b>	<b>0</b>

### **3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease**

**Start date**

2005-06

**End date**

Ongoing

**Type of transfer payment**

Grants and Contributions

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018

**Link to departmental result(s)**

Result 1.3: Chronic diseases are prevented.

**Link to department's Program Inventory**

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

**Purpose and objectives of transfer payment program**

Enhance capacity for public health chronic disease surveillance activities to expand data sources for healthy living and chronic disease surveillance.

**Expected results**

Increased evidence base to shape promotion of population health policy and practice.

**Fiscal year of last completed evaluation**

[2014–15](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2021-22

**General targeted recipient groups**

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

**Initiatives to engage applicants and recipients**

The Enhanced Surveillance for Chronic Disease Program launched an open solicitation; which closed September 25, 2019. Funding will be allotted for 2020/21 for a 3 year period. Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually until their close.

Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	395,000	395,000	395,000	395,000
Total contributions	2,334,000	2,334,000	2,334,000	2,334,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	2,729,000	2,729,000	2,729,000	2,729,000

### **3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Pan-Canadian Joint Consortium for School Health**

**Start date**

2005

**End date**

Ongoing

**Type of transfer payment**

Grant

**Type of appropriation**

Appropriate annually through Estimates

**Fiscal year for terms and conditions**

2005-06

**Link to departmental result(s)**

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory**

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

**Purpose and objectives of transfer payment program**

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.

**Expected results**

Working to promote Comprehensive School Health approach to student well-being and achievement for all children and Youth. Based on the following four distinct, but inter-related pillars:

- School and physical environment
- Teaching and learning
- Healthy school policy
- Partnerships and services

**Fiscal year of last completed evaluation**

[2015–16](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2020-21

### General targeted recipient groups

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.

### Initiatives to engage applicants and recipients

N/A

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	250,000	250,000	250,000	250,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	250,000	250,000	250,000	250,000

### **3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices**

**Start date**

2012-13

**End date**

Ongoing

**Type of transfer payment**

Grants and Contributions

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2005-06

**Link to departmental result(s)**

Result 1.3: Chronic diseases are prevented.

**Link to department's Program Inventory**

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

**Purpose and objectives of transfer payment program**

Build collaborative linkages, nationally and internationally, between researchers, policy makers, and practitioners, to increase the adoption of effective practices.

**Expected results**

- Supports public health capacity to prevent and mitigate chronic diseases by promoting the development of evidence-based interventions and their use by health practitioners and decision-makers.

**Fiscal year of last completed evaluation**

[2014–15](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2021-22

**General targeted recipient groups**

Canadian Task Force on Preventive Health Care

**Initiatives to engage applicants and recipients**

- Present the guidelines, knowledge translation tools and evidence review results at meetings focused on the primary care practice and prepare implementation activities for frontline practitioners;
- Collaborate with the various stakeholders to develop and disseminate the Task Force guidelines;
- Prepare a communications plan, and respond to inquiries from the media and the public about the Task Force guidelines;
- Determine and implement the results and recommendations on patient preferences;
- Establish and implement an evaluation plan for the Task Force guidelines to measure the impact of dissemination activities;

- Publish study results in the main scientific journals and disseminate them through presentations at major scientific meetings; and
- Organize meetings where members of the Task Force Working Groups discuss guideline contents.

#### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	46,000	46,000	46,000	46,000
Total contributions	171,000	171,000	171,000	171,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>217,000</b>	<b>217,000</b>	<b>217,000</b>	<b>217,000</b>

### 3-year plan for International Health Grants Program

**Start date**

2008

**End date**

Ongoing

**Type of transfer payment**

Grants and assessed contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2013 to Ongoing (Terms and Conditions were updated in 2013)

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health;

Result 1.2: Canadians have improved health behaviours; and,

Result 1.3: Chronic diseases are prevented.

Result 2.1: Infectious diseases are prevented and controlled.

**Link to department's Program Inventory**

Chronic Disease Prevention, Evidence for Health Promotion and Chronic Disease Injury Prevention, Communicable Disease and Infection Control, Foodborne and Zoonotic Diseases

**Purpose and objectives of transfer payment program**

Purpose: 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.

**Objective(s):**

- Identify, assess and promote approaches, models and best practices that respond to Canada's global health priorities and international commitments;
- Increase knowledge on current and emerging global health issues to inform policy and program development and contribute to improving health outcomes within and outside Canada;
- Increase collaboration and strengthen relationships with key partners and stakeholders on global health issues of importance to the Health Portfolio;
- Support Canada's participation in select multilateral organizations in line with Canada's international health commitments and obligations;
- Strengthen Canada's leadership on global health and ensure that Canada's priorities are reflected in the international health agenda; and
- Enhance global health capacity/participation in areas directly related to Government of Canada foreign policy objectives.



## **Expected results**

### **Immediate Results:**

- Increased awareness and knowledge of global health issues, approaches, models and best practices; and greater adoption/use of acquired knowledge and information; and
- Improved intersectoral collaboration and decreased domestic and international barriers to enable the implementation of effective international responses to global health issues.

### **Intermediate & Long Term Results:**

- Health Portfolio interests and priorities are reflected within the work plans of partner organizations;
- Improved international capacity/participation in addressing priority global health issues;
- Strengthened/reinforced government policies, programs, strategies and policy options; and
- Improved health outcomes for Canadians.

## **Fiscal year of last completed evaluation**

[2013-14](#)

## **Decision following the results of last evaluation**

Continuation

## **Fiscal year of planned completion of next evaluation**

Funding will be covered under four separate evaluations:

- 2021-22 (Evidence for Health Promotion, and Chronic Disease and Injury Prevention)
- 2022-23 (Foodborne and Zoonotic Diseases)
- 2023-24 (Federal Initiative to Address HIV/AIDS in Canada)
- 2024-25 (Multi-sectoral Partnerships)

## **General targeted recipient groups**

International entities (i.e. bilateral and multilateral international organizations and institutions with established relationships with Canada, such as the World Health Organization [WHO] and the Pan American Health Organization [PAHO]); and Canadian not-for-profit organizations and institutions, including academic and research-based institutions.

Note: The International Health Grants Program does not provide international assistance to national governments or health institutions. In addition to project funding, the International Health Grants Program pays 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.

## **Initiatives to engage applicants and recipients**

International health grants are provided to support Canada's leadership at various multilateral fora and to strengthen Canada's relationships with strategic partners who advance the Health Portfolio's global health interests. Funded recipients are expected to implement international projects and initiatives facilitating knowledge generation and uptake (e.g. applied research) and supporting international capacity building (e.g. the development of food safety regulatory frameworks in developing countries).

As a reporting requirement, international recipients are expected to submit a final report within thirty (30) days of the end of a project, outlining whether the intended deliverables of the grant have been achieved. Final reports are assessed to determine whether program objectives have been met. In the final reports, international organizations indicate the various performance measurement strategies they have used to internally measure the achievement of project results.

The Office of International Affairs for the Health Portfolio, which manages the International Health Grants Program, routinely engages in informal discussions with international recipients to determine effective and streamlined processes for the administration of grants, and to discuss project activities and ongoing challenges. This intelligence informs, and is used to improve, the delivery of the Program to ensure the burden of responsibility of recipients is proportionate to risks and accountabilities.

#### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	1,866,244	1,180,000	1,180,000	1,180,000
Total contributions	75,000	0	0	0
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	1,941,244	1,180,000	1,180,000	1,180,000

### 3-year plan for Mental Health Promotion Innovation Fund

**Start date**

2019-20

**End date**

Ongoing

**Type of transfer payment**

Grants and Contributions

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health; and,

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

Purpose: To improve mental health for individuals and communities where interventions are delivered and to reduce systemic barriers for population mental health in Canada.

Objective(s): 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.

**Expected results**

- Population health interventions promote mental health through the reduction of risk factors, the promotion of protective factors and by addressing the underlying determinants of health across settings and populations;
- Population health interventions promote multi-level and multi-sectoral partnerships to effect upstream change within priority determinants of mental health;
- Successfully-tested population health interventions are scaled-up to benefit more people and foster sustainable policy and program development in the field of mental health promotion for diverse population and communities; and
- Stakeholders access and use knowledge products, intervention research evidence, and synthesized learnings to advance population health policy and practice to promote mental health and wellbeing.

**Performance indicators:**

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of projects that leverage funds from other sources;
- Percentage of projects reporting increased knowledge and/or skills among participants;
- Percentage of projects reporting positive change in behaviour among participants;
- Percentage of projects reporting change in protective factors among participants;

- Percentage of projects reporting improved wellbeing among participants;
- Percentage of projects demonstrating readiness for scale up;
- Percentage of projects that have sites in more than 3 provinces and/or territories;
- Percentage of projects sustained post-PHAC funding;
- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders using evidence; and
- Nature of incorporation of evidence into policies, programs and practices.

Note: Due to the nature of the intervention research and evaluation plans of the funded projects, some results may not be available until completion of the final project report for Phase 1, Phase 2 or Phase 3 (2023, 2027 and 2030 respectively).

#### **Fiscal year of last completed evaluation**

2019-20 (Innovation Strategy)

#### **Decision following the results of last evaluation**

Continuation

#### **Fiscal year of planned completion of next evaluation**

2024-25

#### **General targeted recipient groups**

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

#### **Initiatives to engage applicants and recipients**

Applicants were engaged through open and directed calls for proposals. Recipients participate in a knowledge exchange hub that supports projects. Knowledge exchange events, project monitoring and evaluation activities, site visits and stakeholder meetings are used to engage recipients.

#### **Financial information (dollars)**

<b>Type of transfer payment</b>	<b>2019–20 planned spending</b>	<b>2020–21 planned spending</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>
Total grants	2,070,000	2,070,000	2,070,000	2,070,000
Total contributions	3,077,000	2,877,000	2,877,000	2,877,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	<b>5,147,000</b>	<b>4,947,000</b>	<b>4,947,000</b>	<b>4,947,000</b>

### **3-year plan for Nutrition North Canada**

**Start date**

2016-17

**End date**

Ongoing

**Type of transfer payment**

Contribution (as part of the Horizontal Initiative lead by Indigenous Relations and Northern Affairs Canada)

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.2 Canadians have improved health behaviours.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

Purpose: 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.

Objective(s): To increase knowledge of healthy eating, develop skills in selecting and preparing healthy store-bought and traditional or country food, and build on existing community-based activities with an increased focus on working with stores.

**Expected results**

- Residents in eligible communities have access to retail and community based nutrition education initiatives; and
- Residents in eligible communities have knowledge of healthy eating and skills, and are choosing and preparing healthy foods.

**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**

Not applicable

**General targeted recipient groups**

Non-profit organizations, provincial/territorial/regional/municipal government agencies, local organizations, and other Indigenous organizations serving eligible isolated northern communities.

**Initiatives to engage applicants and recipients**

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver culturally-appropriate, locally controlled and designed nutrition education programming, in partnership with existing community-based activities and local stores.

Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	469,000	335,000	335,000	335,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	469,000	335,000	335,000	335,000

### **3-year plan for Métis Nation Health Data**

**Start date**

2019-20

**End date**

2023-24

**Type of transfer payment**

Grants

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2014-15

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

**Purpose and objectives of transfer payment program**

This funding will support the Métis Nation in building capacity for sustainable health data surveillance systems within their governments by ensuring that the necessary partnerships and resources are in place to gather and analyse health data related to their citizens. Métis Nation-specific health data will provide evidence to further support policies and programs for health service delivery that is culturally responsive with the ultimate goal of improving health outcomes for the Métis Nation.

**Expected results**

Increased evidence base to shape promotion of population health policy and practice.

**Fiscal year of last completed evaluation**

Not Applicable

**Decision following the results of last evaluation**

Not Applicable

**Fiscal year of planned completion of next evaluation**

2021-22

**General targeted recipient groups**

Directed to Métis National Council and five Governing Members (ON, MB, SK, AB, and BC).

**Initiatives to engage applicants and recipients**

Under the terms of the Treasury Board Submission and grant agreements established, recipients will be responsible for submitting progress reports annually until their close.

Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	1,200,000	1,200,000	1,200,000	1,200,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	1,200,000	1,200,000	1,200,000	1,200,000



## 3-year plan for Pan-Canadian Suicide Prevention Strategy

### Start date

2020

### End date

Ongoing

### Type of transfer payment

Contribution

### Type of appropriation

Appropriated annually through estimates

### Fiscal year for terms and conditions

2018-19

### Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health.

### Link to department's Program Inventory

Health Promotion

### Purpose and objectives of transfer payment program

Purpose: Supporting the implementation and sustainability of a pan-Canadian suicide prevention service.

Objective(s): The pan-Canadian suicide prevention service will provide people across Canada with access to 24/7/365 bilingual crisis support from trained responders, using the technology of their choice: voice, text or chat. (Please note that the chat modality may not be available until 2022).

### Expected results

- Responders are trained and equipped with resources, knowledge and skills to appropriately respond to service users;
- Partnerships are in place to ensure reach across Canada to meet diverse needs; and
- People living anywhere in Canada can access a pan-Canadian suicide prevention service.

Performance indicators:

- Percentage of service responders trained on standard tools & resources; and
- Number of service interactions compiled by modality (call, text and chat), region, gender, age range, and official language.<sup>4</sup>

### 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

The timing of the evaluation will be determined during the development of the next Departmental Evaluation Plan.

---

<sup>4</sup> Data will be collected where possible, but may not be available for all identity factors within each modality. Data collection will become more robust over time once the service is fully operational.

### General targeted recipient groups

Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; organizations and institutions supported by provincial and territorial governments (e.g. regional health authorities/councils, schools, post-secondary institutions, hospitals, etc.); and Indigenous organizations working with First Nations, Inuit or Métis peoples, including Modern Treaty Rights Holders.

### Initiatives to engage applicants and recipients

N/A

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	4,262,000	4,267,000	4,267,000	4,267,000
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	4,262,000	4,267,000	4,267,000	4,267,000

### **3-year plan for Public Health Scholarship and Capacity Building Initiative**

**Start date**

2009

**End date**

Ongoing

**Type of transfer payment**

Grants

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2020-21

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health;

Result 1.2: Canadians have improved health behaviours;

Result 1.3: Chronic diseases are prevented;

Result 2.1: Infectious diseases are prevented and controlled;

Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to;

Result 3.1: Public health events and emergencies are prepared for and responded to effectively;

Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced; and,

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

**Link to department's Program Inventory**

Laboratory Science Leadership and Services, and Emergency Preparedness and Response

**Purpose and objectives of transfer payment program**

Purpose: To increase public health capacity across Canada by enhancing knowledge mobilization in public health, and by improving applied public health intervention research and workforce skills in public health.

Objective(s): To increase the number and skills of public health professionals; to contribute to applied public health interventions and intervention efficacy; and, to enhance relationships between university programs in public health and public health organizations.

**Expected results**

PHAC and the Canadian Institutes of Health Research (CIHR) will continue to fund research that strengthens the impact of policies and programs designed to tackle pressing public health needs; PHAC will strengthen its ability to build public health capacity in new areas and address identified gaps.

**Fiscal year of last completed evaluation**

[2016-17](#)

**Decision following the results of last evaluation**

Continuation

**Fiscal year of planned completion of next evaluation**

2022-23

### General targeted recipient groups

Non-profit organizations (for example, charities, foundations, non-governmental organizations, universities, research institutions, health related entities); Provinces and territories (for example, provincial and territorial governments); Other institutions supported by P/T governments (e.g., regional health authorities or districts, and post-secondary institutions); and Persons deemed capable of conducting public health activities to contribute to enhancing public health workforce development and strengthening the capacity and knowledge of the public health sector (for example, individual farmers and fishers, veterans, members of the Canadian Armed Forces, families, researchers, workers, students).

### Initiatives to engage applicants and recipients

The Agency works at arm's length as funding for the Program is transferred to CIHR. CIHR is responsible for engaging target recipients. As part of the next round of the Applied Public Health Chairs Program (2020) within the PHSCBI, the Agency has built new terms and conditions into its next MOU whereby CIHR will consult directly with the Agency each year to determine public health gaps, direction, themes, and priorities that will influence future research activities. The Agency and CIHR will collaborate to ensure effective and relevant performance measurement and reporting on key results is built into program design and delivery. CIHR Institute for Population and Public Health has well established networks with academia and engages potential recipients through its own mechanisms.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	1,260,000	1,260,000	1,260,000	1,260,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	1,260,000	1,260,000	1,260,000	1,260,000

### **3-year plan for Support for Canadians Impacted by Autism Spectrum Disorder Initiative**

**Start date**

2018-19

**End date**

2022-23

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

Budget 2018 announced \$20M over five years to the Public Health Agency of Canada (PHAC), for two new initiatives to support the needs of Canadians living with autism spectrum disorder, herein after autism, and their families.

- \$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;
- \$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. The AIDE Network is expected to launch in March 2020.

**Expected results**

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

- Program participants gaining knowledge, resources and support on autism spectrum disorder.

Performance indicators:

- Percentage of participants who gain knowledge and/or skills as a result of programming, by project; and
- Number/or percentage of participants accessing resources (disaggregated and measured by type of resource).

**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

2020-21

### General targeted recipient groups

Canadian organizations that are:

- not-for-profit voluntary organizations and corporations;
- for-profit organizations, provided they partner with a not-for-profit organization;
- unincorporated groups, societies and coalitions;
- provincial/territorial/regional/municipal governments and agencies; and
- organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.).

### Initiatives to engage applicants and recipients

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 late 2020 - early 2021. 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, as well as to share learnings from funded projects.

### Financial information (dollars)

Type of transfer payment	2019–20 planned spending	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
Total grants	0	0	0	0
Total contributions	5,429,300	4,958,513	3,991,997	3,679,710
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	5,429,300	4,958,513	3,991,997	3,679,710

### **3-year plan for The Drug Overdose Crisis in Canada: Funding for Actions to Protect Canadians and Prevent Overdose Deaths**

**Start date**

2019-20

**End date**

2021-22

**Type of transfer payment**

Contribution

**Type of appropriation**

Appropriated annually through Estimates

**Fiscal year for terms and conditions**

2018-19

**Link to departmental result(s)**

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory**

Health Promotion

**Purpose and objectives of transfer payment program**

PHAC will provide contribution funding to support large-scale projects that will reduce barriers and enhance pathways to care for people who use drugs. By reducing these barriers and improving access to services by creating new entry points and/or facilitating transitions between services, systems will better respond to the unique and diverse needs of individuals.

**Expected results**

Increased national capacity to implement system-level change to reduce barriers and enhance pathways to care.

Performance indicators:

- Percentage of system-level change related projects funded that meet or exceed stated objectives
- Number of total participants reached for all target populations (e.g. health professionals, administrators)
- Percentage of those participants reporting improved knowledge/skills that can help reduce barriers to care for people who use substances

**Fiscal year of last completed evaluation**

Not applicable

**Decision following the results of last evaluation**

Not applicable

**Fiscal year of planned completion of next evaluation**

2021-22

**General targeted recipient groups**

Canadian not-for-profit voluntary organizations and corporations; for profit organizations who engage and collaborate with non-profit organizations; provincial, territorial, regional and municipal governments and agencies; organizations and institutions supported by provincial and territorial governments (regional

health authorities, post-secondary institutions); unincorporated groups, societies and coalitions; and Indigenous organizations.

#### **Initiatives to engage applicants and recipients**

Applicants were engaged through open calls for proposals.

#### **Financial information (dollars)**

<b>Type of transfer payment</b>	<b>2019–20 planned spending</b>	<b>2020–21 planned spending</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>
Total grants	0	0	0	0
Total contributions	300,000	1,630,000	1,630,000	0
Total other types of transfer payments	0	0	0	0
<b>Total program</b>	300,000	1,630,000	1,630,000	0



# Gender-based analysis plus

## General information

### Governance structures

In 2020-21, PHAC will continue to implement a GBA+ action plan focusing on three key pillars:

- 1) Strengthen use of evidence in surveillance, research, policy, programs and supporting functions;
- 2) Increase awareness and build capacity; and
- 3) Increase accountability.

PHAC will integrate GBA+ into decision-making related to programs and operations through routine discussion of GBA+ at senior management committees and consideration of GBA+ and health equity perspectives during the development of Memoranda to Cabinet and Treasury Board Submissions.

An accountability mechanism, including an internal GBA+ attestation process, ensures the quality and accuracy of the GBA+ analyses carried out for those documents with emphasis on integrating gender considerations throughout policies and programs.

PHAC developed a database of key indicators and associated characteristics, including whether the indicator can support the application of GBA+, for example, data can be disaggregated by sex and other socio-economic factors.

PHAC's GBA+ Champion will continue to lead the integration of GBA+ into the organization's functions and programs with support of a GBA+ Responsibility Centre. The GBA+ Champion will also continue to work with PHAC's functional leads responsible for the implementation of the Government of Canada's Results and Delivery Agenda, and its commitment to gender equality in policy and practice.

PHAC's Champion on Building Gender Inclusive Services will lead implementation of the new Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices, which aims to modernize how the Government of Canada handles information on sex and gender.

PHAC's intra-departmental GBA+ network of experts will support implementation of the GBA+ action plan, including implementation of Gender Inclusive Services across the organization.

### Human resources

In 2020–21, approximately six full-time equivalents (FTEs) will be dedicated to GBA+ implementation in the Agency:

- 3 FTEs within the Responsibility Centre dedicated to advancing GBA+ capacity and practice; and time dedicated from a combination of the GBA+ Champion, program area GBA+ across the Agency; and,
- 30 members of the PHAC GBA+ Network totalling approximately 3 FTEs.

### Planned initiatives

**The following initiatives align with the Poverty Reduction, Health and Well-being pillar of the Gender Results Framework.**

1. Communicable Disease and Infection Control - HIV and Hepatitis C Community Action Fund

The HIV and Hepatitis C Community Action Fund (CAF) invests in community-based organizations across the country to address HIV, hepatitis C and other STBBIs.

All projects funded through CAF require a focus on priority populations, supported by evidence that a particular population is disproportionately affected. As such, GBA+ considerations were mandatory in funding proposals and in the evaluation plans. These included consideration of gender, age, language, geography, ethnic origin, culture and language.

GBA+ metric availability and findings will be used for the evaluation of CAF projects and will inform future program interventions and initiatives.

## 2. Surveillance data for immunization

The 2018–19 seasonal influenza surveys included sex as a key socio-demographic determinant of immunization status. Using this data, a statistical analysis comparing immunization rates between males and females was conducted. Results will be published online by the end of 2019–20.

Differences in vaccination coverage by sex will be analyzed and presented in all future immunization coverage surveys. Published results may help to provide information on the most appropriate target groups for vaccine promotion efforts.

## 3. Dementia Community Investment

The Dementia Community Investment (DCI) funds community-based projects to develop, test and disseminate tools, resources and/or approaches to optimize the well-being of diverse groups of women and men living with dementia and/or their caregivers (i.e., family members/friends who care for them at home), as well as raise awareness and/or reduce stigma related to dementia.

Projects funded through the DCI will be asked to incorporate the consideration of sex and gender and other identity factors into their proposals and will be expected to report on these considerations in their annual reporting to PHAC.

## 4. Federal Framework for Suicide Prevention

The Federal Framework for Suicide Prevention (FFSP) is focused on raising awareness and reducing stigma, better connecting diverse Canadians to information and resources, and accelerating innovation and research to prevent suicide.

GBA+ analysis helped inform a number of efforts that PHAC undertook in relation to the FFSP. For example, the evidence related to men and boys seeking help informed PHAC's efforts for safe and appropriate messaging on suicide as well as on training/standard development for the Canada Suicide Prevention Service.

### **The following initiative aligns with the Gender-Based Violence and Access to Justice pillar of the Gender Results Framework.**

#### 1. Family and Gender-based Violence Prevention

The Supporting the Health of Survivors of Family Violence program is developing and testing community-based projects that equip survivors of violence with skills and knowledge to improve their health and building the capacity of health and social service professionals to work safely and effectively with survivors of violence.

The Preventing Gender-Based Violence: The Health Perspective program, which is part of the Government of Canada's National Strategy to Address and Prevent Gender-Based Violence, focuses on preventing teen dating violence and child maltreatment. It supports the development of training curricula and resources about gender-based violence as well as trauma-informed care and safety planning for health and allied professionals.

A GBA+ analysis reveals that women and girls, as well as certain other population groups such as Indigenous women and LGBTQ2, are disproportionately impacted by family and gender-based violence. Recognizing this, a large number of projects that are funded focus on supporting women and girls, and several focus on supporting these additional vulnerable groups.

## Reporting capacity and data

The following PHAC programs collect information that allows GBA+.

1. Program Inventory: Vaccination
  - a. Program captures GBA+ metrics and provides analysis for some indicators, related to:
    - i. Sex
    - ii. Age
  - b. Program has released the following public reports including GBA+ metrics:
    - i. [2016-17 Seasonal Influenza Vaccine Coverage Survey](#)
    - ii. [2017-18 Seasonal Influenza Vaccine Coverage Survey](#)
    - iii. [2017 childhood National Immunization Coverage Survey](#)
2. Program Inventory: Foodborne and Zoonotic Disease
  - a. Program captures GBA+ metrics and provides analysis for some indicators, related to:
    - i. Sex
    - ii. Geographic distribution
  - b. Program has released the following public reports including GBA+ metrics:
    - i. [Surveillance for Lyme Disease in Canada: 2009-2015](#)
    - ii. [National Enteric Surveillance Program \(NESP\), annual summary](#)
3. Program Inventory: Communicable Disease and Infection Control
  - a. Program captures GBA+ metrics and provides analysis for several indicators, related to:
    - i. Sex
    - ii. Age
    - iii. Geographic distribution
    - iv. Race/ethnicity
    - v. Exposure category
    - vi. Population group (foreign-born, Indigenous, non-Indigenous Canadians)
  - b. Program has released the following public reports including GBA+ metrics:
    - i. [Canadian Antimicrobial Resistance Surveillance System 2017 Report](#)
    - ii. [Canadian Nosocomial Infection Surveillance Program \(CNISP\): Summary Report of Healthcare Associated Infection \(HAI\), Antimicrobial Resistance \(AMR\) and Antimicrobial Use \(AMU\) Surveillance Data from January 1, 2013 to December 31, 2017](#)
    - iii. [Report on Hepatitis B and C in Canada: 2016](#)
    - iv. [Update on Sexually Transmitted Infections in Canada, 2016](#)
    - v. [Chlamydia in Canada, 2010-2015](#)
    - vi. [HIV in Canada – Surveillance Report, 2017](#)
    - vii. [Tuberculosis: Monitoring \(2017\)](#)
    - viii. [The time is now – Chief Public Health Officer spotlight on eliminating tuberculosis in Canada](#)
4. Program Inventory: Health Promotion
  - a. Program captures, at regular intervals, GBA+ metrics for some indicators, related to:
    - i. Sex
    - ii. Age
    - iii. Indigenous Status
    - iv. Income
    - v. Immigrant Status
    - vi. Education
    - vii. Family Type

Trend analysis is conducted to determine which socio-demographic variables have a significant impact on outcomes gained by those participating in the Program.

To support more effective interventions to improve health equity and the implementation of GBA+, PHAC collects and disseminates health inequalities data through the Pan-Canadian Health Inequalities Reporting Initiative. This initiative recently developed two key products:

- 1) The Health Inequalities Data Tool: An online, interactive resource from which users can extract and download information on more than 70 indicators of inequalities in the health status and determinants of health of Canadians (<https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/>).
- 2) Key Health Inequalities in Canada - A National Portrait (released in May 2018). This is a narrative report on 22 key indicators that reflect some of the most pronounced and widespread health inequalities in Canada. In collaboration with its partners, PHAC developed infographic messages to communicate key results and messages from the report and a short video on health inequalities in Canada was released in January 2019. <https://www.canada.ca/en/public-health/services/publications/science-research-data/understanding-report-key-health-inequalities-canada.html>

PHAC also collects data that are used for regular monitoring and reporting on sex-based health inequalities through its several surveillance systems. Examples of such systems include the Canadian Chronic Disease Surveillance System (CCDSS). This system is a collaborative network of provincial and territorial surveillance systems, which collects data on all residents who are eligible for provincial or territorial health insurance and can generate national estimates and trends over time for over 20 chronic diseases. Recent data from the CCDSS suggest that in Canada the rate of dementia is higher in females than males aged 65 years and older, and that the discrepancy between sexes increases with age.