



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada



Public Health Agency of Canada

2020-21

Departmental Plan

The Honourable Patty Hajdu, P.C., M.P.,
Minister of Health

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From the Minister

I am pleased to present the 2020-21 Departmental Plan for the Public Health Agency of Canada (PHAC). This Plan outlines the Agency's priorities for the year and reflects my mandate as Minister of Health. It is a guide to help Canadians understand the diverse and strategic ways the Agency strengthens public health at all levels. Research clearly demonstrates the advantages of upfront investments in public health, from increased life expectancy of citizens, to decreased burdens on primary health care services, and a healthier population means better economic outcomes.



One of the Agency's key priorities is antimicrobial resistance, which is a serious and growing public health threat. The Agency will work jointly with its partners to preserve the effectiveness of the antibiotics that Canadians rely on every day, and will continue to meet this challenge through surveillance and promoting prescription best practices in healthcare settings.

Building on progress made in recent years, PHAC will continue to focus on its delivery of programs to populations that are most at risk. To accomplish this, PHAC will invest in various projects with emphasis on early development, mental health initiatives and preventing family violence. PHAC will also work with First Nations, Inuit and Métis populations to better understand the differences in their needs and identify health data gaps that, once addressed, will enhance public health research for years to come.

Encouraging Canadians to achieve their optimal health remains a cornerstone of PHAC's work. The Agency will continue to fund projects that support active living, healthy built environments, safe sports and play (including concussion education) and healthy eating. The Agency will also continue to support the Government of Canada's efforts to reduce the harms from the use of opioids, tobacco and vaping.

Supporting Canada's preparedness in the face of significant events/emergencies with health consequences is at the core of the Agency's mandate, and PHAC will continue providing domestic and international health security leadership on these fronts.

Achieving these priorities, and the others outlined in this Plan, requires productive partnerships. PHAC will continue to work with provincial, territorial and municipal governments, Indigenous partners, and communities across the nation to promote optimal health and wellness for Canadians.

The Honourable Patty Hajdu, P.C., M.P.
Minister of Health



PUBLIC HEALTH

Plans at a glance

PHAC will continue to support the Government of Canada's commitment to keeping Canadians safe and healthy through leadership, partnerships, innovation and action in public health.

To this end, PHAC will work to ensure it is equipped with the knowledge and infrastructure to support the development of exceptional science, policies and programs. Continued application and monitoring of gender-based analysis plus (GBA+) will support policies and programs that are inclusive, barrier free, and meet the diverse needs of Canadians. Moreover, promoting a culture of agility and innovation, building PHAC's capacity related to experimentation, and implementing a data strategy will enable PHAC to continue delivering results for Canadians.

Below are highlights of the initiatives PHAC will advance this year to achieve results under its three core responsibilities and internal services in response to key public health issues.

Health Promotion and Chronic Disease Prevention

- Support Canada's **public health response to the opioid crisis** and other emerging drug threats by funding initiatives that reduce barriers to care for people who use drugs, and increasing outreach and public health education for priority populations including youth.
- Develop the public health position regarding the benefits and harms associated with vaping, and to **address the emerging issue of vaping associated lung illness** in Canada, PHAC will work in partnership with Health Canada to monitor the short and medium-term health impacts of vaping to inform and address rising rates in youth.
- Continue to advance Canada's first national dementia strategy: [*A Dementia Strategy for Canada: Together We Aspire*ⁱ](#) and efforts to **prevent dementia** and improve the quality of life of those impacted by dementia. PHAC will work to implement enhanced surveillance projects, fund new community-based projects through the Dementia Community Investment, develop and implement evidence-based public education and awareness raising activities that aim to prevent dementia, reduce stigma, and enable dementia-inclusive communities.

Infectious Disease Prevention and Control

- **Reduce the health impacts of re-emerging diseases**, including **sexually transmitted and blood-borne infections**, by developing resources to eliminate stigma and other barriers to care, and working with Indigenous partners, community-based organizations and people with lived experience to inform funding priorities.
- **Support Canadian and global efforts on antimicrobial resistance (AMR)** through the launch of the *Pan-Canadian AMR Action Plan* and continued monitoring of AMR rates to inform targets for action and measure success of interventions.
- Increase knowledge and understanding of the **health risks associated with climate-driven infectious diseases**.

Health Security

- **Coordinate public health emergency preparedness exercises** to test the Federal, Provincial and Territorial Public Health Response Plan for Biological Events, and **review lessons learned following significant events**, such as the Agency's response to the Novel Coronavirus.
- **Maintain health assets**, including medical equipment, supplies, and pharmaceuticals, in the National Emergency Strategic Stockpile (NESS) so that they are ready for deployment and use during a public health emergency.

For 2020-21, PHAC will also continue to focus on the following long-standing priorities, and will build on the considerable work done to date in these areas.

- Invest in Canadian communities to support the development and testing of **promising approaches to achieve positive mental health**, with a focus on mental health outcomes during the early years and for children, youth, young adults and other key populations, including Black Canadians, First Nations, Inuit and Métis.
- Fund intervention research on effective approaches to **address family and gender-based violence** including its impacts on survivors, and to enhance the capacity of service providers to recognize and respond to violence.
- Support Canadians in making safe and healthy choices by continuing to fund community-based projects through the Healthy Living and Chronic Disease Prevention - Multi-sectoral Partnerships program to **promote healthy living and prevent chronic disease**.
- Develop and implement a **pan-Canadian suicide prevention service** to provide Canadians access to bilingual crisis support from trained responders via voice, text and chat capabilities.
- Invest in innovative projects to **better support Canadians affected by autism spectrum disorder**, with a focus on initiatives that help individuals living with autism and their families make informed health and lifestyle choices to bring about positive change in their overall well-being.
- Work with Canadian Heritage to implement a **pan-Canadian Concussion Strategy** and raise awareness for parents, coaches and athletes on concussion treatment.
- Increase vaccination access and uptake and **improve Canadians' confidence in vaccination** by investing in community-based projects under the Immunization Partnership Fund, and continue to support the National Advisory Committee on Immunization, Canada's source of expert guidance on the use of vaccines in Canada.
- Lead investigations of foodborne illness outbreaks and conduct analyses of foodborne illness trends to improve **food safety**.
- Continue to optimize **national laboratory capacity** to identify new pathogens of national and international concern.
- Collaborate with stakeholders to support the prevention of **Lyme Disease**.

- **Strengthen Canada’s capacity to implement public health risk commitments** under the International Health Regulations by developing an action plan to address the World Health Organization’s recommended priority actions under the Joint External Evaluation.
- Continue to **build a healthy, diverse and inclusive workforce** to achieve PHAC’s results in the most effective and efficient manner possible.
- **Continue to provide Canadians with timely, relevant and credible information** about ongoing and emerging public health issues.
- **Improve access to modern tools and facilities** to further mitigate and manage risks to program delivery and to ensure a safe and productive workforce.

For more information on PHAC’s plans, priorities and planned results, see the “Core responsibilities: planned results and resources” section of this report.





Core responsibilities: planned results and resources

This section contains detailed information on PHAC's planned results and resources for each of its core responsibilities.

1. Health Promotion and Chronic Disease Prevention

Description

Promote the health and well-being of Canadians of all ages by conducting surveillance and public health research and supporting community-based projects which address the root causes of health inequalities¹ and the common risk and protective factors that are important to promoting better health and preventing chronic disease.

Planning Highlights

Under this Core Responsibility PHAC is focused on advancing the following Departmental Results:

- Canadians have improved physical and mental health.
- Canadians have improved health behaviours.
- Chronic diseases are prevented.

To make progress towards achieving these results, PHAC will focus its 2020-21 efforts on key initiatives and activities that foster the development of more resilient communities and support all Canadians in achieving optimal health. PHAC will concentrate on funding programs that support populations at increased risk of violence, poor mental health and drug-related harms, including women, youth, the LGBTQ2 community, Indigenous Peoples, Black Canadians, and other minority groups or racialized people. PHAC will also continue to equip Canadians and health professionals across the country with the information and skills they need to address both persistent public health challenges like obesity, diabetes and tobacco use, as well as opioids and emerging health concerns such as vaping.

Result 1.1 Canadians have improved physical and mental health.

Prevent family and gender-based violence

Family violence and gender-based violence can have serious and lasting negative impacts on both physical and mental health. PHAC will continue to fund intervention research to identify effective approaches in preventing violence, and its impacts on survivors, and to enhance the capacity of service providers to recognize and respond to violence.

For example, in 2020-21, PHAC will support initiatives that advance the evidence base for trauma and violence-informed intervention research, enhance sharing of [family violence education resources](#)ⁱⁱ and support a community of practice on preventing teen/youth dating violence. These projects are expected to reach over 5,000 participants and providers.

¹ Health inequalities refer to differences in health status between groups in society. These differences can be attributed to social and economic factors such as income, education, employment and social supports.

PHAC will continue to focus its efforts on vulnerable children, families and communities with an emphasis on populations at increased risk of violence, including the LGBTQ2 community, newcomers to Canada, rural/remote communities, and First Nations, Inuit and Métis.

Support the mental health of children, youth and their caregivers

PHAC aims to improve the mental health of Canadians by funding health intervention research through its Mental Health Promotion Innovation Fund. Through this fund, PHAC will continue to focus on supporting interventions that build protective factors and reduce risk factors to improve mental health outcomes during the early years and for children, youth, young adults and other key populations, including First Nations, Inuit and Métis.

In 2020-21, the fund will support 20 projects, four of which are Indigenous-led, to test and deliver promising approaches to achieve positive mental health. Examples of these promising approaches include school-based mental health programs to enhance well-being, programming to promote positive parenting in early childhood, and mentoring programs to support newcomer youth. These programs will help to build protective factors that promote mental health, such as, strong parental attachment, improved coping skills, social and emotional learning and enhanced cultural identity.

Support the mental health and well-being of Black Canadians

In support of the Government of Canada's commitment to address the challenges faced by Black Canadian communities, PHAC is investing \$10 million over 5 years for community-based mental health projects under the new Promoting Health Equity: Mental Health of Black Canadians initiative. In 2020-21, PHAC will support multi-year projects such as:

- The TAIBU Community Health Centre's IMARA Generation project, which will collaborate with Black youth to co-develop a youth-focused, culturally appropriate mental health awareness and support program. From June 2019 to March 2023, this project is expected to reach up to 400 Black youth and 200 family members, who will be engaged to provide youth with support and mentorship. The project will also engage the families of Black youth to teach them about positive parenting and mentorship and their influence on mental health.
- The Head and Hands' STAY (Storytelling, Training, Advocacy and Youth drop-in) project, which will develop a series of programs to build the capacity of youth in care to advocate for themselves on issues related to mental well-being. The project also aims to improve the provision of social services for marginalized Black youth by sensitizing organizations that interact with these youth to their needs and decreasing stigma.

Support the Federal Framework for Suicide Prevention

In support of the [*Federal Framework for Suicide Prevention*](#),ⁱⁱⁱ PHAC will work with key partners on suicide prevention efforts by promoting responsible ways to communicate about suicide, developing a research agenda on suicide prevention and facilitating coordination and collaboration on a national suicide prevention action plan. PHAC will also release a progress report related to the *Federal Framework for Suicide Prevention* in December 2020.

PHAC will continue to advance the Budget 2019 commitment to develop and implement a pan-Canadian suicide prevention service that will provide people in Canada with access to bilingual

crisis support from trained responders via voice, text and chat capabilities. Training and resources will be trauma informed and culturally appropriate for a diverse range of responders and people reaching out to the service. In 2020-21, PHAC will identify the lead on the implementation of this service.

Improve the well-being for Canadians affected by autism spectrum disorder

Autism spectrum disorder (ASD)² is a life-long condition that affects not only the person with autism, but their families, caregivers and communities. In 2020-21, PHAC will work collaboratively with provinces, territories, families and stakeholders toward the creation of a national autism strategy. PHAC will also continue to fund innovative projects under the ASD Strategic Fund to better support Canadians affected by ASD by providing them with the knowledge, resources and skills they need to bring about positive change in their overall well-being.

The ASD Strategic Fund will support the Legends Mentoring Program Adult Expansion led by Jake's House for Autistic Children. Under the program, mentors provide support to young adults with ASD (ages 18-30) to help develop social, behavioural and employment-related skills to increase their participation in the community and improve their overall well-being.

PHAC will continue to fund the development of the [Autism-Intellectual Disability National Resource and Exchange \(AIDE\) Network](#),^{iv} a national website and online resource centre for Canadians.

The AIDE Network is expected to launch in March 2020 and will provide online access to the latest evidence-based research, information, resources and supports on ASD to help individuals living with ASD and their families make informed health and lifestyle choices.

Furthermore, PHAC will continue to implement future directions for ASD surveillance outlined in the 2018 National ASD Surveillance System report by supporting provincial and territorial surveillance capacity and examining the possibility of expanding surveillance to other ASD populations (e.g., children less than 5 years of age and adult populations).

Implement the Federal Framework on Post-traumatic Stress Disorder

PHAC will work with partners and stakeholders to implement the [Federal Framework on Post-traumatic Stress Disorder](#),^v to be tabled in Parliament in Spring 2020. For example, in 2020-21, PHAC plans to explore strategies to support national surveillance activities and examine the feasibility of using health administrative data and enhanced data linkages to capture and report on Post-traumatic Stress Disorder.

Improve monitoring and reporting on health inequalities

PHAC will continue to collaborate with the Pan-Canadian Public Health Network and other partners on the Pan-Canadian Health Inequalities Reporting Initiative to strengthen monitoring, reporting, and action on health inequalities in Canada. Planned activities for 2020-21 include adding new indicators and population groups to the [Health Inequalities Data Tool](#),^{vi} and

² ASD is a neurodevelopmental disorder that can include impairments in language, communication skills, and social interactions combined with restrictive and repetitive behaviours, interests or activities. Each person with ASD is unique, and the term spectrum refers to the wide variation of challenges and strengths reflected in each person with ASD.

developing the second phase of reporting on health inequalities in Canada, including ongoing engagement with National Indigenous Organizations to adapt health inequalities reporting to First Nations, Inuit and Métis priorities. Other priority activities will include the development of knowledge resources on effective approaches and interventions for reducing health inequities pertaining to common behavioral risk factors for chronic disease, early childhood development, and mental health.

Efforts to prevent dementia and improve the quality of life of those impacted by dementia

In June 2019, PHAC released Canada's first national dementia strategy: [*A Dementia Strategy for Canada: Together We Aspire*](#).^{vii} In 2020-21, PHAC will continue to advance the Strategy's three national objectives by:

- Implementing enhanced surveillance projects that will explore new approaches to collect data on topics such as undiagnosed dementia, dementia comorbidities (i.e. when an individual living with dementia also has one or more other chronic conditions) and dementia in long-term care settings. PHAC will conduct these activities in collaboration with provincial and territorial partners and other stakeholders to enhance its understanding of dementia and support policy and program development, as well as related healthcare planning and delivery.
- Funding up to 20 new community-based projects, worth up to \$4 million, through the Dementia Community Investment (DCI), to optimize the well-being of people living with dementia and family/friend caregivers, increase knowledge about dementia and its risk factors, and generate evidence-based findings. A virtual knowledge hub will also be established to create a community of practice for projects funded by the DCI and to identify and share lessons learned from funded projects with the broader dementia community.
- Developing and implementing evidence-based public education and awareness raising activities that aim to prevent dementia, reduce stigma, and enable dementia-inclusive communities. These may include the development of web content, awareness resources and media articles, a digital engagement and partnership strategy, and a national advertising campaign planned to air in winter 2021.
- Increasing the understanding of current dementia guidance, including guidelines for treatment and best practices for diagnosis use, to inform future efforts aimed at improving access to and use of dementia guidance.

Under DCI, the Native Women's Association of Canada is receiving funding in 2020-21 for their 4-year project that focuses on four rural Indigenous communities in Nunavut, Ontario, Saskatchewan and the Maritimes. Through the development and testing of resources and community-based supports, this project aims to reduce social isolation and caregiver burnout and increase family/friend caregiver knowledge of dementia, its risk factors, and dementia caregiving strategies.

Result 1.2 Canadians have improved health behaviours.

Address the rapid rise of vaping

PHAC is leading federal surveillance on vaping-associated lung illness in collaboration with Health Canada, the Council of Chief Medical Health Officers, and provinces and territories.

PHAC is also working with health portfolio partners to explore additional measures to help address the emerging epidemic of youth vaping.

Support a pan-Canadian concussion strategy

PHAC will work with Canadian Heritage to implement a pan-Canadian Concussion Strategy. As part of this work, PHAC will focus on surveillance of concussions and other traumatic brain injuries to learn more about incidence and prevalence and the context in which such injuries occur. PHAC will also focus on raising awareness and update of resources, including guidelines and protocols, online training for healthcare professionals, and tools for parents and teachers.

Support Canada's response to the opioid crisis and emerging drug threats

The growing harm from problematic substance use is taking a toll on Canadians. The life expectancy rates of Canadian men and women have stopped increasing for the first time in four decades, and this is largely attributable to the opioid overdose crisis. There is also continued concern around the harms related to alcohol and the growing use of methamphetamines.

In 2020-21, PHAC will work with Health Canada and other partners to address and mitigate the impact of substance use harms through continued outreach and public health education to effectively reach priority populations with messaging for the prevention of problematic substance use. PHAC will also continue to collaborate with health professional organizations, through the Chief Public Health Officer's Health Professional Forum, and other partners to reduce stigma within the health system, which can be a barrier to care for people who use drugs.

PHAC will also provide \$3.6 million in funding for 5 to 7 large-scale projects that mobilize existing evidence to reduce barriers to care for people who use drugs. More specifically, PHAC will support prevention of substance-related harms among youth as a priority population. PHAC will continue to engage a diverse group of stakeholders to support Canadian school communities in adopting evidence-based, comprehensive strategies to reduce substance-related harms among youth.

Support positive early development and stronger beginnings for Canadians

From a health promotion and disease prevention perspective, the early years are a critical period. It is during this period that negative health behaviours can most effectively be changed or prevented and where support, knowledge and investments have the greatest impact on improving life-long health outcomes, in particular for populations most at risk.

In 2020-21, PHAC will continue to prioritize investments in maternal and child health for key populations, including First Nations, Inuit and Métis, to support positive early development and stronger beginnings for Canadians. For example, by funding:

- Early intervention programs to promote the health and social development of vulnerable children aged 0-6 and their families through the Community Action Program for Children. This will be done through over 400 projects and will reach approximately 230,000 participants.
- Health and social programming to promote healthy pregnancies for vulnerable pregnant women and improve infant health outcomes through the Canada Prenatal Nutrition Program.

This will be done through approximately 250 projects and will reach approximately 45,000 participants.

- Culturally-appropriate pre-school experiences, centered on the child while involving the parents as the child's first and most influential teacher through the Aboriginal Head Start in Urban and Northern Communities program. This will be done at 134 sites in 117 communities, and will reach approximately 4,600 participants.

These programs will provide a variety of resources, programming and other support services on a range of topics, including: health and nutrition during pregnancy and preconception; prenatal and infant care for new parents; mental well-being and building of resiliency; parenting and family capacity skills; and social networks and local community health resources - all with the goal of promoting positive life-long health behaviours to prevent the later onset of health concerns such as obesity, chronic disease, substance abuse, poor mental health and illness, etc. The specific programming that takes place at each project is determined at the local level by the project recipient, depending on the priority needs of the at-risk population.

Encourage healthy living and physical activity

PHAC's Healthy Living and Chronic Disease Prevention - Multi-sectoral Partnerships program invests \$20 million annually to address the common risk factors (e.g., physical inactivity, unhealthy eating, and tobacco use) that underlie major chronic diseases such as cancer, diabetes, and cardiovascular disease. Since its inception in 2013, the program has also leveraged additional non-governmental funding of over \$100 million.

In 2020-21, PHAC will provide support under this program to 32 projects including:

- Dalhousie University's UpLift project that aims to improve the activity levels and eating behaviours of up to 90,000 students (primary through to grade nine) across 300 schools in the province of Nova Scotia, through student-led initiatives like edible school gardens, play-based learning activities and peer mentoring.
- Recreation PEI's go!ForIT project that aims to increase the physical activity levels of 1,000 adults and older adults living in PEI, including those with mobility or health issues, who may not currently meet Canadian physical activity guidelines by improving access to recreational facilities and creating social networks.
- Right to Play Canada's Play for Prevention project which uses play-based activities to increase healthy behaviours related to diabetes prevention for more than 4,500 Indigenous youth.

PHAC will also continue to support [*A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving*](#)^{viii} (Common Vision), Canada's first singular policy that focuses on physical activity and its relationship to sport, recreation, health, and other relevant policy areas. In 2020-21, PHAC will support the six Champions to advance areas of focus in the Common Vision (cultural norms, spaces and places, public engagement, partnerships, leadership and learning, and progress).

PHAC will also continue to support these initiatives and products:

- The ParticipACTION Let's Get Moving initiative that aims to increase participation in daily physical activity among Canadians by changing social norms through long-term

multi-sectoral partnerships and coordinated public education and engagement. In 2020-21, ParticipACTION will implement a national Community Better Challenge to encourage communities and local organizations across the country to move more and sit less. The goal is to engage approximately 1,000 communities and encourage over 450,000 Canadians to track physical activity during the Community Challenge period.

- The Canadian Society for Exercise Physiology's Canadian 24-Hour Movement Guidelines for Adults and Older Adults. The guidelines are the world's first 24-Hour movement guidelines for this age group. They are expected to be released in Fall 2020 and will have a pan-Canadian reach. Furthermore, translation strategies are planned for Indigenous Peoples in order to consider unique cultural values and practices.

Promote healthy built environments

Built environments can influence the ability of individuals to engage in healthy living. PHAC is testing and evaluating interventions aimed at creating built environments that enable and support healthy living behaviours. For example, through the Healthy Living and Chronic Disease Prevention - Multi-sectoral Partnerships program, PHAC is investing \$4.4 million over five years to support the University of Alberta's Housing for Health project.

This project aims to promote physical activity, healthy eating and community engagement by integrating evidence-based active design features (e.g., green spaces, paths, community gardens) in and around two housing developments in Alberta. In 2020-21, four community engagement sessions will be held with residents and partners to collect baseline physical activity and healthy eating information for future residents.

Support tobacco cessation and prevention for Canadians

PHAC will continue to work with Health Canada to implement commitments under Canada's Tobacco Strategy. In 2020-21, PHAC will support projects that focus on tobacco cessation and prevention, with a particular focus on priority populations that have significantly higher prevalence rates of tobacco use. For example:

- The University of Toronto's All Together Now! project will develop and disseminate targeted messaging to address the specific issues underlying LGBTQ2 young adults' smoking behaviours and promote tobacco cessation services and resources tailored to their specific needs. Content messaging, the recruitment of local champions and influencers, and the customization of cessation resources and services will be developed over the course of the project in collaboration with LGBTQ2 young adults. Planned activities for 2020-21 include engaging 1,500 LGBTQ2 young adults to complete an online survey to collect behaviour, interest and market analysis information.
- The Canadian Cancer Society's Build Smoke Free project offers a tobacco cessation intervention tailored for workers at construction sites in Ontario and Alberta. Participating construction workers have access to a tobacco cessation program comprised of individually customized cessation support from trained staff; on-site tobacco cessation services and resources; nicotine replacement therapy; and, a contest to incentivize quitting. In 2020-21, the project will be located in 14 sites in Ontario and Alberta, with a targeted reach of over 425 construction workers.

Result 1.3 Chronic diseases are prevented.

Promote healthy weights at home, at school and in the community

In 2020-21, PHAC will continue to support projects that target healthy weights/obesity. For example:

- The Healthy Kids Initiative project led by Alliance Wellness and Rehabilitation Inc. provides overweight or obese children with supervised exercise therapy and cognitive behaviour education through a twelve-week program. In 2020-21, three sessions will be implemented in three locations in Saskatchewan targeting up to 1,125 participants.
- The Childhood Obesity Foundation's [Aim2Be – A Healthy Lifestyle App](#)^{ix} for Canadian Families project aims to influence behaviour change in overweight and obese children and help them improve healthy habits. Planned activities for 2020-2021 include delivering an optimized and bilingual Aim2Be app to Canadian families and developing a bilingual Aim2Be.ca website.
- The Western University's [Hockey Fans in Training](#)^x (Hockey FIT) project aims to improve physical activity levels and healthy eating behaviours for middle-aged men at risk of chronic disease through knowledge, training, and hockey related activities. In 2020-21, the project will continue its partnership with Canadian Hockey League teams and local YMCA branches or other fitness providers to deliver the program and activities, which are being extended to 23 additional sites in Western and Eastern Canada, in addition to the 18 sites reached in Ontario since 2018.

PHAC will also lead the development of the next progress report for the [Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights](#),^{xi} with support from the provinces and territories.

Help Canadians prevent diabetes

In 2020-2021, PHAC investments will target risk factors, such as unhealthy eating and physical inactivity, which can lead to diabetes and other chronic diseases.

For example, the [LMC Healthcare's Canadian Diabetes Prevention Program](#)^{xii} is a 12-month intensive and structured lifestyle modification program, which consists of individual and group workshops focused on healthy eating and physical activity with individualized follow-up care to support healthy behaviour change and reduce the risk of developing type 2 diabetes. Planned activities for 2020-21 include the completion of training and educational resources for diabetes educators and the recruitment of the first group of 2,050 participants.

For 20 years, the Canadian Chronic Disease Surveillance System has collected data on chronic diseases. Starting in 1999 as the National Diabetes Surveillance System, it has since expanded to include over 20 diseases and conditions. Evidence generated from this system is used to inform public health action.

Planned results for Health Promotion and Chronic Disease Prevention

Departmental result	Departmental result indicator	Target	Date to achieve target	2016-17 actual result	2017-18 actual result	2018-19 actual result
Canadians have improved physical and mental health	% of low-income children in very good or excellent health ³	At least 80%	Mar. 31, 2025	Data expected in Spring 2020	Data expected in Spring 2020	Data expected in Spring 2020
	% of population who have high psychological well-being ⁴	At least 75%	Mar. 31, 2025	Not applicable ⁵	75% (CCHS 2015)	75% (CCHS 2019)
Canadians have improved health behaviours	% increase in average minutes/day of physical activity among adults ⁶	At least 20% (30 min/day)	Mar. 31, 2025	-4% 24 min/day (CHMS 2014-15)	-4% 24 min/day (CHMS 2014-15)	4% 26 min/day (CHMS 2016-17)
	% increase in average minutes/day of physical activity among children/youth ⁷	At least 10% (64 min/day)	Mar. 31, 2025	-2% 57 min/day (CHMS 2014-15)	-2% 57 min/day (CHMS 2014-15)	9% 63 min/day (CHMS 2016-17)
Chronic diseases are prevented	% increase in years lived in good health by seniors ⁸	At least 4% (HALE at age 65 = 17.0 years)	Mar. 31, 2022	1% 16.5 years (CCDSS 2011-12 to 2013-14)	1% 16.6 years (CCDSS 2012-13 to 2014-15)	1% 16.6 years (CCDSS 2013-14 to 2015-16)
	Rate of new diabetes cases among Canadians ⁹	At most 6.2 cases per 1,000 age 1 and older	Mar. 31, 2025	6.2 cases per 1,000 age 1 and older (CCDSS 2013-14)	6.1 cases per 1,000 age 1 and older (CCDSS 2014-15)	6.1 cases per 1,000 age 1 and older* (CCDSS 2015-16)
	% of adults who are obese ¹⁰	At most 28%	Mar. 31, 2025	28% (CHMS 2014-15)	28% (CHMS 2014-15)	27% (CHMS 2016-17)
	% of children and youth who are obese ¹¹	At most 13%	Mar. 31, 2025	13% (CHMS 2014-15)	13% (CHMS 2014-15)	11% (CHMS 2016-17)

Legend: CCDSS – Canadian Chronic Disease Surveillance System; CCHS – Canadian Community Health Survey - Annual Component; CHMS – Canadian Health Measures Survey; CHSCY – Canadian Health Survey on Children and Youth; HALE – Health Adjusted Life Expectancy.

³ To be reported based on the [Canadian Health Survey on Children and Youth](#).

⁴ As reported in the [Positive Mental Health Surveillance Indicator Framework](#).

⁵ Reporting began in 2017-18 using CCHS 2015 data released in December 2016.

⁶ As reported in the [Physical Activity, Sedentary Behaviour and Sleep Indicators](#).

⁷ As reported in the [Physical Activity, Sedentary Behaviour and Sleep Indicators](#).

⁸ As reported in the [Canadian Chronic Disease Indicators](#).

⁹ As reported in the [Canadian Chronic Disease Surveillance System Data Tool](#). Rate is age standardized to 2011 Canadian population.

¹⁰ As reported in the [Canadian Chronic Disease Indicators](#).

¹¹ As reported in the [Canadian Chronic Disease Indicators](#).

Planned budgetary financial resources for Health Promotion and Chronic Disease Prevention

2020–21 budgetary spending (as indicated in Main Estimates)	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
280,813,789	280,813,789	274,725,176	271,480,372

Planned human resources for Health Promotion and Chronic Disease Prevention

2020–21 planned full-time equivalents	2021–22 planned full-time equivalents	2022–23 planned full-time equivalents
550	539	536

Financial, human resources and performance information for PHAC's Program Inventory is available in the [GC InfoBase](#).^{xiii}



2. Infectious Disease Prevention and Control

Description

Protect Canadians from infectious diseases by predicting, detecting, assessing, and responding to outbreaks and new threats; and contribute to the prevention, control, and reduction of the spread of infectious disease among Canadians.

Planning Highlights

Under this Core Responsibility PHAC is focused on advancing the following Departmental Results:

- Infectious diseases are prevented and controlled.
- Infectious disease outbreaks and threats are prepared for and responded to effectively.

To make progress towards achieving these results, PHAC will focus its 2020-21 efforts on key initiatives and activities that provide Canadians and public health stakeholders with the science, data, information, and resources to prevent infectious diseases and reduce harms when these diseases occur. PHAC's collaboration with domestic and international partners advances public health solutions to complex threats such as antimicrobial resistance and climate change. Efforts to ensure Canadians are protected from serious vaccine-preventable diseases remain a high priority in the face of global concerns regarding the impact of vaccine confidence on the uptake of vaccination programs. Increasing rates of sexually transmitted and blood-borne infections are another public health concern that requires mobilization of a range of public health approaches in prevention, detection, and treatment. Whether addressing ongoing infectious disease priorities or immediate outbreaks, PHAC will continue to focus on providing the latest data, evidence and scientific information required to respond to infectious diseases.

Result 2.1 Infectious diseases are prevented and controlled.

Increase vaccination rates

Vaccination is considered one of the greatest public health achievements of the 20th century, providing a cost-effective tool to control and eliminate life-threatening diseases. PHAC's collaboration with provincial, territorial and Indigenous governments, academia and professional associations will continue in an effort to maximize the impact of Canada's vaccination programs.

In 2020-21, PHAC will invest \$2.7 million in capacity-building projects through the Immunization Partnership Fund to increase vaccination access and uptake, and improve Canadians' confidence in vaccination. These investments include support for:

- The Nova Scotia Health Authority's (NSHA) Enhanced Immunization Access Project, to help identify barriers to vaccination and increase vaccination coverage among students entering school in the province. A sample size of more than 2,900 children will be selected to participate in this project. In addition, NSHA will partner with identified Indigenous communities to determine barriers to vaccination and create culturally appropriate opportunities for vaccination.
- The Saskatchewan Health Authority, to deploy an electronic vaccination database and reminder system to engage parents/guardians of children 2-years old and younger who are overdue for

vaccinations, including vulnerable residents such as First Nations children, in the Regina-Qu'Appelle and Prince Albert regions.

- British Columbia Fraser Health Authority, to enhance access to vaccination and increase vaccine coverage for 2-year olds by mapping vaccination coverage by neighbourhood and population characteristics to identify geographic and socio-economic differences in vaccination coverage, and develop tailored services to reach these specific target groups.
- The Alberta Ministry of Health, to pilot test a text message reminder/recall strategy at the time of a child's intended 18-month vaccination appointment to ensure they receive all required vaccinations by 2 years of age.
- Resources to improve vaccination coverage in the territories and make progress on closing the gaps between Indigenous and non-Indigenous communities.

These investments will increase PHAC's evidence base on vaccine acceptance and uptake, and improve its ability to provide advice and to inform vaccine program decision-making in Canada.

PHAC will also continue to support decision-making by provincial and territorial governments on vaccination programs through the expert guidance of the [National Advisory Committee on Immunization](#)^{xiv} (NACI).

In 2020-21, NACI will apply an Economics Framework¹² and an Ethics, Equity, Feasibility and Acceptability (EEFA) Framework¹³ to its recommendations. By considering economic and EEFA factors, along with its methodology for assessing burden of disease and vaccine characteristics, NACI will provide recommendations that are based on the full spectrum of public health science (i.e. not only clinical factors) in a timely and transparent manner. This broader range of evidence and analysis from NACI will empower provinces and territories to make informed decisions about optimal publicly funded immunization programs suited to their populations.

Reduce the health impact of sexually transmitted and blood-borne infections

Rates of sexually transmitted infections, particularly syphilis, chlamydia, and gonorrhea, have risen dramatically in Canada in the past decade. In June 2019, the [Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections](#)^{xv} (Action Plan) was released. The Action Plan aims to reduce the incidence of sexually transmitted and blood borne infections (STBBI), improve access to testing, treatment, care, and support, and reduce the stigma and discrimination that create vulnerabilities to STBBI.

In 2020-21, to advance the Action Plan's seven commitment areas, PHAC will:

- Monitor and report on the national rates of infection and treatment of HIV, Hepatitis C, and other STBBI, including syphilis, chlamydia and gonorrhea.
- Reach the undiagnosed and increase testing in remote communities, in partnership with communities and provincial laboratories.

¹² The Economics Framework provides standardized, credible, and relevant evidence related to cost-effectiveness to improve NACI's recommendations and subsequent decision-making by the provinces and territories. Evidence on cost-effectiveness allows decision-makers to understand how to optimally use and allocate limited resources in the health care and public health systems. Ultimately, this will improve vaccine access for all Canadians.

¹³ The EEFA Framework systematically assesses four programmatic elements (ethics, equity, feasibility and acceptability), helping to identify potential issues that may impact provincial and territorial decision-making and implementation of NACI recommendations.

- Update STBBI guidance for health professionals to reduce the use of stigmatizing language and support the routine offer of testing.
- Respond to the current outbreak of infectious syphilis across multiple jurisdictions by working with affected provinces and territories to provide technical support, health professional guidance, public awareness, and strengthened screening efforts.
- Engage Indigenous partners, community-based organizations and people with lived experience to inform funding priorities and identify culturally-responsive interventions, which will be supported through the upcoming HIV and Hepatitis C Community Action Fund solicitation.
- Develop indicators and targets to measure progress against the *Pan-Canadian STBBI Framework for Action*, in collaboration with provincial, territorial and Indigenous partners.

Minimize the impact of antimicrobial resistance

Antimicrobial resistance (AMR) – which occurs when disease-causing pathogens develop the ability to [resist the drugs](#)^{xvi} designed to treat them – is a global concern and one of the most pressing public health issues facing Canadians today.

The *Pan-Canadian AMR Action Plan* will be launched in 2020 to facilitate a coordinated approach to preserving the effectiveness of existing and future antimicrobials. Through the Action Plan, PHAC will continue to work with government partners and other stakeholders to limit the emergence and spread of drug resistant microorganisms; preserve the effectiveness of antimicrobials; and, innovate to discover new antimicrobials, alternative treatment strategies, vaccines, diagnostics, methods, and tools to combat AMR.

PHAC will also continue to coordinate multi-sectoral efforts under a “One Health”¹⁴ approach to combat the AMR challenge. In 2020-21, activities will include:

- Monitoring AMR rates and antimicrobial use (AMU) in major Canadian hospitals to identify areas for action and measure the success of interventions.
- Monitoring AMR rates in food-borne bacteria from animals, retail food, and humans, and AMU in animals to inform targets for action and measure success of interventions.
- Promoting better prescribing practices for antimicrobials by continuing to support and work with pan-Canadian health organizations in AMR/AMU education and training.
- Continuing to work with international partners (e.g. US, EU) in strengthening technical capacity in the areas of surveillance, guidance development, and awareness through the Transatlantic Taskforce on Antimicrobial Resistance, and by participating in global efforts to strengthen research and development through the G20 Global Research and Development Hub.

Prevent Lyme disease

PHAC plays a role in preventing and detecting vector-borne diseases and coordinates national responses to inform Canadians about risks and protective measures. As part of this role, PHAC will launch a 2020 education and awareness campaign, which will improve Canadians’ awareness of tick-borne diseases, allowing them to better take preventative actions and reduce their health risks. The campaign will include:

¹⁴ A One Health approach acknowledges the interconnection between the health of humans, animals and the environment and the need for collaborative efforts to improve health for all.

- A digital advertising campaign targeting parents of children aged 5-14 years (e.g., Facebook, YouTube, search engine marketing, web banners).
- A suite of educational and awareness products, such as: a “How to properly remove a tick” wallet card; a “Top 10 Tick Hiding Spots on Your Body” poster; an Indigenous adaptation of printed and online products; and a series of videos on: “How to properly remove a tick,” “How to reduce ticks around your home,” and “How to do a tick check.”
- Lyme disease awareness messaging on screen displays across Service Canada locations.
- A tour across Canada of the Children’s Travelling Tick Exhibit.

In addition, PHAC will continue to engage with domestic and international stakeholders to bring together international government public health departments and agencies to discuss tick-borne disease policy and activities, foster new partnerships amongst international jurisdictions, and share best practices and lessons learned.

Support clean growth and action on climate change

PHAC continues to support the implementation of the *Pan-Canadian Framework on Clean Growth and Climate Change* through the Infectious Disease and Climate Change Program. In 2020-21, PHAC will work to increase knowledge of climate-driven infectious diseases, particularly within the health sector, communities and vulnerable populations. PHAC will also continue with its efforts to enhance systems and tools to support health professionals and the public in understanding the health risks associated with climate-driven infectious diseases and taking preventive action.

Improve data availability and analysis

Canadians rely on PHAC to monitor the latest advances and needs in the evolving field of public health. PHAC is the hub of the country’s coordination and sharing of information to drive public health action.

To leverage data innovation and modern technical capacity, PHAC will implement its new Data Strategy focusing on the following activities in 2020-21:

- Identify data gaps associated with priority public health issues;
- Stabilize our current data infrastructure and establish a plan to launch a new secure and reliable technical infrastructure to use public health data in more innovative ways, and with modern tools for enhanced data analytics and visualizations; and,
- Implement a strategy to support PHAC employees in applying innovation when using data for public health action, including developing tailored or interactive products that use or re-use data in new ways to enhance impact and understanding.

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

Reduce impact of foodborne illness outbreaks

Approximately 1 in 8 people get sick each year from contaminated food. PHAC leads investigations of foodborne illness outbreaks and conducts analyses of foodborne illness trends aimed at improving food safety.

In 2020-21, PHAC will continue to maintain timely detection and response to foodborne illness outbreaks based on laboratory testing, data and analysis. PHAC will also continue to provide evidence-based information to Canadians so that they can make informed decisions to better protect themselves from foodborne illness.

Reduce the incidence of tuberculosis in Canada

Tuberculosis remains a public health challenge in Canada, particularly within at-risk Indigenous and foreign-born populations. PHAC works with a range of partners to reduce the incidence of tuberculosis and to address its impact on individuals, families, and communities. In 2020-21, PHAC will:

- Work collaboratively with federal, provincial, territorial, and Indigenous partners, including Indigenous Services Canada, Immigration, Refugees and Citizenship Canada, Correctional Service Canada, provincial and territorial public health authorities, provincial laboratories, and Indigenous governments, organizations and communities, to improve national surveillance of active tuberculosis disease and tuberculosis drug resistance.
- Evaluate the impact of enhanced testing for latent tuberculosis infection among a cohort of high-risk migrants by following the trajectory of their pre-departure and post-arrival care.
- Support Inuit-led tuberculosis elimination efforts in Canada's northern communities by contributing public health expertise and building diagnostic capacity, consistent with the commitment made in 2018 to eliminate tuberculosis across Inuit Nunangat by 2030.

Enhance laboratory capacity and laboratory modernization

PHAC will continue to optimize national laboratory capacity to identify new pathogens of national and international concern. In 2020-21, PHAC will:

- Advance transformative technologies¹⁵ (e.g. genomics) to increase the impact of public health action, such as working with provincial public health laboratories as Canada transitions to genomics-based testing methods for infectious diseases.
- Increase access to diagnostic testing for areas of greatest need, such as remote communities.
- Strengthen Canadian and global health security through implementation of laboratory-developed innovations, such as employing genome sequencing with secure computing capability in a field setting for preparedness and response to biological events of national security concern.

¹⁵ Transformative technologies refer to technologies that have the potential to facilitate positive change in our approach to fighting infectious diseases.

Planned results for Infectious Disease Prevention and Control

Departmental result	Departmental result indicator	Target	Date to achieve target	2016-17 actual result	2017-18 actual result	2018-19 actual result
Infectious diseases are prevented and controlled	% of 2 year old children who have received all recommended vaccinations	At least 95%	Dec. 31, 2025	Bi-annual indicator - vaccine coverage measured every two years	68%	Bi-annual indicator - vaccine coverage measured every two years
	Proportion of national vaccination coverage goals met for children by 2 years of age	Exactly 7 ¹⁶	Dec. 31, 2025	Bi-annual indicator - vaccine coverage only measured every two years	0/12 (2017)	Bi-annual indicator - vaccine coverage only measured every two years
	Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV) ¹⁷	0.6 Cases per 100,000 population	Dec. 31, 2030	6.4 Cases per 100,000 (2016)	6.5 Cases per 100,000 (2017)	6.9 Cases per 100,000 (2018)
	Rate of a key antimicrobial resistant infection identified among people in hospitals	At most 0.7 cases per 1,000 patient admissions ^{18 19}	June 30, 2025	0.61 Cases per 1,000 (2016)	0.61 Cases per 1,000 (2017)	0.77 Cases per 1,000 (2018)
Infectious disease outbreaks and threats are prepared for and responded to effectively	% of foodborne illness outbreaks responded to within 24 hours of notification	At least 90% ²⁰	Mar. 31, 2021	91%	95%	91%
	% of new pathogens of international concern that Canada has the capacity to accurately test for	At least 90%	Mar. 31, 2021	94% (2016)	100% (2017)	100% (2018)

¹⁶ In 2019-20, the number of national vaccination coverage goals changed from 12 to 7.

¹⁷ In Canada, health and health care are the responsibility of provincial/territorial governments, and other partners, including different levels of government, hospitals, and non-government organizations. As a result, the lowering of this rate is a shared, common goal among all stakeholders.

¹⁸ A target of “at most 0.7 per 1,000 patient admissions” is meant to be an upper limit target based on observed fluctuations in the rate over time.

¹⁹ As of 2018, data for this indicator will no longer be used due to a change in methodology. Based on World Health Organization/Global Antimicrobial Resistance Surveillance System requirements, in 2018, Canadian Nosocomial Infection Surveillance Program has started to collect data only on methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections and not on all (total) MRSA infections (as reported above), which included blood and non-blood infections such as skin/soft tissue, respiratory, etc. Using this methodology, the rate for MRSA bloodstream infections was 0.61 per 1,000 patient admissions in both 2016 and 2017. For 2020-21 the target will be at most 0.7 cases per 1,000 patient admissions.

²⁰ Although the target was met in 2015–16 and exceeded in 2014–15 and 2016–17, the target value of 90% was determined as a reasonable standard for PHAC’s ability to assess potential foodborne illness related outbreaks in a timely manner (based on previous results, current capacity, and forward expectations).

Planned budgetary financial resources for Infectious Disease Prevention and Control

2020–21 budgetary spending (as indicated in Main Estimates)	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
210,906,872	210,906,872	202,059,982	204,213,629

Planned human resources for Infectious Disease Prevention and Control

2020–21 planned full-time equivalents	2021–22 planned full-time equivalents	2022–23 planned full-time equivalents
1,073	1,050	1,050

Financial, human resources and performance information for PHAC's Program Inventory is available in the [GC InfoBase](#).^{xvii}



3. Health Security

Description

Prepare for and respond to public health events and emergencies; address health and safety risks associated with the use of pathogens and toxins; and address travel-related public health risks.

Planning Highlights

Under this Core Responsibility, PHAC is focused on advancing the following Departmental Results:

- Public health events and emergencies are prepared for and responded to effectively.
- Public health risks associated with the use of pathogens and toxins are reduced.
- Public health risks associated with travel are reduced.

To make progress towards achieving these results, PHAC will focus its 2020-21 efforts on key initiatives and activities that support Canada's preparedness in the face of significant events/emergencies with health consequences. Providing domestic and international health security leadership will remain key areas of action for PHAC, along with continued efforts to enhance Canada's readiness to respond to public health threats and emergencies. Regulatory best practices such as risk-based compliance and enforcement will also remain a priority for PHAC in both its border-health and biosecurity programs.

Result 3.1: Public Health events and emergencies are prepared for and responded to effectively.

Strengthen Canada's public health emergency preparedness and response system

Ensuring Canada has the capacity to prepare for and respond to natural, accidental and intentional events with health consequences is core to PHAC's mandate. PHAC undertakes a range of activities aimed at reducing the impact of public health emergencies and events.

In 2020-21, PHAC will continue to work with federal, provincial/territorial, Indigenous, international, and domestic partners to strengthen its capacity to prepare for and respond to public health events and emergencies. This includes:

- Maintaining health assets, including medical equipment, supplies, and pharmaceuticals, in the National Emergency Strategic Stockpile so that they are ready for deployment and use during a public health emergency.
- Conducting simulated public health exercises to test response capacity and identify gaps. In 2020-21, PHAC will coordinate the FluNOVA exercise program to test the federal, provincial and territorial [Public Health Response Plan for Biological Events](#)^{xviii} using a pandemic influenza scenario.
- Addressing recommendations from the World Health Organization's [Joint External Evaluation](#)^{xix} with a focus on key areas of improvement identified in the evaluation.

PHAC will also continue to provide public health officers to support provinces and territories in addressing public health issues (e.g., opioids) with an emphasis on northern, rural and remote communities.

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

Strengthen regulatory oversight and promote compliance

Pathogens and toxins pose a risk to human health, animal health, and public safety because of their ability to cause disease and sometimes death. PHAC promotes, monitors and enforces compliance with legislation and regulations designed to minimize risks associated with their use.

In 2020-21, PHAC will:

- Conduct risk-based inspections and document reviews of Canadian laboratories; and monitor pathogen imports through border surveillance.
- Finalize the transition from paper-based to electronic inspections by implementing a mobile solution to streamline inspection and reporting processes. This will improve overall program efficiency, allowing for an increased number of inspections annually, and should ultimately contribute to improved regulatory compliance.
- Identify opportunities to enhance regulatory effectiveness by completing its 5-year review of the 2015 *Human Pathogens and Toxins Regulations*. This review will complement and inform PHAC's internal evaluation of the Biosecurity Program, also planned for 2020-21.
- Implement the 2020 commitments under the [Regulatory Openness and Transparency Framework Action Plan](#)^{xx} in support of [Open Government](#).^{xxi} This includes:
 - Publishing a revised [Canadian Biosafety Standard \(CBS\)](#)^{xxii} that is more performance-, risk-, and evidence-based; and,
 - Publishing high-level inspection summaries that include an overall rating related to the licensed organization, a standardized description of the observed deficiencies, as well as any enforcement actions resulting in a change to the licence.

Advance global health priorities in biosafety and biosecurity

PHAC also supports the advancement of global health priorities in biosafety and biosecurity, working collaboratively with international partners to protect Canadians from pathogen and toxin related risks emerging outside Canada.

In 2020-21, PHAC will:

- As a lead country in the Global Health Security Agenda [Biosafety and Biosecurity Action Package](#)^{xxiii} and, in partnership with Global Affairs Canada, support implementation of the [International Health Regulations](#)^{xxiv} by influencing high impact programs and policies to build sustainable international health security capacity. This includes promoting and improving access to PHAC's Analytical Approach to Biosafety and Biosecurity – a policy tool designed to help other countries independently establish or strengthen their national policies and oversight frameworks for pathogen biosafety and biosecurity.
- Continue to support the World Health Organization as a Collaborating Centre for Biosafety and Biosecurity including through the sharing of technical expertise and best

practices such as the World Health Organization's Laboratory Safety Manual; and, by leading the [International Expert Group of Biosafety and Biosecurity Regulators \(IEGBBR\)](#),^{xxv} which is a focal point for biosafety and biosecurity expertise.

- Continue to support global efforts, as Canada's national authority for containment, to effectively contain poliovirus, including by finalizing our national inventory of poliovirus potentially infectious material and advancing the destruction or transfer of all unneeded materials to a designated containment facility.

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

Improve Canadian's knowledge of travel-related public health risks

As reported by [Statistics Canada](#),^{xxvi} approximately 4.6 million Canadian residents travelled abroad over the first nine months of 2019. Core to its mandate, and consistent with the International Health Regulations, PHAC protects Canadians from travel-related public health risks through rapid detection and prompt assessment and response to these risks to contribute to broader global health security. PHAC also communicates with travellers about existing and emerging health risks and precautions individuals should take in order to reduce these risks while travelling to other countries.

In 2020–21, PHAC will:

- Collaborate with the travel industry and federal partners in a live simulation exercise at a major point of entry to test contingency plans and confirm roles and responsibilities, standard operating procedures, logistics and capabilities when responding to public health threats at international points of entry.
- Engage with health care professionals to understand how their role in travel health is evolving. This information will be used to improve future outreach products to both health care professionals and Canadians.
- Continue to notify Canadians of travel-related public health risks through more effective use of the [travel.gc.ca](#) website and social media.

Manage travel-related public health risks on passenger conveyances and at the border

PHAC works with the travel industry to reduce public health risks on passenger conveyances. This is particularly important in an era of increased global travel.

In 2020-21, PHAC will continue to conduct potable water, food and sanitation inspections of aircraft, ferries, trains and cruise ships and their ancillary services focusing efforts on areas of greatest risk to public health.

PHAC will continue to protect Canadians from the introduction and spread of communicable diseases by enforcing the *Quarantine Act* at our borders. PHAC will also continue to monitor international public health events and work with the travel industry, and federal, provincial and international partners to prepare for, identify and respond to health events as required.

Planned results for Health Security

Departmental result	Departmental result indicator	Target	Date to achieve target	2016-17 actual result	2017-18 actual result	2018-19 actual result
Public health events and emergencies are prepared for and responded to effectively	Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization	4 (Rating out of 5)	June 30, 2023	not available ²¹	not available ²²	4.5
	% of provincial and territorial requests for assistance responded to within negotiated timelines	Exactly 100%	Mar. 31, 2021	100%	100%	100%
Public health risks associated with the use of pathogens and toxins are reduced	% compliance issues in Canadian laboratories successfully responded to within established timelines	At least 85%	Mar. 31, 2021	Data expected in 2017-18 ²³	82%	88%
Public health risks associated with travel are reduced	Canada's capacity ²⁴ for effective public health response at designated points of entry into Canada	4 (Rating out of 5)	Mar. 31, 2023	not available ²⁵	not available ²⁶	5
	% of inspected passenger transportation operators that meet public health requirements	95%	Mar. 31, 2021	96%	97%	94% ²⁷

²¹ This was a new indicator under the Departmental Results Framework (DRF) and the data was to be collected/reported for the first time following the WHO's Joint External Evaluation in 2018-19. For this reason, the data was "not available" in 2016-17 and 2017-18.

²² This was a new indicator under the DRF and the data was to be collected/reported for the first time following the WHO's Joint External Evaluation in 2018-19. For this reason, the data was "not available" in 2016-17 and 2017-18.

²³ This content was previously published and carries over from year to year until the data is expected. See actual results columns for 2017-18 and 2018-19 for the results.

²⁴ Capacity is defined by the WHO's International Health Regulations (2005) Monitoring and Evaluation Framework, Joint External Evaluation Tool.

²⁵ This was a new indicator under the Departmental Results Framework and the data was to be collected/reported for the first time following the WHO's Joint External Evaluation in 2018-19. For this reason, the data was "not available" in 2016-17 and 2017-18.

²⁶ This was a new indicator under the DRF and the data were to be collected/reported for the first time following the WHO's Joint External Evaluation in 2018-19. For this reason, the data was "not available" in 2016-17 and 2017-18.

²⁷ While results in 2018-19 were slightly lower than targeted, some variability in results is expected year-to-year given, factors such as seasonal conveyances, facilities closing prior to response, or lower levels of compliance for non-regulatory aspects of the inspections. PHAC continues proactive outreach with our stakeholders to increase regulatory compliance and promote best practices.

Planned budgetary financial resources for Health Security

2020–21 budgetary spending (as indicated in Main Estimates)	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
51,775,030	51,775,030	48,157,802	48,241,587

Planned human resources for Health Security

2020–21 planned full-time equivalents	2021–22 planned full-time equivalents	2022–23 planned full-time equivalents
389	365	365

Financial, human resources and performance information for PHAC's Program Inventory is available in the [GC InfoBase](#).^{xxvii}



Planned results for Internal Services

Description

Internal Services are those groups of related activities and resources that the federal government considers to be services in support of Programs and/or required to meet corporate obligations of an organization. Internal Services refers to the activities and resources of the 10 distinct services that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. These services are:

- Management and Oversight Services
- Communications Services
- Legal Services
- Human Resources Management Services
- Financial Management Services
- Information Management Services
- Information Technology Services
- Real Property Management Services
- Materiel Management Services
- Acquisition Management Services

Planning Highlights

Build a workforce empowered to tackle the challenges of today and the future

PHAC will continue its focus on supporting its employees and achieving its departmental results in the most effective and efficient manner possible. Plans for 2020-21 include ongoing efforts to build a workforce empowered to tackle the challenges of today and the future. To support this goal, PHAC will:

- Further integrate Public Health competencies into human resources management.
- Integrate character-based leadership and promote the development of middle managers as part of PHAC approach to talent management to support succession planning.
- Advance modernization of recruitment and staffing practices in support of greater efficiency to reduce hiring timelines that will enable PHAC, for example, to effectively mobilize resources to support internal surge capacity during an event.
- Continue to support all employees by creating an inclusive, physically and psychologically healthy work environment free from harassment and discrimination through the development of an accessibility plan in response to the Federal Accessibility Strategy, the implementation of the next iteration of PHAC's Mental Health and Wellness in the Workplace Strategy, and in the implementation of programs focused on the recruitment and retention of employment equity groups.
- Implement Year 2 of the PHAC Official Languages Action Plan to further enhance capacity to provide services of equal quality in both official languages.

- Provide learning opportunities to PHAC employees to build Indigenous cultural competency in support of the Truth and Reconciliation Commission of Canada's Call to Action #57.
- Continue to communicate with and engage employees on mental health, workplace wellness, inclusion and other organizational priorities, using a variety of internal communications tools (e.g., Deputy Head messages, awareness campaigns and employee events) and platforms (e.g., intranet, GCTools, Broadcast News and Health TV).
- Continue to support the government-wide goal of Public Service renewal through initiatives that promote a more agile, inclusive and equipped workforce, such as:
 - encouraging innovation and experimentation;
 - improving virtual collaboration; and
 - ensuring more comprehensive stakeholder engagement in program and policy development.

Improve access to modern tools and facilities

PHAC's mission to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health, is dependent on having modern approaches, tools and technologies. This aligns with the Government-wide move to digital modernization and is consistent with expectations of Canadians, partners and stakeholders. In addition, it is necessary to have tools and infrastructure to enable modern data science and analytics.

In order to be a leader in the delivery of modern, digitally enabled programs and services, PHAC will update tools and technologies in response to GC mandated IT policy implementation (e.g., Windows 10) and continue to leverage strategic opportunities as Enterprise approaches become available (e.g., GCdocs, Cloud, continued GC Wi-Fi roll-out). Concurrently, PHAC is working to review and assess its portfolio of IT assets and identify a multi-year plan that will seek to ensure availability of modern tools and facilities that are accessible and secure.

PHAC will continue to modernize office accommodations to meet program requirements, while also enhancing physical security awareness. In particular, renewal and modernization projects are planned for the National Capital Region that foster innovation and adoption of the new GC workplace standards. PHAC's efforts include support for inclusive workplaces through its Accessible and Inclusive Meeting Spaces Initiative. Additionally, an analysis of PHAC's existing physical space is underway to determine the future need of offices and special purpose space, such as the National Emergency Strategic Stockpile warehouse.

Inform Canadians about public health issues

PHAC will continue to provide Canadians with timely and relevant information about ongoing and emerging public health issues related to health promotion, chronic disease prevention, infectious disease prevention and control, and public health security. This includes topics such as a national autism strategy, a pan-Canadian concussion strategy and communications to raise awareness of the risks of antimicrobial resistance. PHAC will do this by informing and engaging Canadians through various means of communications, including public statements, news releases, social media, web content on Canada.ca and communications from the Chief Public

Health Officer as well as through public education campaigns and leveraging digital trends, such as social media influencers.

Planned budgetary financial resources for Internal Services

2020–21 budgetary spending (as indicated in Main Estimates)	2020–21 planned spending	2021–22 planned spending	2022–23 planned spending
98,331,024	98,331,024	97,861,137	97,999,014

Planned human resources for Internal Services

2020–21 planned full-time equivalents	2021–22 planned full-time equivalents	2022–23 planned full-time equivalents
655	654	654

Experimentation / GBA+ / Sustainable Development Goals

This section contains detailed information on PHAC's planned initiatives for 2020-21 in support of government-wide priorities related to experimentation, gender-based analysis plus and the United Nations (UN) 2030 Agenda for Sustainable Development.

Experimentation

Experimentation is fundamentally important to PHAC as a science and evidence-based department. PHAC will continue to experiment with the design and delivery of its programs and services in support of the government's commitment to evidence-based policy-making, results and delivery. Planned experimentation for 2020-21 includes:

Suicide Prevention – artificial intelligence to collect data on suicide-related behaviours

PHAC will continue to test the feasibility of using AI technology to survey public social media sites as an effective measurement tool for monitoring suicide-related behaviours. The goal of this pilot project is to determine if AI can produce more timely data on suicide-related behaviours, and to understand how social media data can complement existing sources of suicide surveillance data in Canada. A summary report on the results of this experiment, and the plan for future applications, will be published in 2020.

Healthy Living and Chronic Disease Prevention – new approaches to encourage experimentation in the delivery of transfer payments

The Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships program will continue experimenting with innovative approaches, including outcomes-based funding and social incubators/accelerators, to increase the focus on results and mobilize more Canadians in leading healthier lives.

For example, PHAC is supporting Western University's Hockey Fans in Training (Hockey FIT) 12 week weight loss and healthy lifestyle program run by certified coaches. In partnership with hockey teams, researchers at the university are implementing a gender-sensitized weight loss and healthy lifestyle program for overweight and obese males who are at greater risk for preventable chronic diseases such as diabetes, heart disease, and cancer. Sessions include education about living a healthier lifestyle i.e. diet and physical activity followed by exercise.

PHAC is also supporting the Heart and Stroke Foundation's innovative program called [Activate](#),^{xviii} a free six-month wellness program to help at-risk people from developing high blood pressure (hypertension). Under this model, PHAC will make payments based on successful achievement of pre-determined outcomes. This is one of a small number of projects in Canada where this funding model has been used.

Vaccinations – interactive portal for the Canadian Immunization Guide

Through Innovation, Science and Economic Development Canada's Innovative Solutions Canada program, PHAC will work with industry to begin testing prototypes of an interactive portal for the

Canadian Immunization Guide. This portal will provide Canadians, including health care providers, with immediate access to relevant and trustworthy public health information adapted to their specific questions and needs, based on content from PHAC.

Laboratory Science – innovative laboratory techniques and technologies

PHAC will test the use of dried urine spots for detection of sexually transmitted infections, as an innovative approach to address barriers to testing caused by stigma. This non-invasive approach protects patient confidentiality during diagnosis, as the patient can directly send a sample and receive a diagnosis without having to attend a clinic where they may feel stigmatized.

In 2020-21, PHAC will also pilot the use of cloud-based infrastructure as an innovative approach to more efficiently manage the large quantities of data generated by whole genome sequencing needed for bioinformatics analysis with less impact on computing storage capacity.

Foodborne Illnesses – an interactive approach to sharing surveillance data

To improve accessibility of surveillance data for multiple purposes, audiences, and end users, PHAC will continue to experiment with new ways of providing data on foodborne illnesses to stakeholders (e.g. the food industry, food animal commodity groups, the general public). In 2020-21, PHAC will expand the ways used to provide interactive data visualizations on foodborne illnesses to expedite the sharing of surveillance data with stakeholders and provide flexibility in customizing analysis requirements based on their unique needs.

Accessible and Inclusive Meeting Spaces

In alignment with the Federal Public Service Accessibility Strategy, in 2020-21, PHAC's Accessible and Inclusive Meeting Spaces Initiative will share lessons learned and results from the first pilot location in Ottawa which has been equipped with special features for all employees to fully participate. It will also advance the adaptation of up to two additional meeting spaces located in Winnipeg and Ottawa.

Gender-Based Analysis Plus

PHAC will also continue to support the government-wide priorities of gender equality, diversity and inclusiveness and commitments to health equity. To ensure its policies and programs are inclusive and barrier free, and meet the diverse needs of Canadians, PHAC will continue its efforts to integrate gender-based analysis plus (GBA+) into day-to-day operations, including training for PHAC employees.

In 2020-21, PHAC will focus on further enhancing organizational capacity through targeted training, and integrating GBA+ more systematically into surveillance activities, science, policy and programs. For example, PHAC will initiate providing training on integrating gender, diversity and inclusion considerations within GBA+ to recipients through its funding programs, including the Multi-sectoral Partnerships Program.

PHAC will also advance GBA+ implementation through continued analysis of sex, age, and other identifying factors to inform program responses. This work will include targeted awareness campaigns and communications to address population specific health risk and enhanced

surveillance tracking. For example, PHAC will continue to collect survey data on vaccination estimates broken down by gender to identify inequalities in vaccination uptake, and help identify the most appropriate target groups for vaccine promotion efforts. PHAC will also continue to consider sex and gender specific health risks during outbreak investigations and in the development of Pathogen Risk Assessment and Pathogen Safety Data Sheets.

UN 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals (SDG)

PHAC's planned activities under its Core Responsibilities support Canada's efforts to address the UN 2030 Agenda for Sustainable Development and contribute towards global targets under Sustainable Development Goal 3: "Good Health and Well-Being."

Through initiatives under Health Promotion and Chronic Disease Prevention, PHAC supports global targets related to chronic disease prevention, including tobacco use, physical activity and healthy eating in order to prevent chronic disease including diabetes, cancer and cardiovascular disease. PHAC also continues to targets on maternal and child health, diabetes, suicide mortality and substance abuse. For example, through funding of community-based healthy living projects, supporting the federal response to the opioid crisis and advancing national mental health and suicide prevention efforts.

PHAC also contributes to Goal 3 global targets through its Infectious Disease Prevention and Control activities aimed at increasing vaccination rates, reducing the health impacts of sexually transmitted and blood-borne infections, and enhancing laboratory capacity and modernization. In particular, these initiatives support global targets related to tuberculosis, hepatitis, the management of national and global health risks, as well as vaccine research and development.

Finally, by providing countries with technical assistance and [tools](#)^{xxix} to meet commitments under the International Health Regulations and enhancing global development of biosafety and biosecurity oversight frameworks, PHAC's initiatives within Health Security also support global targets related to strengthening the capacity of all countries for early warning, risk reduction and management of national and global health risks.

While PHAC's programs and policies contribute primarily to SDG 3, other goals supported by PHAC's initiatives include: SDG 1: No Poverty, SDG 5: Gender Equality, SDG 10: Reduced Inequalities, SDG 13: Climate Change and SDG 17: Partnerships for the Goals.

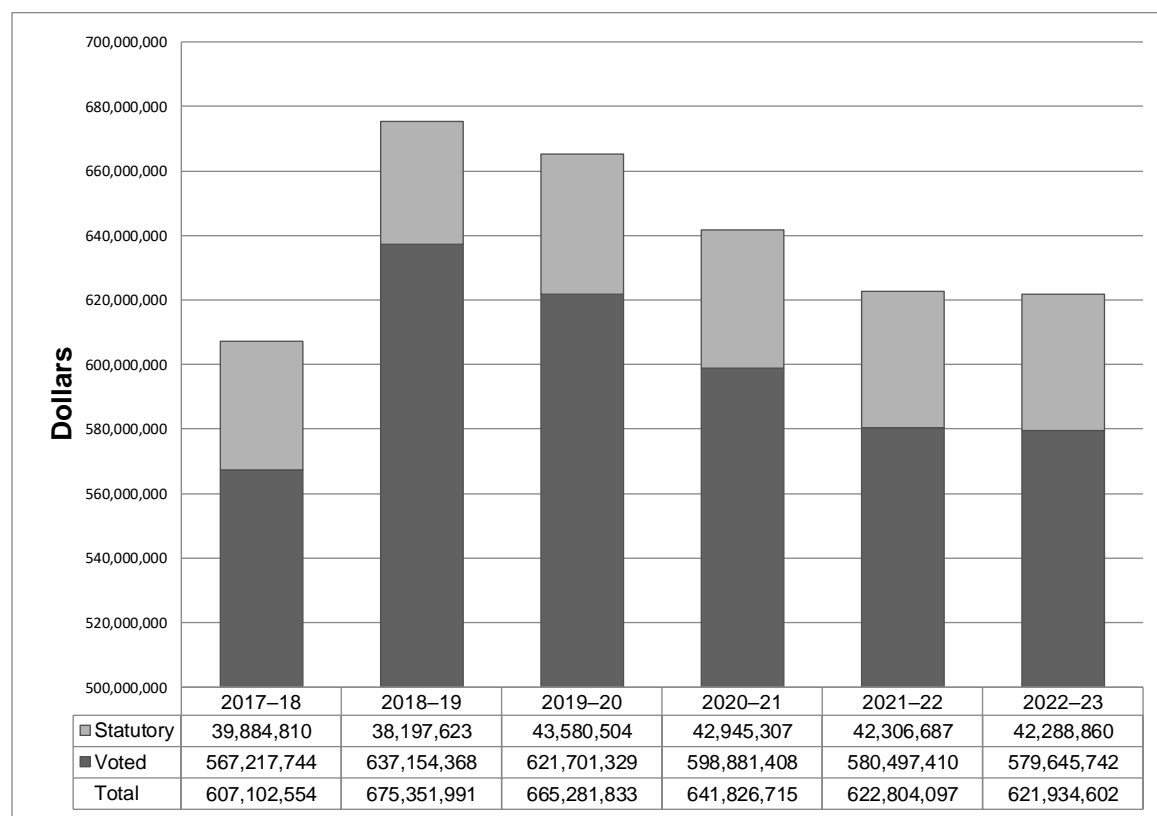
Spending and human resources

This section provides an overview of PHAC's planned spending and human resources for the next three consecutive fiscal years, and compares planned spending for the upcoming year with the current and previous years' actual spending.

Planned Spending

Departmental spending 2017–18 to 2022–23

The following graph presents planned (voted and statutory) spending over time.



In 2018-19, PHAC received additional new funding to support the Healthy Seniors Pilot Project in New Brunswick and five years of funding to support ParticipACTION. Together, these new funding initiatives represented an \$80 million increase in total spending from 2017-18. Additional new funding was received in 2018-19 to support other initiatives such as the Indigenous Early Learning and Child Care Transformation Initiative and Addressing the Opioid Crisis.

In 2019-20, PHAC's reduction in planned spending is primarily due to the one-time grant for the Healthy Seniors Project in New Brunswick. This reduction is offset by new funding received during the fiscal year to support the increase in salary costs due to updated collective agreements, the Drug Overdose Crisis in Canada: Actions to Protect Canadians and Prevent Overdose Deaths, the Implementation and Sustainability of a Pan-Canadian Suicide Prevention Service,

Implementing a National Dementia Strategy, the Dementia Community Investment and Addressing the Challenges Faced by Black Canadians.

PHAC's planned spending for the next three years is trending downward primarily due to sunsetting programs. In 2020-21 the five-year funding announced in Budget 2015 provided to the Centre for Aging and Brain Health Innovation will sunset. Additional sunsetting programs include the horizontal Government advertising program and funding to help raise awareness of Men's Health issues. Trending upward, planned spending is further reduced as a result of additional sunsetting programs. These sunsetters include funding for Ebola Research and Development Initiatives, the Chemical Management Plan and the funding to Improve Immunization Coverage Rates in Canada.

Budgetary planning summary for core responsibilities and Internal Services (dollars)

The following table shows actual, forecast and planned spending for each of PHAC's core responsibilities and to Internal Services for the years relevant to the current planning year.

Core responsibilities and Internal Services	2017-18 expenditures	2018-19 expenditures	2019-20 forecast spending	2020-21 budgetary spending (as indicated in Main Estimates)	2020-21 planned spending	2021-22 planned spending	2022-23 planned spending
Health Promotion and Chronic Disease Prevention	239,450,960	318,391,163	278,551,835	280,813,789	280,813,789	274,725,176	271,480,372
Infectious Disease Prevention and Control	189,906,141	199,658,422	222,118,211	210,906,872	210,906,872	202,059,982	204,213,629
Health Security	78,982,234	55,577,234	53,872,264	51,775,030	51,775,030	48,157,802	48,241,587
Subtotal	508,339,335	573,626,819	554,542,310	543,495,691	543,495,691	524,942,960	523,935,588
Internal Services	98,763,219	101,725,172	110,739,523	98,331,024	98,331,024	97,861,137	97,999,014
Total	607,102,554	675,351,991	665,281,833	641,826,715	641,826,715	622,804,097	621,934,602

In 2019-20, the Agency is forecasting a reduction in expenditures under Health Promotion and Chronic Disease Prevention. This is primarily due to the one-time grant for the Healthy Seniors Pilot Project in New Brunswick. This reduction is offset by new funding received during the fiscal year to support the Drug Overdose Crisis in Canada: Actions to Protect Canadians and Prevent Overdose Deaths, the Implementation and Sustainability of a Pan-Canadian Suicide Prevention Service, Implementing a National Dementia Strategy, the Dementia Community Investment and Addressing the Challenges Faced by Black Canadians.

Infectious Disease Prevention and Control is forecasting an increase in expenditures in 2019-20. This is primarily due to the increase in salary costs due to updated collective agreements, funding for the Backup Pandemic Influenza Vaccine Supply Contract, funding to renew the Genomics

Research and Development Initiative, the approval of operating and capital budget carry forward funding, the reallocation of the Public Health Capacity Building Initiative under Infectious Disease Prevention and Control, and an increase in funding to Improve Immunization Coverage Rates in Canada, Adapting to the Impacts of Climate Change, and Strengthening the Canadian Drugs and Substances Strategy.

In 2020-21 and onward, the Agency's forecasted expenditures are trending downward. Health Promotion and Chronic Disease is forecasting a reduction of spending due to the sunseting of funding to establish the Centre for Aging and Brain Health Innovation offset by new funding received during the fiscal year to support the Drug Overdose Crisis in Canada: Actions to Protect Canadians and Prevent Overdose Deaths, the Implementation and Sustainability of a Pan-Canadian Suicide Prevention Service, Implementing a National Dementia Strategy, the Dementia Community Investment and Addressing the Challenges Faced by Black Canadians and the increase in salary costs due to updated collective agreements.

Following this, Infectious Disease Prevention and Control expenditures are forecasted to be lower due to the sunseting of multiple initiatives, including the funding to Improve Immunization Coverage Rates in Canada and the funding for Ebola Research and Development Initiatives. Health Security will see a reduction as a result of the funding for the Chemical Management Plan sunseting. Internal Services forecasted spending in 2019-20 exceeds planned spending for 2020-21 and onward primarily due to funding provided through the operating budget carry forward, an increase in authorities to support various operating requirements and is offset by the sunseting of the horizontal Government advertising initiative.

Planned Human Resources

The following table shows actual, forecast and planned full-time equivalents (FTEs) for each core responsibility in PHAC's departmental results framework and to Internal Services for the years relevant to the current planning year.

Human resources planning summary for core responsibilities and Internal Services

Core responsibilities and Internal Services	2017-18 actual full-time equivalents	2018-19 actual full-time equivalents	2019-20 forecast full-time equivalents	2020-21 planned full-time equivalents	2021-22 planned full-time equivalents	2022-23 planned full-time equivalents
Health Promotion and Chronic Disease Prevention	439	478	539	550	539	536
Infectious Disease Prevention and Control	958	982	1,073	1,073	1,050	1,050
Health Security	372	354	389	389	365	365
Subtotal	1,768	1,812	2,001	2,012	1,954	1,951
Internal Services	307	322	655	655	654	654
Total	2,075	2,134	2,656	2,667	2,608	2,605

In 2019-20, Health Promotion and Chronic Disease Prevention is forecasting an increase in FTEs primarily due to the introduction of new initiatives. Inclusive are FTEs to support the Drug Overdose Crisis in Canada: Actions to Protect Canadians and Prevent Overdose Deaths, implementing a National Dementia Strategy, the Dementia Community Investment, the Implementation and Sustainability of a Pan-Canadian Suicide Prevention Service and Addressing the Challenges Faced by Black Canadians.

Infectious Disease Prevention and Control is forecasting an increase in FTEs primarily due to the establishment of the Centre for Innovation in Infectious Disease Diagnostics and a reallocation of the Agency's Public Health Capacity Building Initiative from Health Security.

The increase reflected above for Internal Services in 2019-20 and onward is primarily due to the FTEs that PHAC receives funding for and are then transferred to and accounted for annually by Health Canada under the Health Portfolio Shared Services Partnership Agreement.

As well, the Agency is continuing to take advantage of the New Direction in Staffing that came into effect April 1, 2016 to meet their on-going program requirements resulting in increased staffing Agency-wide.

Trending past 2020-21 to 2022-23 the Agency is forecasting reductions in FTEs primarily due to the sunsetting of Ebola Research and Development Initiatives, the Chemical Management Plan and funding to Improve Immunization Coverage Rates in Canada.

Estimates by vote

Information on PHAC's organizational appropriations is available in the [2020-21 Main Estimates](#).^{xxx}

Condensed future-oriented statement of operations

The condensed future-oriented statement of operations provides an overview of PHAC's operations for 2019-20 to 2020-21.

The amounts for forecast and planned results in this statement of operations were prepared on an accrual basis. The amounts for forecast and planned spending presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, are available on [PHAC's website](#).^{xxxi}

Condensed future-oriented statement of operations for the year ending March 31, 2021 (dollars)

Financial information	2019–20 forecast results	2020–21 planned results	Difference (2020–21 planned results minus 2019–20 forecast results)
Total expenses	700,476,381	678,815,784	(21,660,597)
Total revenues	14,119,962	14,123,867	3,905
Net cost of operations before government funding and transfers	686,356,419	664,691,917	(21,664,502)

PHAC is projecting \$678.8M in expenses based on 2020-21 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents a decrease of \$21.7M from 2019-20 projections.

This decrease is primarily attributable to:

- The approval of operating and capital budget carry forward funding in 2019-20.
- The sunsetting of the following program initiatives:
 - Funding that supported the establishment of the Canadian Centre for Aging and Brain Health Innovation approved in 2015-16; and,
 - Funding to help raise awareness of Men's Health issues approved in 2016-17.
- An increase to authorities to support various operating requirements.

The decrease is partially offset by funding increases in 2020-21 to support the following initiatives:

- The Drug Overdose Crisis in Canada: Actions to Protect Canadians and Prevent Overdose Deaths;
- Implementing a National Dementia Strategy; and
- The Dementia Community Investment.

The 2020-21 planned expenses by core responsibility are as follows:

- Infectious disease prevention and control \$229.5M.
- Health promotion and chronic disease prevention \$286.6M.
- Health security \$59.5M.
- Internal services \$103.3M.

PHAC receives most of its funding through annual Parliamentary appropriations. PHAC's revenue is generated by programs that support the above-noted core responsibilities. PHAC projects total revenues in 2020-21 to be \$14.1M (2019-20 \$14.1M).





Corporate information

Organizational profile

Appropriate minister(s): The Honourable Patty Hajdu, P.C., M.P.

Institutional head: Kristina Namiesniowski, President

Ministerial portfolio: Health

Enabling instrument(s): [*Public Health Agency of Canada Act*](#),^{xxxii} [*Department of Health Act*](#),^{xxxiii} [*Emergency Management Act*](#),^{xxxiv} [*Quarantine Act*](#),^{xxxv} [*Human Pathogens and Toxins Act*](#),^{xxxvi} [*Health of Animals Act*](#),^{xxxvii} [*Federal Framework on Lyme Disease Act*](#),^{xxxviii} and the [*Federal Framework for Suicide Prevention Act*](#).^{xxxix}

Year of incorporation / commencement: 2004

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

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

“Raison d'être, mandate and role: who we are and what we do” is available on [PHAC's website](#).^{xl}

For more information on the department's organizational mandate letter commitments, see the “[Minister's mandate letter](#)”.^{xli}

Operating context

Information on the operating context is available on [PHAC's website](#).^{xlii}

Reporting framework

PHAC's approved Departmental Results Framework and Program Inventory for 2020–21 are as follows.

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

Internal Services

Supporting information on the program inventory

Supporting information on planned expenditures, human resources, and results related to PHAC's Program Inventory is available in the [GC InfoBase](#).^{xliii}

Supplementary information tables

The following supplementary information tables are available on [PHAC's website](#).^{xliv}

- ▶ [Details on transfer payment programs](#)^{xlv}
- ▶ [Gender-based analysis plus](#)^{xlvi}

Federal tax expenditures

PHAC's Departmental Plan does not include information on tax expenditures that relate to its planned results for 2020–21.

Tax expenditures are the responsibility of the Minister of Finance, and the Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the [Report on Federal Tax Expenditures](#).^{xlvii} This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis. The tax measures presented in this report are solely the responsibility of the Minister of Finance.

Organizational contact information

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Appendix: definitions

appropriation (crédit)

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

budgetary expenditures (dépenses budgétaires)

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

core responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)

A report on the plans and expected performance of a department over a 3-year period. Departmental Plans are tabled in Parliament each spring.

departmental priority (priorité ministérielle)

A plan or project that a department has chosen to focus and report on during the planning period. Departmental priorities represent the things that are most important or what must be done first to support the achievement of the desired departmental results.

departmental result (résultat ministériel)

A consequence or outcome that a department seeks to achieve. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)

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

departmental results framework (cadre ministériel des résultats)

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

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

experimentation (expérimentation)

The conducting of activities that seek to first explore, then test and compare, the effects and impacts of policies and interventions in order to inform evidence-based decision-making, and improve outcomes for Canadians, by learning what works and what doesn't. Experimentation is related to, but distinct from innovation (the trying of new things), because it involves a rigorous comparison of results. For example, using a new website to communicate with Canadians can be

an innovation; systematically testing the new website against existing outreach tools or an old website to see which one leads to more engagement, is experimentation.

full-time equivalent (équivalent temps plein)

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

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

An analytical process used to assess how diverse groups of women, men and gender-diverse people experience policies, programs and services based on multiple factors including race, ethnicity, religion, age, and mental or physical disability.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2020–21 Departmental Plan, government-wide priorities refers to those high-level themes outlining the government's agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

horizontal initiative (initiative horizontale)

An initiative in which two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

non-budgetary expenditures (dépenses non budgétaires)

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

performance (rendement)

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

performance indicator (indicateur de rendement)

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

performance reporting (production de rapports sur le rendement)

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

plan (plan)

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

planned spending (dépenses prévues)

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

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

program (programme)

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

program inventory (répertoire des programmes)

Identifies all of the department's programs and describes how resources are organized to contribute to the department's core responsibilities and results.

result (résultat)

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

statutory expenditures (dépenses législatives)

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

strategic outcome (résultat stratégique)

A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

target (cible)

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

voted expenditures (dépenses votées)

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

Endnotes

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- i A Dementia Strategy for Canada: Together We Aspire, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>
- ii Family violence education resources, <https://vegaeducation.mcmaster.ca/>
- iii Federal Framework for Suicide Prevention, <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-prevention-framework.html>
- iv Autism-Intellectual Disability National Resource and Exchange (AIDE) Network, <https://aidecanada.ca/>
- v Federal Framework on Post-traumatic Stress Disorder, <https://www.canada.ca/en/public-health/topics/mental-health-wellness/post-traumatic-stress-disorder/federal-framework.html>
- vi Health Inequalities Data Tool, <https://health-infobase.canada.ca/health-inequalities/>
- vii A Dementia Strategy for Canada: Together We Aspire, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>
- viii A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving, <https://www.canada.ca/en/public-health/services/publications/healthy-living/lets-get-moving.html>
- ix Childhood Obesity Foundation's Aim2Be – A Healthy Lifestyle App, <https://childhoodobesityfoundation.ca/living-green-healthy-teens-light-mobile-program-youth-families/>
- x Hockey Fans in Training, <https://www.hockeyfansintraining.org/>
- xi Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/curbing-childhood-obesity-federal-provincial-territorial-framework.html>
- xii LMC Healthcare's Canadian Diabetes Prevention Program, <https://www.lmc.ca/diabetes-prevention/>
- xiii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xiv National Advisory Committee on Immunization, <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>
- xv Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections, <https://www.canada.ca/en/public-health/services/reports-publications/accelerating-our-response-five-year-action-plan-sexually-transmitted-blood-borne-infections.html>
- xvi Resist the drugs, https://cca-reports.ca/wp-content/uploads/2018/10/One-Pager_EN.pdf
- xvii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xviii Public Health Response Plan for Biological Events, <https://www.canada.ca/en/public-health/services/emergency-preparedness/public-health-response-plan-biological-events.html>
- xix Joint External Evaluation with a focus on key areas, <https://www.who.int/ihr/publications/who-whe-cpi-2019.62/en/>
- xx Regulatory Openness and Transparency Framework Action Plan, <https://www.canada.ca/en/public-health/corporate/transparency/regulatory-openness-and-transparency.html>
- xxi Open Government, <https://open.canada.ca/en>
- xxii Canadian Biosafety Standard (CBS), <https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/second-edition.html>
- xxiii Biosafety and Biosecurity Action Package, <https://ghsagenda.org/home/action-packages/biosafety-and-biosecurity/>
- xxiv International Health Regulations, <https://www.who.int/ihr/en/>
- xxv International Expert Group of Biosafety and Biosecurity Regulators (IEGBBR), <https://iegbbbr.org/>
- xxvi Statistics Canada, <https://www150.statcan.gc.ca/n1/daily-quotidien/191120/dq191120e-eng.htm?indid=3635-1&indgeo=0>
- xxvii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xxviii Activate, <https://www.heartandstroke.ca/activate/chpi>
- xxix Tools, <https://training-formation.phac-aspc.gc.ca/course/index.php?categoryid=49>
- xxx 2020-21 Main Estimates, <https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates.html>
- xxxi Future-Oriented Statement of Operations, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities.html>
- xxxii Public Health Agency of Canada Act, <http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html>
- xxxiii Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>

xxxiv	Emergency Management Act, http://laws-lois.justice.gc.ca/eng/acts/E-4.56/index.html
xxxv	Quarantine Act, http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html
xxxvi	Human Pathogens and Toxins Act, http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html
xxxvii	Health of Animals Act, http://laws-lois.justice.gc.ca/eng/acts/H-3.3/
xxxviii	Federal Framework on Lyme Disease Act, http://laws-lois.justice.gc.ca/eng/acts/F-7.35/index.html
xxxix	Federal Framework for Suicide Prevention Act, https://laws.justice.gc.ca/eng/acts/F-7.3/page-1.html
xl	Raison d'être, mandate and role: who we are and what we do, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-corporate-information.html
xli	Minister's mandate letter, https://pm.gc.ca/en/mandate-letters/minister-health-mandate-letter
xlii	Operating context, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-corporate-information.html
xliii	GC InfoBase, https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start
xliv	Supplementary Information Tables, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html
xlv	Details on transfer payment programs, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html
xlvi	Gender-based analysis plus, https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html
xlvii	Report on Federal Tax Expenditures, http://www.fin.gc.ca/purl/taxexp-eng.asp