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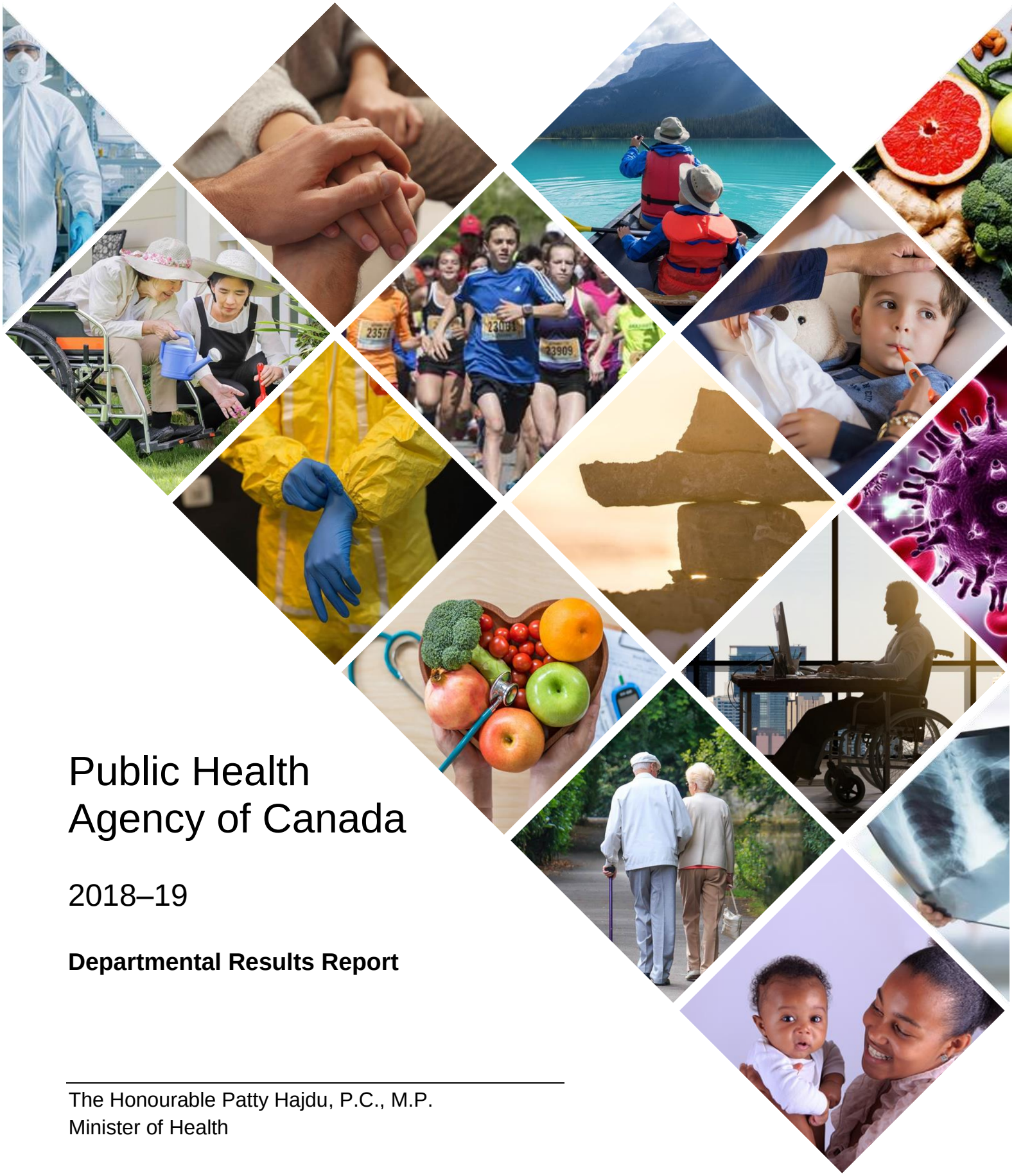

Public Health Agency of Canada

2018–19

Departmental Results Report

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

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

— Public Health Agency of Canada

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Minister's message

I am pleased to present the 2018-19 Departmental Results Report for the Public Health Agency of Canada (PHAC). This report provides an overview of the progress and results that PHAC achieved in promoting and protecting the health and safety of Canadians.

The opioid crisis and problematic substance use continue to be serious issues of concern for our government. Last year, in support of Canada's work to address problematic substance use and to reduce opioid-related overdoses, PHAC worked with partners and stakeholders to address stigma related to substance use, and to develop and disseminate public education materials to help reduce substance-related harms. To better understand the complexities of the opioid crisis, PHAC increased the timeliness and consistency of its collection of surveillance data on opioid overdoses and deaths. These data are crucial for developing evidence-based policies and approaches to address the opioid crisis.

Promoting healthy aging continues to be a priority area for PHAC, including helping seniors age at home and supporting those with degenerative diseases and their caregivers as they age. More than 419,000 Canadians are living with diagnosed dementia - a condition that impacts not only those living with it but also their families and caregivers. In 2018-19, PHAC convened a National Dementia Conference and the Ministerial Advisory Board on Dementia. Both helped inform Canada's first national dementia strategy, which was released in June 2019. PHAC also established the Dementia Community Investment fund, which supports community-based projects that address the challenges of dementia and the Healthy Seniors Pilot Project in New Brunswick, which funds applied research initiatives that will provide information for stakeholders across the country on how to better support healthy aging.

Finally, PHAC continued to make progress on initiatives related to a range of complex public health issues, such as: increasing vaccination uptake across Canada; helping to prevent sexually transmitted and blood-borne infections, tuberculosis and antimicrobial resistance; collaborating with domestic and international partners to strengthen Canada's ability to prevent, detect and respond to public health risks; working with partners to improve awareness of concussions; funding initiatives to encourage healthy lifestyles among children, youth and families; and promoting healthy relationships and preventing gender-based violence.

This report provides insight on many other PHAC achievements from 2018-19. As Minister of Health, I look forward to building on these important accomplishments and working closely with partners across Canada to improve the health of Canadians.

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

Results at a glance

Actual Spending $675,351,991	Actual full-time equivalents[1] 2,134

Results highlights

- ✓ The Public Health Agency of Canada (PHAC) successfully developed a surveillance system for **opioid** overdoses and deaths to collect timely and consistent data[i] from across the country.
- ✓ PHAC supported provinces/territories to improve **vaccination** acceptance and uptake amongst Canadians through the Immunization Partnership Fund.[ii]
- ✓ PHAC created the Ministerial Advisory Board on **dementia** and hosted a national dementia conference to support development of Canada's first national dementia strategy which was released in June 2019.
- ✓ PHAC informed the Pan-Canadian Action Plan on **Antimicrobial Resistance** (AMR) through consultations on surveillance, research, and stewardship, which mobilized Canada's expertise.
- ✓ In keeping with the United Nations declaration to end the global **Tuberculosis** (TB) epidemic by 2030, PHAC supported public health efforts to reduce TB domestically through education/awareness, national TB surveillance information, and laboratory testing.
- ✓ In collaboration with the federal, provincial, and territorial Ministers of Health, PHAC released, on June 29, 2018, the Pan-Canadian Framework for Action on reducing the health impact of **Sexually Transmitted and Blood-borne Infections in Canada** (STBBI).
- ✓ PHAC responded to requests for assistance and helped investigate and manage **domestic disease outbreaks** such as tuberculosis, mumps, legionnaire's disease, and substance related harm.

For more information on the PHAC's plans, priorities and results achieved, see the "Results: what we achieved" section of this report.

[1] See the Appendix: definitions for an explanation of full-time equivalents.

Gender-based analysis plus (GBA+):[2]

PHAC continued GBA+ implementation by increasing the organization's internal capacity by providing targeted training and integrating GBA+ more systematically into surveillance activities, science, policy and programs. Activities included:

- Routinely considering sex, gender and other diversity factors during the development of Budget proposals, Memoranda to Cabinet and Treasury Board submissions;
- Enhancing regular data collection, analysis and reporting on differences by sex, gender and other identity factors in public health surveillance and research;
- GBA+ considerations inform all policy, program proposals to ensure that they are supported by sound evidence to effectively address the different needs of girls, boys, women, men and gender diverse people;
- Applying a GBA+ lens to all program evaluations and internal audits conducted;
- Increasing integration of GBA+ in performance measurement and reporting; and
- Sharing best practices within the Agency.

Experimentation:[3]

Experimentation is fundamentally important to PHAC as a science and evidence-based department. PHAC promotes experimentation in the design and delivery of its programs and services, including testing and improving traditional methods, or exploring and comparing new approaches. The objectives of these efforts are to improve PHAC's programs and services, support evidence-based decision making, and learn what works and what does not, when delivering results for Canadians.

For more information on PHAC's experimentation, see the "Results: what we achieved" section of this report.

[2] See the Appendix: definitions for a definition of GBA+.
[3] See the Appendix: definitions for a definition of experimentation.

Results: what we achieved

Core Responsibilities

1. Health Promotion and Chronic Disease Prevention

Description

Promote the health and well-being of Canadians of all ages by supporting community-based projects which address the root causes of health inequalities[4] and the common risk and protective factors that are important to preventing chronic disease, and conduct public health research and surveillance.

Results

During 2018–19, PHAC made progress in supporting an effective Canadian public health system with results and highlights as noted below.

Result 1.1: Canadians have improved physical and mental health.

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

In 2018–19:

- PHAC supported healthy child development and reduced health inequity for vulnerable children in low-income families by investing in community-based programs,[5] which address areas such as nutrition (including breastfeeding), physical and social well-being and parenting skills.

- Through its Healthy Living and Chronic Disease Prevention - Multi-Sectoral Partnerships program, PHAC advanced innovative solutions to public health challenges by providing the co-investment needed to test and/or scale-up the most promising primary prevention interventions. For example:
    - FoodFit:[iii] The Promoting Healthy Eating and Fitness in Low-Income Communities project supported those who were self-motivated to make healthy changes, but for whom social barriers limit the achievement of health and wellness;[6]

[4] 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.

[5] Aboriginal Head Start in Urban and Northern Communities, Community Action Program for Children, and the Canada Prenatal Nutrition Program.

[6] Over the last three years, 58 FoodFit programs were successfully delivered to 1,664 individuals participating in 21 low-income communities across Canada. Among participants, 89% improved at least one food skill, 72% increased daily consumption of servings of fruits and vegetables, 63% increased daily steps, 49% decreased sugar sweetened beverage consumption, and 44% increased their frequency of making home-cooked meals.

- The Healthy Living in St. James Town - Community Matters Toronto project utilized culturally sensitive activities to encourage new Canadians in the community to improve their diet, exercise more, and undertake appropriate health screenings; and,
- The Play for Prevention - Right to Play Canada[iv] project addressed diabetes prevention among First Nations, Inuit and Métis populations living in urban communities by focusing on education, awareness and promotion of healthy living.[7] As a result of the project, youth who participated in the Play for Prevention program have been trained in diabetes prevention, and culturally appropriate tools and resources have been created.

> The Physical Activity, Sedentary Behaviour and Sleep (PASS) indicators provide important information on physical activity, sedentary and sleep behaviours of Canadians.

- PHAC supported the Flat Bay Band Inc.: The Tajike'k Centre's Indigenous Based Centres for Healthy Living & Prevention of Chronic Disease project, tailored to address the unique needs of the Mi'kmaq community, which enabled participants to achieve healthier practices in a supportive environment.

- PHAC raised public awareness of fetal alcohol spectrum disorder (FASD) by supporting the development of innovative programs, resources and tools to increase understanding of the risks of prenatal alcohol use, reduce stigma and equip health professionals to help prevent FASD. As an example, the Doorways to Conversation resource for front-line service providers was distributed to over 200 individuals across Canada. It outlines 50 ideas for starting conversations with girls and women about substance use. Online access to these materials was made available and had 1,287 web page views, 513 Facebook clicks, and 189 retweets by September 2018. Similarly, the Society of Obstetricians and Gynaecologists was funded to develop clinical consensus guidelines on alcohol use in pregnancy. It subsequently implemented training to over 8,000 Canadian health care professionals and others (e.g., family physicians, obstetricians, nurses, and midwives). Similarly, the Towards Improved Practice (TIP) training program offers other bilingual resources for front-line service providers in many fields including mental health, addictions, corrections, shelters, literacy and adult education programs. The TIP program provides these professionals with the knowledge and tools to identify and best support women who are at-risk of having a child with FASD.

- In support of suicide awareness and prevention, PHAC:
  - Provided an update on recent federal suicide prevention initiatives with the *2018 Progress Report on the Federal Framework for Suicide Prevention*[v] in accordance with *An Act Respecting a Federal Framework for Suicide Prevention*;[vi]
  - Continued work to gain insights on groups most affected by suicide by using new technologies such as artificial intelligence for analysing suicide-related speech on social media; and,

[7] During the last three years, in 15 urban centres across Ontario, British Columbia, Alberta and Manitoba, community mentors have engaged over 4,300 children and youth (aged 6-21) in healthy and active lifestyle living e.g., diabetes prevention.

  - Supported Crisis Services Canada which provided 24/7 crisis support nationally resulting in more than 16,000 interactions last year, including 315 life-saving interventions.

- As part of the Strategy to Prevent and Address Gender-Based Violence,[vii] PHAC supported new programming that promoted healthy relationships and expanded the evidence on "what works" to prevent gender-based violence. The program funded 21 diverse projects across Canada to prevent teen and youth dating violence and initiated a Community of Practice to connect and support researchers and practitioners in this field.

- PHAC delivered public education materials on problematic substance use for priority populations by collaborating with:
  - Best Start Resource Centre by Health Nexus to develop information booklets on the risks of cannabis use during pregnancy and parenting;
  - Western University to develop resources for school communities[viii] to prevent problematic substance use by enhancing student's well-being; and,
  - The Centre for Addiction and Mental Health to develop resources for health professionals based on the Lower-Risk Cannabis Use Guidelines.

Result 1.2: Canadians have improved health behaviours.

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

In 2018–19, PHAC:

- Supported the Minister's commitment to harmonize a concussion management guideline, return to learn and play protocols, and learning tools for Canadians[ix] by working with provinces/territories to increase concussion awareness for parents, coaches and athletes. For example:
  - As of March 2019, 42 national sport organizations adopted or started implementing sport-specific concussion protocols; and,
  - A Public Opinion Research report was published on a "*Baseline survey on understanding and awareness of sport-related concussions*."[x]
- Focused on key chronic disease risk factors including smoking, unhealthy eating and physical inactivity among children, youth and adults by funding interventions through the Multi-Sectoral Partnership Program.[xi] For example, Building Our Kids' Success (BOKS) is a before school physical activity program with proven results that boosted children's physical, nutritional and mental health and well-being. Since the beginning of the project, 1,211 schools across Canada actively participated in BOKS to improve the overall health of youth through physical activity.

- Funded projects that promoted smoking cessation such as:
  - Walk or Run to Quit,[xii] a program developed and implemented by the Canadian Cancer Society and the Running Room, which demonstrated positive results for smoking cessation and higher physical activity; and,
  - A Centre for Addiction and Mental Health online course to support tobacco cessation counselling. More than 80% of participants reported their intention to start cessation activities within the next six months.

- Supported healthy eating habits by:
  - Funding projects through the Multi-Sectoral Partnerships Program, which supports the implementation of the Healthy Eating Strategy[xiii] by testing innovative ways to help Canadians eat healthier foods. For example, Kid Food Nation,[xiv] a national food skills initiative to engage children 7 to 12 years of age and their families, helps them plan, purchase and prepare healthy meals. The project includes food literacy curriculum for children and youth in Boys and Girls Clubs; an online hub and television show; and an annual national recipe contest with winning recipes made available through a national grocery chain. The Boys and Girls Club of Canada has over 40 sites running this program reaching over 900 children. Early results of an evaluation of this initiative suggest the project is helping to improve participants' food literacy; and,
  - Funding Nutrition Education Initiatives in 10 off-reserve communities to provide culturally appropriate nutrition education activities (e.g. healthy cooking classes for all ages, training for workers and development of nutrition resource materials) in these communities.

> The Chief Public Health Officer's 2018 *Report on the State of Public Health* focussed on Preventing Problematic Substance Use in Youth.

- Continued to monitor Canada's opioid crisis and inform the Government of Canada's response with timely and reliable data and research.

  During 2018–19, PHAC:
  - Produced and posted on Canada.ca[xv] quarterly national surveillance reports on apparent opioid related deaths, and on opioid related harms in communities;
  - Worked with health partners on research studies to better understand the underlying causes of the crisis and to support targeted interventions e.g., an ongoing national study on overdose deaths using data from coroners and medical examiners; and,
  - Strengthened surveillance by using non-traditional data sources such as emergency medical services and Naloxone distribution data to provide timely information about those most at risk.

Result 1.3: Chronic diseases are prevented.

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

In 2018-19:

- The Agency supported the Minister of Health's participation at the 2018 United Nations General Assembly High Level Meeting on Non-Communicable Diseases. Meeting participants adopted a Political Declaration[xvi] committing to scale up action towards the achievement of the chronic disease targets in the 2030 Sustainable Development Agenda.

- In support of primary care practitioners and policy-makers, PHAC supported the Canadian Task Force on Preventive Health Care[xvii] to produce evidence-based clinical practice guidelines. In 2018–19, guidelines were published on Asymptomatic Bacteriuria in Pregnancy, Impaired Vision in Older Adults, and Breast Cancer (Update).

- PHAC helped increase public awareness and strengthen the evidence on seniors' health and dementia by working with key stakeholders and partners.
  For example:
  - The Government of Canada invested $75 million in the Healthy Seniors Pilot Project[xviii] in New Brunswick, which in turn funds applied research initiatives that will provide useful information for stakeholders across the country on how to better support healthy aging;
  - The Government of Canada announced new funding of $50 million over five years in Budget 2019 to support implementation of Canada's first national dementia strategy which was released in June 2019. This investment will support: increased awareness about dementia, stigma reduction, prevention, and the development of treatment guidelines and best practices for early diagnosis; and,
  - PHAC continued to invest in innovative solutions for aging and brain health through support to the Centre for Aging and Brain Health Innovation.[xix] For example, the centre funded a project that explored how apps that use learning and games in Indigenous languages can improve quality of life for Indigenous older adults living with dementia and their caregivers.

- To better understand the reasons why the benefits of good health are not equally enjoyed by all Canadians, PHAC and its partners[8] published the *Key Health Inequalities in Canada - A National Portrait.*[9, xx] Building on this, PHAC published a complementary series of infographics[xxi] and a video describing the distribution of key health inequalities across Canada, which was an important step in understanding and taking action to advance health equity.

[8] The Pan-Canadian Health Inequalities Reporting Initiative is a collaborative federal/provincial/territorial effort by PHAC, the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute for Health Information and other partners such as the First Nations Information Governance Centre which ensures a First Nations context.

[9] The evidence produced by this tool has been widely used for the integration of GBA+ considerations in programs and interventions.

- The Living Green and Healthy for Teens project,[xxii] funded by PHAC in 2018-19, is an innovative project that supports Aim2Be – a mobile app that engages youth and their families through interactive and personalised coaching. Early results suggest that this app is having a positive impact on improving physical activity, healthy eating and decreasing sedentary behaviours.[10]

- In May 2018, Federal, Provincial and Territorial Ministers responsible for sport, physical activity and recreation introduced *A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving*.[xxiii] Early progress included policies and programs being introduced across sectors to support and promote the Common Vision and engage diverse communities across Canada.

- ParticipACTION's Let's Get Moving[xxiv] project, funded by PHAC, was initiated in 2018 to stimulate healthy living practices among Canadians with a media campaign, an app and a community challenge. By March, 2019, the ParticipACTION app had reached over 44,000 users, and the Community Better Challenge had over 416,000 participants.

Experimentation

Base plus Premium Payment Projects

The Healthy Living and Chronic Disease Prevention – Multi-Sectoral Partnerships Program is piloting new funding models that use the Treasury Board of Canada Generic Terms and Conditions to encourage experimentation in the delivery of transfer payments. This innovative approach is a first for the Government of Canada in the area of public health, and is being piloted by several new projects (Hockey Fans in Training, Healthy Kid Initiative, LMC - Canadian Diabetes Prevention Program).

[10] Early results from beta testing over a period of 5 months with approximately 300 teens, and their parents, suggest that teens who used the Aim2Be app improved their:
a) nutritional outcomes including improved knowledge, motivation, self-efficacy, and behaviours;
b) screen time behaviours including improved motivation, self-efficacy, and behaviour; and
c) physical activity behaviour motivation.

Results achieved

Departmental Results	Performance Indicators	Target	Baseline	Date to achieve target	Actual results		
					2018–19	2017–18	2016–17
Canadians have improved physical and mental health	% of low-income children in very good or excellent health[11]	80%	Data expected in Spring 2020 (CHSCY)	Mar. 31, 2020	Data expected in Spring 2020	Data expected in Spring 2020	Data expected in Spring 2020
	% of population who have high psychological well-being[12]	75%	75% (CCHS 2015)	Mar. 31, 2020	75%[13] (CCHS 2015)	75% (CCHS 2015)	Not applicable[14]
Canadians have improved health behaviours	% increase in average minutes/day of physical activity among adults[15]	20% (30 min/day)	25 min/day (CHMS 2012-13	Mar. 31, 2025	4%* 26 min/day (CHMS 2016-17)	-4%* 24 min/day (CHMS 2014-15)	-4%* 24 min/day (CHMS 2014-15)
	% increase in average minutes/day of physical activity among children/youth[16]	10% (64 min/day)	58 min/day (CHMS 2012-13)	Mar. 31, 2025	9%* 63 min/day (CHMS 2016-17)	-2%* 57 min/day (CHMS 2014-15)	-2%* 57 min/day (CHMS 2014-15)
Chronic diseases are prevented	% increase in years lived in good health by seniors[17]	4% (HALE at age 65 = 17.0 years)	HALE at age 65 = 16.4 years (CCDSS 2009–10 to 2011–12)	Mar. 31, 2022	1%* 16.6 years (CCDSS 2013–14 to 2015–16)	1%* 16.6 years (CCDSS 2012–13 to 2014–15)	1%* 16.5 years (CCDSS 2011–12 to 2013–14)
	Rate of new diabetes cases among Canadians[18]	6.2 cases per 1,000 age 1 and older	6.2 cases per 1,000 age 1 and older (CCDSS 2012-13)	Mar. 31, 2020	6.1 cases per 1,000 age 1 and older* (CCDSS 2015-16)	6.1 cases per 1,000 age 1 and older* (CCDSS 2014-15)	6.2 cases per 1,000 age 1 and older (CCDSS 2013-14)
	% of adults who are obese[19]	28%	28% (CHMS 2014-15)	Mar. 31, 2020	27%* (CHMS 2016-17)	28% (CHMS 2014-15)	28% (CHMS 2014-15)
	% of children and youth who are obese[20]	13%	13% (CHMS 2014-15)	Mar. 31, 2020	11%* (CHMS 2016-17)	13% (CHMS 2014-15)	13% (CHMS 2014-15)

* These figures are considered not statistically different from the baseline estimates.

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.

[11] To be reported based on the Canadian Health Survey on Children and Youth.
[12] As reported in the Positive Mental Health Surveillance Indicator Framework.
[13] New data expected in 2020.
[14] Reporting began in 2017-18 using CCHS 2015 data released in December 2016.
[15] As reported in the Physical Activity, Sedentary Behaviour and Sleep Indicators.
[16] As reported in the Physical Activity, Sedentary Behaviour and Sleep Indicators.
[17] As reported in the Canadian Chronic Disease Indicators.
[18] As reported in the Canadian Chronic Disease Surveillance System Data Tool Rate is age standardized to 2011 Canadian population.
[19] As reported in the Canadian Chronic Disease Indicators.
[20] As reported in the Canadian Chronic Disease Indicators.

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2018–19 Difference (Actual spending minus Planned spending)
234,186,421	234,186,421	328,695,732	318,391,163	84,204,742

Authorities available for use increased during the fiscal year for funding approved after the Departmental Plan was published and included new funding received for Supporting a Healthy Seniors Pilot Project in New Brunswick, ParticipACTION, Indigenous Early Learning, and Child Care and Addressing the Opioid Crisis. Additional authorities were also received from the operating budget carry-forwards and transfers to/from other departments in the Supplementary Estimates.

Actual spending varied from planned spending primarily due to the new funding received.

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2018–19 Difference (Actual full-time equivalents minus Planned full-time equivalents)
499	476	(23)

2. Infectious Disease Prevention and Control

Description

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

Results

During 2018–19, PHAC addressed infectious disease prevention and control challenges as noted below.

Result 2.1: Infectious diseases are prevented and controlled.

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

Vaccinations

Vaccinations are one of the most effective public health strategies for protecting populations against infectious diseases. In 2018–19, PHAC focused on improving vaccination access and uptake, and in addressing vaccine hesitancy, PHAC:

- Through the Immunization Partnership Fund[xxv] advanced new approaches that increase confidence in vaccines, remind parents about upcoming or missed vaccinations, and connect with hard-to-reach, under, and un-vaccinated populations through outreach activities. These efforts included making enhancements to the CANImmunize mobile app (to include email and text message reminders of required vaccinations) and launching the complementary CANImmunize.ca website,[xxvi] both of which allow Canadians to electronically track their vaccination records. As of March 31, 2019, the CANImmunize app had 283,068 downloads.

- Transferred funds to the Canadian Institutes of Health Research to fund the Improved Immunization Coverage Initiative,[xxvii] under which six Canadian research teams were supported to investigate possible inequalities in vaccine uptake.

- Engaged Canadian companies on the development of innovative solutions to address business challenges, in collaboration with Public Services and Procurement Canada.

- Through the Build in Canada Innovation Program,[xxviii] innovators were tasked with developing and testing software that uses artificial intelligence to increase the speed of conducting systematic reviews of scientific literature. The goal was to reduce the time required to identify and summarize evidence required to inform the development of immunization recommendations by the National Advisory Committee[21] on Immunization;[xxix] and,
- Through the Innovative Solutions Canada Program,[xxx] innovators were asked to create a question-answer "chatbot" for the Canadian Immunization Guide[xxxi] to facilitate the ability of health care providers to find answers to their practice-relevant questions.

- Launched a two-year advertising campaign to promote the importance, effectiveness and safety of vaccines among vaccine-hesitant parents and parents-to-be, with the goal of increasing vaccination rates in Canada. The "You protect them every day. So do vaccines." ads were heavily promoted to these audiences on television, social media, search engines; in movie theatres, parenting and pregnancy websites, mobile apps, parenting magazines and doctors' offices.
  - Web visits to childhood vaccination pages on Canada.ca increased 1600%. A post-campaign survey found that 27% of our target audience recalled seeing the ad. Of those, 47% agreed that it made them more likely to think that childhood vaccination is important and 57% responded that they took action as a result of seeing the ad.

Sexually transmitted and blood-borne infections (STBBI)

Prevention, detection, and treatment of STBBI is a domestic and global priority, and Canada is part of the global effort to eliminate these infections as a global health threat by 2030.

In 2018–19, PHAC:

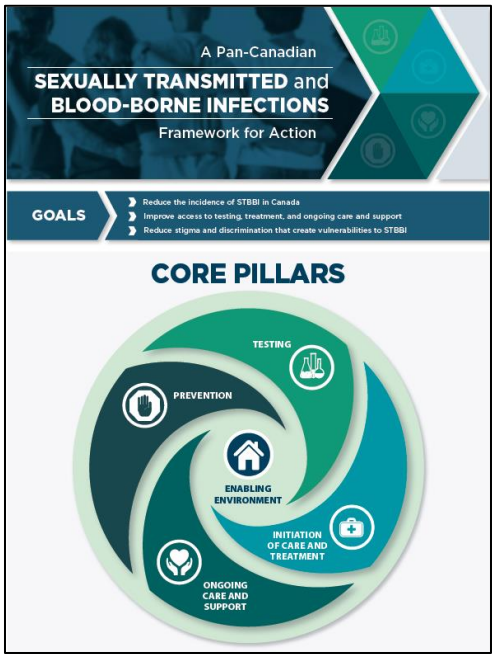
- Promoted the importance of STBBI testing and treatment by:
  - Releasing a new video testimonial[xxxii] featuring a person who has lived with hepatitis C to increase the understanding of the experiences of Canadians with STBBIs; and,
  - Hosting webinars reaching almost 1,300 public health practitioners, community-based organizations, clinicians and other medical professionals, and researchers to foster improved public health practice and response in Canada.

- Released the *Guideline on the Prevention of Transmission of Blood-borne Viruses from Infected Healthcare Workers in Healthcare Settings*,[xxxiii] which provides a national framework for developing policies and procedures to prevent the transmission of HIV and hepatitis B and C during exposure-prone health care procedures.

- Funded community-based projects to reduce the incidence of HIV and hepatitis C being spread through the sharing of drug-use equipment (inhalation and injection). In particular, this work focused on reducing stigma toward people who use and share drug-use equipment, as well as the stigma that is associated with being tested for HIV and hepatitis C.

[21] The National Advisory Committee on Immunization (NACI) is a national external advisory committee that provides timely advice to the Public Health Agency of Canada on the use of vaccines in Canada.

- Released *Reducing the Health Impact of Sexually Transmitted and Blood-borne Infections in Canada by 2030: A Pan-Canadian STBBI Framework for Action*,[xxxiv] which sets out an overarching and comprehensive approach that will contribute to achieving global STBBI targets.



- Worked towards meeting the UNAIDS 90-90-90 targets to eliminate HIV as a public health threat by:
  - Working with people with lived experience and with stakeholders to promote the importance of the Undetectable = Untransmittable (U=U)[xxxv] messaging in reducing stigma and discrimination and supporting adherence to treatment. This effort resulted in the Minister of Health endorsing the U=U messaging on behalf of Canada, becoming the first country in the world to endorse the U=U campaign; and,
  - Developing tools, educational resources, and webinars, such as HIV factsheets and a Herpes Simplex Virus Counselling Tool,[xxxvi] to enhance health care and service providers' skills and comfort in the screening, diagnosis, treatment, and counselling of individuals with sexually transmitted and blood-borne infections.

Antimicrobial Resistance[22]

The growing resistance of bacteria to antibiotics has been identified by the World Health Organization as one of the top 10 risks to global health. Canadians are facing an increasing risk of being infected by bacteria that are resistant to antibiotic treatment, known as antimicrobial resistance. PHAC is coordinating multi-sectoral efforts under a "One Health"[xxxvii] approach[23] to combat this challenge.

In 2018–19, PHAC:

- Led the ongoing development of a Pan-Canadian Antimicrobial Resistance Action Plan with concrete actions – Canada's roadmap to preserve the effectiveness of antibiotics.

- Improved AMR surveillance by:
  - Expanding the Canadian Nosocomial Infection Surveillance Program (CNISP)[24] and supporting capacity building to bring together microbiology reports from across the country;

[22] Bacteria, viruses, fungi and parasites can build up resistance antimicrobials, such as antibiotics and antivirals that are used to treat people who are sick. This is known as antimicrobial resistance, which has spread around the world and has become a serious public health threat.

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

[24] CNISP is a collaborative effort between the Association of Medical Microbiologists and Infectious Disease, and PHAC. The objectives of CNISP are to provide rates and trends on healthcare-associated (nosocomial) infections at Canadian health care facilities to support the development of national guidelines on healthcare-associated infections.

  - Initiating community-level surveillance of highly resistant bacteria to identify blind spots in surveillance of AMR.

- Supported healthcare providers:
  - Through the national Choosing Wisely Canada's campaign on AMR;[xxxviii] to help clinicians and patients engage in conversations about unnecessary antibiotic use; and,
  - By expanding access to AMR learning materials developed by the University of Waterloo's School of Pharmacy.

- Brought public health attention to rising rates of gonorrhea and drug-resistant gonorrhea in Canada and around the world. Between 2012 and 2016, the incidence of Multi Drug Resistance Gonococci (a key strain of gonorrhea) increased from 6.2% to 8.9% (as published in *Addressing the rising rates of gonorrhea and drug resistant gonorrhea: There is no time like the present*).[xxxix]

- Provided evidence to support policy and programs on prudent antimicrobial use to prevent, limit and control AMR in Canada, including:
  - A *Canadian Antimicrobial Resistance Surveillance System - Update 2018*[xl] to provide decision makers with evidence to support policy and programs that will help prevent and control antimicrobial resistance in Canada.

Climate Change and Infectious Diseases

Climate change is likely to drive an increase in infectious diseases transmitted by, for example, mosquitoes and ticks in Canada. PHAC plays a public health role in prevention and detection, and coordinates national responses to inform Canadians about risks and protective measures and supports the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change.[xli]

In 2018–19, PHAC:

- Expanded the Infectious Disease and Climate Change Program, and implemented a related Fund,[xlii] to build tools and resources to equip health professionals, communities, and Canadians to protect themselves from climate-driven infectious diseases, including Lyme and other tick-borne diseases.

- Expanded the development of educational tools and resources[xliii] on prevention, including an interactive children's exhibit on ticks, a tick check wallet card and poster, and a tutorial video on how to properly remove a tick.

- Improved monitoring of vector-borne diseases and informed stakeholders and communities so that they better understand the risks and adopt prevention initiatives such as:
  - Ongoing risk assessments of climate–sensitive vector-borne diseases (such as Lyme disease); and,
  - Targeted surveillance and tools to help public health practitioners adapt (e.g., risk maps, disease-forecasting methods, and analysis of our knowledge about vector-borne diseases, and their prevention and control).

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

Rapid and accurate detection of infectious diseases and their causes is a core public health function. During a disease outbreak, public health practitioners require the tools, expertise, and protocols to rapidly respond to, and contain, the spread of infectious diseases. PHAC ensures that these resources are available to facilitate early detection of outbreaks, and to deliver a coordinated, timely, and effective response.

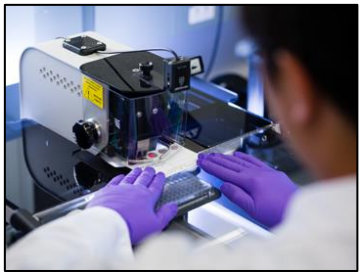
Scientific Leadership and Laboratory Capacity

PHAC's National Microbiology Laboratory is known around the world for its innovative scientific excellence and emergency response capabilities to handle the most dangerous pathogens in the world.

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

- Providing rapid access to tuberculosis (TB) testing and related health services by deploying mobile clinics in Whale Cove and Cape Dorset, in partnership with the Government of Nunavut. As a result, early diagnosis and local treatment were achieved while minimizing the impact of cultural isolation and language barriers.

- Enhancing Canada's infectious disease detection and laboratory diagnostic capacity with an investment of $9.4 million over five years to establish the Innovative Diagnostics Program. In particular, access to diagnostic testing for HIV in under-served Canadian communities was enhanced by expanding PHAC's Dried Blood Spot testing to an additional 35 communities in support of early diagnosis and treatment.



A scientist analyzing Dried Blood Spot samples.

- Improving the detection of foodborne illness outbreaks by fully implementing, through the Agency's PulseNet Canada, genome sequencing for four key pathogens: Salmonella, Shigella, E. coli, and Listeria. As a result, provincial public health labs increased their genome sequencing capacity through PHAC support, training and analysis.

- Leveraging the Canadian-led diagnostic network (Quality Assessment and Standardization of Indicators – Outbreak Alert (QASI®-OA)) to extend successful HIV diagnostics to other priority viruses like Ebola. Results included validating diagnostic testing technology and developing protocols and training materials that will be used in the network. This was an important first step toward building capacity for early detection in regions most at-risk for outbreaks.

Tuberculosis

TB continues to affect individuals, families and communities across Canada. Indigenous Peoples and foreign-born individuals from countries where TB is endemic remain at an increased risk for this disease. To reduce rates of TB in at-risk populations in 2018–19, PHAC:

- Invested in Community Mobilization Initiatives in two First Nations communities to raise awareness about latent TB infection and active TB disease and encourage those at risk to get tested and treated.

- Collaborated with Immigration, Refugees and Citizenship Canada on an initiative to introduce latent TB infection screening for certain high-risk groups of immigrants applying for entry into Canada.

- Reported on TB rates in partnership with the provinces and territories (November 2018[xliv] and February 2019[xlv]) to help inform public health action and monitor progress towards the ultimate goal of eliminating TB.

- Assessed the uptake of a shorter-course drug treatment for latent TB infection at sites in Iqaluit and Ottawa. Improving treatment completion rates is a key goal of these shorter-course regimens.

Foodborne Illness

PHAC investigates food-borne illness outbreaks according to the Food-borne Illness Outbreak Response Protocol (FIORP)[25] and analyzes food-borne illness trends to improve food safety. These activities are contributing to a strong food safety system (*Evaluation of the Public Health Agency of Canada's Food-borne and Water-borne Enteric Illness Activities 2012-17*).[xlvi]

In 2018–19, PHAC:

- Responded to 15 multi-jurisdictional[26] outbreaks in collaboration with provincial/territorial partners, the Canadian Food Inspection Agency, and Health Canada, and provided technical support for 10 single jurisdiction outbreaks.

- Investigated eight national Salmonella outbreaks linked to frozen raw breaded chicken products, which included over 300 confirmed Salmonella illnesses, resulting in recalls of these products to safeguard the health of consumers. Canadians received updates on these investigations as well as information on safe food handling practices through Public Health Notices and social media messages.

Experimentation

- PHAC validated and/or implemented new laboratory methods and technologies to:
  - Make diagnostic testing for TB, HIV and STBBI more accessible to individuals in hard-to-reach communities. These successful approaches will be further developed and advanced through the Innovative Diagnostics Program; and,
  - Improve analysis of genome sequencing data to identify outbreaks more effectively than previous approaches.

[25] FIORP was developed by PHAC, Health Canada, and the Canadian Food Inspection Agency to enhance the collaboration and overall effectiveness of responses during multi-jurisdictional food-borne illness outbreaks.

[26] Multi-jurisdictional outbreaks span more than one province/territory or involve another country. Outbreaks occurring in a single jurisdiction are managed by local/regional or provincial/territorial officials.

- The success of PHAC's pilot project with Drone Delivery Canada and Transport Canada resulted in successfully transferring Dried Blood Spot HIV testing materials to a remote community in Northwestern Ontario. Additional pilots are now being considered.

- PHAC engaged Canadian innovators through two innovation programs – Build in Canada Innovation Program and Innovation Solutions Canada – to develop and test software that uses artificial intelligence to increase efficiencies in knowledge synthesis and transfer in the area of immunization. The aims of these projects were to:
  - Enhance PHAC's technical capacity in conducting systematic reviews of existing literature to inform the development of immunization recommendations by NACI, which is a national external advisory committee that provides advice to PHAC on the use of vaccines in Canada; and,
  - Support Canadian health care providers in more easily searching the *Canadian Immunization Guide* to find answers to their practice-relevant questions.

Results achieved

Departmental Results	Performance indicators	Target	Date to achieve target	Actual results		
				2018–19	2017–18	2016–17
Infectious diseases are prevented and controlled	% of 2 year old children who have received all recommended vaccinations	95%	Dec. 31, 2025	Data not collected[27]	68%	Data available in 2017–18[28]
	Proportion of national vaccination coverage goals met for children by 2 years of age	12/12	Dec. 31, 2025	Data not collected[29]	0/12 (2017)	Data available in 2017–18[30]
	Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV)[31]	0.6 Cases per 100,000	Mar. 31, 2030	Data available in December 2019	6.5 (2017)	6.4 Cases per 100,000 (2016)
	Rate of a key antimicrobial resistant infection identified among people in hospitals	2 cases per 1,000 patient admissions	Mar. 31, 2019	Data available in late 2019[32]	2.35 per 1,000 (2017)	2.30 Cases per 1,000 (2016)
Infectious disease outbreaks and threats are prepared for and responded to	% of foodborne illness outbreaks responded to within 24 hours of notification	90%[33]	Mar. 31, 2019	91%	95%	91%
	% of new pathogens of international concern that Canada has the capacity to accurately test for	90%	Mar. 31, 2019	100% (2018)	100% (2017)	94%

[27] This is a bi-annual indicator, with vaccine coverage measured every two years.
[28] Data not collected in 2016-17.
[29] This is a bi-annual indicator, with vaccine coverage measured every two years.
[30] Data not collected in 2016-17.
[31] 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.
[32] As of 2018, data for this indicator will no longer be available 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 0.62 per 1,000 patient admissions in both 2016 and 2017. For 2020-21 the target will be 0.7 cases per 1,000 patient admissions.
[33] 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).

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2018–19 Difference (Actual spending minus Planned spending)
196,737,069	196,737,069	205,465,517	199,658,422	2,921,353

Authorities available for use increased during the fiscal year for new funding from the operating and capital budget carry-forwards and new funding for Collective Bargaining Agreements as well as transfers to and from other departments during the year in the Supplementary Estimates.

Actual spending varied from planned spending due to lower than anticipated expenditures for grants and contributions, staffing and capital investments, offset by the new funding received.

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2018–19 Difference (Actual full-time equivalents minus Planned full-time equivalents)
1,001	982	(19)

3. Health Security

Description

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

Results

During 2018–19, PHAC made progress in strengthening health security with results and highlights as noted below.

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

Working with federal/provincial/territorial and other partners, PHAC strengthened its ability to prepare for, and respond to, national and international public health events and emergencies.

In 2018–19, PHAC:

> PHAC uses Artificial Intelligence for its Global Public Health Intelligence Network to scan large amounts of global data for more rapid responses to threats.

- Participated in a World Health Organization[xlvii] (WHO) evaluation of Canada's readiness to respond to public health events and emergencies, biosafety and biosecurity systems and practices, and capacities at designated points of entry into Canada. As reported in results achieved, Canada exceeded its targets. The evaluation found that Canada has strong systems in place to respond to public health events and emergencies and it confirmed that the role of provinces and territories was essential to a successful evaluation and our ability to demonstrate capacity at the front line and collaboration across levels of government.

- Collaborated with stakeholders to optimize the National Emergency Strategic Stockpile (NESS), including a NESS study to support modernization of processes and contents, including acquiring antiviral drugs and medical countermeasures.[34]

- Responded to 17 domestic requests for epidemiological assistance to investigate disease outbreaks for tuberculosis, mumps, legionnaire's disease and substance-related harm.

- Responded to requests for supplies from provinces, including: medical countermeasures to the G7 Summit in Quebec, beds and mobile clinic support for asylum seekers to the Canada Border Services Agency, and X-ray machines to help with the tuberculosis response in Quebec.

- Canada fully met its target to respond to these requests within negotiated timelines.

[34] Medical countermeasures are therapeutic products, such as antivirals, antibiotics, vaccines or medical devices that can be used to prevent, mitigate or treat the harmful effects of a chemical, biological, radiological or nuclear agent.

- Mobilized epidemiologists to support infectious disease outbreak response activities in Bangladesh, and provided emergency management staff to support the Ebola outbreak response led by the WHO in Congo, Africa.

> During the G7 Summit in Quebec, PHAC undertook the largest pre-deployment of medical countermeasure in the history of the NESS.

PHAC's partners appreciated the effort and support provided by the Agency when preparing for and responding to public health events and emergencies, as noted in the *Evaluation of Emergency Preparedness and Response Activities 2012-13 to 2016-17*.[xlviii]

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

Pathogens and toxins pose a risk to Canadians because of their ability to cause disease or death. These agents are used in a wide range of Canadian sectors for many different purposes including: teaching and research at universities; disease diagnosis at hospitals and public health facilities; and vaccine development in the pharmaceutical industry. PHAC regulates the importation or transfer of terrestrial animal pathogens with the exception of foreign animal pathogens and pathogens causing emerging animal disease, which fall under the authority of the Canadian Food Inspection Agency.

In 2018–19, PHAC:

- Continued to assess compliance of Canadian laboratories through on-site inspections and document reviews. 88% of compliance issues were successfully responded to by regulated parties within established timelines – an improvement over 82% in 2017–18 when PHAC missed its target by 3%. Given that many of the missed timelines fell in or around holiday periods, PHAC has now instituted automated follow-ups 15 days prior to due date and has established deadlines in consideration of holidays. The evaluation report format was also updated for improved clarity and a higher level of detail.

> PHAC offers free online training and resources on laboratory biosafety through its Laboratory Biosafety and Biosecurity e-Learning Portal. In 2018–19, over 16,000 courses were successfully completed by users.

- Promoted regulatory compliance and enhanced domestic and international biosafety[35] and biosecurity[36] through:
  - An interactive biosafety webinar series on topics such as, "What to Expect When You're Inspected", "Biosecurity Awareness", etc. reaching over 1,300 participants in 2018–19;
  - A Canada Communicable Disease Report (CCDR)[xlix] study on the exposure risk of laboratory personnel to dangerous pathogens resulting from a new technology[37] increasingly used in the identification of biological agents. The study raised awareness regarding the limitations of the technology and stimulated work on mitigation measures to help prevent similar incidents;

[35] Biosafety involves the containment principles, technologies and practices used to prevent unintentional exposure to, or accidental release of, pathogens and toxins.

[36] Biosecurity involves security measures designed to prevent the loss, theft, misuse, or intentional release of pathogens, toxins, and other related assets (e.g., personnel, equipment, non-infectious material, and animals).

[37] The new technology is called Matrix Assisted Laser Desorption/Ionization-Time of Flight Mass Spectrometry – MALDI-TOF.

- An online ePATHogen[l] database providing stakeholders with open access to the regulatory status of nearly 8,000 human and animal pathogens and toxins. This tool resulted in a 40% reduction in the number of related monthly enquiries and eased the administrative burden for our regulated parties;
- A reduction in the number of facilities retaining the polio virus in Canada, supporting Canada's commitment to the WHO's Global Polio Eradication Initiative's Global Action Plan III for polio containment; and,
- Finalizing the second edition of an Analytical Approach to Biosafety and Biosecurity – a policy tool to assist countries in developing their national or regional biosafety and biosecurity oversight frameworks.

> Each year the Canada Communicable Disease Report publishes a detailed report on laboratory exposures to human pathogens and toxins in Canada.

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

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

In 2018–19, PHAC:

- Informed Canadians about travel health risks and precautions they should take to reduce the risk of getting sick while visiting other countries. For example, PHAC published and posted 70 new and updated Travel Health Notices[li] to Travel.gc.ca.[lii] PHAC also published updated guidance on Ebola, Zika and Malaria for Canadians and health professionals based in part on advice received from the expert Committee to Advise on Tropical Medicine and Travel.[liii]

> 90% of respondents of a survey of nearly 2,000 Canadians confirmed that information on the travel.gc.ca website was useful, easy to find and easy to understand.

- Worked with partners to support public health emergency preparedness through exercises and lessons learned from real events, including an exercise with the Canadian Red Cross to test the capacity of Canadian land borders to accept a large influx of migrants.

- Responded to notifications regarding ill travellers and other related requests for assistance or information.

- Conducted 637 risk-based inspections of conveyances (e.g., aircraft, passenger ferries, cruise ships and trains). While almost half of the inspections identified critical public health violations, operators implemented corrective measures resulting in a compliance rate of 94%. Only 1% below the 95% target was due largely to seasonal conveyances, facility closures and non-compliance for voluntary inspections.

Results achieved

Departmental Results	Performance indicators	Target	Date to achieve target	Actual results		
				2018–19	2017–18	2016–17
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)	Nov. 30, 2018	4.5	not available [38]	not available[39]
	% of provincial and territorial requests for assistance responded to within negotiated timelines	100%	Mar.31, 2019	100%	100%	100%
Public health risks associated with the use of pathogens and toxins are reduced	% compliance issues in Canadian laboratories successfully responded to within established timelines	85%	Mar. 31, 2019	88%	82%	Data expected in 2017–18[40]
Public health risks associated with travel are reduced	Canada's capacity[41] for effective public health response at designated points of entry into Canada	4 (Rating out of 5)	Mar. 31, 2019	5	not available[42]	not available[43]
	% of inspected passenger transportation operators that meet public health requirements	95%	Mar. 31, 2019	94%[44]	97%	96%

38 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.

39 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.

40 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.

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

42 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.

43 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.

44 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.

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2018–19 Difference (Actual spending minus Planned spending)
55,369,952	55,369,952	58,516,636	55,577,234	207,282

Authorities available for use increased during the fiscal year for new funding from the operating budget carry-forward and new funding for Collective Bargaining Agreements.

Actual spending varied from planned spending due to lower than anticipated expenditures for staffing and capital investments, offset by the new funding received.

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2018–19 Difference (Actual full-time equivalents minus Planned full-time equivalents)
353	354	1

Financial, human resources and performance information for PHAC's Program Inventory is available in the GC InfoBase.[liv]

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 service categories that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. The 10 service categories are:

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

Results

PHAC continued its focus on supporting its employees and achieving its departmental results in the most effective and efficient manner possible. Results for 2018–19 included:

Management and Oversight Services

- Supported innovative employee engagement and change management through activities related to Blueprint 2020, Public Service Renewal, and the Public Service Employee Survey.

- Engaged employees through internal communications and Blueprint 2020, including:
  - At Health Talks events, over 900 Health Portfolio employees heard from experts on sex and gender-based analysis and generational stereotypes; and
  - Through the “Public Health Agency of Canada: Working for Canadians” web series, in which PHAC employees shared stories on topics such as: how statistics inform health policy; Lyme disease and climate change; and mobilizing resources to address tuberculosis in Canada’s north.

Human Resources Management Services

PHAC and Health Canada were the first large departments to implement the National Standard for Psychological Health and Safety in the Workplace and to offer mental health first-aid training to employees.

- Promoted a corporate culture that supported workplace well-being, employment equity, and healthy working relationships that are free from harassment through measures such as:
  - The establishment of a Workplace Wellness Service Centre;
  - Continued implementation of the Multi-Year Strategy for Mental Health and Wellness in the Workplace by delivering sessions on topics such as bullying in the workplace and distribution of a Mental Health First Aid Toolkit to all employees;
  - Organizing special events such as the Third National Respect in the Workplace Annual Campaign and a national event for Bell Let's Talk Day; and,
  - Sustained efforts to meet requirements under the Multi-Year Diversity and Employment Equity Plan. As an example, through its Accessible and Inclusive Meeting Spaces initiative PHAC completed the planning and design of its first innovative accessible meeting space for persons with disabilities, for renovation and launch next year.
- Enabled a culture of high performance through continued support for employee career development, post-secondary recruitment, performance management, and learning and development opportunities. For example:
  - PHAC offered post-secondary employment opportunities to a record 420 students – a 16% increase over last year;
  - PHAC's year-end completion rate (86%) for Performance Management Agreements was above the core public service average (79%); and,
  - PHAC employees also completed 2,035 learning activities at the Canadian School of Public Service and 1,156 in-house learning activities.

Financial Management

- Supported Public Services and Procurement Canada to address pay issues faced by its employees (e.g., accurate and timely pay) by providing 35 emergency salary advances and 26 priority payments while building in-house compensation capacity to support the Public Service Pay Centre.

Information Management Services / Information Technology Services / Real Property Services

- Modernized the workplace to enable a safe and productive workforce with access to modern tools and facilities through initiatives such as enhanced IM-IT Security awareness training, continued delivery of mobile access by enabling access to Wi-Fi, and implementation of accommodations projects aligned with the Government of Canada direction.

Open Government

- In support of transparency, accountability and citizen engagement, in 2018-19 PHAC released 13 data sets (e.g. FluWatch[lv] and Canadian Chronic Disease Indicators[lvi]) and over 175 information resources (e.g. Lyme disease awareness resources for Indigenous communities[lvii] and Canadians' awareness, knowledge and attitudes related to sexually transmitted and blood-borne infections: 2018 findings report[lviii]) on the Open Government Portal.[lix]

Communications and Public Affairs

- Provided Canadians with timely and relevant public health and safety information using various means of communications, such as: social media, web content on Canada.ca, digital and traditional advertising, interactive exhibits, public communications from the Chief Public Health Officer, and joint statements of the Chief Medical Officers of Health. These tactics were used to provide information on a range of topics, including:
  - Seasonal flu;
  - Vaccination;[45]
  - Antimicrobial resistance;[46]
  - Lyme disease;
  - Tuberculosis;
  - The opioid crisis, in particular quarterly data on opioid-related deaths and harms; and
  - Research and scientific excellence at the Agency.

Experimentation

Fundamentals of Innovation

PHAC partnered with MaRS, a platform for innovators and researchers, to create the Fundamentals of Innovation (FIT), an eight week program where participants are taught about concepts of innovation and are coached in applying them to challenges that are experienced at PHAC. This program provides opportunities for PHAC employees and executives to work in cross-Agency project teams in order to develop a culture of smart-risk taking.

The FIT program values experimentation, iteration and learning from failures and challenges and encourages participants to use different approaches and tools for problem solving. The goal is to provide this opportunity to 150 PHAC executives and employees, with phase 1 being completed in 2018–19.

Data and Analysis

Data and analysis are integral to informing evidence-based public health decision making. To this end, PHAC collects, analyzes, and shares information to support public health measures.

[45] PHAC raised awareness as part of the Childhood Vaccination advertising campaign with the placement of ads on specialty television, social media, websites, mobile apps and in magazines, movie theatres, and doctor's offices.

[46] PHAC promoted the sound use of antibiotics and raised awareness of the risks of antimicrobial resistance resulting in 434% more Twitter views than the monthly average of tweets.

In 2018–19, PHAC:

- Established a Data, Partnerships and Innovation Hub. This new "Data Hub" led the development of PHAC's first Data Strategy, which is to be finalized in 2019. The Data Strategy aligns with the Data Strategy Roadmap for the Federal Public Service. In support of this roadmap PHAC will experiment with, adopt, and adapt new data partnership models to do more with data, and to answer increasingly complex public health questions.

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2018–19 Difference (Actual spending minus Planned spending)
102,885,921	102,885,921	104,976,405	101,725,172	(1,160,749)

Human resources (full-time equivalents)

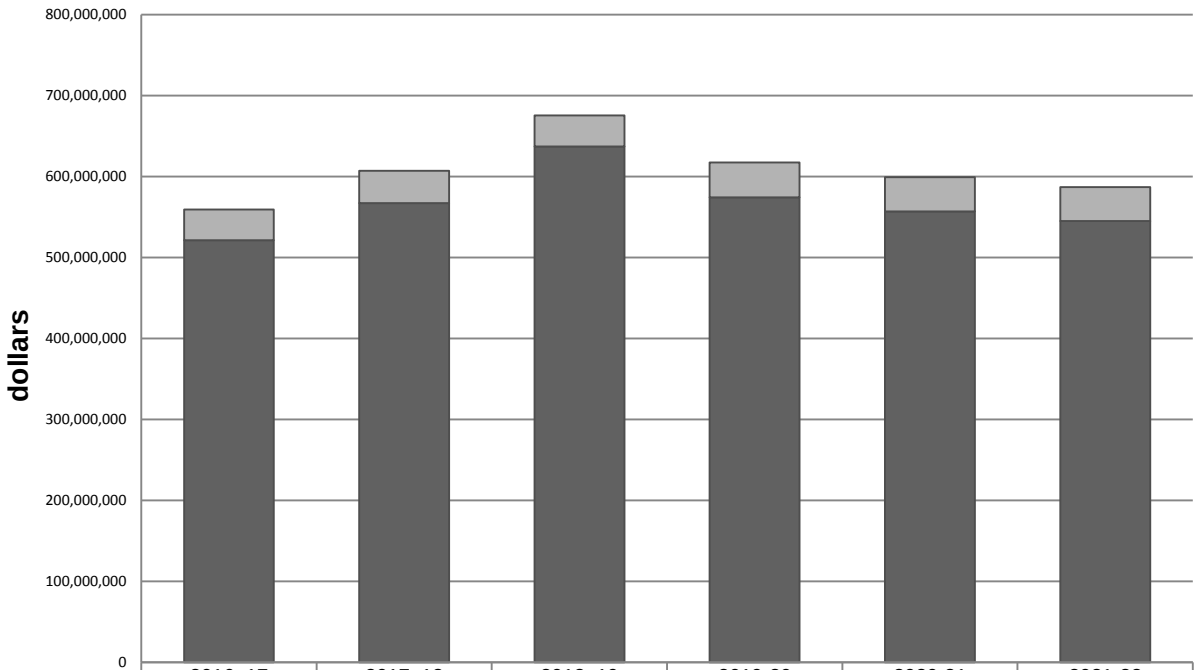
2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2018–19 Difference (Actual full-time equivalents minus Planned full-time equivalents)
620	322	(298)

Actual full-time equivalents varied from planned full-time equivalents primarily due to the annual transfer of resources from PHAC to Health Canada under the Health Portfolio Shared Services Partnership Agreement.

Analysis of trends in spending and human resources

Actual expenditures

Departmental spending trend graph



	2016–17	2017–18	2018–19	2019-20	2020-21	2021-22
Statutory	38,139,286	39,884,810	38,197,623	43,058,726	42,491,868	41,783,010
Voted	521,077,742	567,217,744	637,154,368	574,280,435	556,615,396	544,961,822
Total	559,217,028	607,102,554	675,351,991	617,339,161	599,107,264	586,744,832

The changes in spending from 2017–18 to 2018–19 are primarily due to new funding received to support the Healthy Seniors Pilot Project in New Brunswick; ParticipACTION; the Indigenous Early Learning and Child Care Infrastructure and Programming; and Strengthening the Canadian Drugs and Substances Strategy, and Government advertising programs.

Budgetary performance summary for Core Responsibilities and Internal Services (dollars)[47]

Core Responsibilities and Internal Services	2018–19 Main Estimates	2018–19 Planned spending	2019–20 Planned spending	2020–21 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2017–18 Actual spending (authorities used)	2016–17 Actual spending (authorities used)
1. Health Promotion and Disease Prevention	234,186,421	234,186,421	257,822,279	246,632,317	328,695,732	318,391,163	239,450,960	250,992,266
2. Infectious Disease Prevention and Control	196,737,069	196,737,069	207,886,062	205,436,515	205,465,517	199,658,422	189,906,141	135,938,857
3.Health Security	55,369,952	55,369,952	52,331,185	52,139,861	58,516,636	55,577,234	78,982,234	79,699,743
Subtotal	**486,293,442**	**486,293,442**	**518,039,526**	**504,208,693**	**592,677,885**	**573,626,819**	**508,339,335**	**466,630,866**
Internal Services	102,885,921	102,885,921	99,299,635	94,898,571	104,976,405	101,725,172	98,763,219	92,586,162
Total	**589,179,363**	**589,179,363**	**617,339,161**	**599,107,264**	**697,654,290**	**675,351,991**	**607,102,554**	**559,217,028**

The increase in actual spending in 2018–19 is primarily due to new funding received to support: the Healthy Seniors Pilot Project in New Brunswick; ParticipACTION; the Indigenous Early Learning and Child Care Infrastructure and Programming; Strengthening the Canadian Drugs and Substances Strategy, and Government advertising programs.

Actual expenditures in 2017–18 were higher compared to 2016–17 primarily due to new funding received to support the one year investment in Indigenous Early Learning and Child Care Infrastructure and Programming; Adapting to the Impacts of Climate Change; Strengthening the Canadian Drugs and Substances Strategy; Government advertising programs and re-profiling of funding to acquire Medical Countermeasures for Smallpox and Anthrax preparedness.

[47] Differences may arise due to rounding.

2018–19 Budgetary actual gross spending summary (dollars)

Core Responsibilities and Internal Services	2018–19 Actual gross spending	2018–19 Actual gross spending for specified purpose accounts	2018–19 Actual revenues netted against expenditures	2018–19 Actual net spending (authorities used)
1. Health Promotion and Chronic Disease Prevention	318,391,163	0	0	318,391,163
2. Infectious Disease Prevention and Control	196,881,765	2,776,657	0	199,658,422
3. Health Security	55,371,831	893,033	(687,630)	55,577,234
Subtotal	**570,644,759**	**3,669,690**	**(687,630)**	**573,626,819**
Internal Services	101,641,688	83,484	0	101,725,172
Total	**672,286,447**	**3,753,174**	**(687,630)**	**675,351,991**

Actual human resources

Human resources summary for Core Responsibilities and Internal Services (full-time equivalents)[48]

Core Responsibilities and Internal Services	2016–17 Actual full-time equivalents	2017–18 Actual full-time equivalents	2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents
1. Health Promotion and Chronic Disease Prevention	517	439	499	476	484	483
2. Infectious Disease Prevention and Control	915	958	1,001	982	1,008	1,005
3. Health Security	409	372	353	354	381	382
Subtotal	**1,841**	**1,768**	**1,853**	**1,812**	**1,873**	**1,870**
Internal Services	286	307	620	322	626	626
Total	**2,127**	**2,075**	**2,473**	**2,134**	**2,499**	**2,496**

Actual full-time equivalents varied from planned full-time equivalents primarily due to the annual transfer of resources from PHAC to Health Canada under the Health Portfolio Shared Services Partnership Agreement.

[48] Differences may arise due to rounding.

Expenditures by vote

For information on PHAC's organizational voted and statutory expenditures, consult the Public Accounts of Canada 2018-2019.[lx]

Government of Canada spending and activities

Information on the alignment of PHAC's spending with the Government of Canada's spending and activities is available in the GC InfoBase.[lxi]

Financial statements and financial statements highlights

Financial statements

PHAC's financial statements (unaudited) for the year ended March 31, 2019, are available on the PHAC website.[lxii]

Financial statements highlights

Condensed Statement of Operations (unaudited) for the year ended March 31, 2019 (dollars)

Financial information	2018–19 Planned results	2018–19 Actual results	2017–18 Actual results	Difference (2018–19 Actual results minus 2018–19 Planned results)	Difference (2018–19 Actual results minus 2017–18 Actual results)
Total expenses	618,594,157	701,984,958	634,072,380	83,390,801	67,912,578
Total revenues	13,969,701	13,263,174	14,882,681	(706,527)	(1,619,507)
Net cost of operations before government funding and transfers	604,624,456	688,721,784	619,189,699	84,097,328	69,532,085

PHAC's 2018–19 total actual expenses were $701,984,958, representing an increase of $83,390,801 or 13.5% compared to the 2018–19 planned results.

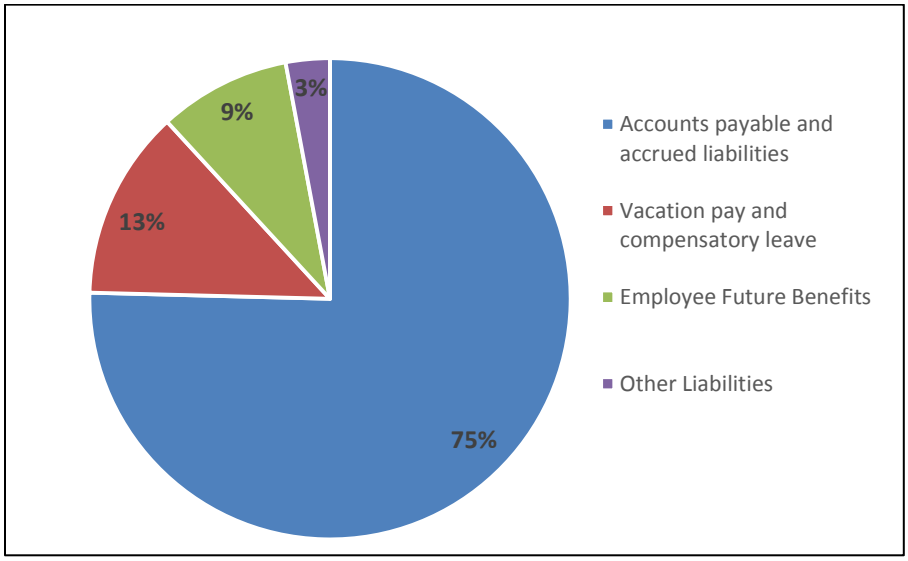
There was an increase of $67,912,578 or 10.7% in actual expenses from 2017–18 to 2018–19 primarily due to new funding received to support: the Healthy Seniors Pilot Project in New Brunswick; ParticipACTION; Indigenous Early Learning and Child Care Infrastructure and Programming; Strengthening the Canadian Drugs and Substances Strategy, and Government advertising programs. PHAC's total actual revenues, primarily from the Shared Services Partnership with Health Canada, were $13,263,174 in 2018–19, representing a decrease of (1,619,507) or (10.8%) from prior year actual revenues. This is due primarily to the reduction of Audit and Evaluation services provided to Health Canada as a result of First Nations and Inuit Health Branch shifting to the Department of Indigenous Services Canada.

Condensed Statement of Financial Position (unaudited) as at March 31, 2019 (dollars)

Financial Information	2018–19	2017–18	Difference (2018–19 minus 2017–18)
Total net liabilities	104,519,903	112,496,607	(7,976,704)
Total net financial assets	81,949,325	90,742,454	(8,793,129)
Departmental net debt	22,570,579	21,754,154	816,425
Total non-financial assets	95,431,613	101,967,115	(6,535,502)
Departmental net financial position	72,861,034	80,212,961	(7,351,927)

The decrease in net financial position from 2017–18 to 2018–19 is primarily due to the amortization of newly acquired assets.

Liability by type

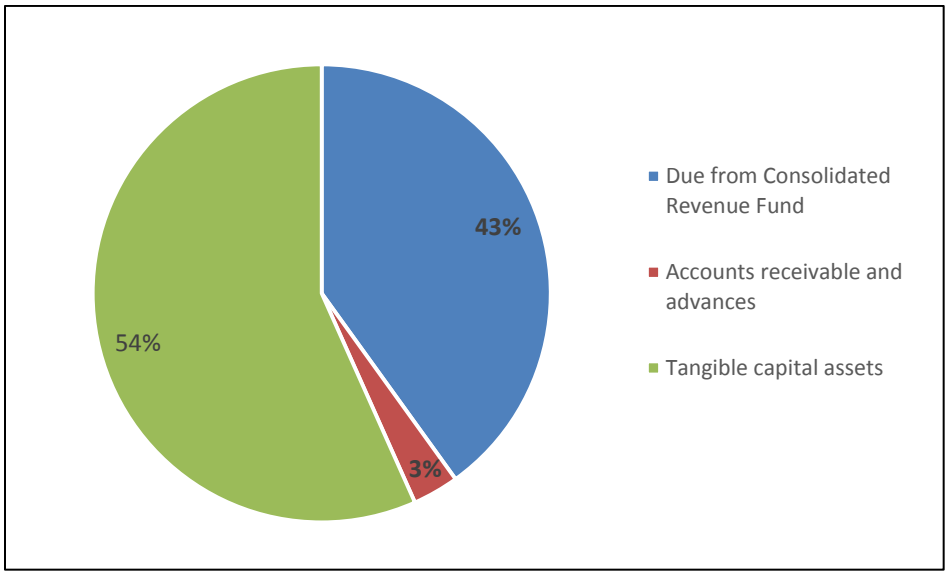


Total liabilities were $104,519,903, a decrease of $7,976,704 (7.1%) over the previous year's total of $112,496,607. The variance was primarily due to a decrease of $7,092,182 in accounts payable and accrued liabilities and a decrease in employee future benefits of (598,613).

Of the total liabilities:

- Accounts payable and accrued liabilities represented $78,815,167 (75%);
- Vacation pay and compensatory leave represented $13,331,325 (13%);
- Employee future benefits represented $9,278,353 (9%); and,
- Other liabilities represented $3,090,510 (3%).

Asset by type



Total assets were $177,380,938, a decrease of $15,328,630 (7.95%) over the previous year's total of $192,709,568. This variance is primarily due to a decrease in Accounts Receivable and Advances and a decrease in tangible capital assets due to amortization of newly acquired assets.

Of the total assets:

- Due from Consolidated Revenue Fund represented $76,455,405 (43%);
- Accounts receivable and advances represented $5,493,920 (3%); and
- Tangible capital assets represented $95,431,613 (54%).

Supplementary information

Corporate information

Organizational profile

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

Institutional head: Kristina Namiesniowski, President.

Ministerial portfolio: Health

Enabling instruments: *Public Health Agency of Canada Act*,[lxiii] *Department of Health Act*,[lxiv] *Emergency Management Act*,[lxv] *Quarantine Act*,[lxvi] *Human Pathogens and Toxins Act*,[lxvii] *Health of Animals Act*,[lxviii] *Federal Framework on Lyme Disease Act*,[lxix] and the *Federal Framework for Suicide Prevention Act*.[lxx]

Year of incorporation / commencement: 2004

Other: In June 2012, the Deputy Heads of Health Canada and Public Health Agency 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 and public affairs, 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.[lxxi]

For more information on the Agency's organizational mandate letter commitments, see the Minister's mandate letter.[lxxii]

Operating context and key risks

Information on operating context and key risks is available on PHAC's website.[lxxiii]

Reporting framework

PHAC's Departmental Results Framework and Program Inventory of record for 2018–19 are shown below:

Departmental Results Framework	Core Responsibility 1: Health Promotion and Chronic Disease Prevention		Core Responsibility 2: Infectious Disease Prevention and Control		Core Responsibility 3: Health Security		Internal Services
	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			
	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)		Indicator: % of provincial and territorial requests for assistance responded to within negotiated 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 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	
	Result 1.3 Chronic diseases are prevented.	Indicator: % increase in years lived in good health by seniors	Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to.	Indicator: % 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 adults who are obese				Indicator: % of inspected passenger transportation operators that meet public health requirements	
		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 Diseases 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				

Supporting information on the Program Inventory

Financial, human resources and performance information for PHAC's Program Inventory is available in the GC InfoBase.[lxxiv]

Supplementary information tables

The following supplementary information tables are available on PHAC's website.[lxxv]

- Departmental Sustainable Development Strategy
- Details on transfer payment programs of $5 million or more
- Gender-based analysis plus
- Horizontal initiatives
- Response to parliamentary committees and external audits

Federal tax expenditures

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

Organizational contact information

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Appendix: definitions

appropriation (crédit)
Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)
Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

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

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

Departmental Result (résultat ministériel)
A Departmental Result represents the change or changes that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

Departmental Result Indicator (indicateur de résultat ministériel)
A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

Departmental Results Framework (cadre ministériel des résultats)
Consists of the department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

Departmental Results Report (rapport sur les résultats ministériels)
A report on an appropriated department's actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

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

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

gender-based analysis plus (GBA+) (analyse comparative entre les sexes plus [ACS+])
An analytical process used to help identify the potential impacts of policies, Programs and services on diverse groups of women, men and gender differences. We all have multiple identity factors that intersect to make us who we are; GBA+ considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical disability.

government-wide priorities (priorités pangouvernementales)
For the purpose of the 2018–19 Departmental Results Report, those high-level themes outlining the government's agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

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

non-budgetary expenditures (dépenses non budgétaires)
Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

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

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

performance 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 Main Estimates.

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

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

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

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.

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