



# Public Health Agency of Canada

2021-22

## Departmental Plan

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

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## From the Minister

I am pleased to present the 2021-22 Departmental Plan for the Public Health Agency of Canada (PHAC). It comes at a critical time for Canadians, who have made great sacrifices to minimize the harmful effects of COVID-19 on our communities. As Minister of Health, I have relied on the Agency's professionals to work collaboratively with provinces, territories, and partners as we rollout vaccines to prevent the further spread of COVID-19 and move towards a safe and sustainable economic recovery. In 2021-22, PHAC will use many tools to promote vaccine uptake, leverage public opinion research to address evolving issues relating to vaccine hesitancy, and work hard to protect Canadians by ensuring vaccine safety. PHAC will also continue to provide Canadians with useful, timely, and evidence-based information to protect themselves, their families, their communities, and their businesses during the COVID-19 pandemic.



PHAC's priority for 2021-22 will be to provide Canadians with access to safe and effective vaccines to protect against COVID-19 and will implement strong immunization surveillance systems to monitor the safety and efficacy of COVID-19 vaccines. PHAC's Vaccine Rollout Task Force will work with provinces and territories to prioritize the vaccination of high-risk populations and those in living or working conditions with an elevated risk for infection or disproportionate consequences. The establishment of a pan-Canadian Vaccine Injury Support Program further demonstrates PHAC's confidence in vaccine safety and our drive to decrease vaccine hesitancy. PHAC will also increase COVID-19 surveillance and research to enhance the evidence-base and improve our ability to combat the disease. On behalf of the Government of Canada, PHAC will continue to lead the procurement of testing supplies for use across Canada, and provide federal testing support services for federal testing needs, such as in northern, remote, and Indigenous communities).

Core to the Agency's mandate is health promotion and the prevention of diseases. Recognizing that COVID-19 has brought new barriers to program delivery, PHAC is pivoting to online models and resources to facilitate the broadest access possible for Canadians. Some of the programs and initiatives I am proud to highlight for 2021-22 include: *Early Learning and Childcare*, *Support for Mental Health*, *Suicide Prevention Services*, and advancing a *National Autism Strategy* to better support individuals with autism spectrum disorder and their families and caregivers. The need for PHAC's continued efforts to reduce the stigma and barriers faced by people who use substances is greater than ever, as we are witnessing how COVID-19 has amplified the opioid crises and other problematic substance use. High-risk drinking and alcohol use disorder is also of concern for myself and the Agency, as it can have significant impacts on Canadians' health.

As the pandemic evolves, the Agency's level of preparedness for and capacity to respond to public health threats will continue to play an essential role. Domestic response efforts will continue to be a priority for the coming year, as well as strengthening PHAC's capacity to mobilize resources and respond to provinces and territories' requests for personal protective

equipment and medical equipment. Building on lessons learned, PHAC will continue to strengthen capacity to prepare for and respond to future public health threats and emergencies.

While this Plan is ambitious, I have full confidence in PHAC's employees and our capability to work collaboratively with our federal government partners, provinces, territories, and public health stakeholders to meet these priorities for Canadians.

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



## Plans at a glance

Even before the first case of COVID-19 was identified on Canadian soil, PHAC had begun mobilizing human resources from across the government to prepare itself to respond to the public health threat. This threat became a reality in early 2020 when the first case of COVID-19 in Canada was reported. Since then, COVID-19 infections have reached all parts of Canada with serious and too often devastating consequences. PHAC is dedicated to continuing to support Canada and Canadians in reducing the further spread of COVID-19 in 2021-22, and in this document has organized its plan for investments, programs, initiatives, and activities according to its Departmental Results Framework.

Under Core Responsibility (CR) 3, *Health Security and Infrastructure*, PHAC is implementing Orders in Council and taking vital preventative measures under the authority of the *Quarantine Act*. Experience has demonstrated that the most effective line of defence to reduce the importation of new infections and variants are mandatory quarantine and self-isolation periods. PHAC will also continue to expand the Border and Travel Health Program to provide up-to-date guidance, situational awareness, and public information regarding the risks and requirements of international travel. More detail on these and other crucial activities related to preparedness and response are found on pages 33-40.

CR 2, *Infectious Disease Prevention and Control*, is where information on vaccine research, development, allocation, and deployment is located. Safe and effective vaccines are a cornerstone of the Government of Canada's response to COVID-19 and requires the collaboration between the Government of Canada, provincial and territorial governments, First Nations, Inuit, and Métis leaders, municipal governments, public health and logistical experts, manufacturers, and Canadians to facilitate the rollout. Working in partnership with Health Canada, PHAC will strive to build vaccine confidence and support the work of the COVID-19 Immunity Task Force (CITF).

PHAC's contribution to strengthening diverse components of Canada's health systems capacity are found throughout each CR. Weaved throughout this document are examples of new and re-invigorated investments and support in areas such as: improving public health intelligence capacity (CR 3); procuring and distributing Personal Protective Equipment (PPE) where and when needed (CR 3); enhancing laboratory capacity and genome sequencing (CR 2); providing safe, voluntary isolation spaces (CR 2); expanding COVID-19 surveillance and guidance (CR 2); and creating new knowledge, through research and publications, relating to the effects of COVID-19 on chronic disease (CR 1 – *Health Promotion and Chronic Disease Prevention*). These are just a sampling of the contributions PHAC will make in 2021-22.

In addition to the physical effects of COVID-19 and measures put in place to prevent its spread PHAC is witnessing serious negative effects on Canadians' mental health and wellbeing and the deepening of health inequalities. More information on programs and strategies to combat these negative outcomes can be found under CR 1.

PHAC is continuing to operationalize improvements and new investments in Internal Services to hire the best and brightest talent, build a healthy, diverse, and inclusive workforce, and equip employees with modern tools and resources to deliver excellence for Canadians in the current

remote workplace. This is also where the strategic policy and communications work is captured, as PHAC works tirelessly to continue to provide timely, trusted, and evidence-based information to Cabinet and to Canadians.

And yet while the above is already a heavy lift, responding to COVID is simply PHAC's number one priority. In 2021-22 PHAC will continue to dedicate resources to advancing long-standing priorities in public health and implement programs and strategies in support of the Minister of Health's Mandate Letter. Information regarding actions to reduce anti-microbial resistance, early childhood development, and many more are outlined in their respective core responsibility.

Below are the plans at a glance for PHAC's 2021-22 Departmental Plan:

### Health Promotion and Chronic Disease Prevention

- ▶ **Further the understanding of the wider consequences of COVID-19**, by partnering with other federal, provincial, and territorial government departments to advance the assessment and surveillance of the impacts of the pandemic beyond infection and transmission to include trends in health equity, key pregnancy-related indicators, and the physical and mental health of Canadians;
- ▶ In the context of alcohol use disorder and the ongoing opioid crisis in Canada, PHAC will continue monitoring opioid-related overdose deaths and problematic alcohol consumption to increase knowledge and understanding of how **COVID-19 has contributed to increasing substance use in Canada**. This will help identify changes in substance use behaviour before and during the pandemic. PHAC will also continue to **prevent substance-related harms** by focusing on public health education and by providing support to communities to address risk and protective factors, particularly among Canada's youth;
- ▶ Continue to invest in the implementation and sustainability of a **pan-Canadian suicide prevention service** to provide Canadians with access to 24/7/365 bilingual crisis support from trained responders;
- ▶ Provide support to **distress centers** in Canada, including the Kids Help Phone, to bolster mental health and crisis support services in response to the COVID-19 pandemic;
- ▶ **Create a national autism strategy** in collaboration with provinces, territories, families, individuals with autism, and stakeholders, while continuing to invest in innovative projects to better support Canadians affected by autism spectrum disorder; and,
- ▶ Support Canadians that face health inequities and are at greater risk of chronic disease by funding projects that improve health behaviours and create environments that enable healthier choices through the **Healthy Canadians and Communities Fund**, formerly known as the Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships program.

### Infectious Disease Prevention and Control

- ▶ Respond to the **COVID-19 pandemic**, which includes increasing vaccine confidence uptake and understanding, expanding research and surveillance capacity to increase understanding of this infectious disease, and continuing to provide timely and relevant guidance materials. This response will incorporate actions such as:
  - Strategically securing sufficient domestic supply of efficacious COVID-19 vaccines as required and at earliest availability, with the goal of minimizing serious illness and overall deaths while minimizing societal disruption as a result of COVID-19,



- including bilateral agreements with vaccine suppliers and enabling domestic biomanufacturing;
  - Facilitating the development and implementation of **consistent and cohesive national strategies** to plan and prepare for distribution of approved COVID-19 vaccines;
  - **Developing a clear and transparent process for the allocation of vaccines across jurisdictions** and working closely with federal partners, provinces, and territories to **manage the distribution, monitoring, administration and reporting of COVID-19 vaccines**, including doses administered and vaccine coverage for Canadians and priority populations;
  - **Building vaccine confidence** through the provision of information and training to key partners and stakeholders, as well as the implementation of an overarching public education plan;
  - **Supporting the digital management and oversight of COVID-19 vaccine administration** across Canada through the development and implementation of the National Vaccine Management Information Technology Platform (NVMIP);
  - Supporting **international mechanisms to procure and redistribute vaccines** to facilitate equitable global access and reduce global spread;
  - **Providing necessary support measures** and capacity for jurisdictional immunization programs (ancillary supplies, training, and manufacturer guidance);
  - Supporting Indigenous Service Canada in their work with First Nations, Metis, and Inuit leaders, and provinces and territories to build regional plans for community-led approaches so that **Indigenous groups have access to efficacious and culturally safe immunization programs**; and,
  - Continuing support for the work of the CITF that is **mobilizing a comprehensive suite of studies to measure the level of potential underlying immunity to COVID-19** in the population by administering the investments required, based on the recommendations of the CITF.
- ▶ **Reduce the health impacts of re-emerging diseases**, including **Sexually Transmitted and Blood-borne Infections (STBBI)**, 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; and,
  - ▶ Increase knowledge and understanding of **the health risks associated with climate-driven infectious diseases**.

## Health Security

- ▶ **Maintain and strengthen the capabilities of the National Emergency Strategic Stockpile** to respond to the COVID-19 pandemic and to prepare for other potential public health emergencies or events;
- ▶ **Strengthen enhanced emergency management operations for a sustained COVID-19 response**;
- ▶ **Strengthen border measures** to fight against the entry and spread of COVID-19 in Canada and to keep Canadians safe; and,

- ▶ Strengthen regulatory oversight by **ramping-up risk-based inspections of Canadian laboratories and monitor pathogen imports through border surveillance.**

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 the department'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 inequities 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; and,
- Chronic diseases are prevented.

#### **Improving health equity: an Agency-wide responsibility**

As highlighted in the Chief Public Health Officer's 2020 Annual Report, the COVID-19 pandemic has exposed, and in many cases amplified, existing health and social inequities in Canada. It has also highlighted the interconnections between our public health, social, and economic systems, and underscored the importance of good health for all as a prerequisite for societal resilience and prosperity. At the same time, the federal whole-of-government response to COVID-19 has demonstrated the value of increased coordination across departments when designing and implementing new policies and programs to improve outcomes for Canadians. This collaborative response is consistent with growing global momentum on 'health in all policies' approaches and positioning 'improved well-being' as the central aim of government decision-making.

While research is ongoing regarding the relationship between COVID-19 and chronic disease, preliminary data suggests that chronic conditions such as diabetes and cardiovascular disease may increase the risk of more severe COVID-19 symptoms. Moreover, some population groups experience significant and persistent health inequities in terms of the rates of chronic diseases and their risk factors. These health inequities are linked to inequities in the social determinants of health (such as income, employment conditions, and housing), and may in turn contribute to a disproportionately higher risk of COVID-19 exposure, illness, and mortality among existing vulnerable populations.

Reducing health inequities is a core function of public health and a cross-cutting component of PHAC's mission and mandate. To advance this objective, in 2021-22, PHAC will continue to: strengthen the development and uptake of health equity data and evidence in decision-making; systematically integrate health equity considerations into its policies and programs; and

champion and support collaborative efforts with other federal departments and across sectors to address the social determinants of health that are at the root of ill health and health inequities.

To make progress towards achieving our expected results, PHAC will focus its 2021-22 efforts on initiatives and activities that foster the development of more resilient communities and support Canadians that face health inequities in achieving optimal health. PHAC will concentrate on funding programs that help populations at increased risk of gender-based violence, poor mental health, drug-related harms, and chronic diseases. These populations include women, youth, the LGBTQI2S+ community, Indigenous Peoples, Black Canadians, and other minority groups or racialized people.

### Result 1.1 Canadians have improved physical and mental health

#### Support the mental health of children, youth, and their caregivers

Through its [Mental Health Promotion Innovation Fund](#),<sup>i</sup> PHAC will continue to support 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 2021-22, the fund will continue to support 20 projects to complete their first phase of funding, to test and deliver promising approaches to achieve positive mental health. This includes testing the effectiveness of newly developed approaches and adaptations to deliver interventions in a pandemic context.

Examples of these promising approaches include:

- The use of innovative technology and distance delivery to provide access to low-intensity positive parenting skills and to help parents and caregivers build pre-schoolers' social and emotional strengths; and,
- The development of virtual tools to equip youth and front-line school workers with resources to promote mental well-being and to manage tensions and stressful events in daily life in a healthy way.

In 2021-22, projects funded by PHAC's Mental Health Promotion Innovation Fund will be invited to apply for Phase 2 funding. Phase 2 will provide an additional 4 years of funding to enable successful projects to expand, fully evaluate, and adapt promising interventions for new communities.

#### Support the mental health and well-being of Black Canadians

In 2021-22, as part of the Government of Canada's commitment to address the challenges faced by Black Canadian communities, PHAC will:

- Continue to invest in positive community-based mental health projects under the [Promoting Health Equity: Mental Health of Black Canadians Fund](#),<sup>ii</sup> aiming to address the root causes of mental health challenges among Black Canadians, such as anti-Black racism and experiences of stigma and discrimination;

- Focus on understanding the needs and supports for Black LGBTQI+<sup>1</sup> populations in Canada, regarding mental health, and its determinants; and,
- Establish a national [Knowledge Mobilization Network](#)<sup>iii</sup> to facilitate sharing knowledge and building capacity across all projects, in partnership with the broader community of Black Canadian mental health practitioners, researchers, organizations, and people they serve.

### **National Autism Strategy**

Autism spectrum disorder (ASD)<sup>2</sup> is a life-long condition that affects not only the person with autism, but also their families, caregivers, and communities. In 2021-22, PHAC will:

- Continue to invest in community-based projects and innovative program models through the ASD Strategic Fund to increase knowledge, help reduce stigma, develop resources and build lifelong skills among people with autism, their families, caregivers, and communities;
- Fund broad and inclusive consultations that will inform the development of the National Autism Strategy; and,
- Continue to support ASD surveillance capacity-building at the provincial and territorial level and examine the possibility of expanding surveillance to other ASD populations (e.g., children less than five years of age and adult populations).

### **Violence prevention and supporting the health of survivors**

The COVID-19 pandemic has amplified both the risk and the impacts of family violence, as families face increased stress and isolation, and reduced access to services and supports. Through the [Supporting the Health of Survivors of Family Violence Program](#),<sup>iv</sup> PHAC will help determine “what works” to prevent and mitigate the impacts of family violence, including child maltreatment, intimate partner violence, and elder abuse. In 2021-22, PHAC will support up to 30 new projects to deliver and test health promotion interventions aimed at preventing family violence and supporting the health of survivors. New projects will help address the impacts of the COVID-19 pandemic and response efforts by testing adaptations and new approaches to reach priority populations.

### **Develop and implement a pan-Canadian suicide prevention service**

In continuing to advance the Federal Framework for Suicide Prevention, 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

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<sup>1</sup> The term “Black LGBTQI+” is used to refer to people who identify as lesbian, gay, bisexual, transgendered, queer, intersex or other sexual and/or gender identities in African, Caribbean, or Black Canadian communities and was selected in consultations with the Mental Health of Black Canadians Working Group. While this terminology is used here, it is recognized that other sexual and gender identities and sexual orientations exist beyond those included in this acronym, and that people’s identities and terms used are specific to their cultures and context.

<sup>2</sup> 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.

provide needed support to distress centers in Canada, including the Kids Help Phone, to bolster mental health and crisis support services in response to the COVID-19 pandemic.

In 2021-22, PHAC will continue to advance the Budget 2019 commitment to develop and implement a pan-Canadian suicide prevention service through its funding agreement with the Centre for Addiction and Mental Health, working in partnership with [Crisis Services Canada](#)<sup>v</sup> and the [Canadian Mental Health Association](#).<sup>vi</sup> Once fully implemented in March 2023, the service will provide people in Canada with access to bilingual, trauma-informed, and culturally appropriate crisis support from trained responders via voice, text, and chat modalities.

### **Implement the Federal Framework on Post-traumatic Stress Disorder**

In support of the [Federal Framework on Posttraumatic Stress Disorder](#)<sup>vii</sup> (PTSD), PHAC will work with key partners and stakeholders to collect and analyze data on the rates of PTSD. Between March and May 2021, PHAC and Statistics Canada will launch the Survey on Mental Health and Stressful Events (SMHSE). Canadians having experienced stressful life events, symptoms of, or have been diagnosed with PTSD are encouraged to respond anonymously. Information collected includes stressful events and their impact, PTSD, symptoms of other mental illness (anxiety and depression), alcohol and cannabis use, social support, and healthy behaviours. It will also examine access to and the use of mental health services. The data will be used by PHAC to enhance surveillance of PTSD and inform the delivery of services and support to Canadians.

### **Lead and coordinate efforts to improve healthy aging**

As the federal lead on healthy aging, PHAC will support projects that promote older adults living safely, enjoying good health, and staying involved. In 2021-22, PHAC will:

- Lead and coordinate efforts across the federal government to support the United Nations (UN) Decade of Healthy Ageing (2021-2030), including efforts that address ageism and facilitate supportive communities and responsive care for older adults;
- Promote the uptake and implementation of age-friendly communities, and provide expertise, knowledge, and tools to help communities implement and evaluate Age-Friendly Community initiatives; and,
- Monitor progress and performance of the [New Brunswick Healthy Seniors Pilot Project](#),<sup>viii</sup> which aims to foster healthy aging, increase independence, and promote a better quality of life, while ensuring seniors can live safely and securely in their homes with appropriate supports and care.

### **Efforts to prevent dementia and improve the quality of life of people living with dementia and their caregivers**

In 2021-22, PHAC will continue its role in advancing Canada's first national dementia strategy—[A Dementia Strategy for Canada: Together We Aspire](#)<sup>ix</sup>—by funding several new community-based projects through the Dementia Community Investment (DCI), as well as awareness initiatives and improved access to dementia guidance through the Dementia Strategic Fund. PHAC will focus on:



- Optimizing the well-being of people living with dementia, family/friends, and caregivers, including addressing the impacts of COVID-19;
- Investing in activities to raise awareness about dementia and its risk and protective factors, with a focus on prevention, stigma reduction, and dementia-inclusive communities;
- Developing new opportunities to improve access to and use of dementia guidance, including guidelines and best practices; and,
- Supporting the creation of a virtual knowledge hub to support projects funded by the DCI, as well as sharing lessons learned from funded projects with the broader dementia community.

To support the surveillance and data pillar of the strategy, PHAC will continue to work with five provinces to build on the Canadian Chronic Disease Surveillance System. Under the Enhanced Dementia Surveillance Program, projects supported by PHAC will explore new approaches to collect data on topics such as: undiagnosed dementia, the co-occurrence of dementia and other conditions or diseases (i.e. when an individual living with dementia also has one or more other chronic conditions), and dementia caregivers. PHAC will coordinate these activities in close collaboration with its partners to generate new data, improve the understanding of dementia, and support policy and program development, furthering health care planning and delivery.

## Result 1.2 Canadians have improved health behaviours

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

A number of factors that have likely contributed to a worsening of the overdose crisis this year were related the COVID-19 pandemic, which led to: some Canadians feeling an increased sense of isolation, stress and anxiety; the closure of borders, resulting in an increasingly toxic and unpredictable drug supply; and limited availability or accessibility of services for people who use drugs. In 2021-22, PHAC will continue to update the system of dynamic modelling of opioid related death and quarterly data on opioid and stimulant related toxicity harms during the pandemic to help inform public health actions.

Between April and June 2020, there were 1,628 people who died of apparent opioid toxicity—a 58% increase from the previous quarter reported and the highest number of opioid toxicity deaths in a single quarter since [national surveillance](#)<sup>x</sup> began in 2016. Hospitalizations and emergency service responses due to overdose also increased during this period and [updated projections](#)<sup>xi</sup> suggest numbers will remain high in 2021-22.

PHAC will also continue to support projects that will reduce barriers, enhance pathways to care, and reduce stigma for people who use drugs, while expanding the reach and uptake of existing substance-related stigma resources for health professionals. The Agency will champion stigma reduction efforts in school-based communities, and develop and mobilize knowledge about best practices for the prevention of substance-related harms in youth, including the adaptations and supports needed to implement these types of models in the Canadian context.

### **Improve the understanding of substance use**

The use of cannabis among Canadian youth is among the highest in the world. PHAC will be using COMPASS, a school-based longitudinal survey of high school students, to identify individual and contextual factors (e.g., norms and regulations) that contribute to the problematic use of cannabis among Canadian youth. The impact of the pandemic's mitigation measures on initiation to cannabis and problematic use is also a research priority for 2021-22.

PHAC will continue to focus on understanding the impacts of various policy measures on alcohol consumption in Canada, especially during the current pandemic where isolation and stress can exacerbate the problematic use of alcohol. Several research activities are underway, including:

- Documenting and comparing alcohol consumption across different provincial policy environments;
- Estimating the differential impact of alcohol taxation on the health of vulnerable groups; and,
- Documenting the changes in alcohol consumption during the course of the pandemic.

### **Support tobacco cessation and prevention for Canadians**

PHAC will continue to work with Health Canada to implement commitments under Canada's Tobacco Strategy. In 2021-22, PHAC will support projects that focus on tobacco cessation and prevention, with a particular focus on populations that face health inequities and are at higher risk of tobacco use. For example:

- The University of Toronto's All Together Now! project will continue to develop and disseminate targeted messaging to address the specific issues underlying LGBTQI2S+ young adults' smoking behaviours, and promote tobacco cessation services and resources tailored to their specific needs; and,
- The Canadian Cancer Society's Build Smoke Free project offers a tobacco cessation intervention tailored for workers at EllisDon construction sites in Ontario and Alberta, including: customized cessation support from trained staff; on-site/online tobacco cessation services and resources; nicotine replacement therapy; and, a contest to incentivize quitting.

### **Support positive early development and stronger beginnings for Canadians**

As a parent, there are many important decisions to make during the lifetime of a child, including how you feed your baby. In 2021-22, PHAC will continue to assist health care professionals and support mothers, parents, and families of infants by providing evidence-based information to allow them to make informed decisions about safely feeding their babies, including in the context of the COVID-19 pandemic.

Building on progress made in recent years, PHAC will work to further improve rates of breastfeeding and the health of vulnerable pregnant women and their infant(s) by:

- Continuing to invest in the Canada Prenatal Nutrition Program;

- Supporting the implementation of a grant to the Breastfeeding Committee for Canada to expand the Baby-Friendly Initiative, to ensure that mothers receive the information and support they need to give their babies the best start in life; and,
- Funding the Canadian Surveillance of COVID-19 in Pregnancy: Epidemiology, Maternal and Infant Outcomes initiative, to gain a better understanding of COVID-19 in pregnancy and inform recommendations for pregnant women and their care providers.

In 2021-22, PHAC will continue to prioritize investments in maternal and child health for vulnerable populations facing health inequities including First Nations, Inuit, and Métis, and others facing health inequities stemming from factors such as low income, limited education, living in remote and isolated conditions, and being newcomers to Canada. Moreover, PHAC will continue to support positive early development and stronger beginnings for all Canadians through a variety of resources, programming and other support services, including:

- Early intervention programs that promote the health and social development of vulnerable children (aged 0-6) and their families through the [Community Action Program for Children](#),<sup>xii</sup>
- Health and social programming to promote healthy pregnancies for vulnerable pregnant women and improve infant health outcomes through the [Canada Prenatal Nutrition Program](#),<sup>xiii</sup> and,
- Culturally-appropriate and play-based early learning experiences, centred 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](#)<sup>xiv</sup> program.

Offering these resources has the goal of promoting positive life-long healthy behaviours to prevent the later onset of health concerns such as obesity, chronic disease, substance abuse, poor mental health, and illness. Programming will be tailored and determined at the local level by the project recipient in response to the priority needs of the at-risk population.

Building on the Indigenous Early Learning and Child Care Framework, PHAC will sustain enhanced investments to advance the progress made in early learning and child care in collaboration with First Nations, Inuit, and Métis partners. This work advances access by Indigenous children and families to high quality, inclusive, and culturally appropriate early learning and child care.

### **Support a pan-Canadian Concussion Strategy**

In support of the Minister's shared mandate commitment with the Minister of Canadian Heritage to implement a pan-Canadian Concussion Strategy, PHAC will focus on advancing concussion surveillance in 2021-22. Information on traumatic brain injuries, including concussions, will increase the knowledge on incidence, prevalence, and sports and recreation activities where injuries occur most often and why. In 2021-22, PHAC, with Statistics Canada, will release data from a rapid response survey on head injuries and concussions, national estimates from Canadians over the age of 12 that have had a concussion or head injury in 2019. PHAC will also continue to participate in the federal, provincial, and territorial mechanism for Sport, Physical Activity and Recreation to advance a harmonized approach to concussions.

### Encourage healthy living and physical activity

PHAC's Healthy Canadians and Communities Fund (HCCF), formerly known as the Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships program, invests to improve health behaviours (e.g., physical activity, healthy eating, and decreased tobacco use) and reduce health inequalities among populations at greater risk of the main chronic diseases of diabetes, cardiovascular disease, and cancer.

Coinciding with the 50<sup>th</sup> anniversary of ParticipACTION, an enhanced Community Better Challenge for 2021 is being planned and new features are being added to the free *ParticipACTION* app.

The renewed HCCF program is informed by a recent audit and evaluation process, and encourages all sectors of society to participate in supporting healthy living, leveraging funding from other partners to achieve better health outcomes for Canadians. Many HCCF projects align with [A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving \(2018\)](#).<sup>xv</sup> This is a guiding policy document, developed on behalf of federal, provincial, and territorial Ministers

responsible for sport, physical activity, and recreation. It is intended to support all communities and Canadians to move more and sit less, more often.

Funded projects will continue to pivot to online methods of delivering resources in response to COVID-19 public health measures. A key focus of the HCCF for 2021-22 will be reducing barriers to participation.

### 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 HCCF, PHAC will invest \$4.4 million over five years (2018-2023) in support of the University of Alberta's Housing for Health project.

This project promotes physical activity, healthy eating, and community engagement to seniors living in Alberta. It does this by bringing together academics, health care providers, housing developers, and multiple community and government partners to plan, integrate, and evaluate evidence-based active design features (e.g., green spaces, paths, community gardens, better food access) in and around two housing developments.

In 2021-22, PHAC will also continue its partnership with the Canadian Institutes of Health Research (CIHR) on CIHR's Healthy Cities Research Initiative; particularly to enable robust intervention evaluations to be undertaken that will help fill evidence gaps in the area of healthy built environments.

## Result 1.3 Chronic diseases are prevented

### COVID-19 and chronic disease

PHAC will conduct surveillance activities to explore the impact of COVID-19 on people with chronic diseases, including diabetes, cancer, and cardiovascular disease. With provincial and territorial partners, PHAC will build from existing initiatives looking at the impact of COVID-19 on

vulnerable populations to develop recommendations to enhance the [Canadian Chronic Disease Surveillance System](#)<sup>xvi</sup> to be more adaptive to explore the chronic disease status of individuals with COVID-19. PHAC will also conduct a rapid review on the associations between chronic diseases and complications from COVID-19 to inform future surveillance activities for these conditions.

### **Support healthy living and chronic disease prevention in priority populations**

In 2021-22, PHAC will continue to support projects that prevent chronic diseases such as diabetes, cardiovascular disease, and cancer while addressing health inequalities in priority populations at greater risk.

The [Market Greens](#)<sup>xvii</sup> project with Community Food Centres Canada will work to increase access to, and consumption of, fruits and vegetables among low-income community members across Canada, including newcomers, Indigenous people, single parent households, households with young children, and socially excluded people. This will be achieved through the establishment of affordable markets and the provision of voucher subsidies and fruit and vegetable prescriptions from healthcare practitioners.

The LMC Prevention Inc. [Canadian Diabetes Prevention Program](#)<sup>xviii</sup> is a 12-month intensive and structured lifestyle modification program, which consists of individual and group workshops focused on healthy eating and physical activity. The project started in November 2018 and will continue to operate until October 2022, and is targeting 2,000 Canadians at risk of developing type 2 diabetes.

The 100th anniversary of the discovery of insulin is an important opportunity for the Government of Canada to shine a light on the federal role in chronic disease prevention, and communicate to Canadians the importance of healthy living and how they can reduce their exposure to risk factors associated with diabetes and other chronic diseases, including unhealthy eating, physical inactivity, and tobacco use.

In 1921, the discovery of insulin revolutionized the therapy and prognosis of diabetes. In 2021, PHAC will work with many stakeholders, including the Department of Canadian Heritage, to commemorate the 100 year anniversary of the discovery of insulin by Sir Frederick G. Banting at the University of Toronto.

### **Sex and gender-based analysis plus**

PHAC will continue to prioritize gender equality, diversity, inclusiveness and commitments to health equity through application of Sex and Gender-Based Analysis Plus (SGBA+), a government of Canada priority. SGBA+ is a tool and analytical approach to systematically integrate considerations of the social determinants of health into research, policy development, programs, and surveillance for more equitable outcomes. The “plus” acknowledges the social determinants of health beyond sex and gender such as race, age, disability status, income, education, religion, sexual orientation and geography. The intersections of these diversity factors shape social position and can cause differential access to health supporting and promoting resources.

In 2021-22, PHAC will focus on further enhancing organizational capacity through the development of tools, targeted training, and integrating SGBA+ more systematically into surveillance activities, science, policy, and programs. PHAC will also continue to integrate

SGBA+ considerations into COVID-19 guidance documents and throughout the pandemic response. PHAC will also continue to implement the Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices, to ensure that PHAC's data collection practices are accurate and inclusive, and to respect Canadians' human rights.

Family and gender-based violence programming aims at promoting health equity by reducing disparities in health outcomes among population groups in Canada. Recognizing that some families and communities are disproportionately affected by family violence, PHAC will ensure that funded projects apply a health equity lens by applying the principles of SGBA+.

While PHAC's early years programming aims to support mothers and children, support for the whole family unit is also considered. This includes diverse and non-traditional families with the intention of effectively supporting positive health behaviours and health outcomes for all. Funded projects aim to be stigma-free, culturally-safe, and inclusive environments for all, including but not limited to, Indigenous peoples, new immigrants, racialized people, LGBTQI2S+ groups, and people with disabilities.

Projects funded through the ASD initiative address a wide range of issues including mental health, employment, and healthy sexuality, while developing activities that take into consideration diversity, gender, abilities, and other identity factors such as age, geography, and culture.

PHAC will also initiate and provide training on integrating gender, diversity and inclusion considerations within SGBA+ to recipients through programs funded by the HCCF, formerly known as the Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships program. The HCCF requires the application of a SGBA+ framework in funded projects to ensure health equity is considered among sub-populations in a target population project.

### United Nations' 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals

PHAC's planned activities under its Core Responsibilities support Canada's efforts to meet the UN 2030 Agenda for Sustainable Development and contribute towards achieving Sustainable Development Goal (SDG) 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 contributes to targets on maternal and child health, suicide mortality, and problematic substance use by funding community-based healthy living projects, supporting the federal response to the opioid crisis, and advancing national mental health and suicide prevention efforts.

PHAC's children's programs provide funding to community groups to promote the healthy development of young children facing challenges that may be more likely to put their health at risk. The success of these programs is attributed to addressing health inequities as early as possible, through upstream interventions. For vulnerable populations in particular, this programming can help to bridge the health disparities gap by providing important resources and supports for pregnancy and postnatal care, and by helping individuals and families establish vital connections that last a lifetime.



This Core Responsibility also contributes towards SDG 10: “Reduce inequality within and among countries”. PHAC aims to foster culturally informed approaches to improving mental health for people in Canada including First Nations, Métis, and Inuit; newcomers (including refugees); and LGBTQI2S+ by focusing on addressing key underlying factors such as stigma, discrimination, and cultural safety through a systems change approach. Additionally, the Pan-Canadian Health Inequalities Reporting Initiative and Data Tool informs the development and redesign of programs and policies through the provision of disaggregated data on differences in health status between groups in society, including but not limited to: Indigenous identity, immigrant status, cultural/racial background, age, sex, and other identity factors.

## Experimentation

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

The HCCF will continue to experiment and learn from new approaches, including outcomes-based funding, to build a portfolio of innovative projects to support Canadians in leading healthier lives.

For example, PHAC is supporting [Western University's Hockey Fans in Training](#)<sup>xix</sup> (Hockey FIT) 12 week weight loss and healthy lifestyle change project targeting an estimated 1,280 overweight and obese men between the ages of 35-65 years in 32 communities across Canada. On top of covering the project's operating expenses, PHAC will provide premium payments to Western University based on predetermined measureable changes demonstrated in 3 areas: weight loss, systolic blood pressure and fitness. This is part of an *Incentive-based funding* mechanism to promote evidence-based decision making and generating better value for money.

### **Exploring the potential of artificial intelligence**

PHAC continues to experiment with the application of artificial intelligence to estimate the prevalence of discussions of suicide-related behaviours on publicly available social media channels. Separating hyperbole from real discussions on suicide has proven to be a significant challenge. PHAC will continue to experiment with automated coding using narratives from injury reports in emergency departments.

## Planned results for Health Promotion and Chronic Disease Prevention

Departmental result	Departmental result indicator	Target	Date to achieve target	2017-18 actual result	2018-19 actual result	2019-20 actual result
Canadians have improved physical and mental health	% of low-income children in very good or excellent health <sup>3</sup> 4	At least 80%	Mar. 31, 2025	84.1% (CHSCY 2019)	84.1% (CHSCY 2019)	84.1% (CHSCY 2019)
	% of population who have high psychological well-being <sup>5</sup>	At least 75%	Mar. 31, 2025	Not applicable <sup>6</sup>	75% (CCHS 2015)	75% (CCHS 2019)
Canadians have improved health behaviours	% increase in average minutes/day of physical activity among adults <sup>7</sup>	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) (Baseline: 25 min/day, CHMS 2012-13)
	% increase in average minutes/day of physical activity among children/youth <sup>8</sup>	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) (Baseline: 58 min/day, CHMS 2012-13)
Chronic diseases are prevented Canadians have improved physical and mental health	% increase in years lived in good health by seniors <sup>9</sup>	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% 15 years (Statistics Canada, 2010 – 2012 to 2015 – 2017) <sup>10</sup>
	Rate of new diabetes cases among Canadians <sup>11</sup>	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)	6.2 cases per 1,000 age 1 and older* (CCDSS 2016-17)
	% of adults who are obese <sup>12</sup>	At most 28%	Mar. 31, 2025	28% (CHMS 2014-15)	27% (CHMS 2016-17)	24% (CHMS 2018-19)
	% of children and youth who are obese <sup>13</sup>	At most 13%	Mar. 31, 2025	13% (CHMS 2014-15)	11% (CHMS 2016-17)	10% (CHMS 2018-19)

**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.

<sup>3</sup> Many factors outside of Health Promotion program interventions contribute to the health and well being of Canadian children.

<sup>4</sup> Due to limitations with the data source for this indicator, the Centre for Health Promotion is currently examining other possible population health measures, tracked on a more consistent basis, to depict year over year changes in the level of health and well being of Canadian children.

<sup>5</sup> As reported in the [Positive Mental Health Surveillance Indicator Framework](#).

<sup>6</sup> Reporting began in 2017-18 using CCHS 2015 data released in December 2016.

<sup>7</sup> As reported in the [Physical Activity, Sedentary Behaviour and Sleep \(PASS\) Indicators](#).

<sup>8</sup> As reported in the [PASS Indicators](#).

<sup>9</sup> As reported in the [Canadian Chronic Disease Indicators \(CCDI\)](#).

<sup>10</sup> The data source for this indicator changed between the last reporting period and this reporting period. This indicator is now based on Health Adjusted Life Expectancy (HALE) as reported in Statistics Canada Table 13-10-0370-01 in order to align estimates to be consistent across both Statistics Canada and PHAC.

<sup>11</sup> As reported in the [Canadian Chronic Disease Surveillance System Data Tool](#). Rate is age standardized to 2011 Canadian population.

<sup>12</sup> As reported in the [CCDI](#).

<sup>13</sup> As reported in the [CCDI](#).

### Planned budgetary financial resources for Health Promotion and Chronic Disease Prevention

2021–22 budgetary spending (as indicated in Main Estimates)	2021–22 planned spending	2022–23 planned spending	2023–24 planned spending
340,038,576	340,038,576	272,594,458	262,715,415

### Planned human resources for Health Promotion and Chronic Disease Prevention

2021–22 planned full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents
581	533	536

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

## 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 will focus on advancing the following Departmental Results:

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

To progress toward achieving these results, PHAC will focus its 2021-22 efforts on key initiatives and activities that provide Canadians and public health stakeholders with the science, research, guidance, and resources for infectious disease prevention, and increase awareness, while reducing harms.

As the COVID-19 pandemic evolves, PHAC will continue to provide national leadership by convening provinces, territories, and key stakeholders with respect to reporting, testing, surveillance and the development of guidance to inform and support public health measures in support of the COVID-19 pandemic response.

To better respond to the COVID-19 risk, PHAC will continue to expand its capacity to enhance tracking and surveillance, conduct research, provide access to testing, and develop guidance to improve our understanding of this infectious disease and ensure that Canadians are well informed and protected during this ongoing situation.

PHAC has been working diligently to increase access for Canadians to COVID-19 vaccines while continuing to work on improving Canadians' confidence in vaccinations. Efforts aimed at ensuring that Canadians are protected from serious vaccine-preventable diseases remains a high priority for PHAC in the face of global concerns regarding the impact of vaccine confidence on the uptake of vaccination programs.

PHAC's continued collaboration with domestic and international partners will contribute to advancing public health solutions to pressing and complex threats such as Antimicrobial Resistance (AMR) and climate change. Increasing rates of STBBI and Lyme disease are additional public health concerns, requiring the mobilization of a range of public health approaches for the prevention, detection, and treatment.

Whether addressing ongoing infectious disease priorities or responding to immediate outbreaks, PHAC will continue to focus on providing Canadians and health care professionals with guidance based on the latest evidence, surveillance, and scientific information.

## Result 2.1 Infectious diseases are prevented and controlled

### Expand COVID-19 surveillance and guidance

PHAC will continue to lead the public health response to the COVID-19 pandemic by scaling up surveillance capacity and ensuring the timely provision of guidance.

In 2021-22, in response to the COVID-19 pandemic, PHAC will:

- Continue to facilitate outbreak investigations and modelling of COVID-19 transmission to inform the development of guidance and evidence-based public health practices;
- Continue to provide expertise to develop and communicate public health advice/guidance on agriculture-related COVID-19 activities, provide surveillance information and support for food safety policy and regulation and to inform trade discussions, and provide expert advice specific to the agri-food sector (e.g., food processing, temporary farm workers);
- Expand existing hospital-based surveillance to include patients admitted with COVID-19, in order to identify common risk factors and patient outcomes;
- Continue to cooperate with provinces and territories to establish additional COVID-19 surveillance and research activities to identify, gather, and analyze data on COVID-19 infections, vaccine administration, coverage, and adverse events, including surveillance of unintended consequences of COVID-19 as well as establishing COVID-19 outbreak response management, surveillance, guidance, and tools;
- Enhance research infrastructure to support vaccine effectiveness studies and the assessment of approved COVID-19 vaccine effectiveness;
- Work with hospitals to gather data and monitor the impact of COVID-19 on antimicrobial use (AMU) prescribing patterns;
- Work with networks to understand how prescribing habits have changed in the context of an increasing amount of remote care being delivered; and
- Develop a program to support surveillance of COVID-19, communicable diseases, AMR, and AMU in wastewater.

In partnership with affected communities, PHAC will report on the impact of the COVID-19 pandemic on Canadians' access to STBBI services.

### Continue COVID-19 research and testing support

PHAC will continue to play a central role in Canada's response to the pandemic by conducting research and providing COVID-19 testing support. In 2021-22, PHAC will continue to:

- Procure testing supplies on behalf of the Government of Canada to meet federal testing needs in northern, remote, and Indigenous communities; and,
- Coordinate national surveillance and research studies across Canada through the COVID-19 Immunity Task Force's (CITF) Sero-Surveillance and Research Program, to gain knowledge and understanding on COVID-19's impact on Canadians and vulnerable populations.

Scientific results from CITF studies will help to determine the spread of COVID-19 in Canada, provide reliable estimates of potential immunity and vulnerabilities, and offer additional insights on the virus itself.

### Increase vaccination rates

Vaccine hesitancy among Canadians risks creating a barrier to getting the COVID-19 pandemic under control. As the spread of misinformation about the safety of vaccines continues to be amplified by digital social platforms, PHAC aspires to generate confidence among Canadians in the safety of Health Canada approved COVID-19 vaccines. Informed by the work of the Vaccine Confidence Task Group, PHAC has developed a strategy to increase vaccine confidence and uptake designed to educate, engage, and empower Canadians and build capacity across the general population, amongst health care providers, and with specific communities. The strategy leverages public opinion research to inform Government of Canada messaging and communication products to address evolving issues related to vaccine hesitancy.

Efforts to ensure Canadians are protected from serious vaccine-preventable diseases remain a high priority in the face of global concerns regarding the uptake of vaccination programs. To this end, PHAC is developing information products targeted to healthcare providers to support them in vaccine discussions with patients. PHAC is also developing products for the public, which provide information on vaccine safety, the regulatory process, and COVID-19 vaccines.

As COVID-19 is expected to continue to circulate in 2021, PHAC is committed to securing contracts for all eligible long-term care residents to receive the influenza vaccine during the 2021 flu seasons.

PHAC will also procure additional doses of the standard influenza vaccine to support provinces and territories in their routine immunization programs and in reducing the chances of Canadians having to enter hospitals due to influenza.

PHAC continues to support decision-making by provinces and territories on vaccination programs through the expert guidance of the [National Advisory Committee on Immunization](#)<sup>xxi</sup> (NACI).

In 2021-22, NACI will continue to apply its Economics Framework<sup>14</sup> and Ethics, Equity, Feasibility and Acceptability (EEFA) Framework<sup>15</sup> in making recommendations. By considering economic and EEFA factors, along with its methodology for assessing burden of disease and vaccine characteristics, NACI will continue to 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. The EEFA framework will also be used to guide the development of recommendations on the use of COVID-19 vaccines and to address vaccination program questions as they arise, including the prioritization of COVID-19 vaccine doses in the context of limited supply.

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<sup>14</sup> 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.

<sup>15</sup> The EEFA Framework systematically assesses four programmatic elements (ethics, equity, feasibility and acceptability), helping to identify potential issues that may impact provincial/territorial decision-making and implementation of NACI recommendations.



### **Vaccine Injury Support Program**

In 2021-22, PHAC will establish, in collaboration with provinces and territories, a Pan-Canadian no-fault Vaccine Injury Support Program for all Health Canada-approved vaccines.

This program will ensure that Canadians have fair access to vaccine injury support in the rare event that they experience an adverse reaction to a Health Canada-approved vaccine.

### **COVID-19 vaccine allocation**

Strong immunization surveillance systems are essential to monitor the safety and effectiveness of the COVID-19 vaccines. Existing vaccine surveillance and research structures will enable vaccine monitoring, assess vaccine effectiveness, and understand and address adverse events.

In 2021-22, PHAC will continue to:

- Collect data from partners in Canada and abroad in order to inform decision-making for governments and First Nations, Inuit, and Métis communities; and,
- Manage vaccine delivery through its Vaccine National Operations Centre (NOC) for COVID-19 and collaborate with provinces and territories for distribution. Supported by a multidisciplinary team of experts, the NOC has been designed to support partners involved in Canada's immunization rollout and lead the tracking of vaccine delivery and distribution.
- Work with partners to prepare COVID-19 sites across Canada to:
  - Allocate, distribute, and administer vaccines as efficiently, equitably, and effectively as possible;
  - Provide safe and effective vaccines; and,
  - Monitor the safety, coverage, and effectiveness of COVID-19 vaccines.
- Evolve the National Vaccine Management Information Technology Platform (NVMIP) to support effective oversight of COVID-19 distribution, administration, and tracking.

### **Surveillance of adverse events following immunization**

Health Canada and PHAC have a well-established system to monitor post-market vaccine safety and respond in collaboration with provincial and territorial public health authorities such as the Canadian Adverse Event Following Immunization Surveillance System (CAEFISS) and the Vaccine Vigilance Working Group (VSWG). In 2021-22, PHAC will:

- Expand the active surveillance system (Canadian National Vaccine Safety Network (CANVAS) to gather data on common and less serious adverse events associated with the use of vaccines;
- Establish a new Expert Committee on Causality Assessment to provide a rapid review of adverse events to support PHAC's understanding on the relationship between an adverse event and a vaccine;
- Develop an interactive dashboard to report at a national-level, all influenza vaccine Adverse Events Following Immunization (AEFI); and,
- Use data from the frontlines, vaccine suppliers, and regulators, in Canada and abroad, to monitor COVID-19 vaccine safety, efficacy, and coverage. Publicly-available data on AEFIs will help to build public trust in government transparency around vaccine safety.

Data on COVID-19 vaccine safety, coverage, and effectiveness will be invaluable for informed decision-making by governments and First Nations, Inuit, and Métis communities.

### Public health measures

As the COVID-19 pandemic evolves, PHAC will continue to focus on developing guidance to keep Canadians informed and protected. In 2021-22, PHAC will continue to:

- Monitor and analyze new and existing evidence to ensure guidance on public health measures for COVID-19 remain effective and relevant;
- Provide advice to support pandemic recovery efforts; and,
- Review and update guidance on pandemic preparedness to reflect the reality of novel respiratory viruses and their potential to cause a pandemic.

### Reduce the emergence and spread of antimicrobial resistance

AMR is an urgent global public health threat that, if left unchecked, has the potential to have very serious health and socio-economic impacts on Canadians.

In support of both the [Federal Action Plan on Antimicrobial Resistance and Use in Canada](#)<sup>xxii</sup> and the [Pan-Canadian Framework for Action on Tackling Antimicrobial Resistance and Antimicrobial Use](#),<sup>xxiii</sup> PHAC will continue to take action by working with partners to advance priority initiatives aimed at reducing the emergence and spread of AMR. For example, in 2021-22 PHAC will:

In 2018, 5,400 Canadians died as a result of infections that were resistant to antimicrobials, and AMR resulted in approximately \$1.4 billion in healthcare costs. If AMR in Canada continues to grow at its current rates, by 2050 it will cause an estimated 13,700 deaths a year and will add approximately \$7.6 billion annually to healthcare costs.<sup>16</sup>

- Monitor AMR rates and AMU trends in Canadian hospitals to identify areas for action and the success of interventions;
- Promote better prescribing practices for antimicrobials by supporting creative solutions to improve appropriate prescribing of antimicrobials among primary health care providers;
- Deliver the [Canadian Integrated Program for Antimicrobial Resistance Surveillance](#)<sup>xxiv</sup> (CIPARS) to monitor AMR rates and AMU trends in human, animal, and food sources across Canada, and to examine the relationship between antimicrobials used and the associated health impacts;
- Contribute Canadian expertise to develop and strengthen collaboration with international networks of AMR and food safety authorities to address AMR, AMU, and foodborne illnesses;
- Collaborate with international partners in strengthening surveillance, guidance, and awareness through the Transatlantic Taskforce on AMR, the Global Health Security Agenda, and by participating in global efforts to strengthen research and development through the G20 Global Research and Development Hub, currently co-chaired by Canada; and,

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<sup>16</sup> As reported in [When Antibiotics Fail](#).

- Provide outreach (education and training) to internal and external public health professionals and practitioners to reduce the emergence and spread of AMR (e.g., in support of the implementation of whole genomic sequencing).

### **Increase public knowledge and awareness of climate-driven infectious diseases**

PHAC's Infectious Disease and Climate Change (IDCC) program<sup>17</sup> continues to support the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change. In 2021-22, PHAC will:

- Continue its efforts to provide strategic advice, analysis, and direction to support the advancement of a climate change adaptation policy and activities in Canada, working closely with health partners and other governmental organizations;
- Enhance systems and tools to support health professionals and the public in understanding the health risks associated with climate-driven infectious diseases and the importance of taking preventative action;
- Support surveillance and monitoring of infectious diseases, risk assessments, modelling, and laboratory diagnostics, as well as health professional education and public awareness activities;
- Build on investments as part of the IDCC program, and continue to invest in a number of projects that support surveillance and monitoring, health professional education, and public awareness activities that relate to the awareness of climate-driven infectious diseases in Canada. For example, program officials will continue to engage with representatives and governing members of the Métis National Council and work with the Métis Nation to address the health effects of climate change; and,
- Collaborate with partners and stakeholders to implement Canada's new federal climate plan: A Healthy Environment and a Healthy Economy, which includes developing Canada's first National Adaptation Strategy, led by Environment and Climate Change Canada.

### **Reduce the health impacts of sexually transmitted and blood-borne infections**

In Canada, the rates of sexually transmitted infections, particularly syphilis, chlamydia, and gonorrhea, have risen dramatically in the past decade. [Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections](#),<sup>xxv</sup> released in 2019, identifies the priorities of the federal government. In 2021-22, to carry on the advancement of the Action Plan's seven commitment areas, PHAC will continue to:

- 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;
- Update STBBI guidance for health professionals to encourage the reduction of stigma and discrimination and promote testing, appropriate treatment, and ongoing care and support;

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<sup>17</sup> Established in 2016, the IDCC program focuses on preparing for and protecting Canadians from climate-driven infectious diseases that are zoonotic (diseases that can be transmitted from animals and insects to humans), food-borne, or water-borne.

- Respond to the current syphilis outbreak by working with provinces and territories to provide technical support and health professional guidance, as well as timely release of enhanced national surveillance data to inform policy and programs;
- Engage Indigenous partners, community-based organizations, and people with lived and living experience to support community investments and culturally-responsive interventions, through the HIV and Hepatitis C Community Action Fund and Harm Reduction Fund; and,
- Collaborate with provinces, territories, Indigenous partners, and people with lived and living experience to propose indicators and targets to measure progress against the Pan-Canadian STBBI Framework for Action.

### **Prevent Lyme disease**

PHAC plays a role in preventing and detecting vector-borne diseases and coordinating national responses to inform Canadians about risks and protective measures. As part of this role, PHAC will continue to support its education and awareness campaign launched in 2020, which will help improve Canadians' awareness of Lyme disease, allowing them to take preventative actions and reduce their health risks. This campaign includes:

- Social media posts and a digital advertising campaign targeting caregivers of children aged 5-14 years (e.g., Facebook, YouTube, search engine marketing, web banners); and,
- 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."

In addition, PHAC will:

- Work to develop Lyme disease prevention and awareness tools, including a Lyme and other Tick-borne diseases email subscription list to keep Canadians, stakeholders, and partners up-to-date and informed about Lyme disease and other tick-borne diseases, initiatives and activities, and serve as a platform to promote opportunities for engagement;
- Continue to engage with domestic and international stakeholders to share best practices and lessons learned while ensuring that all stakeholders are provided a variety of opportunities to share their expertise, input, and experience; and,
- Work to expand Lyme disease surveillance to include other tick-borne diseases (The Canadian Tick-Borne Diseases Surveillance System).

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

#### **COVID-19 Immunity Task Force**

The COVID-19 Immunity Task Force (CITF) was established in April 2020 with the mandate to mobilize a comprehensive suite of studies to measure the level of potential underlying immunity to COVID-19 in the population. Its studies confirm that the majority of Canadians remain

susceptible to infection and reinforce the importance of maintaining public health measures during the rollout of immunization programs to prevent transmission of infection.

In 2021-22, CITF studies are moving into vulnerable populations and occupational groups to measure potential immunity in population subgroups. PHAC will continue its support for this work by administering the investments required, based on the recommendations of the CITF.

### **COVID-19 Vaccine rollout**

Assuming sufficient doses are available from manufacturers, it is expected that any Canadian recommended for vaccination and who wishes to be vaccinated will be able to receive a COVID-19 vaccine by the end of September, 2021.

At all phases of the COVID-19 vaccine rollout, PHAC is committed to working with federal, provincial, territorial, Indigenous representatives, and other stakeholders to encourage actions and strategies that promote the collective wellbeing of all Canadians. With the collaboration of all stakeholders, PHAC will work to:

- Develop and refine a clear and transparent process for the allocation of vaccines across jurisdictions. Vaccine sequencing will consider high-risk populations first, before expanding vaccination access to the entire population as vaccine supply increases;
- Advance a coordinated and comprehensive distribution and administration of COVID-19 vaccines;
- Manage the national logistics of COVID-19 vaccine delivery, including the transport of vaccines from manufacturers to delivery sites; and,
- Provide training, equipment, and guidelines to those responsible for vaccine storage, handling, and administration to enable them to effectively undertake their activities.

Throughout the rollout of vaccination programs, federal, provincial and territorial governments will continue to work closely with First Nations, Inuit, and Métis leadership to support system readiness to receive and administer the vaccines, including procuring necessary ancillary supplies and equipment.

### **COVID-19 vaccine management and oversight**

In order to support the evolving management of COVID-19 vaccine logistics and rollout, PHAC is implementing a technology solution referred to as the National Vaccine Management Information Technology Platform (NVMIP). The NVMIP will provide core functionality and support national visibility and evidence-based decision making at a federal level, accelerating collection of immunization data from provinces and territories to enhance coverage and surveillance reporting through advanced analytics and web-based dashboards, while also supporting the administration of the vaccines if/where that capability is needed. The NVMIP will contribute to Canadians' confidence in vaccinations by providing direct assistance to ensure rapid and successful management of the COVID-19 vaccine administration program across the nation and provide high availability of timely and critical data to inform decision-making at all levels and jurisdictions in Canada.

### Enhance laboratory capacity and laboratory modernization

PHAC's internationally recognized [National Microbiology Lab](#)<sup>xxvi</sup> (NML) is Canada's preeminent public health laboratory. In providing critical scientific leadership for Canada's response to COVID-19, the NML supports diagnostic testing across Canada, conducts research on COVID-19, manages data gathering, and creates models to help guide public health planning and predict the course of the outbreak.

PHAC will continue to optimize national laboratory capacity to identify new pathogens of national and international concern. In 2021-22, PHAC will:

- Improve Medical Counter Measure (MCM) capacity in Canada in order to foster development of made in Canada vaccines and therapeutics, that will in turn increase national access to infectious disease treatments;
- Continue to increase access to diagnostic testing for areas of greatest need, such as remote communities;
- Enhance laboratory management of new innovations and collaborations with partners to advance research and development from a national perspective; and,
- Enhance coronavirus laboratory activities to meet new needs highlighted by COVID-19.

### Safe, voluntary isolation space

PHAC recognizes the need to provide safe isolation spaces for individuals who are at high-risk of transmitting COVID-19. Offered as part of the Government of Canada's rapid response tools, PHAC will support the Safe Voluntary Isolation Sites Program, a time-limited, targeted program in response to the continued evolution of the COVID-19 pandemic.

The program aims to decrease community transmission by helping individuals who can't safely self-isolate at home due to crowded housing. Funding will be provided to municipalities and regions to establish centralized locations where eligible individuals can safely self-isolate for the period required by local health officials.

### Reduce impact of foodborne illness outbreaks

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

PHAC will continue to maintain timely detection and response to foodborne illness outbreaks based on laboratory testing results, data, and analyses. PHAC will continue to provide evidence-based information to Canadians so that they can make informed decisions to protect themselves from foodborne illness. In 2021-22, PHAC will:

- Generate and use surveillance data/outputs as evidence to inform/support food safety policy development/implementation and foodborne illness cluster detection/assessment and outbreak response; and,
- Support investigations and provide technical expertise on foodborne disease issues and illness outbreaks.



## **Reduce the incidence of tuberculosis in Canada**

Tuberculosis remains a public health challenge in Canada, particularly within at-risk Indigenous and foreign-born populations. To better address the health inequities vulnerable populations face, PHAC will continue to work with federal, provincial, territorial, and Indigenous partners to strengthen and enhance data collection, analyses, and reporting in support of meeting Canada's tuberculosis elimination goals.

### **Sex and gender-based analysis plus**

PHAC will continue its efforts to advance the implementation of Canada's SGBA+ within the Infectious Disease Prevention and Control (IDPC) branch. SGBA+ metrics are considered where possible, but availability can be limited by data metrics provided by the provincial and territorial data collection and surveys.

The IDPC branch is working to incorporate SGBA+ into research and surveillance areas where infectious agents may affect sexes differently and/or where sex/gender could influence the risk of infection. New approaches are being explored to ensure equitable access to testing across geographic regions, cultures, and other factors (i.e., including but not limited to sex and gender).

Additionally, several initiatives are focused on priority populations, remote communities, and areas where a particular population is disproportionately affected by an infectious disease. The analysis of sex, age, and other identifying factors are used to inform program responses.

Different approaches to reach target groups are used for interventions that address the needs of diverse populations. Intervention design distinguishes between sex and gender and it addresses issues of variable risk factors among women, men, and gender-diverse people (e.g., to provide equitable access to the program or service).

Since 2017, vaccination coverage estimates, obtained through surveys, have been broken down by gender to identify inequalities in vaccination uptake, and may help to provide information on the most appropriate target groups for vaccine promotion efforts.

### **United Nations' 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals**

PHAC's planned activities under this Core Responsibility supports Canada's efforts to address the UN 2030 Agenda for Sustainable Development and contribute towards global targets under SDG 3: "Good Health and Well-Being." PHAC supports this goal through initiatives aimed at increasing vaccination rates, reducing health impacts of STTBI, and enhancing laboratory capacity through modernization. These initiatives support global targets related to reducing the rates/occurrences of tuberculosis and hepatitis, the management of national and global health risks, as well as vaccine research and development.

As part of Canada's efforts to take urgent action to address SDG 13: "Climate Action," PHAC continues to support the Pan-Canadian Framework on Clean Growth and Climate Change, as part of Canada's plan to meet its Paris Agreement commitments, stimulate Canada's economy, and build climate resilience across the country, specifically as it relates to the priorities to protect and improve human health and well-being. PHAC will also support government-wide efforts to implement Canada's strengthened climate plan: A Healthy Environment and a Healthy Economy, to create jobs and support people, communities, and the planet.

The IDCC program addresses the impacts of climate change on human health by building and increasing access to infectious diseases evidence-base and developing and disseminating education and awareness resources. The IDCC program and fund will increase the knowledge base of the health risks associated with climate-driven infectious diseases, particularly within the health sector, communities, and vulnerable populations, and enhance systems and/or tools to support decision-making and knowledge translation.

### Experimentation

In 2021-22, PHAC will undertake the following experimentation activities:

#### **Wastewater viral pathogen measuring**

PHAC's NML will partner with other federal, provincial, territorial, and academia partners to test a new method of surveillance for infectious diseases, including COVID-19, through measuring viral pathogens in public wastewater sites.

#### **The Canadian COVID-19 Genomics Network**

The NML will partner with provincial public health laboratories on a new initiative called the [Canadian COVID-19 Genomics Network](#),<sup>xxvii</sup> which applies new genome sequencing technologies and practices to COVID-19 pathogen samples. The information gathered will provide details on the DNA makeup of COVID-19, informing future public health intervention strategies and products, including: vaccines, therapeutics, and national testing plans.

#### **Interactive vaccination portal for the Canadian Immunization Guide**

Through Innovation, Science, and Economic Development Canada's [Innovative Solutions Canada](#)<sup>xxviii</sup> program, PHAC will continue to implement the Canada Immunization Guide, an interactive portal developed for those with an interest in immunization. This tool will provide health care providers and Canadians with immediate access to relevant and trustworthy public health information about new vaccines, including key immunization information, vaccine safety, and vaccination of specific populations, active vaccines, and passive immunizing agents.

## Planned results for Infectious Disease Prevention and Control

Departmental result	Departmental result indicator	Target	Date to achieve target	2017-18 actual result	2018-19 actual result	2019-20 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	68%	Data not collected <sup>18</sup>	68%
	Proportion of national vaccination coverage goals met for children by 2 years of age	Exactly 7 <sup>19</sup>	Dec. 31, 2025	0/12 (2017)	Data not collected <sup>20</sup>	1/12 (2017)
	Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV) <sup>21</sup>	0.6 Cases per 100,000 population	Dec. 31, 2030	6.5 Cases per 100,000 (2017)	6.9 Cases per 100,000 (2018)	Collection delayed due to COVID-19
	Rate of a key antimicrobial resistant infection identified among people in hospitals	At most 0.7 cases per 1,000 patient admissions <sup>22</sup> <sup>23</sup>	June 30, 2025	0.61 Cases per 1,000 (2017)	0.77 Cases per 1,000 (2018)	Collection delayed due to COVID-19
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% <sup>24</sup>	Mar. 31, 2022	95%	91%	98%
	% of new pathogens of international concern that Canada has the capacity to accurately test for	At least 90%	Mar. 31, 2022	100% (2017)	100% (2018)	100% (2019)

<sup>18</sup> This is a bi-annual indicator, with vaccine coverage measured every two years.

<sup>19</sup> In 2019-20, the number of national vaccination coverage goals changed from 12 to 7.

<sup>20</sup> This is a bi-annual indicator, with vaccine coverage measured every two years.

<sup>21</sup> 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.

<sup>22</sup> 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.

<sup>23</sup> 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.

<sup>24</sup> Although the target was met in 2015–16 and exceeded in 2014–15 and 2016–17, the target value of 90% was determined as a reasonable standard for PHAC's ability to assess potential foodborne illness related outbreaks in a timely manner (based on previous results, current capacity, and forward expectations).

**Planned budgetary financial resources for Infectious Disease Prevention and Control**

<b>2021–22 budgetary spending (as indicated in Main Estimates)</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>	<b>2023–24 planned spending</b>
6,028,125,406	6,028,125,406	272,038,876	211,240,557

**Planned human resources for Infectious Disease Prevention and Control**

<b>2021–22 planned full-time equivalents</b>	<b>2022–23 planned full-time equivalents</b>	<b>2023–24 planned full-time equivalents</b>
2,134	1,262	1,050

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

### 3. Health Security

#### Description

Prepare for and respond to public health events and emergencies (e.g., floods, forest fires, and outbreaks such as COVID-19); 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; and,
- Public health risks associated with travel are reduced.

To make progress towards achieving these results, PHAC will focus its 2021-22 efforts on initiatives and activities that support Canada's preparedness in the face of significant events/emergencies with health consequences, such as COVID-19. Providing domestic and international health security leadership will remain key areas of action for PHAC in continuing our collaborative work with public health partners. Sharing and implementing regulatory best-practices, such as risk-based compliance and enforcement, remains a priority for PHAC in both its biosecurity and border and travel health programs.

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

Ensuring that Canada is ready to respond to natural, accidental, and intentional emergencies and events with health consequences, such as COVID-19, is core to PHAC's mandate. Working collaboratively with the Government of Canada, provinces, territories, Indigenous, international, and other domestic partners, PHAC undertakes a range of initiatives with a focus on mitigating the impact of public health events and emergencies on Canadians.

#### Strengthen PHAC's surge support role

In 2021-22, PHAC will continue to maintain and strengthen the capabilities of the National Emergency Strategic Stockpile (NESS) to respond to the COVID-19 pandemic and prepare for other potential public health emergencies or events. PHAC will:

- Maintain a robust supply of key PPE, medical equipment, medical countermeasures, and other supplies to support response efforts through periods of COVID-19 resurgence;
- Continue its surge support role in providing medical equipment, medical and social service supplies, and medical countermeasures, in response to requests for assistance from provinces and territories to support their COVID-19 response efforts and other emergencies;
- Advance efforts to modernize the NESS warehouse facilities and systems; and,

- Build on lessons learned from COVID-19, to identify key opportunities to increase the ability of the NESS to prepare for and respond to public health emergencies and events through improved collaboration with provinces, territories, and industry.

### **Strengthen enhanced emergency management operations for a sustained COVID-19 response**

In 2021-22, PHAC will continue to play an essential role in ensuring a nimble and coordinated response to COVID-19 and will:

- Continue to work with federal, provincial, and territorial partners to respond to COVID-19 resurgence;
- Conduct research and assessment to develop and update, as necessary, various types of guidance for stakeholders to support response efforts; and,
- Provide emergency management governance support and operational communications.

PHAC will continue to invest in its emergency management operations and in the development of sustainable support structures to enable a scalable, timely, and coordinated response to the COVID-19 pandemic, as well as future emergency events with health consequences. This will include:

- Strengthening the Health Portfolio Operations Centre surge capacity to mobilize resources for emergency response efforts; and,
- Developing a robust mechanism to capture lessons learned and implement corrective actions to address areas requiring improvement.

### **Improve public health intelligence capacity**

An effective early warning system is critical for timely response to public health threats. PHAC will conduct an independent review of the Global Public Health Intelligence Network (GPHIN), an open source event-based surveillance system, to improve Canada's capacity to use public health intelligence to better identify, assess, and respond to health threats.

### **Provide onsite expert advice and support to public health partners to combat disease outbreaks and emergencies**

In line with its mandate, PHAC will continue to provide expert advice and support public health partners by:

- Supporting the development and delivery of applied public health and emergency management training;
- Placing Public Health Officers in jurisdictions across Canada in support of the Government of Canada, provinces, and territories' public health priorities; and,
- Deploying field epidemiologists to the field during disease outbreaks and emergencies in response to requests for assistance



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

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

#### **Modernize regulatory oversight**

PHAC will continue to ramp up its risk-based inspections of Canadian laboratories and monitor pathogen imports through border surveillance. PHAC will also introduce the use of digital solutions/tools during laboratory inspections to streamline operations, and assess the feasibility of a virtual or offsite inspection model.

#### **Promote compliance and increase openness and transparency**

PHAC will continue to promote compliance and enable regulated parties to meet regulatory requirements by remaining engaged, transparent, and accountable, and by providing current and comprehensive resources and tools. In 2021-22, PHAC will:

- Develop and disseminate the necessary scientific, technical and regulatory information and guidance to support safe and secure research, disease diagnosis, and the development of life saving vaccines and therapeutics against COVID-19;
- Undertake an evaluation of the effectiveness of the Human Pathogens and Toxins regulatory framework;
- Publicly consult on and publish the Canadian Biosafety Standard (CBS) 3rd Edition; and,
- Publish high-level inspection summaries of inspections of regulated parties to garner public confidence in the regulatory system.

#### **Advance global health priorities in biosafety and biosecurity**

Through active leadership, partnerships, and global knowledge sharing, PHAC supports the advancement of global health priorities and international capacity in biosafety and biosecurity, protecting Canadians from pathogen and toxin related risks emerging outside Canada. In 2021-22, PHAC will:

- Continue to support global efforts to effectively contain poliovirus by finalizing Canada's national inventory of poliovirus potentially infectious material (PIM) and advancing the destruction or transfer of all unneeded materials to a designated containment facility;
- Continue to deliver against its World Health Organization (WHO) Collaborating Centre Action Plan, including through the sharing of technical expertise and best practices; and,
- Serve as the secretariat to the [International Experts Group of Biosafety and Biosecurity Regulators](#)<sup>xxx</sup> (IEGBBR) and co-chair of the steering committee, and support the publication of an IEGBBR report on the regulatory oversight of SARS-CoV-2 during the pandemic.

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

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. 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, and returning from, other countries. Based on the lessons learned from the ongoing response to the COVID-19 pandemic, PHAC, in collaboration with partners at Canadian Border Services Agency (CBSA), will continue to reinforce border health measures aimed at safeguarding the health of Canadians in 2021-22.

#### Identify and mitigate public health risks related to travel

In 2021-22, PHAC will continue to strengthen border measures implemented in response to the COVID-19 pandemic, as outlined below.

In support of the legislated mandate under the *Quarantine Act*, PHAC will:

- Maintain a physical presence at 36 Ports of Entry (PoE) to carry out enhanced COVID-19 screening measures to mitigate importation risk;
- Maintain a scaled up Central Notification System (CNS), which provides 24/7 telephone access to quarantine officers as surge support to on-site delivery of quarantine services;
- Continue to develop and enforce PHAC's Emergency Orders in Council to prohibit entry into Canada, as well as reduce the risk of COVID-19 importation and spread;
- Monitor and modulate PHAC's capacity to safely lodge and monitor those returning to Canada from abroad without a suitable location to complete their quarantine at Designated Quarantine Facilities, to reduce travel-related introduction and spread of COVID-19 in Canada;
- Continue to adapt PHAC's compliance and enforcement model to effectively promote, verify, and enforce traveller compliance with federal requirements related to quarantine and other border measures; and,
- Continue to improve the new Quarantine Case Management System to strengthen PHAC's capacity to manage traveller data in relation to quarantine and other border measures.

#### Improve the knowledge of Canadians about travel-related public health risks

In 2021-22, PHAC will continue to leverage social media and a dedicated [Coronavirus website](#)<sup>xxxi</sup> in over 24 languages to proactively inform Canadians of the risks associated with COVID-19 and how to protect themselves. PHAC will also continue to adapt existing and develop new communication products to support the border measures. The Agency's dedicated call line (1-833-784-4397) will remain active in 2021-22 to answer Canadians' questions about COVID-19.

PHAC will also continue to notify Canadians of other travel-related public health risks through a range of communications products and approaches, and strive for continuous improvement of public outreach through use of social media and engagement with health care professionals.

**Manage travel-related public health risks on passenger conveyances and ancillary services**

In 2021-22, PHAC will continue to conduct potable water, food, and sanitation inspections of public conveyances and their ancillary services, focusing efforts on areas of greatest risk to public health, for example flight kitchens that could become the source of disease spread if safety and sanitary protocols are not followed. The Agency will also modernize the Travelling Public Program to better utilize regional resources to respond to COVID-19 and environmental transmission of communicable diseases.

**Sex and gender-based analysis plus**

Activities undertaken by PHAC under this core responsibility support Canada's Gender Results Framework as they relate to health and wellbeing. Beneficiaries of these activities are anticipated to reflect the characteristics of the Canadian population and be relatively gender-balanced overall.

Preventing the importation of COVID-19 through PHAC's Border and Travel Health program as well as Regional Operations will support efforts to control community spread, which will in turn benefit the healthcare system and front-line workers, the majority of whom are women. Measurement of these activities or any analysis of information collected about travellers and their isolation or quarantine plans will align with the Health Portfolio's Sex and Gender-Based Analysis Policy and the Government of Canada's Sex and Gender Information Practices (otherwise known as Gender Inclusive Services).

PHAC reviews surveillance and monitoring data with a SGBA+ lens during outbreak investigations to help identify sources of outbreak knowing that risk factors can vary by gender. PHAC also identifies sex-specific health risks and communicates these risks to Canadian travellers through travel health notices.

In the development of the Emergency Orders in Council under the *Quarantine Act* to prohibit entry into Canada and require mandatory isolation, PHAC continues to examine differential impact from both a SGBA+ and Canadian Charter lens with the aim of being inclusive and not disproportionately affecting certain groups or individuals.

PHAC uses SGBA+ and inclusive and diversity-focused approaches for recruiting and placing Public Health Officers across Canada. The work of Public Health Officers contributes to supporting public health efforts that impact Indigenous communities and vulnerable populations.

The NESS, when procuring PPE, medical devices and supplies for the healthcare sector, purchases a wide range of products in various sizes that will fit the majority of healthcare workers regardless of gender. Additionally, medical countermeasures (i.e., vaccines and therapeutic) consider the SGBA+ impact on end recipients (e.g., pregnant women, people with underlying health conditions, etc.).

PHAC's Biosecurity program considers the specific health risks to particular populations (e.g., sex, gender, children, immunocompromised, elderly, same-sex partners, etc.) in the development of Pathogen Risk Assessment and Pathogen Safety Data Sheets.

PHAC incorporates gender and diversity inclusive options for outward facing material where possible. For instance, the Human Pathogens and Toxins Act security clearance application

form includes a non-binary gender specification (X, or unspecified) in the gender information data collection section. For Pathogen and Toxins Licence applications and the Laboratory Biosafety and Biosecurity e-Learning portal, the salutation preference field is optional, and includes a blank entry option.

### United Nations' 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals

Health Security initiatives contribute to SDG 3: "Good Health and Well-Being" and advance global targets, in particular indicator 3.D, related to strengthening the capacity of all countries for early warning, risk reduction, and management of national and global health risks. For example:

- Border-related COVID-19 activities undertaken by PHAC strengthen Canada's ability to detect and mitigate the importation of COVID-19, keeping Canadians safe;
- PHAC's Biosecurity program provides other countries with technical assistance and tools to help them meet commitments under the International Health Regulations by enhancing their national biosafety and biosecurity oversight frameworks;
- The Health Portfolio Operations Centre (HPOC) provides countries with technical assistance and tools to meet commitments under the International Health Regulations; and,
- The NESS lifecycle management of its assets is mindful of waste reduction and recycling, where possible. The NESS will work with provinces and territories on an approach to transfer assets for use in the healthcare system, prior to expiry, where applicable. This contributes to advancing SDG 12: "Responsible Consumption and Production" by protecting it from degradation through sustainable consumption and production. Any disposal would continue to respect federal, provincial, and territorial environmental guidelines.

### Experimentation

PHAC continuously looks for experimentation opportunities within its programs. The following are some of the examples within Health Security programming:

- The Quarantine Case Management System (QCMS) is one of the tools in PHAC's toolbox to manage the COVID-19 pandemic. Successful development and implementation of the QCMS has resulted in a shift from paper-based data collection to electronic data collection and management of health data collected as part of border and quarantine initiatives. This new electronic data management system facilitates data collection and analysis, and informs evidence-based decision-making. Continuous improvements are made to QCMS on a regular basis in order to respond to an evolving public health landscape; and,
- The applied public health and emergency management training is being offered to PHAC employees and stakeholders in response to an increased need/capacity as a result of COVID-19. This training uses a variety of methods (e.g., synchronous virtual classrooms and webinar events, self-directed e-learning modules, blended learning, mentoring, and coaching) and is provided by PHAC employees to allow for a more cost-effective and flexible development of Rapid Online Training, accessible by various target audiences. Recruitment of new employees is planned to increase PHAC's e-learning capacity.

Lastly, PHAC actively supports and leverages provincial and territorial pilots (e.g., COVID-19 testing) to inform border measures and quarantine requirements.

### Planned results for Health Security

Departmental result	Departmental result indicator	Target	Date to achieve target	2017-18 actual result	2018-19 actual result	2019-20 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)	Jun. 31, 2023	not available <sup>25</sup>	4.5	4.5
	% of provincial and territorial requests for assistance responded to within negotiated timelines	Exactly 100%	Mar. 31, 2022	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, 2022	82%	88%	82%
Public health risks associated with travel are reduced	Canada's capacity <sup>26</sup> for effective public health response at designated points of entry into Canada	4 (Rating out of 5)	Mar. 31, 2023	not available <sup>27</sup>	5	not available
	% of inspected passenger transportation operators that meet public health requirements	95%	Mar. 31, 2022	97%	94% <sup>28</sup>	97%

<sup>25</sup> 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.

<sup>26</sup> Capacity is defined by the WHO's International Health Regulations (2005) Monitoring and Evaluation Framework, Joint External Evaluation Tool.

<sup>27</sup> 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.

<sup>28</sup> 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**

<b>2021–22 budgetary spending (as indicated in Main Estimates)</b>	<b>2021–22 planned spending</b>	<b>2022–23 planned spending</b>	<b>2023–24 planned spending</b>
2,138,394,806	2,138,394,806	342,315,260	287,033,756

**Planned human resources for Health Security**

<b>2021–22 planned full-time equivalents</b>	<b>2022–23 planned full-time equivalents</b>	<b>2023–24 planned full-time equivalents</b>
1,253	475	475

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



## Internal Services: planned results

### 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 healthy, diverse and inclusive workforce

The Agency's ability to build a healthy, diverse, and inclusive workforce is imperative to ensuring it is high performing and able to provide the best and most effective programs, policies, and services to Canadians.

In 2021-22, PHAC is committed to:

- Recruiting and retaining a healthy, diverse, and inclusive workforce;
- Ensuring the implementation of PHAC's Multi-Year Diversity and Employment Equity Plan;
- Reviewing internal policies, procedures, and practices to streamline and clarify the hiring process;
- Developing an Accessibility Plan that meets the requirements of the *Accessible Canada Act* and the [Public Service Accessibility Strategy](#); <sup>xxxiii</sup>
- Continuing to implement Mental Health and Wellness strategies to support employees;
- Ensuring all employees have access to the Employee Assistance Program which provides a range of support services, including counselling, coaching, and resources;
- Ensuring compliance with Bill C-65 by creating a healthy, safe, harassment free, and violence free work environment for all employees;

PHAC is committed to ensuring that all employees feel safe and are treated with respect, dignity, and fairness in the workplace, including instilling positive values and tackling racial bias, harassment and discrimination. In addition, PHAC is committed to eliminating barriers to success and career progression through the use of more inclusive recruitment practices.

- Building on efforts to implement the PHAC Official Languages Action Plan to further enhance the Agency's capacity to provide services of equal quality in both official languages;
- Implement a Corporate Management capacity, in response to a significant projected workforce growth within the Agency in support of the COVID-19 response, and ensure a coordinated and planned approach to building a healthy, diverse, and inclusive workforce; and,
- Leverage significant projected workforce growth within the Agency to link with the Diversity and Employment Equity Plan and opportunities to further enhance workforce diversity.

### **Support the COVID-19 response**

In order to support the Government of Canada's response to COVID-19, PHAC will streamline and expedite processes across all Internal Services, including staffing, classification, security, and IT. PHAC has bolstered its resourcing and reallocated resources in all areas in an effort to meet the needs and requirements of the Agency's growth across all disciplines. This includes:

- A newly created Strategic Human Resources Executive Support lead and a dedicated HR team to meet both Executive and Non-Executive hiring needs;
- Supporting a significant workforce growth at PHAC via the implementation of a Corporate Management function. This function will enable coordination, planning, and prioritization of staffing requirements, and will implement an Agency-wide coordinated staffing strategy to sustain the growth that is necessary to manage the current pandemic;
- Adding new functions to sustain COVID-19 response, resulting in the implementation of new teams and branches, supported by the Corporate Management function and various Internal Services; and,
- Further exploration of the need for various developmental programs for enhancing the organizational capacity to respond to COVID-19 and promote professional development opportunities for the employees.

PHAC's internal communications will continue to engage with employees and seek feedback to evaluate and adjust communications and engagement strategies, helping to ensure that they are accessible and relevant. In 2021-22 PHAC will continue to encourage employees to use virtual engagements to connect and stay apprised of their work, the impact of the pandemic, and how to access information on work-life balance. PHAC will continue to share information and resources with employees during the COVID-19 pandemic to support them in protecting their mental and physical health, balancing their workload, and continuing to be productive, through a variety of tools and platforms, including new web-based digital channels.

To support Canadians and respond to COVID-19, PHAC has established a dedicated a Human Resource (HR) Team to support and sustain the Agency's pandemic operations. This HR team will continue to provide staffing and classification support, in addition to supporting a number of organizational reviews, to identify gaps and new resource requirements.

**Modernize the workplace to enable a safe and productive workforce with 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.

PHAC will ensure that the workforce, workplace, and work are all supported in order to allow the Agency to continue to deliver on its mandate, whether employees are working remotely or on-site. For example, PHAC will:

- Continue to explore and enhance tools supporting the prolonged remote work for employees, in response to employee feedback through various surveys; and,
- Undertake various initiatives to lean and modernize various tools, systems, and processes that will enhance operational efficiencies across the Agency.

In order to be a leader in the delivery of modern, digitally-enabled programs and services, PHAC will continue to enhance Information Management/Information Technology (IT) security awareness, while working to mitigate and manage risks to program delivery by addressing aging IT. For example, the Agency has implemented Microsoft Teams in a secure environment as an employee collaboration tool and will continue to work with Shared Services Canada to address emerging technological needs. 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.

**Communication services**

In 2021-22, PHAC will continue to provide Canadians with timely and relevant information to take action on their personal and collective health and safety. Information on how Canadians can improve their health, wellbeing, and protect themselves from disease will be disseminated through an array of digital and mainstream communication methods such as the web, social media, marketing and outreach, and Ministerial announcements. In 2021-22, the Agency will continue to provide communications efforts related to the Government of Canada's response to the COVID-19 pandemic, while also communicating on other important issues such as measures that promote healthy living and the prevention and control of chronic and infectious disease. Areas of focus include AMR, foodborne illness, mental health, diabetes, controlled substance use, and the implementation of a pan-Canadian health data strategy.

PHAC will continue to proactively release valuable COVID-19-related data and information as part of its Open Government efforts to empower stakeholders and citizens to make informed decisions and better understand particular issues. The Agency is also constantly working to increase access for Canadians to timely and relevant information by continuing to publish online at Canada.ca and through social media campaigns.

**Providing timely, trusted, and evidence-based information**

In 2021-22, PHAC will leverage a range of online and traditional communications tools and channels to provide Canadians with useful, timely, and evidence-based information to protect themselves, their families, their communities, and their businesses during the COVID-19 pandemic. This includes the central information hub at [Canada.ca/coronavirus](https://Canada.ca/coronavirus),<sup>xxxiv</sup> as well as digital applications such as ArriveCAN, COVIDTrends, and a [visual data gallery](#).<sup>xxxv</sup> As of December 2020, ArriveCAN continues to be the #2 downloaded app in the Travel Category in the App Store.

Recognizing that some Canadians may not have access to the internet or live in rural or remote communities, PHAC will continue to provide information on COVID-19 through regular media briefings and other outreach activities, using radio, print, television advertising, and traditional print mailouts, and by operating a toll-free telephone service providing information in multiple languages, 7 days a week. The Agency will also continue to update Canadians on public health measures, including information related to approved COVID-19 vaccines, and border/travel measures, designed to help Canadians protect their health and the health of their families and communities.

**Planned budgetary financial resources for Internal Services**

2021–22 budgetary spending (as indicated in Main Estimates)	2021–22 planned spending	2022–23 planned spending	2023–24 planned spending
244,501,486	244,501,486	103,456,203	99,997,202

**Planned human resources for Internal Services**

2021–22 planned full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents
1,027	654	654

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

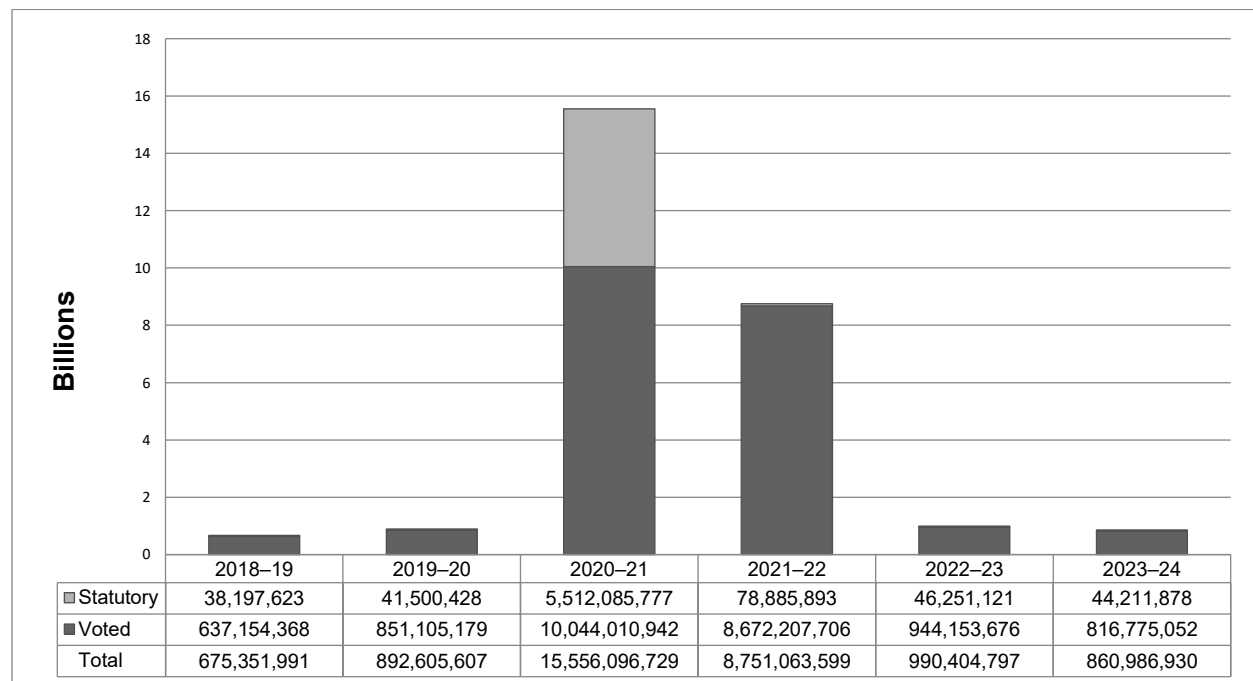
## Spending and human resources

This section provides an overview of the department'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 2018–19 to 2023–24.

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



In 2019-20, PHAC received new funding in response to COVID-19 for the following measures: the acquisition of PPE and medical equipment; border and travel health and isolation sites; funding to repatriate and protect Canadians from 2019 novel coronavirus; communications; NESS; laboratory testing; and surveillance. The new COVID-19 funding represented an increase of \$237.5M million in 2019-20 compared to 2018-19. There was also new funding received to support other initiatives such as the pan-Canadian suicide prevention service and DCI, which were offset by the following sunsetted initiatives: healthy seniors pilot project; and, medical countermeasures for smallpox and anthrax preparedness.

The substantial increase in planned spending for 2020-21 is due to funding received in response to COVID-19, notably for the following initiatives: the acquisition of PPE and medical equipment; medical research and vaccine developments; border and travel health and isolation sites; surge capacity for the Agency; vaccine countermeasures, sero-surveillance consortium; lab facilities; and, Kids Help Phone. Together, this new funding represented a \$14.9B increase in planned spending compared to 2019-20. An additional \$5B was initially received for medical research and vaccine developments; this funding has since been reallocated to 2021-22 and is reflected as such in the table above.

Planned spending in 2021-22 consists of several ongoing COVID-19 related measures such as: medical research and vaccine developments; the establishment of a capacity for domestic production of PPE; sero-surveillance consortium; the national medical research strategy; the acquisition of medical countermeasures for chemical, biological, radiological, and nuclear threats, including pandemic influenza; filling gaps in Canada's research and manufacturing capabilities to support the COVID-19 response related to enhancing public health data modelling and ensuring a secure supply chain of N95 respirators; government advertising programs; medical countermeasures - bio-manufacturing capacity and vaccine deployment; border and travel health and isolation sites; and surge capacity for the Agency. Together, this funding represents \$8.1B.

Planned spending decreases in 2022-23 and 2023-24 as funding for COVID-19 continues to sunset over time. The Agency is still planning to receive funding for the following COVID-19 initiatives: the establishment of a capacity for domestic production of PPE; sero-surveillance consortium; the national medical research strategy; the acquisition of medical countermeasures for chemical, biological, radiological, and nuclear threats, including pandemic influenza; filling gaps in Canada's research and manufacturing capabilities to support the COVID-19 response related to enhancing public health data modelling and ensuring a secure supply chain of N95 respirators; government advertising programs; medical countermeasures bio-manufacturing capacity and vaccine deployment; border and travel health and isolation sites; innovative technology; and, surge capacity for the Agency.



### 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 Internal Services for the years relevant to the current planning year.

Core responsibilities and Internal Services	2018–19 expenditures	2019–20 expenditures	2020–21 forecast spending	2021–22 budgetary spending (as indicated in Main Estimates)	2021–22 planned spending	2022–23 planned spending	2023–24 planned spending
Health Promotion and Chronic Disease Prevention	318,391,163	273,405,686	417,815,847	340,038,576	340,038,576	272,594,458	262,715,415
Infectious Disease Prevention and Control	199,658,422	257,498,145	7,916,145,453	6,028,125,406	6,028,125,406	272,038,876	211,240,557
Health Security	55,577,234	248,500,490	6,963,680,651	2,138,394,806	2,138,394,806	342,315,260	287,033,756
Subtotal	<b>573,626,819</b>	<b>779,404,321</b>	<b>15,297,641,951</b>	<b>8,506,558,788</b>	<b>8,506,558,788</b>	<b>886,948,594</b>	<b>760,989,728</b>
Internal Services	101,725,172	113,201,286	258,454,778	244,501,486	244,501,486	103,456,203	99,997,202
Total	<b>675,351,991</b>	<b>892,605,607</b>	<b>15,556,096,729</b>	<b>8,751,060,274</b>	<b>8,751,060,274</b>	<b>990,404,797</b>	<b>860,986,930</b>

In 2020-21, Health Promotion and Chronic Disease Prevention is forecasting an increase of \$135.3M in spending due to new funding in response to COVID-19 including: border and travel health and isolation sites; surge capacity for the Agency; funding to support a safe restart in Indigenous communities; and, funding to bolster distress centres across Canada.

Infectious Disease Prevention and Control is forecasting an increase of \$7.7B in expenditures due to new funding in response to COVID-19 including: the acquisition of PPE and medical equipment; medical research and vaccine developments; border and travel health and isolation sites; innovative technology; the acquisition of rapid testing machines; safe restart agreement for federal investments in testing, contact tracing and data management; sero-surveillance consortium; medical countermeasures; and, funding for influenza and pneumococcal vaccines.

Health Security is forecasting an increase of \$6.9B in spending for 2020-21 as a result of funding for: the acquisition of PPE and medical equipment; medical research and vaccine developments; the establishment of a capacity for domestic production of PPE; border and travel health and isolation sites; safe restart agreement for federal investments in testing, contact tracing and data management; Canada's enhanced Federal response to address the COVID-19 pandemic; medical countermeasures; and, surge capacity for the Agency.

Internal Services forecasted spending in 2020-21 exceeds the 2019-20 planned spending by \$139M due to the response to COVID-19, specifically related to initial and enhanced response regarding communication, public education, and surge capacity for the Agency.

## Planned human resources

The following table shows actual, forecast and planned full-time equivalents for each core responsibility in PHAC's departmental results framework and 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	2018–19 actual full-time equivalents	2019–20 actual full-time equivalents	2020–21 forecast full-time equivalents	2021–22 planned full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents
Health Promotion and Chronic Disease Prevention	476	524	586	581	533	536
Infectious Disease Prevention and Control	982	1,054	1,725	2,134	1,262	1,050
Health Security	354	385	886	1,253	475	475
<b>Subtotal</b>	<b>1,812</b>	<b>1,963</b>	<b>3,197</b>	<b>3,968</b>	<b>2,270</b>	<b>2,061</b>
Internal Services	322	333	794	1,027	654	654
<b>Total</b>	<b>2,134</b>	<b>2,296</b>	<b>3,991</b>	<b>4,995</b>	<b>2,924</b>	<b>2,715</b>

In 2020-21, Health Promotion and Chronic Disease Prevention is forecasting an increase in full-time equivalents (FTEs) primarily due to the introduction of new COVID-19 related initiatives, including: Canada's initial Federal response to address the COVID-19 pandemic; funding to support a safe restart in Indigenous communities; and, surge capacity for the Agency.

Infectious Disease Prevention and Control is forecasting an increase in FTEs primarily due to the introduction of new COVID-19 related initiatives, including: Canada's initial Federal response to address the COVID-19 pandemic; safe restart agreement for federal investments in testing; contact tracing and data management; medical countermeasures; and, surge capacity for the Agency.

Health Security is forecasting an increase in FTEs primarily due to the introduction of new COVID-19 related initiatives, including: Canada's initial Federal response to address the COVID-19 pandemic; the acquisition of PPE and medical equipment; medical countermeasures; border and travel health and isolation sites; and, surge capacity for the Agency.

The increase reflected above for Internal Services in 2020-21 and onward is primarily due to the FTEs for surge capacity for the Agency, and the Health Portfolio Shared Services Partnership Agreement between PHAC and Health Canada, where planned FTEs are reported by PHAC, but actual FTEs are expended and reported by Health Canada.

Trending beyond 2021-22 to 2023-24, the Agency is forecasting reductions in FTEs primarily due to the sunseting of various COVID-19 initiatives and others such as: 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 [2021–22 Main Estimates](#).<sup>xxxvii</sup>

### Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of PHAC's operations for 2021–22 to 2022–23.

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](#).<sup>xxxviii</sup>

### Future oriented Condensed statement of operations for the year ending March 31, 2022 (dollars)

Financial Information	2020–21 Forecast Results	2021–22 Planned Results	Difference (2021–22 Planned Results minus 2020–21 Forecast Results)
Total expenses	13,029,034,788	10,550,659,444	(2,478,375,344)
Total revenues	14,118,475	14,122,048	3,573
Net cost of operations before government funding and transfers	13,014,916,313	10,536,537,396	(2,478,378,917)

PHAC is projecting a net cost of operations in 2021-22 of \$10,536.5M, a decrease of \$2,478.4M from the forecasted results of \$13,014.9M for 2020-21. This decrease is attributable to a reduction in authorities available in 2021-22 related to the response to the COVID-19 pandemic, notably for the acquisition of PPE and medical equipment; the safe restart agreement for federal investments in testing, contact tracing, and data management; Canada's initial and enhanced response to COVID-19; and, sero-surveillance consortium. This is offset by increases in authorities for medical research and vaccine developments; and surge capacity for the Agency. In addition, PHAC is expecting decreases in prepaid expenses and inventory holdings balances in 2021-22.

## Corporate information

### Organizational profile

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

**Institutional head:** Iain Stewart, President

**Ministerial portfolio:** Health

**Enabling instrument(s):** [\*Public Health Agency of Canada Act\*](#),<sup>xxxix</sup> [\*Department of Health Act\*](#),<sup>xl</sup> [\*Emergency Management Act\*](#),<sup>xli</sup> [\*Quarantine Act\*](#),<sup>xlii</sup> [\*Human Pathogens and Toxins Act\*](#),<sup>xliii</sup> [\*Health of Animals Act\*](#),<sup>xliv</sup> [\*Federal Framework on Lyme Disease Act\*](#),<sup>xlv</sup> and ,the [\*Federal Framework for Suicide Prevention Act\*](#).<sup>xlvi</sup>

**Year of incorporation/commencement:** 2004

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

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

"Raison d'être, mandate and role: who we are and what we do" is available on [PHAC's website](#).<sup>xlvii</sup>

For more information on the department's organizational mandate letter commitments, see the "[Minister of Health Mandate Letter](#)".<sup>xlviii</sup>

### Operating context

Information on the operating context is available on [PHAC's website](#).<sup>xlix</sup>

## Reporting framework

PHAC's approved Departmental Results Framework and Program Inventory for 2021-22 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: % 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						

## 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](#).<sup>i</sup>

## Supplementary information tables

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

- ▶ [Sustainable Development Goals](#)<sup>lii</sup>
- ▶ [Departmental Sustainable Development Strategy](#)<sup>liii</sup>
- ▶ [Details on transfer payment programs](#)<sup>liv</sup>
- ▶ [Gender-based analysis plus](#)<sup>lv</sup>
- ▶ [Horizontal initiatives](#)<sup>lvi</sup>
- ▶ [Up-front multi-year funding](#)<sup>lvii</sup>

## Federal tax expenditures

PHAC's Departmental Plan does not include information on tax expenditures that relate to its planned results for 2021-22.

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](#).<sup>lviii</sup> 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

### Mailing Address

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Website: [Public Health Agency of Canada](#)<sup>lix</sup>



## 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

- i Mental Health Promotion Innovation Fund, <https://www.canada.ca/en/public-health/services/funding-opportunities/mental-health-promotion-innovation-fund.html>
- ii Promoting Health Equity: Mental Health of Black Canadians Fund, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/promoting-health-equity-mental-health-black-canadians-fund.html>
- iii Knowledge Mobilization Network, <https://www.canada.ca/fr/sante-publique/services/occasions-financement/occasions-financement-moyen-subsventions-contributions/promouvoir-equite-sante-fonds-sante-mentale-communautés-noires-reseau-mobilisation-connaissances.html>
- iv Supporting the Health of Survivors of Family Violence, <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/investment-prevention-funded-projects.html>
- v Crises Services Canada, <https://www.crisisservicescanada.ca/en/>
- vi Canadian Mental Health Association, <https://cmha.ca/>
- vii Federal Framework on Posttraumatic Stress Disorder, <https://www.canada.ca/en/public-health/services/publications/healthy-living/federal-framework-post-traumatic-stress-disorder.html>
- viii New Brunswick Healthy Seniors Pilot Project, [https://www2.qnb.ca/content/qnb/en/departments/social\\_development/seniors/content/healthy\\_seniors.html](https://www2.qnb.ca/content/qnb/en/departments/social_development/seniors/content/healthy_seniors.html)
- ix A Dementia Strategy for Canada: Together we Aspire, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>
- x National surveillance, <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>
- xi Updated projections, <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/data-surveillance-research/modelling-opioid-overdose-deaths-covid-19.html>
- xii Community Action Program for Children, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>
- xiii Canadian Prenatal Nutrition Program, <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp.html>
- xiv Aboriginal Head Start in Urban and Northern Communities, <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/aboriginal-head-start-urban-northern-communities-ahsunc.html>
- xv A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Lets Get Moving (2018), <https://www.canada.ca/en/public-health/services/publications/healthy-living/lets-get-moving.html>
- xvi Canadian Chronic Disease Surveillance System, <https://www.canada.ca/en/public-health/services/publications/canadian-chronic-disease-surveillance-system-factsheet.html>
- xvii Market Greens, <https://cfccanada.ca/en/Our-Work/Programs/MarketGreens>
- xviii Canadian Diabetes Prevention Program, <https://www.lmc.ca/diabetes-prevention/>
- xix Western University's Hockey Fans in Training, <https://www.hockeyfansintraining.org/>
- xx GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html>
- xxi National Advisory Committee on Immunization, <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>
- xxii Federal Action Plan on Antimicrobial Resistance and Use in Canada, <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/alt/pdf/publications/drugs-products-medicaments-produits/antibiotic-resistance-antibiotique/action-plan-daction-eng.pdf>
- xxiii Pan-Canadian Framework for Action on Tackling Antimicrobial Resistance and Antimicrobial Use, <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/drugs-health-products/tackling-antimicrobial-resistance-use-pan-canadian-framework-action/tackling-antimicrobial-resistance-use-pan-canadian-framework-action.pdf>
- xxiv Canadian Integrated Program for Antimicrobial Resistance Surveillance, <https://www.canada.ca/en/public-health/services/surveillance/canadian-integrated-program-antimicrobial-resistance-surveillance-cipars.html>
- xxv 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>
- xxvi National Microbiology Lab, <https://www.canada.ca/en/public-health/programs/national-microbiology-laboratory.html>
- xxvii Canadian COVID-19 Genomics Network, <https://www.genomecanada.ca/en/cancogen>
- xxviii Innovative Solutions Canada, <https://www.ic.gc.ca/eic/site/101.nsf/eng/home>
- xxix GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html>
- xxx International Experts Group of Biosafety and Biosecurity Regulators, <https://iegbb.org/>
- xxxi Coronavirus website, [https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html?utm\\_campaign=not-applicable&utm\\_medium=vanity-url&utm\\_source=canada-ca\\_coronavirus](https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html?utm_campaign=not-applicable&utm_medium=vanity-url&utm_source=canada-ca_coronavirus)
- xxxii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html>
- xxxiii Public Service Accessibility Strategy, <https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/diversity-inclusion-public-service/accessibility-public-service/accessibility-strategy-public-service-toc.html>
- xxxiv Canada.ca/coronavirus, [https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html?utm\\_campaign=not-applicable&utm\\_medium=vanity-url&utm\\_source=canada-ca\\_coronavirus](https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html?utm_campaign=not-applicable&utm_medium=vanity-url&utm_source=canada-ca_coronavirus)
- xxxv Interactive data visualizations of COVID-19, <https://health-infobase.canada.ca/covid-19/visual-data-gallery/>
- xxxvi GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html>
- xxxvii 2021-22 Main Estimates, <https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates.html>

- 
- xxxviii Future-oriented condensed statement of operations, <https://canada-preview.adobecqms.net/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2021-2022-future-oriented-statement-operations.html>
  - xxxix Public Health Agency of Canada Act, <http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html>
  - xl Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
  - xli Emergency Management Act, <http://laws-lois.justice.gc.ca/eng/acts/E-4.56/index.html>
  - xlii Quarantine Act, <http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html>
  - xliii Human Pathogens and Toxins Act, <http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html>
  - xliv Health of Animals Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.3/>
  - xlv Federal Framework on Lyme Disease Act, <http://laws-lois.justice.gc.ca/eng/acts/F-7.35/index.html>
  - xlvi Federal Framework for Suicide Prevention Act, <https://laws.justice.gc.ca/eng/acts/F-7.3/page-1.html>
  - xlvii 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/2021-2022-corporate-information.html>
  - xlviii Minister of Health Mandate Letter, <https://pm.gc.ca/en/mandate-letters/2021/01/15/minister-health-supplementary-mandate-letter>
  - xliv Operating context, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2021-2022-corporate-information.html>
  - i GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
  - ii Supplementary Information Tables, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html>
  - lii Sustainable Development Goals, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html>
  - liii Departmental Sustainable Development Strategy, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html>
  - liv 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>
  - lv 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>
  - lvi Horizontal initiatives, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html>
  - lvii Up-front multi-year funding, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2020-2021-supplementary-information-tables.html>
  - lviii Report on Federal Tax Expenditures, <https://www.canada.ca/en/department-finance/services/publications/federal-tax-expenditures.html>
  - lix Public Health Agency of Canada, <https://www.canada.ca/en/public-health.html>