Public Health Agency of Canada (PHAC)
2016–17 Departmental Results Report:
Supplementary Information Tables

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Departmental Sustainable Development Strategy

1. Overview of the federal government's approach to sustainable development

The 2013–16 Federal Sustainable Development Strategy (FSDS) presents the Government of Canada's sustainable development activities, as required by the Federal Sustainable Development Act. In keeping with the objectives of the Act to make environmental decision making more transparent and accountable to Parliament, the Public Health Agency of Canada (PHAC) supports the implementation of the FSDS through the activities described in this supplementary information table.

2. Our Departmental Sustainable Development Strategy

This Departmental Sustainable Development Strategy describes PHAC's actions in support of Theme I: addressing climate change and air quality, and Theme IV: shrinking the environmental footprint, beginning with government. The report for 2016–17 presents a high-level overview of results and is the final report under the 2013–16 FSDS. Last year's report is available on PHAC's website.

3. Departmental performance highlights

Theme I: addressing climate change and air quality

Under Theme I, PHAC contributed to the 2013–16 FSDS through one implementation strategy for Goal 1 – Climate Change.

Linkages to the Program Alignment Architecture (PAA): 1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Diseases

Implementation strategies: performance summary

FSDS Goal 1 – Climate Change: In order to mitigate the effects of climate change, reduce greenhouse gas emission levels and adapt to unavoidable impacts.

FSDS Target 1.2 – Climate Change Adaptation: Facilitate reduced vulnerability of individuals, communities, regions and economic sectors to the impacts of climate change through the development and provision of information and tools.

FSDS Implementation Strategy led by PHAC: 1.2.2 Sub-Program: Conditions for Healthy Living. Work with domestic and international stakeholders to reduce infectious disease risks and public health threats related to climate change by increasing public health capacity and expertise through targeted research, modelling and cost-benefit analysis.

Department-led targets

The following table shows the FSDS target led by PHAC, along with the associated FSDS goal, performance indicator and performance results.

FSDS goal	FSDS target	FSDS performance indicator	FSDS performance results
Not applicable (N/A)	N/A	N/A	N/A

Implementation strategies: performance summary

- The Climate Change and Public Health Adaptation Toolkit was launched on the Canadian Network for Public Health Intelligence; and
- This toolkit is intended for local public health professionals to enhance their ability to rapidly respond to vector and water-borne disease events, and reduce and mitigate the occurrence of infectious diseases.

Theme IV: shrinking the environment footprint, beginning with government

Under Theme IV, PHAC contributed to the 2013–16 FSDS through four implementation strategies for Goal 7: Waste and asset management and Goal 8: Water management.

Department-led targets

The following table shows the FSDS target led by PHAC, along with the associated FSDS goal, performance indicator and performance results.

FSDS goal	FSDS target	FSDS performance indicator	FSDS performance results
Goal 7: Waste and Asset Management	**Target 7.1: Real Property Environmental Performance** As of April 1, 2014, and pursuant to departmental Real Property Sustainability Frameworks, an industry-recognized level of high environmental performance will be achieved in Government of Canada real property projects and operations.	Real Property Sustainability Framework in place to improve the management of energy, waste and water in departmental real property assets by March 31, 2015.	Achieved [March 26, 2015]
		Total number of existing Crown-owned buildings (over 1,000 m^2) and new lease or lease renewal projects (over 1,000 m^2) where the Crown is the major lessee, assessed for environmental performance using an industry-recognized assessment tool, and total associated floor space (m^2).	0 Crown-owned buildings 0 m^2
			0 New lease or lease renewal projects 0 m^2
			Assessment tool used: • BOMA BEST[1] International Institute for Sustainable Laboratories (laboratory projects only)

[1] BOMA BEST.

FSDS goal	FSDS target	FSDS performance indicator	FSDS performance results
		Total number of existing Crown-owned buildings, new construction, build-to-lease projects, and major renovation projects achieving an industry-recognized level of high environmental performance, and associated floor space (m^2).	0 Crown-owned buildings 0 m^2
			0 New construction projects 0 m^2
			0 Build-to-lease projects 0 m^2
			0 Major renovation projects 0 m^2
			Environmental performance level achieved: • 3 Green Globes[2] (projects $1M-$10M) • LEED[3] (CI) Silver (projects $10M+) • International Institute for Sustainable Laboratories (laboratory project only)
		Number of fit-up and refit projects achieving an industry-recognized level of high-environmental performance.	0 fit-up and refit projects 0 m^2 Environmental performance level achieved: • 3 Green Globes (projects $1M-$10M) • LEED (CI) Silver (projects $10M+) • International Institute for Sustainable Laboratories (laboratory project only)
	Target 7.2: Green Procurement As of April 1, 2014, the Government of Canada will continue to take action to embed environmental considerations into public procurement, in accordance with the federal Policy on Green Procurement.	Departmental approach to further the implementation of the Policy on Green Procurement in place as of April 1, 2014.	Achieved [March 31, 2014]

[2] Green Globes Fit-Up.

[3] Canada Green Building Council.

FSDS goal	FSDS target	FSDS performance indicator	FSDS performance results
		Number and percentage of procurement and/or materiel management specialists who have completed the Canada School of Public Service Green Procurement course (C215) or equivalent, in fiscal year 2016–17.	3 100%
		Number and percentage of managers and functional heads of procurement and materiel whose performance evaluation includes support and contribution toward green procurement, in fiscal year 2016–17.	1 100%
	Departmental green procurement target By March 31, 2017, 90% of IT hardware purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the equipment.	Volume of IT hardware purchases that meet the target objective relative to the total dollar value of all IT hardware purchases in the year in question.	100%
	Departmental green procurement target By March 31, 2017, 80% of office supply purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the supplies.	Volume of office supply purchases that meet the target objective relative to the total dollar value of all office supply purchases in the year in question.	89.5%
	Departmental green procurement target By March 31, 2017, 90% of purchases of office equipment (printers, faxes, scanners and photocopiers) will have one or more environmental features.	Volume of office equipment purchases that meet the target objective relative to the total dollar value of all purchases for office equipment in the year in question.	96.8%

FSDS goal	FSDS target	FSDS performance indicator	FSDS performance results
	Target 7.3: Sustainable Workplace Operations As of April 1, 2015, the Government of Canada will update and adopt policies and practices to improve the sustainability of its workplace operations.	An approach to maintain or improve the sustainability of the departmental workplace is in place as of March 31, 2015.	Achieved [March 31, 2015]

Implementation strategies: performance summary

Target 7.1: Real Property Environmental Performance

7.1.1.1: Achieved a level of performance that meets or exceeds the custodian's current commitment(s) to sustainable buildings using industry-recognized assessment and verification tool(s).

7.1.1.3: Developed plans to address environmental performance assessment recommendations for existing Crown owned buildings.

7.1.1.4: Managed the collection, diversion and disposal of workplace waste in Crown-owned buildings in an environmentally responsible manner.

7.1.1.5: Managed construction, renovation and demolition waste in Crown-owned buildings in an environmentally responsible manner.

Target 7.2: Green Procurement

7.2.1.5: Leveraged common use procurement instruments where available and feasible.

Target 7.3: Sustainable Workplace Operations

7.3.1.1: Engaged employees in greening government operations practices.

7.3.1.3: Maintained or improve existing approaches to sustainable workplace practices (printer ratios, paper usage, and green meetings).

7.3.1.6: Disposed of e-waste in an environmentally sound and secure manner.

7.3.1.7: Reused or recycled workplace materiel and assets in an environmentally sound and secure manner.

FSDS goal	FSDS target	FSDS performance indicator	FSDS performance results
Goal 8: Water Management	**Target 8.1: Water Management** As of April 1, 2014, the Government of Canada will take	Approach to improving water management included in Real Property Sustainability Framework by March 31, 2015.	Achieved [March 26, 2015]

FSDS goal	FSDS target	FSDS performance indicator	FSDS performance results
		Amount and percentage of floor space in buildings over 1,000 m^2 that includes water metering, in 2016–17 (where feasible).	20,900 m² existing Crown-owned 100% 0 m² new Crown and built-to-lease 0% 0 m² major renovations 0% 60,400 m² leases 100%

Implementation strategies: performance summary

Target 8.1: Water Management

8.1.1.1: Conserved potable water

8.1.2: Conducted potable water audits in Crown owned assets (best practice)

8.1.3: Analyzed the water consumption data collected to determine steps to improve water management in Crown-owned assets (best practice)

4. Report on Strategic Environmental Assessment

During the 2016–17 reporting cycle, PHAC considered the environmental effects of initiatives subject to the Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals (Cabinet Directive), as part of its decision making processes. As PHAC did not develop any initiatives that required a Strategic Environmental Assessment (SEA), no related public statements were produced.

In 2016–17, PHAC applied the SEA process to the following PHAC-led proposals that required SEA coverage as per the Cabinet Directive: five Treasury Board Submissions, five Ministerial Recommendations, and two Memoranda to the Minister. There were no PHAC-led Regulatory Submissions, Memoranda to Cabinet, or Other strategic proposals undertaken during the 2016–17 reporting cycle.

The impacts of proposals on achieving the 2013–16 FSDS goals were taken into account. Five PHAC-led proposals were found to potentially contribute directly or indirectly to two of the four 2013–16 FSDS themes: one proposal would contribute to Theme 1 “Addressing Climate Change and Air Quality”, Goal 1 “Climate Change”; three proposals concluded that they would contribute to Theme 4 “Shrinking the Environment Footprint”, Goal 6 “Greenhouse Gas Emissions and Energy”; and one proposal would contribute to Theme 4 “Shrinking the Environment Footprint”, Goal 7 “Waste and Asset Management”.

In 2016–17, PHAC undertook targeted initiatives to strengthen the department’s SEA capacity and proposal coverage, including the launch of a new online training module on the SEA process and requirements, and provision of updated classroom training to enhance awareness and compliance of SEA requirements.

Details on transfer payment programs of $5 million or more

Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

General Information

Name of transfer payment program	Aboriginal Head Start in Urban and Northern Communities (Voted)
Start date	1995–96
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2016–17
Strategic Outcome	Protecting Canadians and empowering them to improve their health.

Link to department's Program Alignment Architecture

1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.1 Sub-Sub-Program: Healthy Child Development

Description

Objective: Provide Indigenous preschool children in urban and northern settings with a positive sense of themselves, a desire for learning, and opportunities to develop fully and successfully as young people.

Why this Transfer Payment Program (TPP) is Necessary: Indigenous children are at higher risk for poor developmental and health outcomes than non-Indigenous children. Considerable evidence supports the mitigating role of community-based early childhood development programs in the lives of children facing similar risks.

Intervention Method: Funded projects must incorporate the six core program components (health promotion, nutrition, education, Indigenous culture and language, parental involvement and social support) into their program design. Within the context of this pan-Canadian consistency, sites are locally tailored to the needs and assets within their communities.

Repayable Contributions: No.

Results achieved

AHSUNC provided services to over 4,600 Indigenous children and their families at 134 sites in 117 communities across Canada.

The AHSUNC program contributed to building knowledge and skills of parents and caregivers, which support maternal, child and family health. As a result of program participation:

- 68% of parents/caregivers reported their parenting skills had improved;
- 84% of parents/caregivers reported their child's health and wellbeing had improved;
- 76% of parents/caregivers reported knowing more about how to keep their child healthy;
- 71% of parents/caregivers reported their child was more aware of Aboriginal cultures;
- 89% of parents/caregivers reported their child was better able to express him/herself; and
- 79% of parents/caregivers reported having a better relationship with their child as a result of coming to the AHSUNC program.

Additionally, the AHSUNC program has found that parents/caregivers are engaged and supported as children's primary teachers and caregivers. Because of coming to this program:

- 87% of survey respondents reported they do more things with their child to help the child learn;
- 71% of respondents reported they prepare healthier meals and snacks for their family;
- 81% of respondents reported they make time to read to their child more often; and
- 61% of respondents reported that their family is doing more Aboriginal and traditional activities.

The information from the study indicates that the program is having a positive impact not only on the health and well-being of children who attend the program, but also on their families.

AHSUNC demonstrated sustainability through developing collaborations and leveraging funding sources. Overall, 77%[4] of AHSUNC sites worked with more than three different types of partners.

These figures have been consistent over time and reflect the ability of AHSUNC sites to collaborate and receive funding and support from partners other than PHAC. By leveraging funding/support they are able to extend the reach of their program and provide additional supports to their clients. AHSUNC sites partner most frequently with health organizations such as public health units, community health centres or clinics.

Comments on variances Not applicable (N/A)

Audits completed or planned	N/A
Evaluations completed or planned	Completed: 2016–17 Planned: 2021–22

Engagement of applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally-appropriate, locally-controlled and designed early childhood development programs for Indigenous pre-school children and their families. They also support knowledge development and exchange at the community, provincial/territorial (P/T), and national levels through various types of training and meetings.

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	0	0	0	0
Total contributions	32,994,509	33,676,570	32,134,000	32,605,228	32,479,550	345,550
Total other types of transfer payments	0	0	0	0	0	0
Total program	**32,994,509**	**33,676,570**	**32,134,000**	**32,605,228**	**32,479,550**	**345,550**

[4] Excludes sites from the territories who did not participate in the data collection.

Assessed Contribution to the Pan American Health Organization (ACPAHO)

General Information

Name of transfer payment program	Assessed Contribution to the Pan American Health Organization (Voted)
Start date	July 2008
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2013–14
Strategic Outcome	Protecting Canadians and empowering them to improve their health.

Link to department's Program Alignment Architecture

1.1 Program: Public Health Infrastructure; and 1.1.2 Sub-Program: Public Health Information and Networks

Description

Objective(s): Comply with Canada's obligation, as a Member State of the PAHO, to provide funding for the Organization to advance its public health work in the Americas. The program enables Canada to protect the health of Canadians by advancing global and regional health and foreign policy priorities, and by contributing to the security of the Americas region (Region).

Why this TPP is Necessary: To protect the health of Canadians while advancing Canada's global and regional health and foreign policy and development priorities.

Intervention Method(s): Membership in PAHO enables Canada to protect the health of Canadians and advance Canada's health priorities through effective and timely management of health emergencies and outbreaks in the Region; collaboration on the production and sharing of health information and public health intelligence; building capacity in the Region to uphold international norms and standards through comparative policy analysis and sharing of best practices. Payment of Canada's annual membership fees to PAHO.

Repayable Contributions: No.

Results achieved

This TPP has met its primary objective of complying with Canada's obligation to provide funding for PAHO to advance its public health work while allowing Canada to advance global health and foreign policy priorities and contribute to the security of the Region to protect the health of Canadians.

Through Canada's support to PAHO, our influence and interests in the Americas Region with respect to policies, good governance, transparency, and accountability were advanced and Canadian-based values related to health, as well as successes on key policies such as universal health coverage, were disseminated.

Canada was 100% effective in advancing its health objectives in PAHO's governing bodies. Every year, Canada's key priorities are identified and advanced through different governing body meetings including the PAHO Executive Committee and the PAHO Directing Council.

For 2016–17, the following priorities were achieved:

- Advanced policy recommendations and resolution on Access and Rational Use of Strategic High-Cost Medicines and Other Health Technologies with intellectual property (IP) and international trade obligations;
- Ensured that PAHO's implementation of the Framework of Engagement with Non-State Actors (FENSA) in the Region was aligned with the one adopted by World Health Organization (WHO Member States); and
- Reported on the End of Biennium Assessment of the Program and Budget (2014–15) / First Interim Assessment of the PAHO Strategic Plan (2014–19).

PAHO plays an important role in providing a forum for addressing public health issues of common interest across Member States. PAHO's mission is to "lead strategic collaborative efforts among member states and other partners to promote equity in health, to combat disease, and to improve the quality of and lengthen the lives of the peoples of the Americas". As a Member State and partner, Canada's support to PAHO helped advance its work by:

- Providing leadership on regional health matters, including preparation and response to health emergencies;
- Ensuring compliance with norms and standards, such as the International Health Regulations and WHO's Framework Convention on Tobacco Control; and
- Providing technical support to Member States.

Canada's contributions supported PAHO's implementation of its Strategic Plan (2014–2019). Through its implementation, and a consolidated effort, the Americas became the world's first WHO Region declared free of measles transmission by the International Expert Committee for Documenting and Verifying Measles, Rubella, and Congenital Rubella Syndrome in the Americas (IEC).

Canada has been active in refining the assessment and monitoring components of the PAHO Strategic Plan over the last year. In particular, Canada played a leadership role advising the PAHO Secretariat on the development of a framework that will be used to guide the allocation of resources to various program areas, which was adopted in September 2016.

Canada's support for PAHO enhanced global health security by strengthening public health infrastructure in the region, establishing mechanisms to share information, facilitate surveillance, and strengthen capacities for response to public health emergencies of international concern. PAHO's convening role during outbreaks and pandemics is critical to quickly address and mitigate public health events of importance in the Region. PAHO supported the response to the rapid spread of the Zika virus in the Region. PAHO activated the Incident Management System to better respond to the needs of the Member States and communicate more effectively with them.

As a Member State, Canada participates in governing body meetings and provides contributions to fund PAHO. As the third largest contributor of assessed contributions to PAHO, Canada continues to advocate for accountability and transparent management of PAHO's budget. The governing bodies provide a constructive forum to strengthen Canada's bilateral and multilateral relations in the Region. Through its engagement at the governing bodies, Canada strategically advanced its priorities for engagement with PAHO, fostered a stronger relationship and raised its profile in the Region.

Canada responded to 34 requests for technical support, helping to build capacity in the Region through sharing of best practices and expertise.

As a Member State, Canada has access to funding to support projects of common interest through the Canada-PAHO Biennial Work Plan. The following six projects were developed and launched jointly by PAHO and the Health Portfolio in fiscal year 2016–17:

- Supporting the development and dissemination of economic and policy evidence for Non-Communicable Disease prevention and control;
- Strengthening the ability of health systems to respond to survivors of intimate partner and sexual violence;
- Sharing Canadian knowledge and experience on chemicals management;

- Strengthening regional regulatory capacity for medicines and other health technologies in the Americas;
- Integrated Surveillance of Antimicrobial Resistance (AMR) in the Caribbean – Capacity Development; and
- Ethnicity and Health.

Comments on variances

Canada's ACPAHO is calculated in US dollars and disbursed in Canadian funds. Variances from planned versus actual spending is related to the currency exchange rate between the US and Canadian dollars.

ACPAHO was transferred to Global Affairs Canada (GAC) in 2016–17. Starting 2017–18, ACPAHO reporting will be done through Global Affairs Canada.

Audits completed or planned	N/A
Evaluations completed or planned	Completed: 2013–14

Engagement of applicants and recipients

Engagement takes place through a variety of ways, including meetings; participation in PAHO governing bodies (planning and budgeting processes); technical and program cooperation in priority areas; knowledge transfer activities through Canada's participation in PAHO's technical advisory groups; and the review of annual reporting and monitoring of performance.

Performance information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	0	0	0	0
Total contributions	14,334,724	14,622,256	12,500,000	0[a]	0	(12,500,000)
Total other types of transfer payments	0	0	0	0	0	0
Total program	**14,334,724**	**14,622,256**	**12,500,000**	**0[a]**	**0**	**(12,500,000)**

[a] ACPAHO was transferred to GAC in 2016–17. Starting in 2017–18, GAC will report on ACPAHO.

Canada Prenatal Nutrition Program (CPNP)

General Information

Name of transfer payment program	Canada Prenatal Nutrition Program (Voted)
Start date	1994–95
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2016–17
Strategic Outcome	Protecting Canadians and empowering them to improve their health.

Link to department's Program Alignment Architecture

1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.1 Sub-Sub-Program: Healthy Child Development

Description

Objective(s): Mitigate health inequalities for pregnant women and infants, improve maternal-infant health, increase the rates of healthy birth weights, as well as promote and support breastfeeding. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity in order to increase support for vulnerable pregnant women and new mothers.

Why this TPP is Necessary: Evidence shows that maternal nutrition, as well as the level of social and emotional support provided to a mother and her child, can affect both prenatal and infant health as well as longer-term physical, cognitive, and emotional functioning in adulthood. This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. It also supports knowledge development and exchange on promising public health practices related to maternal-infant health for vulnerable families, community-based organizations, and practitioners.

Intervention Method(s): Programming delivered across the country includes: nutrition counselling; provision of prenatal vitamins; food and food coupons; parenting classes; social supports; and education on prenatal health, infant care, child development, and healthy living.

Repayable Contributions: No.

Results achieved

The CPNP provided services to over 48,000[5] participants including pregnant women, postnatal women, and other parents/caregivers.

The CPNP contributed to building knowledge and skills of program participants to support maternal, child and family health. For example, as a result of coming to the program:

- 86% of survey respondents reported having a better understanding of the effects of drinking alcohol during pregnancy on their baby;
- 92% of respondents reported knowing more about the importance of breastfeeding;

[5] Differences in participation numbers over time are explained by continued refinement of data collection, improved tracking of program participation and changes in definitions of 'participant' since 2013. Data collection is bi-annual, therefore the most recent participation numbers are from 2015–16. This cycle reflects the closing of a large multi-site project in New Brunswick during that year.

- 83% of respondents reported being better able to cope with stress;
- 85% of respondents reported making healthier food choices; and
- 89% of respondents reported initiating breast feeding. This is of particular significance as CPNP participants are likely to experience risk factors that are known to decrease the rate of breastfeeding.

In addition, the CPNP has been able to demonstrate sustainability through developing collaborations and leveraging funding sources. For example:

- 88% of projects worked with more than three different types of partners; and
- 64% of projects were able to leverage funds from other sources such as P/T, regional, or municipal governments.

These figures have been consistent over time and reflect the ability of CPNP projects to collaborate and receive funding and support from partners other than PHAC. By leveraging funding/support they are able to extend the reach of their program and provide additional supports to their clients. CPNP projects partner most frequently with health organizations such as public health units, community health centres or clinics, family resource/early childhood/daycare centres and community organizations.

Comments on variances

Actual spending was less than planned spending primarily due to internal re-alignment of funds to Community Action Program for Children (CAPC).

Audits completed or planned	Completed: 2015–16 Audit of Maternal and Child Health Programs Planned: Audit of the Management of Grants and Contributions (2017–18)
Evaluations completed or planned	Completed: 2015–16 Planned: 2021–22

Engagement of applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally-appropriate, locally-controlled and designed programs for pregnant women, new mothers, their infants and families facing conditions of risk across Canada. They also support knowledge development and exchange at the community, P/T, and national levels through training, meeting and exchange opportunities.

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	0	0	0	0
Total contributions	26,757,290	26,990,094	27,189,000	25,642,843	25,593,868	(1,595,132)
Total other types of transfer payments	0	0	0	0	0	0
Total program	**26,757,290**	**26,990,094**	**27,189,000**	**25,642,843**	**25,593,868**	**(1,595,132)**

Canadian Diabetes Strategy (CDS)

General Information

Name of transfer payment program	Canadian Diabetes Strategy (Voted)
Start date	2005–06
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health.

Link to department's Program Alignment Architecture

1.2 Program Health Promotion and Disease Prevention; and

1.2.3 Sub-Program Chronic (non-communicable) Disease and Injury Prevention

Description

Objective(s): Support multi-sectoral partnerships and innovative approaches to promote healthy active living, thereby reducing the risk of developing diabetes and other chronic diseases.

Why this TPP is Necessary: Type 2 diabetes is one of the fastest growing diseases in Canada with more than 60,000 new cases yearly. It is estimated that approximately 2,000,000 Canadians have diabetes and one third of them are unaware that they have the disease. The risk factors for diabetes are becoming more common.

Intervention Method(s): This TPP supports federal leadership by facilitating multi-sectoral partnerships between governments, non-governmental organizations, and the private sector to ensure that resources are deployed to maximum effect.

Repayable Contributions: No.

Results achieved

Since its launch in 2013, the Agency's Multi-Sectoral Partnership Approach to Promote Healthy Living and Prevent Chronic Disease has invested $49 million and leveraged an additional $43 million from partners to support initiatives that promote healthy eating, physical activity and wellness, and address the common risk factors that underlie major chronic diseases including diabetes. The Canadian Diabetes Strategy is one of several funds that support this approach and includes these three examples:

Lifestyle Prescriptions and Supports to Reduce the Risk of Diabetes in Rural and Remote Communities

Delivered in rural communities in Ontario, British Columbia and the Northwest Territories, HealtheSteps™ is a healthy lifestyle prescription program focusing on diabetes prevention and management by increasing levels of physical activity; decreasing sedentary behaviour; and promoting healthy eating. Participants are provided with in-person healthy lifestyle coaching, an individualized fitness score, personalized lifestyle prescriptions for exercise, physical activity, and healthy eating, access to phone coaching, a secure coach and peer support network, and innovative healthy lifestyle smartphone apps. High levels of physical activity levels increased from 32% at baseline to 52% after 1 year. As measured by their CANRISK score, a self-reported questionnaire measuring risk for type 2 diabetes, participants at high risk of having pre-diabetes or type 2 diabetes decreased from 41% at baseline to 14% at 1 year.

Building Our Kids' Success (BOKS)

A program with proven efficacy in many jurisdictions, BOKS is a before school physical activity program for elementary school children to boost their physical, nutritional and mental health as well as their confidence and well-being. Under the initiative, trained volunteers take children through a 12 week program which takes place an hour before school starts. In year two, 203 new schools were enrolled for a total of 410 and 12,300 children participated. Children participating in BOKS have demonstrated increased functional fitness skills, reported being more active during and outside school hours. Students participating in the BOKS program, and their parents, are more likely to report that they (or their child) are meeting the recommended physical activity guidelines, as compared to students, and their parents, not participating in the program.

Indigenous Based Centres for Healthy Living and Chronic Disease Prevention

Located in the Flat Bay Band in Northern Labrador, this project delivers a program rooted in a multi-dimensional approach to health called Creating Wellness to its Mi'kmaq community. The program is based on information from a lifestyle questionnaire and physical assessment and uses regular contact, action plans, and smart goals to enable participants to make manageable lifestyle changes. To date, 135 people have completed the program; 90% of participants reported feeling healthier now based on when they first started the program; 62% have shown a reduction in blood pressure, and 72% report eating more fruits and vegetables.

Comments on variances

Actual spending was less than planned spending, as funding was reallocated to other Branch and Agency priorities.

Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18) Office of the Auditor General Audit on Promoting Diabetes Prevention and Control (Chapter 5, 2013) Planned: Audit of Multi-Sectoral Partnerships (2018–19)
Evaluations completed or planned	Completed: 2014–15 Planned: 2019–20

Engagement of applicants and recipients

Open solicitations posted on PHAC's website and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and support the development of case studies to share learnings from funded projects.

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	1,227,000	0	0	(1,227,000)
Total contributions	4,228,159	3,600,377	5,051,000	5,144,984	4,864,643	(186,357)
Total other types of transfer payments	0	0	0	0	0	0
Total program	**4,228,159**	**3,600,377**	**6,278,000**	**5,144,984**	**4,864,643**	**(1,413,357)**

Community Action Program for Children (CAPC)

General Information

Name of transfer payment program	Community Action Program for Children (Voted)
Start date	1993–94
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2016–17
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture 1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.1 Sub-Sub-Program: Healthy Child Development	
Description Objective(s): Fund community-based groups and coalitions to develop and deliver comprehensive, culturally-appropriate, early intervention and prevention programs to mitigate health inequalities and promote the health and development of children aged 0-6 years and their families facing conditions of risk. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity to increase support for vulnerable children and their families. Why this TPP is Necessary: Compelling evidence shows that risk factors affecting the health and development of children can be mitigated over the life course by investing in early intervention services that address the needs of the whole family.	

Intervention Method(s): Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living, and social supports.

Repayable Contributions: No.

Results achieved

CAPC provided services to over 227,067 participants.

As noted in the CAPC-CPNP and Associated Activities Evaluation (2016), a significant proportion of CAPC participants live in conditions of risk. Further, it was noted CAPC families experience conditions of risk at higher rates than the general population. CAPC has been successful in helping to mitigate health inequalities for the program participants.

For example, the CAPC program contributed to building knowledge and skills of parents and caregivers, which support maternal, child and family health. As a result of program participation, 86% of survey respondents reported their parenting skills has improved; 90% of respondents reported their child's health and wellbeing had improved; 85% of respondents reported knowing more about how to keep their child healthy; and 83% of respondents reported their child is better able to express him/herself.

Additional evidence showed that 87% of respondents reported having a better relationship with their child; 91% reported doing more things with their child to help him or her learn; and 90% of respondents reported having more people to talk to when they need support as a result of coming to the CAPC program.

As this was the first time data of this type was gathered, there is no comparator data to determine trends over time. The data shows that parents and caregivers feel the program is having a positive impact on their parenting knowledge and skills and the health and well-being of their child. This will be considered baseline data going forward.

The CAPC demonstrated sustainability through developing collaborations and leveraging funding sources. For example:

- 87% of CAPC projects worked with more than three different types of partners; and
- 73% of projects were able to leverage funds from other sources such as provincial, territorial, regional or municipal governments.

These figures have been consistent over time and reflect the ability of CAPC projects to collaborate and receive funding and support from partners other than PHAC. By leveraging funding/support they are able to extend the reach of their program and provide additional supports to their clients. CAPC projects partner most frequently with health organizations such as public health units, community health centres or clinics, community organizations and educational institutions.

Comments on variances

Actual spending was more than planned spending primarily due to a re-alignment of funds from CPNP.

Audits completed or planned	Completed: 2015 Audit of Maternal and Child Health Programs Planned: Audit of the Management of Grants and Contributions (2017–18)
Evaluations completed or planned	Completed: 2015–16 Planned: 2020–21

Engagement of applicants and recipients

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

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	0	0	0	0
Total contributions	54,874,998	57,216,454	53,400,000	55,279,637	55,172,571	1,772,571
Total other types of transfer payments	0	0	0	0	0	0
Total program	**54,874,998**	**57,216,454**	**53,400,000**	**55,279,637**	**55,172,571**	**1,772,571**

Economic Action Plan 2015 Initiative – Brain Health

General Information

Name of transfer payment program	Economic Action Plan 2015 Initiative – Brain Health (Voted)
Start date	2015–16
End date	2019–20
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2015–16
Strategic Outcome	Protecting Canadians and empowering them to improve their health.

[6] Families participating in CAPC often experience multiple and compounding risk conditions. These conditions include: low socioeconomic status (e.g., low income, low education, insecure employment, insecure housing, and food insecurity); teenage pregnancy or parenthood; social or geographic isolation with poor access to services; recent arrival to Canada; alcohol or substance abuse/addiction; and/or situations of violence or neglect. Special emphasis is placed on the inclusion of Indigenous families living in urban and rural communities.

Link to department's Program Alignment Architecture
Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (Non-communicable) Disease and Injury Prevention
Description Objective(s): Support Baycrest Health Sciences in the establishment and operation of the Canadian Centre for Aging and Brain Health Innovation (CC-ABHI). The CC-ABHI will be a national hub of leading organizations dedicated to the development, validation, commercialization, dissemination, and adoption of brain health and aging technologies and services. Why this TPP is Necessary: There are current needs to improve health outcomes and the quality of life of individuals living with dementia and other brain health conditions, particularly in the absence of readily-available treatments or cures. By facilitating the use of the latest research, technologies, and interventions through partnership and collaboration across multiple sectors, Canadians can benefit from new innovations in products, services, and care that will have a measurable impact on improving cognitive, emotional, and physical health outcomes within an aging population. Intervention Method(s): The TPP facilitates partnerships with senior care providers/care organizations, academic and industry partners, non-profit organizations, and government to accelerate the development, validation, dissemination, and adoption of innovative products, practices, and services designed to support brain health and aging. Repayable Contributions: No.
Results achieved In 2016–17, the Canadian Centre for Aging & Brain Health Innovation launched calls for innovation in four programs, all aimed at creating a world in which people can age in the setting of their choice, maintaining their cognitive, emotional and physical well-being as well as their independence for as long as possible. The Centre assessed 162 project proposals; approved and launched 39 new projects; supported the development of 11 products, processes, and services; helped develop 11 new health practices, and evaluated 10 new products and services. The following are examples of the projects: Cogniciti Cogniciti is an online brain health assessment tool developed and validated by researchers at Baycrest. Cogniciti's online brain health assessment can help adults over the age of 40 determine whether the symptoms of memory loss that they may be experiencing are normal for their age, or that they should be examined further by their doctor. Cogniciti enables individuals to potentially benefit from early assessment and identification of a problem, leading to earlier diagnosis and treatment. Home-based Virtual Reality Training Program for Individuals with Mild Cognitive Impairment People with mild cognitive impairment are at risk of further decline, and face a lack of treatment options. The health benefits of physical exercise are well-documented, and cognitive exercise may be beneficial as well. The team at Bruyère is pioneering the use of non-immersive "virtual reality" games to engage people with mild cognitive impairment to exercise mind and body in their own home. Their project will explore the feasibility of moving virtual reality training from clinic to home. Art-on-the-Brain Art-on-the-Brain is a mobile health solution developed to address the problem of reduced access to meaningful recreation among older adults with complex health conditions. Art-on-the-Brain uses visual art presented in an interactive online environment to stimulate cognition and encourage social connections among users through a series of enjoyable learning and gaming activities. It is anticipated that the app will disrupt conventional healthcare practices by embedding evidence-based technologies into the systematic workflow of healthcare professionals.
Comments on variances N/A

Audits completed or planned	Planned: Audit of the Management of Grants and Contributions (2017–18)

Evaluations completed or planned	Planned: 2019–20
Engagement of applicants and recipients A targeted call for proposals was utilized to solicit a proposal.	

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	6,000,000	6,000,000	6,000,000	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	**0**	**0**	**6,000,000**	**6,000,000**	**6,000,000**	**0**

Federal Initiative to Address HIV/AIDS in Canada (FI)

General Information

Name of transfer payment program	Federal Initiative to Address HIV/AIDS in Canada (Voted)
Start date	January 2005
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2017
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture 1.2 Program: Health Promotion and Disease Prevention; 1.2.1 Sub-Program: Infectious Disease Prevention and Control; 1.2.2 Sub-Program: Conditions for Healthy Living; 1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases; and 1.2.2.2 Sub-Sub-Program: Healthy Communities	

Description

Objective(s): Prevent and control HIV and associated sexually transmitted and blood borne infections (STBBIs); facilitate access to testing, diagnosis, treatment, and information on prevention; and enhance the use of evidence, and knowledge about effective interventions.

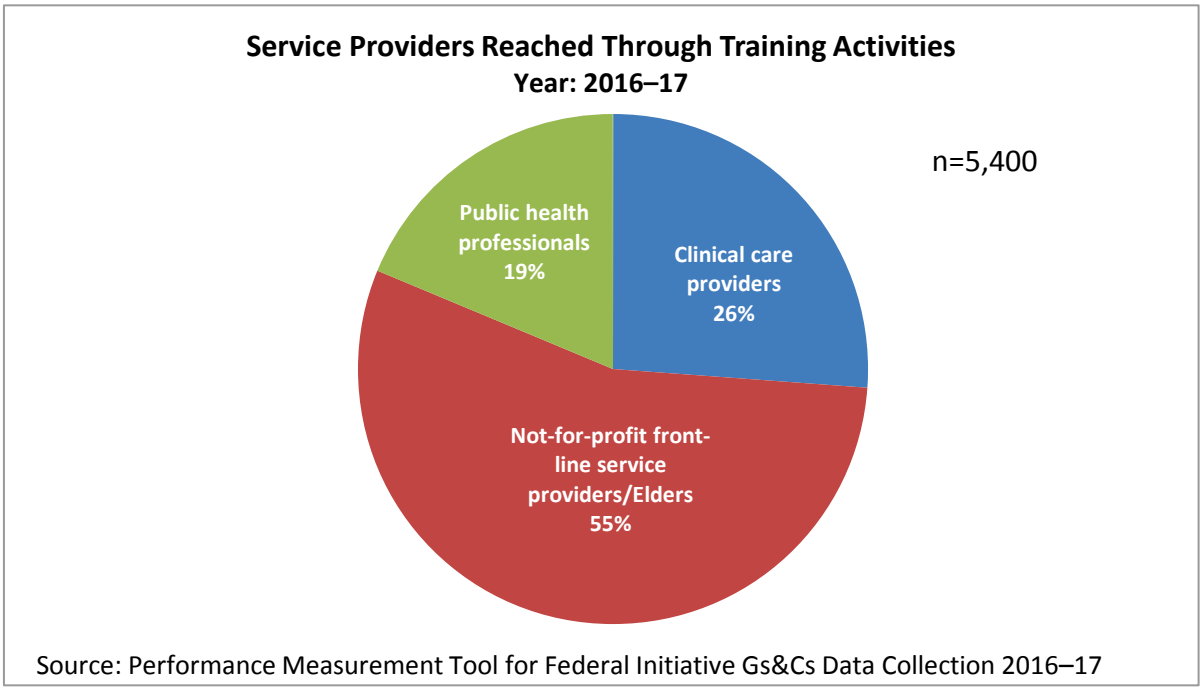
Why this TPP is Necessary: The estimate from 2015 shows that HIV/AIDS continues to be a public health concern in Canada that disproportionately affects vulnerable populations. While the overall number of new HIV diagnoses is slightly declining, new cases of infection continue to be a concern and 21% of people living with HIV are unaware of their infection. As such, equitable and targeted prevention efforts are still needed as well as greater emphasis on increasing access to testing, diagnosis, and treatment.

Intervention Method(s): In addition to facilitating access to testing, diagnosis, treatment, and information on prevention methods, the FI also supports and strengthens multi-sector partnerships to address the determinants of health. It supports collaborative efforts to address factors which can increase the transmission and acquisition of HIV. This includes sexually transmitted infections and co-infection issues with other infectious diseases (e.g., hepatitis C and tuberculosis). People living with and vulnerable to HIV/AIDS are active partners in the development of FI policies and programs.

Repayable Contributions: No.

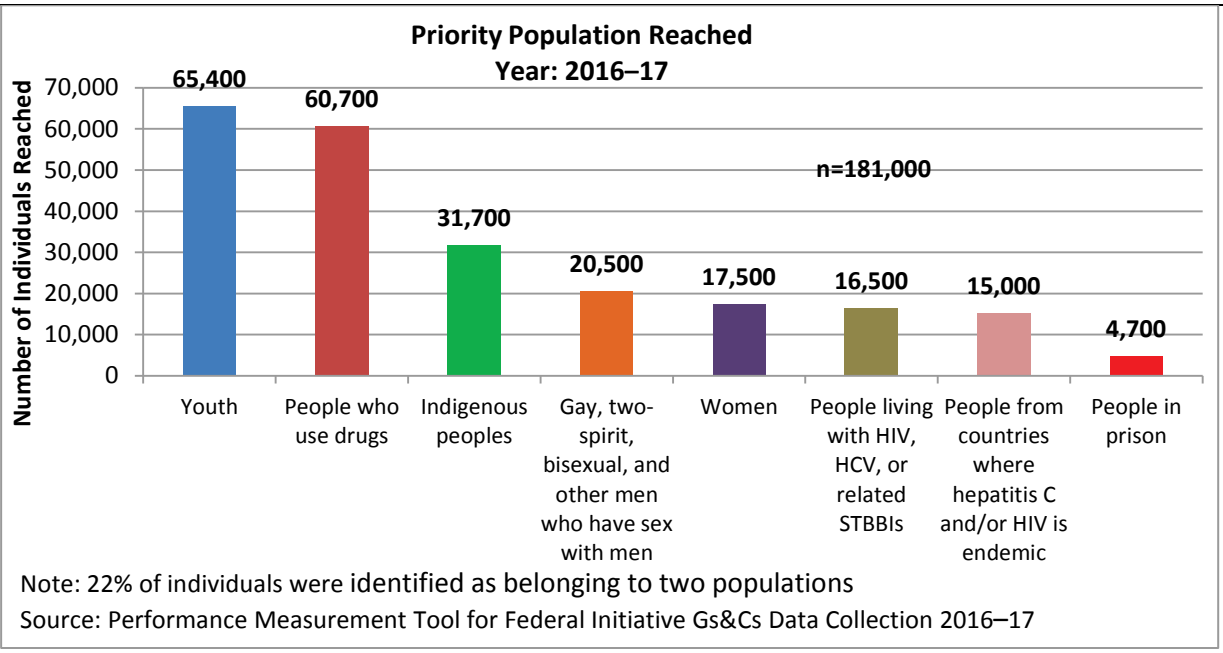
Results achieved

- Transfer payments made under the Federal Initiative enabled 130 national, and community-based organizations to implement 158 projects aimed at the prevention and control of HIV and related STBBIs.
- Through this funding, PHAC helps people across Canada's health system and those working in community settings better understand the factors influencing vulnerability to STBBIs so that programs, services and policies can be implemented to address these factors. PHAC funded a national organization to serve as a national knowledge broker with a mandate to share and disseminate credible, up-to-date knowledge on the transmission of STBBIs, risk factors for STBBIs, and effective population-specific approaches to the prevention of STBBIs. This knowledge broker developed and/or distributed more than 607,000 copies of HIV and hepatitis C resources with an aim to ensuring individuals, practitioners, service providers, and policy makers are developing and implementing evidence-based programs, services and policies.
- In addition, PHAC funded national and community-based organizations working with practitioners and service providers to strengthen their practice and improve the quality of programs and services offered to individuals at risk for and living with HIV. Nearly 3,000 not-for-profit front-line service providers, nearly than 1,400 clinical care providers, and just over 1,000 public health professionals were reached through conferences, health fairs, training workshops, webinars and other educational events, resulting in increased knowledge of and increased capacity to implement evidence-based approaches to working with individuals at risk for and living with HIV. Increased capacity to implement effective, culturally appropriate approaches increases the likelihood that individuals receive the programs and services needed to prevent infection and improve their health.



Source: Performance Measurement Tool for Federal Initiative Gs&Cs Data Collection 2016–17

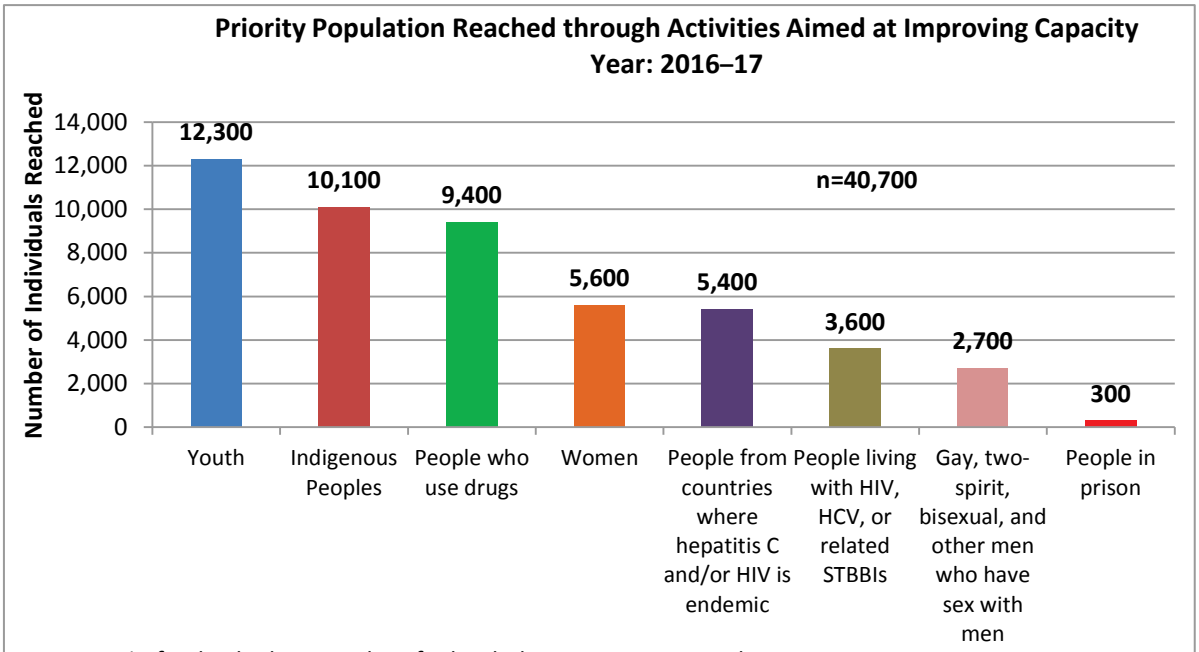
- Funding through the Federal Initiative transfer payments to national and community-based organizations also supported innovative partnerships to increase access to health and social services, including testing and treatment for STBBIs, mental health supports and housing. The projects funded under this initiative resulted in nearly 3,800 formal partnership agreements between non-governmental organizations, practitioners and service providers. These partnerships help individuals affected by STBBIs access the care and support required to live longer, healthier lives. Over 90% of individuals surveyed through these PHAC funded projects indicated that they had experienced increased access to care, treatment, and support as a result of their participation.
- In addition, PHAC funded organizations worked directly with nearly 181,000 individuals at risk for and/or living with STBBIs in order to increase access to prevention programs and information, testing, treatment and ongoing care and support through community outreach, educational activities, and referral services. Through these activities, funded organizations focused on individuals most at risk for infection. Together the funded projects reached more than 65,400 youth; nearly 16,500 people living with HIV, hepatitis C, and/or other related STBBIs; and nearly 60,700 people who use drugs. Organizations also reached more than 20,500 individuals identifying as gay, two-spirit, bisexual, or other men who have sex with men, as well as nearly 3,000 individuals who identified as transgender. These organizations also reached more than 31,700 Indigenous Peoples, where 82% were First Nations individuals, more than 14% Metis individuals, and over 5% Inuit individuals.



Note: 22% of individuals were identified as belonging to two populations

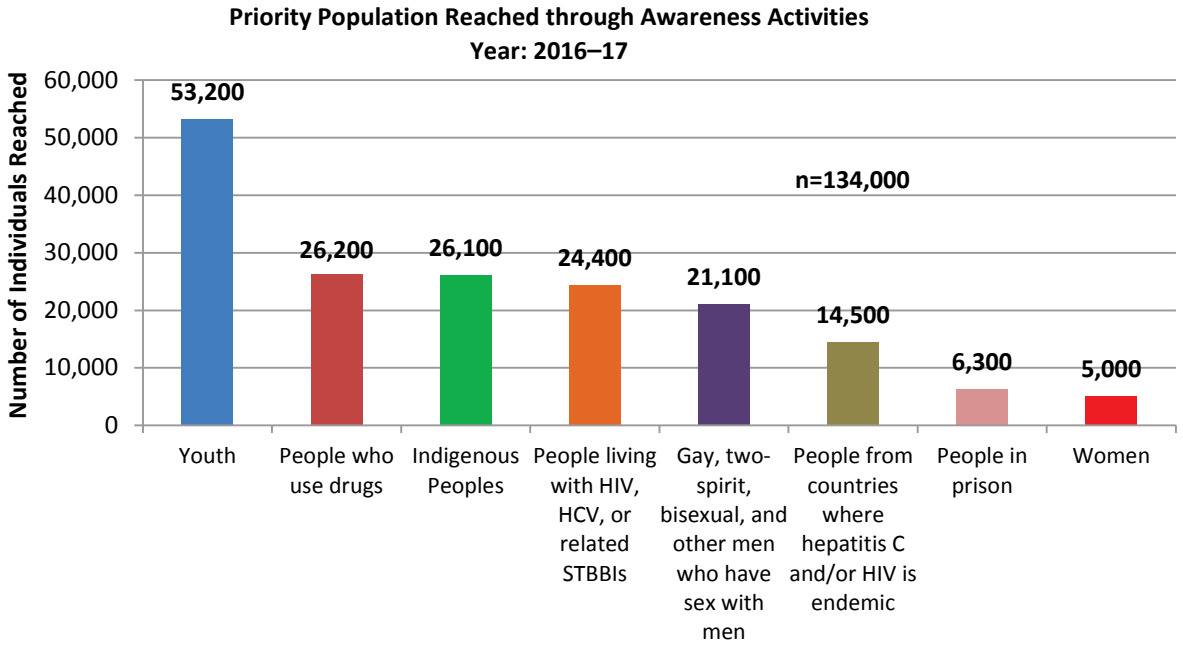
Source: Performance Measurement Tool for Federal Initiative Gs&Cs Data Collection 2016–17

- Funded organizations also sought to provide these individuals with the tools to support healthy behaviours that reduce the risk of transmitting and acquiring STBBIs. Among the individuals reached through these activities, nearly 88% of those surveyed felt the activities they participated in had improved their knowledge of how to prevent infection and 93% reported that they had improved their ability to adopt behaviours that reduce the risk of transmitting or acquiring STBBIs. A further 86% of individuals surveyed indicated intention to adopt healthy sexual behavior that may reduce transmission.



Note: 18% of individuals were identified as belonging to two populations

Source: Performance Measurement Tool for Federal Initiative Gs&Cs Data Collection 2016–17



Note: 24% of individuals were identified as belonging to two populations Source: Performance Measurement
Source: Performance Measurement Tool for Federal Initiative Gs&Cs Data Collection 2016–17

- To reduce barriers that may limit access to services, such as stigma surrounding HIV, hepatitis C and/or other STBBIs, organizations worked to reduce the impact of HIV, hepatitis C, and other STBBI-related stigma. Nearly 30,000 service providers and individuals at risk for or affected by STBBIs participated in such activities. Of the nearly 7,000 service providers and 23,000 individuals reached through PHAC funded projects, 91% and 89% respectively indicated they had improved their knowledge of the nature and impact of stigma. Improving this knowledge helps individuals and service providers to adopt non-stigmatizing attitudes and behaviours. Amongst the service providers who participated in these projects, 85% reported having changed their practice to be less stigmatizing and more welcoming and inclusive for individuals at risk for or affected by STBBIs. By improving their practices, service providers can make clients feel safer and more comfortable to have conversations about STBBI prevention, testing and treatment services. Projects such as these also help individuals at risk for and affected by STBBIs to become resilient to stigma. This in turn gives affected individuals increased confidence to seek assistance from medical practitioners. As a result of their participation in these PHAC funded projects, 78% of individuals surveyed reported increased confidence to speak with health care providers about STBBI prevention, testing and treatment.

Comments on variances N/A

Audits completed or planned	Completed: 2014–15
Evaluations completed or planned	Completed: 2013–14 Planned: 2018–19

Engagement of applicants and recipients

Senior PHAC officials engaged with national non-governmental organizations to promote knowledge exchange, support the development of regionally specific approaches, and identify the priorities to guide the future direction of the HIV and hepatitis C Community Action Fund. Applicants and recipients have been engaged through performance measurement and evaluation processes, and periodic meetings with stakeholders involved in the prevention and control of communicable diseases.

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	175,000	125,000	7,430,000	522,000	218,940	(7,211,060)
Total contributions	22,708,436	22,894,206	15,631,758	23,219,019	23,048,615	7,416,857
Total other types of transfer payments	0	0	0	0	0	0
Total program	**22,883,426**	**23,019,206**	**23,061,758**	**23,741,019**	**23,267,555**	**205,797**

Healthy Living Fund (HLF)

General Information

Name of transfer payment program	Healthy Living Fund (Voted)
Start date	2005–06
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2013–14
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture 1.2 Program: Health Promotion and Disease Prevention; and 1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention	
Description Objective(s): Support multi-sectoral partnerships and innovative approaches focused on promoting healthy active lifestyles, thereby reducing the risk of developing a chronic disease. Why this TPP is Necessary: Complex public health challenges defy single solution approaches that are developed in isolation. By engaging multiple sectors of society, partners can leverage knowledge, expertise, reach and resources, allowing each to do what it does best, in working towards the common shared goal of producing better health outcomes for Canadians. Intervention Method(s): The TPP engages and provides funding to multiple sectors and builds partnerships between governments, non-governmental organizations and other sectors, including the private sector. It also focuses on informing policy and program decision making. Repayable Contributions: No.	

Results achieved

Since its launch in 2013, the Agency's Multi-Sectoral Partnership Approach to Promote Healthy Living and Prevent Chronic Disease has invested $49 million and leveraged an additional $43 million from partners to support initiatives that promote healthy eating, physical activity and wellness, and address the common risk factors that underlie major chronic diseases. The HLF is one of several funds that support this approach. Several projects received funding under this fund in 2016–17 to test and implement innovative preventative interventions aimed at addressing common risk factors for chronic disease. Here are three examples:

RBC Learn to Play Project

The RBC Learn to Play Project is dedicated to incorporating physical literacy into youth sport and recreation programs with the goal of encouraging more kids to get out and play. By delivering a granting program that supports local organizations in establishing programs that help build confidence in children (ages two to 12) through physical literacy principles, the project supports communities in developing and implementing their own action plans that transform the way physical activity and sport is planned, delivered and organized within the community. With our partners, including ParticipACTION, the RBC Learn to Play Project has awarded over $6.23 million over three years to 591 community action and leadership grantees throughout Canada.

Increasing Physical Activity through Active Start and FUNdamentals Programs in Canada

Children with disabilities have fewer opportunities for leisure, recreation and competition compared to children without disabilities. For many of these children, the Active Start and FUNdamentals programs, offered by Special Olympics Canada, are their only avenue for structured physical fitness. The goal of the project is to promote healthy living and healthy weights and prevent chronic disease for children living with an intellectual disability. Project activities include supporting 12 Special Olympics Canada national chapters in reducing barriers to young athlete program development, developing an information guide for families and caregivers on the benefits of participating in these programs, providing targeted outreach to the health care, cultural diversity, disability and education markets to support program adoption and participation, and recruiting new volunteers.

Expanding APPLE Schools into Vulnerable Schools Across Canada

The Alberta Project Promoting active Living and healthy Eating (APPLE Schools) is a school-focused health promotion initiative based in Alberta that reaches more than 16,500 children and youth in 63 schools across the province. The Agency is supporting the expansion of this project to approximately 16 schools located in vulnerable, rural and remote areas of Alberta, Manitoba and the Northwest Territories, many of which have high indigenous populations. This project integrates healthy living messaging and activities within the school environment and involves teachers, parents and community partners to help students stay active and eat healthy while outside of school hours. APPLE Schools is part of an Indigenous Youth Wellness Collaborative which includes Ever Active Schools, Alberta's Future Leaders, Right to Play, Alberta Recreation & Parks Association, Canadian Sport for Life and others who connect on opportunities for youth wellness in indigenous communities.

Comments on variances N/A

Audits completed or planned	Planned: Audit of the Management of Grants and Contributions (2017–18) Audit of Multi-Sectoral Partnerships (2018–19)
Evaluation completed or planned	Completed: 2014–15 Planned: 2019–20

Engagement of applicants and recipients

Open solicitations posted on PHAC's website and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and the development of case studies to share learnings from funded projects.

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	0	80,000	80,000	80,000
Total contributions	7,051,788	4,732,395	5,388,000	5,902,436	4,908,740	(479,260)
Total other types of transfer payments	0	0	0	0	0	0
Total program	**7,051,788**	**4,732,395**	**5,388,000**	**5,982,436**	**4,988,740**	**(399,260)**

Innovation Strategy (IS)

General Information

Name of transfer payment program	Innovation Strategy (Voted)
Start date	2009–10
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2016–17
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture 1.2 Program: Health Promotion and Disease Prevention; 1.2.2 Sub-Program: Conditions for Healthy Living; and 1.2.2.2 Sub-Sub-Program: Healthy Communities	
Description Objective(s): Support the development, adaptation, implementation, and evaluation of promising, innovative population health interventions and initiatives across various settings and populations in Canada using an intervention research approach. In addition, to support knowledge translation and dissemination based on the systematic collection of results of these interventions and promote their use across Canada. In 2014–15, a portion of IS funds was identified to address family violence from a health perspective. Building on elements of the IS approach, specific objectives of this investment are to: • Equip survivors of family violence with knowledge and skills to improve their health;	

- Promote multi-agency and multi-sectoral collaboration in the delivery of services and programs for survivors of family violence;
- Build the knowledge base through intervention research on what works to improve the health of survivors of family violence; and
- Improve the capacity of professionals to support the health of survivors of family violence safely and effectively.

Why this TPP is Necessary: The majority of public health research focuses on describing public health problems instead of identifying potential solutions. As such, there is little evidence available to inform decision-makers regarding effective interventions. Also, there is little data available to show how a successful pilot intervention moves past the experimental stage and into the expanded, replicated, adapted, and sustained stages in an effort to influence long-term application or policy change. The TPP funds research to generate knowledge about policy and program interventions that impact health at the population level.

Intervention Method(s): The TPP carries out activities in two key areas:

- Implementation and testing of innovative population health interventions. The TPP funds, supports, and monitors organizations to design, develop, implement, adapt and evaluate population health interventions that target children, youth, and families in over 300 communities; and
- Knowledge development and exchange. The TPP focuses on the development, exchange, and use of practical knowledge based on results of interventions to reduce health inequalities and address complex public health issues.

Repayable Contributions: No.

Results achieved

Funding provided through the IS supported three priority areas in 2016–17: achieving healthier weights, mental health promotion, and family violence prevention.

Achieving Healthier Weights and Mental Health Promotion

Work under the two distinct streams of the IS (achieving healthier weights and mental health promotion) is taking place across three phases, each of which span two to four years and respectively develop, test, implement, and expand the reach of population health interventions.

Phase 2 of the Achieving Healthier Weights stream concluded in 2016–17. These interventions reached over 24,000 vulnerable individuals and 90% of projects reported changes in the health outcomes, risk factors or protective factors of participants. Reported changes included increased fruit and vegetable consumption, improved physical activity, increased consumption of wild foods, increased cooking skills, and perceived improvements in mental and physical health[7].

Four Mental Health Promotion interventions undertook the first year of Phase 3 in 2016–17, which seeks to scale up interventions that are known to work in order to reach more people and achieve sustainable change. These interventions reached 4,700 vulnerable individuals. Projects have not yet completed data collection and analysis on changes in health outcomes, risk factors or protective factors.

Approximately 527 partnerships were developed through these projects, of which 93% were sustained three years or more. Further, 71% of projects leveraged over $5 million in additional sources of funding which account for 45% of total PHAC project funding. In addition, 100% of projects leveraged in-kind support totaling over $774,000. In-kind support accounted for approximately 11% of total PHAC project funding[8]. As all projects are now in Phase 3, the development of such strong inter-sectoral partnerships is critical to the long-term sustainability of these interventions.

The projects also developed over 1,100 knowledge products, reaching over 228,000 stakeholders.[9] A total of 45% of stakeholders indicated that they used knowledge generated by the projects in their

[7] Derived from 2015–16 project reporting, the most recent year for which data is available.

[8] ibid.

[9] ibid.

work.[10] The types of policies/practices that were informed by the evidence or intervention research were diverse across projects and included internal organizational policy, provincial government policy, legislation (bylaws), programmatic policy, and school policy. For example, a project entitled the Fourth R, which is led by the University of Western Ontario, influenced policy change as their National Education Coordinator worked with the Northwest Territories, Department of Education to develop new Safe School legislation.

Family Violence

In 2016–17, PHAC invested $5.3 million in 16 community-based projects to improve the health of survivors of violence, and in three projects to improve the capacity of health and social service professionals to support survivors.

The multi-year community-based projects are testing a diverse range of health promotion approaches that are specifically designed to support survivors of violence. They include parenting programs; mindfulness and yoga; trauma-informed physical activity; arts- and culture-based programs; and peer support. The programs are being delivered and tested in shelters, schools and community settings. Projects are at various stages, with some developing and piloting new programs, and others beginning to implement and test programs with survivors of violence. The projects have developed educational and supporting materials, including curriculum, training modules, webinars, and manuals, reaching over 1,200 community service providers and partners.

A Knowledge Hub connects the work of projects funded through this investment.

In 2016–17, the Knowledge Hub fostered a community of practice including researchers and program leads from 16 projects, through webinars, meetings and presentations.

The investment also contributed to building the capacity of health and social service professionals, reaching over 1,500 professionals through training sessions, webinars and workshops.

All projects funded through this investment were required to engage partners from multiple sectors, including intervention research, health promotion, and family violence prevention and response. The investment has resulted in enhanced connection and collaboration to address the complex issue of family violence.

Comments on variances

Actual spending was higher than planned spending primarily due to funding received to improve immunization coverage rates in Canada.

Audits completed or planned	Planned: Audit of the Management of Grants and Contributions (2017–18); Audit of Multi-Sectoral Partnerships (2018–19)
Evaluations completed or planned	Completed: 2014–15, 2015–16 Planned: 2019–20

Engagement of applicants and recipients

Open and targeted calls for proposals are utilized to solicit proposals from potential applicants. Various approaches are used to engage applicants and optimize the quality of submitted proposals, including information events and tools and resources. The IS places a high priority on and supports the systematic collection of learnings and the sharing of this information between funded recipients, PHAC, and other partners to influence future program and policy design.

[10] Data presented here derived from formal surveys conducted by projects to measure the use of knowledge.

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	99,866	805,998	7,370,000	1,615,000	1,304,646	(6,065,354)
Total contributions	9,060,034	10,652,475	2,877,000	11,346,597	11,078,853	8,201,853
Total other types of transfer payments	0	0	0	0	0	0
Total program	**9,159,900**	**11,458,473**	**10,247,000**	**12,961,597**	**12,383,499**	**2,136,499**

National Collaborating Centres for Public Health (NCCPH)

General Information

Name of transfer payment program	National Collaborating Centres for Public Health (Voted)
Start date	2004–05
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture 1.1 Program: Public Health Infrastructure; and 1.1.2 Sub-Program: Public Health Information and Networks	
Description Objective(s): Promote the use of knowledge for evidence-informed decision making by public health practitioners and policy makers across Canada. The National Collaborating Centres (NCCs) synthesize, translate, and share knowledge to make it useful and accessible to policy makers, program managers, and practitioners. Why this TPP is Necessary: The NCCs are designed to identify emerging issues and knowledge gaps, stimulate research in priority areas, and link public health researchers with practitioners and other health-related sectors to build strong practice-based networks across Canada in order to strengthen Canada's public health and emergency response capacity.	

Intervention Method(s): Provision of contribution funds for creative solutions to be developed by the recipient that are responsive to the public health system and its organizations' needs. Repayable Contributions: No.
Results achieved The NCCPH continued to increase public health capacity at multiple levels of the public health system and other sectors (environment, transport, housing) using a variety of methods ranging from online training, workshops, outreach programs, and networking events to broadly disseminate a wide array of knowledge products. During 2016–17, the NCCPH increased the development and dissemination of knowledge translation products and activities by producing and providing over 2,011 new products and activities consisting of evidence reviews, published materials, videos, workshops, webinars, online courses and conference presentations which supported practitioners and decision makers in applying new knowledge in their environments. Visits to the NCCPH websites to access knowledge products and activities also increased significantly with a total of 419,289 unique visitors. In addition, the NCCPH undertook 421 knowledge-related needs and gaps identification activities to provide knowledge brokers with the resources and structures required to strengthen evidence informed decision making. The NCCPH also engaged and maintained over 377 partnerships and collaborative activities with Health Portfolio partners, provincial/territorial (P/T) government departments, public health practitioners, and other external organizations to develop evidence-based interventions to reduce health risks. These collaborations were augmented with NCC knowledge exchange tools, resources, and expertise to facilitate and increase public health outreach.
Comments on variances Actual spending was more than planned spending primarily due to an internal re-alignment of funding.

Audits completed or planned	Planned: Audit of the Management of Grants and Contributions (2017–18)
Evaluations completed or planned	Completed: 2014–15 Planned: 2018–19

Engagement of applicants and recipients Program does not anticipate issuing further solicitations as contribution agreements with recipients are eligible for renewal every five years, and work plans are reviewed and approved annually.

Performance Information (dollars)

Type of transfer payment	2014–15 Actual spending	2015–16 Actual spending	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	Variance (2016–17 actual minus 2016–17 planned)
Total grants	0	0	0	0	0	0
Total contributions	6,169,000	6,430,239	5,842,000	6,573,348	6,573,348	731,348
Total other types of transfer payments	0	0	0	0	0	0
Total program	**6,169,000**	**6,430,239**	**5,842,000**	**6,573,348**	**6,573,348**	**731,348**

Horizontal initiatives

Federal Initiative to Address HIV/AIDS in Canada (FI)

General Information

Name of horizontal initiative	FI
Lead department(s)	Public Health Agency of Canada (PHAC)
Federal partner organizations	Health Canada (HC), Canadian Institutes of Health Research (CIHR), and Correctional Service Canada (CSC)
Non-federal and non-governmental partners	Not applicable (N/A)
Start date of the horizontal initiative	January 13, 2005
End date of the horizontal initiative	Ongoing
Total federal funding allocated (start to end date) (dollars)	Ongoing
Total federal planned spending to date (dollars)	72,600,000
Total federal actual spending to date (dollars)	71,712,725
Funding contributed by non-federal and non-governmental partners (dollars)	N/A

Governance structures

The Federal Initiative Responsibility Centre Committee (RCC) is the governance body for the FI. It is comprised of directors (or equivalent) from the nine responsibility centres which receive funding through the FI. Directors General meet with the RCC annually to review the FI's progress against its performance and strategic objectives. Led by PHAC, the RCC promotes policy and program coherence among the participating departments and agencies, and enables evaluation, performance measurement, and reporting requirements to be met.

- PHAC is the federal lead for issues related to HIV in Canada. It is responsible for laboratory science, surveillance, program development, knowledge exchange, public awareness, guidance for health professionals, global collaboration and coordination;
- HC supports HIV prevention, education and awareness, community capacity building, as well as facilitating access to quality HIV diagnosis, care, treatment, and support to on-reserve First Nations and Inuit communities south of the 60th parallel;
- As the Government of Canada (GoC)'s agency for health research, the CIHR supports the creation of new scientific knowledge and enables its translation into improved health, more effective health services and products, and a strengthened Canadian health care system; and
- CSC, an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of HIV and AIDS) to offenders sentenced to two years or more.

Contact information

Bersabel Ephrem
Director General, Centre for Communicable Diseases and Infection Control
130 Colonnade Road
Ottawa, ON K1A 0K9
(613) 948-6799
bersabel.ephrem@phac-aspc.gc.ca

Results information

Description of the horizontal initiative (HI)

Objective(s):

- Increase knowledge of the epidemic through laboratory science, surveillance and research on the factors that contribute to it and on better methods to respond effectively;
- Promote the use and uptake of public health guidance for prevention and control of HIV as well as the availability of evidence-based HIV interventions that are centred on the needs of at-risk populations and people living with HIV; and
- Increase awareness of the need for HIV testing and access to prevention, treatment and care and supportive social environments for people living with, or at risk of acquiring, HIV.

Why this HI is Necessary:

- UNAIDS has set international targets for 2020, known as 90-90-90 targets, as a step toward the end of the AIDS epidemic by 2030:
  - 90% of people living with HIV know their status;
  - 90% of people who know their HIV positive status are on treatment; and
  - 90% of people receiving treatment achieve suppressed viral loads.
- At the end of 2014, an estimated 65,040 persons were living with HIV in Canada. Of persons living with HIV, an estimated 52,220 (80%) were diagnosed, 39,790 (76%) were on antiretroviral therapy, and 35,350 (89%) had suppressed viral load. Canada's 90-90-90 estimates lie within the range reported by other developed countries such as Australia, the United States, and the countries of Western Europe.
- The proportion of new HIV cases among men who have sex with men, people from countries where HIV is endemic and indigenous people remain disproportionately high, and stigma and discrimination prevent people from seeking testing and treatment.
- Key populations at risk for HIV may also be at increased risk for other STBBIs. It is estimated that 44% of people infected with hepatitis C are unaware of their infection and may transmit the infection to others. Because STBBIs share common risk factors and transmission routes, the FI also supports integrated approaches to address HIV along with other STBBIs.
- A horizontal GoC approach will enable organizations to work together to make the knowledge and evidence-base available to support effective public health interventions and practice; support a robust community and federal response; contribute to the reduction of barriers which prevent priority populations from accessing prevention, diagnosis, care, treatment, and support; and promote a coherent and coordinated approach to achieve the global targets.

Intervention Method(s):

Government of Canada partners are responsible for:

- Public health laboratory science and services;
- Surveillance;
- The development of public health practice guidance;
- Knowledge synthesis;

- Program policy development;
- Capacity building;
- Awareness;
- Education and prevention for First Nations living on-reserve, Inuit living south of the 60th parallel, and federal inmates;
- The creation of new knowledge through research funding;
- The delivery of public health and health services to federal inmates; and
- Support for community-based prevention activities through grants and contributions funding.

Federal partners develop multi-sectoral partnerships and undertake collaborative efforts to address factors which can increase the transmission and acquisition of HIV. These include addressing HIV co-infection with other infectious diseases (e.g., hepatitis C, STBBIs, and tuberculosis). People living with and vulnerable to HIV are active partners in the development of FI policies and programs.

Fiscal year of planned completion of next evaluation	2018–19

Shared outcome of federal partners

Increased knowledge of ways to prevent the acquisition and control the transmission of HIV and associated STBBI.

Performance indicator (PI) / Target (T) / Actual Result (AR):

PI: % of stakeholders reporting increasing their knowledge.
T: 90%
AR: 87% of stakeholders reported increasing their knowledge.

PI: % of priority populations reporting increasing knowledge.
T: 95%
AR: 88% of priority populations reported increasing their knowledge.

PI: % of publications available through open access.
T: 71%
AR: 64% of publications were available through open access.

PI: % of target audiences reporting increasing knowledge.
T: 80%
AR: 88% of target audiences reported increasing their knowledge.

Data source and frequency of monitoring and reporting:
Communicable Diseases and Infection Control yearly reporting, National Microbiology Laboratories yearly reporting, and CIHR yearly reporting.

Shared outcome of federal partners

Strengthened capacity (skills, competencies, and abilities) of priority populations and audiences.

Performance indicator (PI) / Target (T) / Actual Result (AR):

PI: % of priority population's reporting increasing capacity.
T: 75%
AR: 87% of priority populations reported increasing their capacity to prevent the acquisition and transmission of HIV and related STBBIs.

PI: % of newly-admitted federal offenders who attended Reception Awareness Program at admission.
T: 65%
AR: 39% of newly-admitted federal offenders attended Reception Awareness Program at admission.

PI: % of First Nations communities reporting that HIV testing is accessible on or near the reserve.
T: 100%
AR: 83% of First Nations communities reported that HIV testing is accessible on or near the reserve.

PI: % of priority population participants who reported improved confidence to speak with health care providers about STBBI risk.
T: 75%
AR: 77% of priority population participants reported improved confidence to speak with health care providers about STBBI risk.

Data source and frequency of monitoring and reporting:
Communicable Diseases and Infection Control yearly reporting, Correctional Service Canada yearly reporting, and Health Canada yearly reporting.

Shared outcome of federal partners

Improved uptake and application of knowledge in action and public health practice.

Performance indicator (PI) / Target (T) / Actual Result (AR):

PI: % of accredited reference laboratory tests conducted within the specific turnaround times.
T: 90%
AR: 96% of accredited reference laboratory tests were conducted within the specific turnaround times.

PI: % of clients indicating overall satisfaction with laboratory reference services.
T: 90%
AR: 97% of clients indicated overall satisfaction with laboratory reference services.

PI: % of molecular test administered by referral services within the optimal time-response.
T: 70%
AR: 91% of molecular tests administered by referral services were within the optimal time-response.

PI: % of serological test administered by referral services within the optimal time-response.
T: 90%
AR: 89% of serological tests administered by referral services were within the optimal time-response.

PI: % of peer-reviewed articles that were cited in other peer-reviewed articles - five years of data (self-citations and 2016–17 publication year excluded).
T: 100%
AR: 78% of peer-reviewed articles were cited in other peer-reviewed articles over the specified time period.

PI: % of attendees to STBBIs webinars indicating applying evidence acquired through webinars to guide their work.
T: 75%
AR: 19% of attendees to STBBIs webinars indicated applying evidence acquired through webinars to guide their work (based upon available data).

PI: % of grants leading to production of new method, new theory, or replication of findings.
T: 100%
AR: 62% of grants lead to production of new method, new theory, or replication of findings.

PI: % of grants reporting translation of knowledge/creating more effective health services and products.
T: 100%
AR: 73% of grants reported a translation of knowledge/creating more effective health services and products.

PI: % of CIHR grants leading to information or guidance for patients or public/patients' or public behaviour(s).
T: 100%
AR: 24% of CIHR grants led to information or guidance for patients or public/patients' or public behaviour(s).

PI: % of services providers that indicated have changed their practices following project activities.
T: 75%
AR: 89% of services providers indicated that they have changed their practices following project activities.

Data source and frequency of monitoring and reporting:
National Microbiology Laboratories yearly reporting, Communicable Diseases and Infection Control yearly reporting, and CIHR yearly reporting.

Shared outcome of federal partners

Increased uptake of personal behaviours that prevent the transmission of HIV and associated STBBI.

Performance indicator (PI) / Target (T) / Actual Result (AR):

PI: % of offenders who are known to be HIV positive have access to treatment.
T: 90%
AR: 91% of offenders who are known to be HIV positive had access to treatment.

PI: % of priority populations who report improved services by service providers.
T: 75%
AR: 89% of priority populations reported improved services by service providers.

PI: % of priority populations reached indicating change/increased healthy sexual behaviours that prevent HIV/hepatitis C Virus (HCV) transmission.
T: 5%
AR: 4% of priority populations reached indicated changed/increased healthy sexual behaviours that prevent HIV/HCV transmission.

PI: % of priority populations who indicated increased access to services.
T: 75%
AR: 85% of priority populations indicated increased access to services.

Data source and frequency of monitoring and reporting:

Correctional Service Canada yearly reporting, and Communicable Diseases and Infection Control yearly reporting.

Shared outcome of federal partners

Decreased acquisition and transmission of new infections.

Performance indicator (PI) / Target (T) / Actual Result (AR):

PI: % of people living with HIV who know their status.
T: 90%
AR: 80% of people living with HIV know their status.

PI: % of people who know their HIV positive status who are on treatment.
T: 90%
AR: 76% of people who know their HIV positive status are on treatment.

PI: % of people receiving treatment who are virally suppressed.
T: 90%
AR: 89% of people receiving treatment are virally suppressed.

Data source and frequency of monitoring and reporting:
National HIV surveillance estimates annual reporting.

Expected outcome or result of non-federal and non-governmental partners	N/A

Performance Information

Federal organizations	Link to department's Program Alignment Architecture	Contributing programs and activities	Link to department's Strategic Outcomes	Link to government priorities	Total allocation (from start to end date) (dollars)	2016–17 Planned spending (dollars)	2016–17 Actual spending (dollars)	2016–17 Expected results	2016–17 Performance indicators	2016–17 Targets	2016–17 Actual results
PHAC	Public Health Infrastructure	Public Health Laboratory Systems	Protecting Canadians and empowering them to improve their health	not applicable	Ongoing	6,683,679	6,729,847	ER 1.1	PI 1.1.1 PI 1.1.2 PI 1.1.3 PI 1.1.4	T 1.1.1 T 1.1.2 T 1.1.3 T 1.1.4	AR 1.1
	Health Promotion and Disease Prevention	Infectious and Communicable Diseases		not applicable	Ongoing	3,249,213	2,676,505	ER 1.2 ER 1.3	PI 1.2.1 PI 1.2.2 PI 1.3.1 PI 1.3.2	T 1.2.1 T 1.2.2 T 1.3.1 T 1.3.2	AR 1.2 AR 1.3
		Healthy Communities		not applicable	Ongoing	32,014,495	31,438,316	ER 1.4	PI 1.4.1	T 1.4.1	AR 1.4
HC	Communicable Disease Control and Management	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	not applicable	Ongoing	4,515,000	4,515,000	ER 2.1	PI 2.1.1	T 2.1.1	AR 2.1
CIHR	Horizontal Health Research Initiatives	Health and Health Service Advances	Canada is a world leader in the creation, dissemination and application of health research knowledge	not applicable	Ongoing	21,950,352	21,734,365	ER 3.1 ER 3.2	PI 3.1.1 PI 3.1.2 PI 3.2.1 PI 3.2.2	T 3.1.1 T 3.1.2 T 3.2.1 T 3.2.2	AR 3.1 AR 3.2
CSC	Custody	Institutional Health Services	The custody, correctional interventions, and supervision of offenders in communities and institutions, contribute to public safety.	not applicable	Ongoing	4,187,261	4,618,691	ER 4.1 ER 4.2	PI 4.1.1 PI 4.2.1	T 4.1.1 T 4.2.1	AR 4.1 AR 4.2
Total for all federal organizations	not applicable	not applicable	not applicable	not applicable	Ongoing	72,600,000	71,712,725	not applicable	not applicable	not applicable	not applicable

Expected and actual results achieved for 2016–17:

ER 1.1: Laboratory reference service testing and phylogenetic research infrastructure and improved testing methodologies inform front-line interventions to address HIV and related STBBIs and demonstrate global leadership in HIV research and viral diagnostics, outbreak response and genetic linkages to risk of disease.

PI 1.1.1: % of accredited reference laboratory tests that are conducted within the specific turnaround times.
T 1.1.1: 90%
AR 1.1.1: 96%

PI 1.1.2: % of clients indicating overall satisfaction with laboratory reference services.
T 1.1.2: 90%
AR 1.1.2: 97%

PI 1.1.3: % of tests administered by referral services within the optimal time-response.
T 1.1.3: a) 70% molecular; and b) 90% serological
AR 1.1.3: a) 91%; b) 89%

PI 1.1.4: % of publications with open access.
T 1.1.4: 60%
AR 1.1.4: 34%

AR 1.1: In efforts to increase access to testing for HIV, PHAC developed innovative testing methods to allow for point-of-care tests for HIV viral load and for early infant diagnosis. PHAC also helped build capacity of over 40 clinical laboratories across Canada and for more than 1400 international sites to provide accurate and reliable HIV testing. PHAC's efforts in this area have led to significant improvements in the quality of testing for HIV worldwide, which provides for timely and appropriate treatments for patients. PHAC has incorporated lessons learned from international work in this area and is applying them to communities within remote and resource-challenged areas in Canada, such as northwestern Manitoba.

PHAC supported First Nations communities in northwestern Ontario, Manitoba, and Saskatchewan in the implementation of pilot projects aimed at increasing access to testing for STBBIs, through the use of alternative testing methods, such as dried blood spot testing. The projects also included an assessment of community readiness for the introduction of new testing methods in remote communities. Lessons learned from these pilot projects informed the development of a "testing tool box," which provides communities with resources and tools to support testing approaches tailored to the unique needs of the community.

PHAC has also worked to put in place technologies to improve diagnostics, outbreak response, inform interventions and understand genetic linkages to risk of HIV. Among many initiatives were the development of a new HIV drug resistance testing platform to identify drug-resistant forms of HIV that were difficult to identify in the past.

Using genetic information about the HIV and hepatitis A, B, and C viruses, PHAC led a project to improve disease outbreak investigation and surveillance in Canada. Genetic information on these viruses allowed public health professionals to more efficiently and effectively identify the transmission of these infections within communities. This work provides critical information in guiding community specific public health interventions and monitoring of effectiveness of prevention and control strategies.

ER 1.2: The surveillance infrastructure is strengthened to enhance the collection, analysis and dissemination of strategic information on HIV incidence and prevalence data; and to renew how behavioural surveillance is conducted in Canada in order to facilitate the advancement and application of this knowledge into decision-making and front-line practice.

PI 1.2.1: % surveillance disease reports associated with key emerging and re-emerging infectious diseases that are updated and disseminated annually.
T 1.2.1: 80%
AR 1.2.1: Unavailable this fiscal year.

PI 1.2.2: % of target audience indicating applying evidence acquired through webinars to guide their work.
T 1.2.2: 75%
AR 1.2.2: 54%

AR 1.2: In collaboration with Provinces and Territories, existing surveillance methods were revised and new methods were developed to measure Canada's progress on the global HIV treatment target known as 90-90-90.

ER 1.3: Public health guidance for screening, testing and treatment of HIV and other STBBIs is updated and actively promoted among the general public and health professionals in order to facilitate its uptake and reduce barriers to the diagnosis and treatment of HIV/AIDS and other STBBI.

PI 1.3.1: % of key knowledge products disseminated to public health professionals through web-based platforms.
T 1.3.1: 100%
AR 1.3.1: 40%

PI 1.3.2: % of target audience indicating applying evidence acquired through webinars to guide their work.
T 1.3.2: 75%
AR 1.3.2: 54%

AR 1.3: PHAC has updated guidance for screening, testing and treatment for HIV and other STBBIs in order to ensure that health professionals have the knowledge and tools necessary to effectively prevent and control these infections. For example, PHAC, in collaboration with the Association of Medical Microbiology and Infectious Disease Canada, published guidance on the optimal timing for initiating antiretroviral therapy in HIV-1 infected adults. PHAC also updated the guidance on screening and treatment for sexually transmitted infections in The Canadian Guidelines on Sexually Transmitted Infections (CGSTI). Finally, in effort to better mobilize this knowledge and to support the application of this guidance in practice, PHAC updated its mobile application for the CGSTI.

ER 1.4: Priorities for community-based investments are targeted to enhance the prevention of HIV and related STBBIs among priority populations most at risk. Promising front-line interventions are identified and promoted to front-line public health and community-based organizations. Stakeholders are engaged more effectively to inform strategies to address barriers to the prevention, diagnosis, care, treatment and support of HIV and related STBBIs.

PI 1.4.1: % of funds allocated for community-based investment to enhance the prevention of HIV and related STBBIs among priority populations most at risk.
T 1.4.1: 100%
AR 1.4.1: 100%

AR 1.4: Federal Initiative partners worked collaboratively with provincial/territorial government partners; people living with HIV and/or hepatitis C; Indigenous leadership and communities; academics and researchers; the National Aboriginal Council on HIV/AIDS; the Ministerial Advisory Council on the FI; and a broad range of community-based stakeholders to identify concrete actions that would inform evidence-based strategies to address barriers to the prevention, diagnosis and treatment of HIV and related STBBIs. The identification of these actions will facilitate more targeted prevention and control efforts by a variety of sectors working in the field.

Following consultations with P/T partners and community-based, academic and public health stakeholders, PHAC launched a solicitation for community-based interventions based on targeted priorities aimed at preventing new cases of STBBIs, increasing access to testing and treatment and reducing the burden of infection by addressing associated stigma and discrimination. Over 90 projects were identified for funding over the next three to five years in support of these targeted priorities.

ER 2.1: Guided by a new framework and implemented in partnership with key stakeholders, barriers to prevention, diagnosis, care, treatment and support will be reduced in First Nations on reserve.

PI 2.1.1: # or % of First Nations communities reporting that HIV testing is accessible on or near the reserve.

T 2.1.1: 100%
AR 2.1.1: 83%

AR 2.1: In an effort to reduce barriers to prevention, diagnosis and treatment for STBBIs, Health Canada expanded a successful community-driven program among First Nations on reserve. The Know Your Status (KYS) programs demonstrated significant progress in reducing the number of people who are unaware of their HIV status; increasing the proportion of those infected who are on treatment; and increasing the proportion of people on treatment who have undetectable amounts of the HIV virus in their bloodstream. This program also demonstrated results in the prevention of new HIV cases as there have been no new reported HIV cases since 2015 in the two communities that implemented full KYS programs.

ER 3.1: Scientific knowledge about the nature of HIV, and ways to address the disease, is enabled and research capacity is built to develop new biomedical, behavioural and systems approaches to reduce HIV transmission and to improve the understanding of HIV to mitigate its impact on the health and well-being of people living with HIV.

PI 3.1.1: % of grants leading to production of a new method, new theory, or replication of findings.
T 3.1.1: 100%
AR 3.1.1: 62%

PI 3.1.2: # or % of publications open access.
T 3.1.2: 52%
AR 3.1.2: 79%

AR 3.1: CIHR provided grant funding to projects aimed at reducing HIV transmission and/or improving the understanding of HIV to mitigate its impact on the health and well-being of people living with HIV. As a result of this funding, CIHR enhanced the knowledge of how behavioural risk factors (e.g., substance use, unprotected sex), interpersonal factors (e.g., partner characteristics) and social cultural factors (e.g., migration, mobility) impact risk of HIV and related infections among individuals at risk. Findings from the research projects have been used by international agencies in the development of programs and policies and have resulted in recommendations for improved policy and public health practice in Canada.

Through funding to the CIHR Centre for REACH in HIV/AIDS, CIHR has enhanced knowledge of innovative approaches to addressing HIV and co-infections (e.g., hepatitis C, and sexually transmitted infections), as well as the interconnected social and cultural factors that contribute to risk and poor health outcomes. Funded research projects also enhanced knowledge of ways to improve the accessibility, effectiveness and sustainability of evidence-based behavioural, social, structural, biomedical and medical interventions.

ER 3.2: The mobilization of current and new HIV and related STBBIs scientific knowledge in community and public health practice is enhanced to facilitate the application of scientific knowledge about effective prevention and treatment interventions. Implementation of science research informs prevention and treatment interventions to improve HIV prevention and care, and reduce barriers.

PI 3.2.1: % of grants reporting translation of knowledge/creating more effective health services and products.
T 3.2.1: 100%
AR 3.2.1: 73%

PI 3.2.2: % of grants leading to information or guidance for patients or public/patients' or public behaviour(s).
T 3.2.2: 100%
AR 3.2.2: 24%

AR 3.2: CIHR provided grant funding to projects aimed at mobilizing knowledge to facilitate the application of scientific knowledge in effective prevention, testing and treatment interventions. Through this funding, CIHR facilitated the application of knowledge to the design, implementation and evaluation of community interventions to increase access to STBBI testing through alternative mechanisms (e.g., online testing) and to implement targeted, effective human papillomavirus (HPV) vaccination programs for HIV positive individuals. As a result of this funding, knowledge has been applied to the development of new provincial policies and guidance regarding online testing and the electronic dissemination of test results. Findings have also supported updated provincial and national guidelines on HPV vaccination in HIV positive persons for health professionals. This guidance ensures that health professionals have the knowledge and tools to implement effective STBBI prevention amongst HIV positive individuals.

ER 4.1: Enhanced understanding of the transmission and prevention of HIV/AIDS and other STBBIs in federal penitentiaries through comprehensive screening, assessment, analysis and research to inform CSC health education/promotion and prevention programs. Continued emphasis on understanding and reducing HIV-related stigma among offenders and its role in impeding access to prevention, diagnosis, treatment, care and support.

PI 4.1.1: % of newly-admitted offenders who attended Reception Awareness Program at admission.
T 4.1.1: 65%
AR 4.1.1: 39%

AR 4.1: In order to enhance understanding of HIV and related STBBIs in federal penitentiaries, CSC implemented an electronic medical record and streamlined intake assessment process that offers all inmates screening and testing for infectious diseases. Uptake of this screening and testing was seen amongst nearly all (99%) of inmates who participated. This electronic medical

record and intake system allowed CSC staff to monitor the transmission of STBBIs within federal institutions and to tailor prevention education accordingly.

ER 4.2: Achieve a treatment level of 80-90% among offenders who are known to be HIV positive and determine baseline levels of viral suppression.

PI 4.2.1: % of offenders who are known to be HIV positive who have access to treatment.
T 4.2.1: 90%
AR 4.2.1: 91%

AR 4.2: As a result of screening, testing and treatment interventions amongst inmates in federal institutions, 91% of all inmates known to be living with HIV were on treatment. CSC implemented data monitoring systems for inmates on treatment for HIV to track the amount of virus in their bloodstream (viral load). As a result of treatment efforts and better monitoring systems, 90.7% of inmates on treatment had an undetected viral load.

Canadian HIV Vaccine Initiative (CHVI)

Close-Out Report

Name of Horizontal Initiative	CHVI
Start date	February 20, 2007
End date	March 31, 2017
Total number of years	10
Number of times renewed	1
Lead department	PHAC
Partner departments	HC; Innovation, Science and Economic Development Canada (ISED); Global Affairs Canada (GAC); and CIHR
Other non-federal partners	Non-governmental stakeholders, including research institutions and not-for-profit community organizations
Expenditures	$111,000,000

Total Federal Funding from start to end date (Authorities and Actual)

Shared Outcome(s) and Internal Services	Authorities (as per the TB Submission)	Actual spending	Variance
Shared Outcomes Immediate (one to three years) Outcomes: • Increased and improved collaboration and networking among researchers working in HIV vaccine discovery and social research in Canada and in low and middle-income countries (LMICs); • Greater capacity for vaccines research in Canada; • Enhanced knowledge base; and • Increased readiness and capacity in Canada and LMICs. Intermediate Outcomes: • Strengthened contribution to global efforts to accelerate the development of safe, effective, affordable, and globally accessible HIV vaccines; • An increase in the number of women receiving a complete course of anti-retroviral prophylaxis to reduce the risk of mother-to-child transmission of HIV; and • A strong and vibrant network (the CHVI Research and Development Alliance) of HIV vaccine researchers and other vaccine researchers, both in Canada and internationally, is supported. Long-term Outcome: • The CHVI contributes to the global efforts to reduce the spread of HIV/AIDS particularly in LMICs.	110,000,000	107,878,672	2,121,328

Internal Services	1,000,000	150,000	850,000
Totals	**111,000,000**	**108,028,672**	**2,971,328**

Results

Performance indicator(s) and trend data for Shared Outcome(s)

Performance Indicators	Trend data
Increased and improved collaboration and networking among researchers working in HIV vaccine discovery, and social research in Canada and in LMIC.	International multi-disciplinary teams collaborated on over 60 vaccine and social research-related research projects. Strengthened relationships and synergies amongst researchers expedited research, and led to new collaborations.
Greater capacity for vaccines research in Canada. Strengthened contribution to global efforts to accelerate the development of safe, effective, affordable, and globally accessible HIV vaccines.	Funding of approximately 29 projects led to an increase in the capacity of small and medium-sized enterprises (SMEs) to: conduct HIV vaccine and other HIV technologies-related research and development; generate new research findings; and develop new technologies.
Enhanced knowledge base.	The generation of more than 50 publications and 70 presentations resulted in new diagnostic approaches and tools for HIV vaccine research; and greater awareness of vaccine preparedness.
Increased readiness and capacity in Canada and LMIC.	Knowledge exchange, training and mentoring increased regulatory capacity to conduct HIV vaccine clinical trials. There was an increase in the number of LMICs capable of conducting clinical trials using internationally-accepted ethics, regulatory approvals and oversight.
An increase in the number of women receiving a complete course of anti-retroviral prophylaxis to reduce the risk of mother-to-child transmission of HIV.	Through two projects, almost 5,000 mother-infant pairs were enrolled in studies; more than 2,600 health care workers were trained in areas such as good clinical practices, and service delivery; the provision of community-based mother-to-child HIV services saw a 36% increase in prenatal care attendance before 20 weeks of pregnancy.
A strong and vibrant network (the CHVI Research and Development Alliance) of HIV vaccine researchers and other vaccine researchers, both in Canada and internationally, is supported.	A network of more than 300 researchers from around the world and diverse disciplines was created that provided opportunities for information and knowledge sharing, learning, mentoring, collaboration, and networking.
The CHVI contributes to global efforts to reduce the spread of HIV/AIDS, particularly in LMIC.	Overall, CHVI activities advanced global research and development on HIV vaccine research and other HIV-related research; increased the visibility of Canadian HIV vaccine research; strengthened research capacity in LMICs; leveraged new collaborations and funding; and helped shape new priorities for HIV research. The work undertaken has helped to advance the field and positioned Canadian researchers to contribute to global efforts in the search for an HIV vaccine. Canada will build on these achievements, through investments made by CIHR.

Performance Information

Federal organizations	Link to departmental Program Alignment Architectures	Contributing programs and activities	Total allocation (from start to end date)	2016–17 Planned spending	2016–17 Actual spending
PHAC	Health Promotion and Disease Prevention	Healthy Communities	18,000,000	0	350,000
HC	Internal Services	Governance and Management Support Services	1,000,000	0	0
	Health products	Regulatory Capacity Building Program for HIV Vaccines	4,000,000	0	0
ISED	Commercialization and Research and Development Capacity in Targeted Industries	Industrial Research Assistance Program's Canadian HIV Technology Development Component	13,000,000	0	691,315
GAC	Global Engagement and Strategic Policy	International Development Assistance Program	60,000,000	1,150,000	1,150,000
CHIR	Health and Health Services Advances	Institute Strategic Advances - HIV/AIDS	15,000,000	1,424,096	1,142,689
Total for all federal organizations			**111,000,000**	**2,574,096**	**3,334,004**

Programs receiving on-going funding

Program	On-going funding	Purpose
N/A	N/A	N/A

Plans for evaluation and/or audit

There are no plans to conduct further evaluations and/or audits of CHVI.

Internal audits and evaluations

Internal audits completed in 2016–17

Title of internal audit	Internal audit type	Completion date
Audit of Key Financial Controls, Year 4	Internal Controls	November 2016
Audit of the Management of Non-Enteric Zoonotic Infectious Disease Activities	Governance, Risk Management, Internal Controls	October 2016
IT Business Continuity Process	Governance, Risk Management, Internal Controls	September 2016
Physical Security	Governance, Risk Management, Internal Controls	September 2016

Evaluations in progress or completed in 2016–17

Title of the evaluation	Status	Deputy head approval date	Link to department's programs
Emergency Preparedness and Response (including supplies)	In progress	December 2017	Sub-Sub-Program 1.3.1 Emergency Preparedness and Response
Evaluation of Aboriginal Head Start in Urban and Northern Communities	Completed	March 2017	Sub-Sub-Program 1.2.2.1 Healthy Child Development
Evaluation of Immunization and Respiratory Infectious Diseases	Completed	October 2016	Sub-Sub-Program 1.2.1.1 Immunization
Evaluation of the Office of Dentist Chief Officer- Oral Health	Completed	March 2017	Sub-Sub-Program 1.2.2.1 Healthy Child Development
Evaluation of the Public Health Workforce Development Activities	Completed	October 2016	Sub-Program 1.1.1 Public Health Capacity Building
Family Violence Initiative	In progress	September 2017	Sub-Sub-Program 1.2.2.2 Healthy Communities

Response to parliamentary committees and external audits

Response to parliamentary committees
Senate Committee on Social Affairs, Science and Technology On March 1, 2016, the Report of the Senate Committee on Social Affairs, Science and Technology entitled Obesity in Canada – A Whole-of-Society Approach for a Healthier Canada was tabled in the Senate. The Report summarizes the testimonies and briefs, presents the Committee's findings and includes 21 recommendations identifying where the federal government could further help address obesity in Canada as a whole-of-society approach. The Government Response to the Report was tabled in the Senate on August 5, 2016. The response highlights how existing federal policies and programs, including commitments in Budget 2016, align with the Report recommendations and how the federal government remains committed to collaborate with provinces and territories on complementary efforts. The Government agrees, in principle, with the Committee's recommendations. The Government Response is a letter to the Chair of the Committee that addresses the recommendations thematically.
Response to audits conducted by the Auditor General (including to the Commissioner of the Environment and Sustainable Development)
There were no audits in 2016–17 requiring a response.
Response to external audits conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages
There were no audits in 2016–17 requiring a response.

Status report on projects operating with specific Treasury Board approval

Project name and project phase	Original estimated total cost (dollars)	Revised estimated Total Cost (dollars)	Actual total cost (dollars)	2016–17 (dollars)				Expected date of close-out
				Main Estimates	Planned spending	Total authorities	Actual spend-ing	
Link to department's Program Alignment Architecture: 1.3.3 Sub-Program Biosecurity								
Single Window	5,090,000	5,090,000	2,733,251	1,087,680	1,087,680	1,087,680	646,416	2017