Public Health Agency of Canada (PHAC)
2017–18 Departmental Results Report:
Supplementary Information Tables

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Departmental Sustainable Development Strategy

1. Context for the Departmental Sustainable Development Strategy

The 2016–19 Federal Sustainable Development Strategy (FSDS):

- sets out the Government of Canada's sustainable development priorities;
- establishes goals and targets; and
- identifies actions to achieve them, 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 reporting on the implementation of the FSDS and its Departmental Sustainable Development Strategy (DSDS), or equivalent document, through the activities described in this supplementary information table.

2. Sustainable Development in PHAC

PHAC's DSDS for 2017 to 2020 describes the Agency's actions in support of achieving three of the thirteen long-term goals identified in the FSDS: effective action on climate change, clean drinking water, and low-carbon government. This supplementary information table presents available results for the Agency actions pertinent to these goals. Last year's supplementary information table is posted on the PHAC's website. This year, PHAC is also noting where its efforts under the FSDS contribute to UN Sustainable Development Goal targets.

3. Departmental performance by FSDS goal

The following tables provide performance information on Agency actions in support of the FSDS goals listed in section 2.

Context for the FSDS goal: Effective action on climate change

A low-carbon economy contributes to limiting global average temperature rise to well below two degrees Celsius and supports efforts to limit the increase to 1.5 degrees Celsius.

PHAC's Infectious Diseases and Climate Change (IDCC) Program contributes to the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change. The program aims to address the impact of climate change on human health by building and increasing access to infectious disease evidence, education, and awareness. The focus is on preparing for and protecting Canadians from climate-driven infectious diseases that are zoonotic (diseases that can be transmitted from animals and insects to humans), food-borne, and/or water-borne.

FSDS goal: Effective action on climate change

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
By 2030, reduce Canada's total greenhouse gas (GHG) emissions by 30%, relative to 2005 emission levels	Develop a solid base of scientific research and analysis on climate change	Contribute to the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change (specifically sub-theme 4.3.1 - Addressing climate change-related health risks) by developing and implementing a new IDCC Program, which includes a Grants and Contributions Fund, and reduces the risks associated with climate-driven infectious diseases.	None identified.	**Target(s) /Performance Indicator(s):** (Medium Term Indicators [From 2020–21 onwards]) Number of meaningful partnerships/collaborations with organizations, including the Métis Nation, on climate change and emerging infectious diseases.	**Activities to highlight from 2017–18:** • Launched the IDCC Fund (August 2017). • Received IDCC Program funding approval through Treasury Board Submission (September 2017). • Reviewed funding proposals received for the new IDCC Fund. • Engaged the Métis Nation and met

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				Number of new/enhanced systems and/or tools. Note: Baseline data will be established by 2020–21 and data trends over time assessed. Targets to be set for the performance indicators following the establishment of baseline data.	in-person with Métis Nation officials to discuss how PHAC can support the Métis Nation in accessing funding and meaningfully engage in addressing the health effects of climate change in Métis population and communities. • Enhanced surveillance and risk assessments for diseases that may emerge with climate change (e.g., new Lyme disease risk areas maps). • Distributed educational materials to reduce infectious disease risks to Canadians (e.g., Lyme disease education and awareness resources posted online, travelling exhibit on climate change adaptation partnership with Canada's Museum of Science and Technology and other government departments).

Context for the FSDS goal: Clean drinking water

All Canadians have access to safe drinking water, and in particular, the significant challenges Indigenous communities face are addressed.

FSDS goal: Clean drinking water

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
By March 31, 2019, 60% and by March 31, 2021, 100% of the long-term drinking water advisories affecting First Nation drinking water systems financially supported by Indigenous and Northern Affairs Canada are to be resolved	Use regulations to ensure clean drinking water	Implement "Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations" (Potable Water Regulations) including conducting inspections and assessments on international and interprovincial airplanes, trains, cruise ships, ferries and buses to protect the health and safety of the travelling public, ensuring that critical violations are mitigated in a timely manner. This action corresponds to the overall FSDS goal of clean drinking water for all Canadians, and is not specifically related to First Nations drinking water.	UN Sustainable Development Goal target 3.9	**Starting point:** The percentage of inspected passenger transportation operators that met public health requirements in 2013–14 was 88%. **Target/Performance Indicator:** Percentage of inspected passenger transportation operators that meet public health requirements.	The percentage of inspected passenger transportation operators that met public health requirements in 2017–18 was 96%.

Context for the FSDS goal: Low-carbon government

The Government of Canada leads by example by making its operations low-carbon.

FSDS goal: low-carbon government

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
Reduce GHG emissions from federal government buildings and fleets by 40% below 2005 levels by 2030, with an aspiration to achieve it by 2025	Improve the energy efficiency of our buildings/operations	Adopt and maintain approaches and activities that reduce Health Canada's (HC) and the PHAC's energy use, where operationally feasible, and improve overall environmental performance of departmental-owned buildings. The objective being 'greener' buildings that require less energy to operate, reduce emissions and pollutants, conserve water, generate less solid waste, and have decreased operation and maintenance costs.	UN Sustainable Development Goal target 7.3 UN Sustainable Development Goal target 8.4 UN Sustainable Development Goal target 9.1	**Target/Performance Indicator:** By March 31, 2018, requirements of the National Energy Code for Buildings, which sets out technical requirements for the energy efficient design and construction of new buildings, will be integrated into the HC and PHAC Real Property Sustainability Framework. **Target/Performance Indicator:** By March 31, 2018, 100% of applicable existing custodial building fit-ups, refits, major investments and new construction projects will have achieved an industry-recognized level of high-environmental performance.	**Achieved:** The Real Property Sustainability Framework has been updated to include the statement that the National Energy Code for Buildings will be utilized as a reference in all Statements of Work for new buildings. **Achieved:** All building fit-ups, refits, major investments and new construction projects have achieved an industry-recognized level of high-environmental performance.

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				Target/Performance Indicator: By March 31, 2019, real property managers and functional heads responsible for new construction, leases or existing building operations will have clauses related to environmental considerations incorporated in their performance agreements. **Target/Performance Indicator:** By March 31, 2019, PHAC will have reduced GHG emissions from facilities by 5% from the 2013–14 baseline and report on the following: • energy use intensity (GJ/m^2); • GHG emission intensity by floor space (CO_2eq/m^2); density of use (FTE/m^2).	**In Progress:** All concerned real property managers and functional heads have been advised on April 30, 2018, to add the Green Procurement (C215) course from the Canadian School of Public Service as an objective to their 2018–19 performance agreements. **In Progress:** Calculation tools have been acquired and will be populated with existing data to establish baseline data for 2012–13 to 2016–17.

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
	Modernize our fleet	• Support the reduction of energy use in HC's and PHAC's fleet by selecting the smallest and most fuel-efficient vehicle to meet operational requirements, keeping vehicles properly maintained, and developing fleet infrastructure (e.g., charging stations). • Undertake a feasibility study regarding the deployment of electric vehicle charging stations at the PHAC-owned buildings.	UN Sustainable Development Goal target 7.1 UN Sustainable Development Goal target 7.3 UN Sustainable Development Goal target 8.4 UN Sustainable Development Goal target 9.1	**Starting Point:** In 2005–06, GHG emissions from HC's and PHAC's fleet were 3.06 $ktCO_2e$. **Target/Performance Indicator:** By March 31, 2018, HC and the PHAC will reduce GHG emissions from fleet by 40% from the 2005–06 baseline and report on the following: • Overall fuel consumption • GHG emissions ($ktCO_2e$) Note: As HC manages the entire fleet under their Shared Partnership Agreement, and as the number of vehicles for PHAC is less than 2% of the total shared inventory, the target under this performance indicator will be reported by HC.	**Behind Schedule:** In 2017–18, GHG emissions from Health Canada's fleet were 2.07 $ktCO_2e$, with an overall fuel consumption of 921,951 gasoline litres equivalent. This represents a 32% reduction from the 2005–06 baseline and continual progress toward the Government of Canada's target to reduce GHG emissions by 40% by 2030. Additional measures are being put in place to further reduce emissions next fiscal year, including the application of telematics to collect and analyze vehicle usage data, and identify opportunities to further optimize the fleet. Note: 2017–18 performance results

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					for this indicator includes 339 vehicles from Health Canada's former First Nations and Inuit Health Branch which has been permanently transferred to Indigenous Services Canada. The 2005-06 baseline will be updated to reflect this change. Data also includes 24 Public Health Agency of Canada vehicles. **In Progress:** Public Services and Procurement Canada have been engaged to determine feasibility.
				Target/Performance Indicator: By March 31, 2019, a feasibility study regarding the deployment of electric vehicle charging stations at the PHAC-owned buildings will be completed.	
	Support the transition to a low-carbon economy through green procurement	Promote environmental sustainability by integrating environmental performance considerations into departmental procurement process, including planning,	UN Sustainable Development Goal target 12.7	**Target/Performance Indicator:** By March 31, 2018, 100% of specialists in procurement and materiel management will have completed the Canada School of Public Service green procurement course or equivalent, or have	**Achieved:** On March 31, 2018, 100% of specialists in procurement and materiel management had completed the Canada School of Public Service green procurement course or

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
		acquisition, use and disposal, and ensuring there is the necessary training and awareness to support green procurement.		included it in their learning plan for completion within a year. **Target/Performance Indicator:** By March, 31, 2018, 100% of performance evaluations for procurement and materiel management managers will continue to include a discussion about how they supported and contributed to the Department's green procurement practices. **Target/Performance Indicator:** By March 31, 2018, 80% of office supply purchases will continue to include criteria to reduce the environmental impact associated with the production, acquisition, use, and/or disposal of the supplies.	had it included in their learning plan for completion within a year. **Achieved:** On March 31, 2018, 100% of performance evaluations with procurement and materiel management managers included a discussion about how they supported and contributed to the Department's green procurement practices. **Partially Achieved:** On March 31, 2018, 73.5% PHAC's target scope for office supplies included environment attributes. It was identified at Q3 that some of PHAC's procurement data related to office supplies was not being fully captured, due to some missing environment attribute codes. Changes have been made to the coding structure that

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				Target/Performance Indicator: By March 31, 2018, 92% of information technology (IT) hardware purchases will continue to include criteria to reduce the environmental impact associated with the production, acquisition, use, and/or disposal of the equipment. Note: this is done is conjunction with Shared Services Canada as the IT procurement authority.	will ensure that PHAC data in this area is fully captured in the future, hence improving PHAC's reporting on greening outcomes. **Achieved:** On March 31, 2018, 99% of the target scope for IT hardware purchases included environment attributes.
	Demonstrate innovative technologies	Promote programs such as the Build in Canada Innovation Program, which could enable departmental employees to procure and test late-stage innovative goods and services.	UN Sustainable Development Goal target 12.7	**Target/Performance Indicator:** By March 31, 2018, develop and release at least one outreach/communication message to Agency employees to raise awareness of the Build in Canada Innovation Program.	**Achieved:** The Agency sent two communication messages to staff on the Build in Canada Program.

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
	Promote sustainable travel practices	Encourage and facilitate the use of sustainable work practices.	UN Sustainable Development Goal target 13.2	**Target/Performance Indicator:** By March 31, 2018, the Sustainable Workplace Operations Framework and the Employee Engagement Strategy will be updated to include promotion of sustainable travel practices. **Target/Performance Indicator:** By March 31, 2018, undertake two outreach or communications activities about sustainable workplace operations including travel practices.	**Achieved:** The Sustainable Workplace Operations Framework and the Employee Engagement Strategy have been updated to include promotion of sustainable travel practices. **Achieved:** The Agency undertook over 12 communications and outreach activities, including monthly communications related to travel practices and training.
	Understand climate change impacts and build resilience	Review assets (buildings, fleet, etc.) to ensure that sources of GHG emissions are inventoried and that any impacts to climate change are quantified.	UN Sustainable Development Goal target 13.2	**Target/Performance Indicator:** By June 30, 2018, review assets (buildings, fleet) to ensure that sources of GHG emissions are inventoried and that any impacts to climate change are quantified.	**In Progress:** Sources of GHG emissions are inventoried and/or tracked for base building equipment through energy monitoring and tracking and the halocarbon management program. Inclusion of GHG emission producing

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					laboratory assets is being coordinated with the Program Services Division and the Material and Asset Management Division.
	Improve transparency and accountability	Not applicable (N/A)	N/A	N/A	N/A
	Develop policy for low-carbon government	N/A	N/A	N/A	N/A

Additional departmental sustainable development activities and initiatives related to low-carbon government

Additional departmental activities and initiatives	Starting points, targets and performance indicators	Results achieved
In 2012, HC and PHAC created the Health Portfolio Shared Services Partnership through which PHAC relies on HC to fulfil functions related to greening government operations. Under the Shared Services Partnership, HC and PHAC have jointly established a Fleet Management Standard that includes green procurement and environmentally responsible operational requirements. Fleet emission targets are described in the above table (please see: Contributing Action “Modernize Our Fleet”).	Please see Contributing Action “Modernize Our Fleet” for starting points/ targets/performance indicators/results achieved.	Please see Contributing Action “Modernize Our Fleet” for starting points/ targets/performance indicators/results achieved.
Under the Shared Services Partnership, PHAC continues to conduct annual drinking water audits to identify opportunities to improve water management practices. This activity supports UN Sustainable Development Goal 6	Conduct annual drinking water audit for each custodial laboratory facility (three) by March 31, 2018.	The department undertook monthly potable water testing at all three custodial laboratory facilities by March 31, 2018.
Under the Shared Services Partnership, the collection, diversion, and disposal of workplace waste in PHAC owned buildings continues to be managed in an environmentally responsible manner. This is an ongoing activity. This activity supports UN Sustainable Development Goal 6 as well as Goal 12	N/A. These are established activities that are part of building maintenance lifecycle. No implementation progress to report, as they are already in place.	N/A. These are established activities that are part of building maintenance lifecycle. No implementation progress to report, as they are already in place.
PHAC has a Sustainable Workplace Operations Community of Practice that serves as a forum for employees to share ideas, discuss and collaborate on activities, best practices, and initiatives that promote a greener environment and support sustainable workplace operations. These actions will contribute to decreased GHG emissions. For targets relating to this activity please see the Corresponding Departmental Action “Encourage and facilitate the use of sustainable work practices” for further details.	Please see Corresponding Departmental Action “Encourage and facilitate the use of sustainable work practices” for starting points/ targets/performance indicators/results achieved.	Please see Corresponding Departmental Action “Encourage and facilitate the use of sustainable work practices” for starting points/ targets/performance indicators/results achieved.

4. Report on integrating sustainable development

Report on Strategic Environmental Assessment

During the 2017–18 reporting cycle, PHAC considered the environmental effects of proposals subject to the Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals (Cabinet Directive), as part of its decision-making processes.

In 2017–18, PHAC applied the Strategic Environmental Assessment (SEA) process to the following types of PHAC-led proposals that required preliminary scans as per the Cabinet Directive: one Treasury Board Submission, two Memoranda to Cabinet, two Regulatory Submissions, and two Memoranda to the Minister for concurrence. Preliminary scans were also undertaken for two PHAC-led Other Strategic proposals. The impacts of proposals on achieving the 2016–19 FSDS goals were taken into account. One PHAC-led proposal was found to potentially positively contribute directly to the 2016–19 FSDS goal of low-carbon government. As PHAC did not develop any initiatives that required a detailed SEA, no related public statements were produced.

In 2018, PHAC updated its SEA policy, guidance, and supporting materials to respond to the 2017 Fall Report of the Commissioner of the Environment and Sustainable Development. The updated approach strengthens the Agency's compliance with the Cabinet Directive by supporting early consideration of potential environmental impacts in Agency proposals subject to the Cabinet Directive.

Integrating Sustainable Development

PHAC is committed to sustainable development and contributes to the FSDS by delivering on its core vision of healthy Canadians and communities in a healthier world. PHAC strives to integrate environmental, economic, and social factors into decision-making processes in order to derive added benefits or to avoid or mitigate negative impacts on human health for both present and future generations.

PHAC's Director General Sustainable Development Champion (SD Champion) and the Sustainable Development Office (SDO) play a key leadership role in promoting and communicating sustainable development principles within the Agency, as well as advancing the integration of environmental considerations and FSDS and DSDS commitments in PHAC policies, programs, and plans. The SD Champion and the SDO engage in outreach to senior management and employees to promote advancement of sustainable development commitments, to support compliance with the Cabinet Directive, and to build awareness and capacity in the application of sustainable development principles into policy and program development and planning processes.

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

Data is collected and analyzed on a biennial basis, therefore the data reported below is based on the most recent available data collected 2015–16.

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% of AHSUNC sites worked with more than three different types of partners.

These figures have been consistent over time. AHSUNC sites partner most frequently with health organizations such as public health units, community health centres or clinics.

Comments on variances

Actual spending was more than planned spending primarily due to funding received for Early Learning and Child Care.

Audits completed or planned	N/A
Evaluations completed or planned	Planned: AHSUNC (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	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	0	0	0	0	0	0
Total contributions	33,676,570	32,479,550	32,134,000	47,580,500	44,118,458	11,984,458
Total other types of transfer payments	0	0	0	0	0	0
Total program	**33,676,570**	**32,479,550**	**32,134,000**	**47,580,000**	**44,118,458**	**11,984,458**

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	2017–18
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

Data is collected and analyzed on a biennial basis, therefore the data reported below is based on the most recent available data collected 2015–16.

The CPNP provided programming to over 48,000 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;
- 83% of respondents reported being better able to cope with stress;
- 85% of respondents reported making healthier food choices;
- 92% of respondents reported knowing more about the importance of breastfeeding; and
- 89% of respondents reported initiating breastfeeding. 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 additional 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. 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 N/A

Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18) Planned: Audit of Surveillance (2019–20)

Evaluations completed or planned	Planned: Children's Programs (CAPC, CPNP, and fetal alcohol spectrum disorder (FASD) (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 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	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	0	0	0	0	0	0
Total contributions	26,990,094	25,593,868	27,189,000	26,363,308	26,209,733	(979,267)
Total other types of transfer payments	0	0	0	0	0	0
Total program	**26,990,094**	**25,593,868**	**27,189,000**	**26,363,308**	**26,209,733**	**(979,267)**

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: The most recently published data from 2013–14 estimates that close to 200,000 Canadians are newly diagnosed with diabetes every year (Type 1 and Type 2 combined), and that approximately 3.0 million Canadians have diagnosed diabetes.

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, PHAC's Multi-Sectoral Partnership Approach to Promote Healthy Living and Prevent Chronic Disease has invested $73 million and leveraged over $57 million in non-governmental funding 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 the following three examples:

Play for Prevention

This project uses Right to Play's activity-based approach to youth empowerment to address diabetes prevention in urban First Nations, Inuit and Métis populations by focusing on education, awareness and promotion of healthy living; promoting leadership skills among Indigenous youth; providing culturally appropriate tools and resources; and promoting community development and sustainability. Trained community mentors plan and lead events that have engaged over 1,000 children and youth in 15 urban centres across Ontario, Alberta and British Columbia in healthy and active lifestyle programming. Since joining the Play for Prevention program, 77% of participants report becoming more physically active at school, 67% more active outdoors, and 45% more active in community spaces. 54% report spending less time on devices such as phones, computers and TV and 75% report eating more healthy meals and snacks outside the Play for Prevention program.

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. Currently active in 818 schools across the country, almost 30,000 children have received a 12 week BOKS program delivered by trained volunteers. During the program, children take an average of close to 5,000 extra steps per day, with almost 1,000 of those being aerobic steps. Children participating in BOKS continue to demonstrate increased functional fitness skills, report being more active during and outside school hours, and are more likely to meet the physical activity guidelines as compared to those not participating in the program.

Healthy Weights Initiative

This community-based obesity reduction program is intended for adults between the ages of 18 and 64 and includes physical activity support, nutritional education, cognitive behaviour therapy and social support to address unhealthy weights and improve lifestyle. During the initial 12 week program, each participant is offered 60 exercise therapy sessions, 12 dietary sessions, 12 cognitive behaviour therapy sessions and significant clinical social support, family social support and friend social support. The program has demonstrated significant improvements in weight, Body Mass Index, fat loss and

waist and hip circumference, as well as blood pressure, blood cholesterol, aerobic fitness, quality of life, increased consumption of fruits, vegetables, and decreased consumption of sugar sweetened beverages and fast food.	
Comments on variances N/A	
Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18) Planned: Audit of Multi-Sectoral Partnerships (2018–19) Planned: Audit of Surveillance (2019–20)
Evaluations completed or planned	Planned: Multi-Sectoral Partnerships, including Men's Health (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	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	0	0	1,227,000	0	0	(1,227,000)
Total contributions	3,600,377	4,864,643	5,051,000	7,007,668	6,629,664	1,578,664
Total other types of transfer payments	0	0	0	0	0	0
Total program	**3,600,377**	**4,864,643**	**6,278,000**	**7,007,668**	**6,629,664**	**351,664**

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	2017–18
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

Data is collected and analyzed on a biennial basis, therefore the data reported below is based on the most recent available data collected 2015–16.

CAPC provided services to over 227,000 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 supports maternal, child, and family health. A survey of participants revealed that, as a result of participating in CAPC:

- 86% reported their parenting skills has improved;
- 90% reported their child's health and wellbeing had improved;
- 85% reported knowing more about how to keep their child healthy; and
- 83% 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% 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.

The CAPC demonstrated sustainability through developing collaborations and leveraging additional 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. 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 N/A

Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18) Planned: Audit of Surveillance (2019–20)
Evaluations completed or planned	Planned: Children's Programs (CAPC, CPNP, FASD) (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.[1]

[1] 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.

Performance Information (dollars)

Type of transfer payment	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	0	0	0	0	0	0
Total contributions	57,216,454	55,172,571	53,400,000	54,225,692	54,214,932	814,932
Total other types of transfer payments	0	0	0	0	0	0
Total program	**57,216,454**	**55,172,571**	**53,400,000**	**54,225,692**	**54,214,932**	**814,932**

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.
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 2017–18, the CC-ABHI, renamed as Centre for Aging and Brain Health Innovation (CABHI) launched calls for innovation in a number of programs, all aimed at creating a world in which people can age in the setting of their choice, while maintaining their cognitive, emotional, and physical well-being as well as their independence for as long as possible. CABHI reports that it assessed 364 project proposals; approved and launched 70 new projects; supported the development of 82 products, processes, and services; helped develop 25 new health practices, evaluated 50 new products and services; and supported the creation of 73 new jobs.

Examples of products and processes that were successfully introduced into practice in 2017–18 include:

- SOS Gamified App, an application to improve early detection of acute deterioration associated with unnecessary emergency hospitalization of the frail elderly;
- Minds in Motion, an exercise program which encourages exercise and mental activity among people with dementia to improve cognition, physical functioning, and well-being. This program recently implemented a falls prevention component; and
- A Neurobehavioral Program, which helps to manage the process of care delivery for seniors with symptoms of dementia (behavioural and psychological) in long-term care, has been introduced in select sites.

Comments on variances N/A

Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18) Planned: Audit of Surveillance (2019–20)
Evaluations completed or planned	Planned: Aging and Seniors (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	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	6,000,000	10,000,000	10,000,000	10,000,000	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	**0**	**6,000,000**	**10,000,000**	**10,000,000**	**10,000,000**	**0**

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, PHAC's Multi-Sectoral Partnership Approach to Promote Healthy Living and prevent Chronic Disease has invested $73 million and leveraged over $57 million in non-governmental funding 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 Healthy Living Fund is one of several funds that support this approach and includes the two following project examples:

FoodFit: Promoting Healthy Eating and Fitness in Low-Income Communities

The project, sponsored by Community Food Centres Canada (CFCC), aims to support low-income community members who are self-motivated to make healthy changes, but for whom social barriers play a role in achieving health and wellness. The 12 week FoodFit program is delivered by trained facilitators and program volunteers to groups of 10-15 low-income participants. Participants gather once a week for a three hour session that involves three key areas: a 30 minute group physical activity, a healthy eating or physical activity knowledge module and a cooking skills session followed by a shared group meal. For participants who have completed the program, facilitators may offer a monthly FoodFit Alumni group meeting to encourage sustainable behaviour change. Most of the FoodFit programs are delivered by eligible Community Food Centres and Good Food Centres who are in receipt of a FoodFit Grant of $40,000 over two years from CFCC to implement the program. 54 FoodFit programs were delivered plus 8 sites for Alumni programming with 538 individuals participating in 15 low-income communities nationally over the past year. In addition, CFCC has partnered with Six Nations Health Services in Ohsweken, Ontario to support a FoodFit curriculum adaptation to co-create and co-brand a program for an Indigenous community. While program structure remains the same, cultural adaptation includes adaptation of recipes to incorporate traditional food. Recipes and activities will also be adjusted to suit the four seasons.

Sharing Dance

Run by the National Ballet School of Canada, this project is testing and scaling up a twelve week dance program for both youth and seniors to foster healthier active lifestyles. Participants, who may not be motivated by other organized forms of exercise, engage in dance as a key form of physical activity. The project aims to increase physical activity levels, improve physical literacy skills, injury prevention, increase confidence, improve quality of life, and promote a positive public attitude towards dance as a healthy and accessible form of physical activity. In its pilot phase, over 600 people (children, youth, and seniors) had access to healthy quality dance programming that included trained instructors and facilitators, free online resources including videos and dance routines to support the Sharing Dance Program and an annual multi-generational community "Sharing Dance Day" performance. Seniors indicated improved muscle tone and balance as well as improved memory and positive mental health. Children and youth outcomes to date have shown improved physical literacy. Participants cited the opportunity as a great alternative to competitive sports to get active. To date, the project has been piloted in a variety of settings: marginalized communities, seniors' centres, youth clubs, ethno cultural communities, and general public venues.

Comments on variances N/A

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

Evaluation completed or planned	Planned: Multi-Sectoral Partnerships, including Men's Health (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	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	0	80,000	0	0	0	0
Total contributions	4,732,395	4,908,740	5,388,000	5,854,511	5,686,912	298,912
Total other types of transfer payments	0	0	0	0	0	0
Total program	**4,732,395**	**4,988,740**	**5,388,000**	**5,854,511**	**5,686,912**	**298,912**

HIV and Hepatitis C Community Action Fund (CAF)

General information

Name of transfer payment program	HIV and Hepatitis C Community Action Fund[2] (Voted)
Start date	January 2005 / November 2007
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13
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; and 1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases

Description

Objective(s): Increase knowledge of effective HIV, hepatitis C, and/or related sexually transmitted and blood borne infections (STBBIs) interventions and prevention evidence; reduce stigma and discrimination that can affect access to health and social services for priority populations; strengthen capacity (skills, competencies, and abilities) of priority populations and target audiences to prevent infection and improve health outcomes; enhance application of knowledge in community-based interventions; and increase uptake of personal behaviours that prevent the transmission of HIV, hepatitis C, and/or related STBBIs.

Why this TPP is necessary: Canada is considered to have a concentrated HIV epidemic, with very low prevalence in the general population (approximately 182 per 100,000 population in 2014) and a higher prevalence in certain key populations. In 2014, there were approximately 2,500 new HIV infections in Canada, which was a slight decrease from the 2,800 infections estimated in 2011. More than half of the estimated new HIV infections in 2014 were among gay, bisexual, and other men who have sex with men (54.3%), while 13.9% were among people from HIV-endemic countries, 10.5% among people who inject drugs, and 10.8% among Indigenous people. In Canada in 2011, an estimated 221,000 to 246,000 people were infected with hepatitis C, though up to 44% are unaware and may therefore transmit the infection to others.

Intervention method(s): In addition to funding community-based projects that support access to testing, diagnosis, treatment, and information on prevention methods, the CAF also supports and strengthens multi-sectoral partnerships to address the determinants of health. The CAF supports collaborative efforts to address factors that can increase transmission and acquisition of HIV, hepatitis C virus (HCV), and sexually transmitted infections (STIs). People living with and vulnerable to HIV, HCV and STIs were active partners in the development of the CAF objectives and priorities.

Repayable contributions: No.

[2] As of 2017–18, grants and contributions available through the Federal Initiative to Address HIV/AIDS in Canada and the hepatitis C Prevention, Support and Research Program were integrated into the HIV and hepatitis C Community Action Fund.

Results achieved Following a solicitation for proposals under the HIV and Hepatitis C Community Action Fund in late 2016, a total of 85 projects from 123 organizations were approved for funding in 2017–18. Many of these five-year projects were initiated in mid to late 2017 and are in their formative stages of planning, consultation and development. It is expected that the program will be able to report results achieved in the subsequent fiscal year(s).	
Comments on variances Actual spending was more than planned spending primarily due to an internal reallocation of funds to support the Community Action Fund transitional funding.	
Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18) Planned: Audit of Surveillance (2019–20)
Evaluation completed or planned	Planned: Federal Initiative for HIV/AIDS in Canada (2018–19)
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	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	125,000	218,940	8,084,000	0	0	(8,084,000)
Total contributions	22,894,206	23,048,615	18,335,000	32,851,413	32,331,836	13,996,836
Total other types of transfer payments	0	0	0	0	0	0
Total program	**23,019,206**	**23,267,555**	**26,419,000**	**32,851,413**	**32,331,836**	**5,912,836**

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

Innovation Strategy

In 2017–18, the IS funded 11 population health interventions to scale up their work to promote mental health and achieve healthier weights across the country. In the most recent reporting year, projects reached over 95,000 individuals in over 300 communities across every province and territory.

IS projects have demonstrated the development of new or sustained partnerships that have supported the delivery of interventions by leveraging expertise and resources from across a range of sectors, including health, education, agriculture, and industry. For example, in 2016–17, the most recent year for which data is available, approximately 891 partnerships were developed and projects leveraged over $4.4M in additional funding. In addition, 100% of projects leveraged in-kind support totalling over $900,000.

Projects continue to demonstrate an impact on the health of Canadians. In the most recent reporting year, 66% of projects reported changes in protective factors, reduced risk behaviours, and health outcomes for individuals, families, and communities. This included improved mental health or well-being, increased fruit and vegetable consumption, improved coping strategies, improved parenting skills, and improved resilience.

Additionally, in collaboration with key partners and stakeholders, IS projects have developed knowledge products and provided examples of how their knowledge was used to inform policy, programs, or practice. In the last reporting cycle, IS projects developed over 238 knowledge products, reaching over 54,000 stakeholders. Projects provided over 100 examples of how their knowledge was used to inform concrete changes in policy, programs, or practice. 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. The Listening to One Another Grow Strong project (McGill University) provided an example of how their project influenced a change in practice with an external organization, St. John Ambulance. St John Ambulance was able to use the project's model to facilitate the cultural adaptation of their new St. John Ambulance Connect Program to better reach and meet the unique needs/resources of Indigenous youth and their communities.

The IS seeks to support projects to scale up effective intervention to not only reach more people, but also to foster sustainable policy and program development. Follow up with IS projects found that after completion of IS funding 57% of projects secured funding (outside of PHAC) to continue to deliver components of the intervention, 43% of projects have been adopted in part or fully into existing systems and 100% of projects continue to disseminate information and knowledge products developed through the IS. For example, the Health Promoting Schools program, a Phase 2 Achieving Healthier Weights IS project, continues to be delivered in 15 sites through the Saskatoon Regional Health Authority.

Family Violence

In 2017–18, PHAC continued to invest in projects that support the health of survivors of intimate partner violence and child maltreatment, and that build the capacity of public health professionals to respond safely and effectively to survivors of family violence. Two new community-based projects were supported through this investment this year, bringing the total number of projects funded through this investment to 21. New projects launched this year include a focus on enhancing supports for survivors and those at risk of female genital mutilation/cutting and on equipping health and social service providers to provide effective, equitable care and support to trans, gender-diverse, and two spirit people who have experienced intimate partner violence.

In 2017–18, the projects reached over 1,970 participants and 525 professionals in approximately 130 sites across Canada. In addition to supporting those who have experienced family violence, the projects are also reaching researchers, service providers and policy makers to share resources such

as curricula, training materials, and presentations. During this reporting period, the family violence prevention projects have reached 61,725 stakeholders through knowledge dissemination and exchange activities, including 183 knowledge products and 440 knowledge events.

Through the Family Violence Investment, PHAC also funds a Knowledge Hub, a facilitated community of practice that connects all of the community-based projects leads to discuss mutual issues and challenges, develop common ways to measure progress, and share emerging findings and promising practices. During 2017–18, the Hub reached over 1000 professionals through its sector-wide webinars, meetings, and presentations.

All projects funded through this investment involved a condition to collaborate with other organizations. In 2017–18, approximately 152 collaborations were developed or maintained and through which the projects leveraged more than $1.26M in-kind contributions.

Comments on variances

Actual spending was more than planned spending primarily due to an internal realignment of funding.

Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18); Audit of Multi-Sectoral Partnerships (2018–19) Planned: Audit of Surveillance (2019–20)
Evaluations completed or planned	Planned: Innovation Strategy (including Family Violence Investment) (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.

Performance information (dollars)

Type of transfer payment	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	805,998	1,304,646	7,370,000	969,849	969,849	(6,400,151)
Total contributions	10,652,475	11,078,853	3,827,000	12,239,195	12,017,172	8,190,172
Total other types of transfer payments	0	0	0	0	0	0
Total program	**11,458,473**	**12,383,499**	**11,197,000**	**13,209,044**	**12,987,021**	**1,790,021**

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 NCCs use a variety of methods (e.g., online training, workshops, outreach programs, and networking events to broadly disseminate a wide array of knowledge products) to build public health system capacity at multiple levels. During 2017–18, the NCCs increased the development and dissemination of knowledge translation products and activities by producing and providing over 1210 new products and activities that consist 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. In addition, the NCCs undertook 318 knowledge-related needs and gaps identification activities to provide public health knowledge brokers with the resources and structures required to strengthen evidence-informed decision-making. The NCCs also engaged and maintained over 512 partnerships and collaborations with F/P/T governments, academia, non-governmental organizations, private sector, and other external organizations for evidence-based interventions that reduce health risks. These collaborations were augmented with NCC knowledge exchange tools, resources, and expertise to facilitate and increase public health outreach. Unique visitors to the 6 NCC websites to access knowledge products and activities also increased significantly from 2016–17 to a new total of 541,603 visitors for 2017–18.	

Comments on variances N/A	
Audits completed or planned	Completed: Audit of the Management of Grants and Contributions (2017–18)
Evaluations completed or planned	Planned: National Collaborating Centres (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	2015–16 Actual spending	2016–17 Actual spending	2017–18 Planned spending	2017–18 Total authorities available for use	2017–18 Actual spending (authorities used)	Variance (2017–18 actual minus 2017–18 planned)
Total grants	0	0	0	0	0	0
Total contributions	6,430,239	6,573,348	5,842,000	5,967,000	5,966,996	124,996
Total other types of transfer payments	0	0	0	0	0	0
Total program	**6,430,239**	**6,573,348**	**5,842,000**	**5,967,000**	**5,966,996**	**124,996**

Evaluations

Evaluations completed, or planned to be completed, in 2017–18

Title of the evaluation	Link to department's programs	Status on March 31, 2018	Deputy head approval date
Health Care Associated Infections	1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	Completed	March 2018
Foodborne and Waterborne Enteric Diseases	1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Diseases	Completed	March 2018
Family Violence Initiative	1.2.2.2 Sub-Sub-Program: Healthy Communities	Completed	October 2017
Emergency Preparedness and Response (including supplies)	1.3.1 Sub-Program: Emergency Preparedness and Response	Completed	March 2018
Federal Initiative for HIV/AIDS in Canada	1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	In progress	March 2019
Viral Hepatitis and Sexually Transmitted Infections Activities	1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases	In progress	March 2019
Office of International Affairs	1.1.2 Public Health	In progress	September 2018

Fees

Owing to legislative changes, the 2017 to 2018 fees results will be published in a separate report. The Fees Report is currently under development, and the link to the Fees Report, once tabled in Parliament, will appear on this web page by March 31, 2019.

Horizontal initiatives

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

General information

Name of horizontal initiative	Federal Initiative to Address HIV/AIDS in Canada
Lead department(s)	Public Health Agency of Canada (PHAC)
Federal partner organizations	Department of Indigenous Services Canada (DISC), Canadian Institutes of Health Research (CIHR), and Correctional Service Canada (CSC)
Non-federal and non-governmental partners	N/A
Start date of the horizontal initiative	January 13, 2005
End date of the horizontal initiative	Ongoing

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.

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;
- DISC supports STBBI prevention, education and awareness, community capacity building, as well as facilitating access to quality HIV/AIDS 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.

Total federal funding allocated (from start to end date) (dollars)	Ongoing
Total federal planned spending to date (dollars)	72,600,000
Total federal actual spending to date (dollars)	78,248,313
Date of last renewal of the horizontal initiative	N/A
Total federal funding allocated at the last renewal and source of funding (dollars)	N/A

Additional federal funding received after the last renewal (dollars)	N/A
Funding contributed by non-federal and non-governmental partners (dollars)	N/A

Fiscal year of planned completion of next evaluation

2018–19 (PHAC)

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: 100%

PI: % of priority populations reporting increasing knowledge.
T: 95%
AR: N/A[3]

PI: % of publications available through open access.
T: 71%
AR: 91%

PI: % of target audiences reporting increasing knowledge.
T: 80%
AR: N/A[3]

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 to prevent the acquisition and transmission of HIV and related STBBIs.
T: 75%
AR: N/A[3]

PI: % of newly-admitted federal offenders who attended Reception Awareness Program at admission.
T: 65%
AR: 45%

PI: % of First Nations communities reporting that HIV testing is accessible on or near the reserve.
T: 100%
AR: N/A[4]

PI: % of priority population participants who reported improved confidence to speak with health care providers about STBBI risk.
T: 75%
AR: N/A[3]

Data source and frequency of monitoring and reporting:

Communicable Diseases and Infection Control yearly reporting, Correctional Service Canada yearly reporting, and DISC 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: 97%

PI: % of clients indicating overall satisfaction with laboratory reference services.
T: 90%
AR: 98%

PI: % of molecular tests administered by referral services within the optimal time-response.
T: 70%
AR: 94%

PI: % of serological tests administered by referral services within the optimal time-response.
T: 90%
AR: 94%

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: 95%

PI: % of attendees to STBBIs webinars indicating applying evidence acquired through webinars to guide their work.
T: 75%
AR: 81%

PI: % of grants leading to production of new method, new theory, or replication of findings.
T: 100%[5]
AR: 42%[6]

PI: % of grants reporting translation of knowledge/creating more effective health services and products.
T: 100%[7]
AR: 83%[8].

PI: % of CIHR grants leading to information or guidance for patients or public/patients' or public behaviour(s).
T: 100%[9]
AR: 41%[10].

PI: % of service providers that indicated they have changed their practices following project activities.
T: 75%
AR: N/A[3]

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: 96%

PI: % of priority populations who report improved services by service providers.
T: 75%
AR: N/A[3]

PI: % of priority populations reached indicating change/increased healthy sexual behaviours that prevent HIV/HCV transmission.
T: 5%
AR: N/A[3]

PI: % of priority populations who indicated increased access to services.
T: 75%
AR: N/A[3]

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.[11]

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

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

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

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

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

Name of theme

N/A

Performance Highlights

In an effort to contribute to meeting global HIV, hepatitis C and STBBI targets in Canada, FI partners in collaboration with P/Ts, Indigenous communities and civil society, worked to improve the domestic response to HIV and other STBBIs. In 2017–18 FI partners:

- Supported the creation and synthesis of evidence and tools required to inform STBBI prevention and control efforts;
- Enabled community based interventions to prevent new infections; and
- Increased access to testing among priority populations and facilitated access to treatment and care for those living with HIV and/or hepatitis C.

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[3] Actual results will be based on the HIV and Hepatitis C Community Action Fund, a five-year program under the Federal Initiative that was launched through an open solicitation process in 2017–18. Preliminary results for this indicator will be available in 2018–19.

[4] Figure for the indicator is not yet available for 2017–18. Based on the most recent data available (2015–16 Community-based Reporting Template) from communities that reported, 83% of First Nations communities have access to HIV testing on or near the reserve.

[5] The target for this indicator has been corrected to 71%, which will be reflected in the next Departmental Results Report.

[6] Of the 78 end of research grant reports that were received for CIHR HIV/AIDS Research Initiative grants in 2017–18, 33 respondents (42%) indicated that their project led to the production of a new method, new theory, or replicated findings. Although not all studies lead to the production of new methods or theories, there was evidence that 71% of researchers advanced a method or theory and/or replication of findings through their grant activities. In addition, of the 45 grantees who answered negatively to the production of new method or new theory, 18 (40%) indicated that their work may lead to a new method, new theory, or replication of findings in the future.

[7] The target for this indicator has been corrected to 48%, which will be reflected in the next Departmental Results Report.

[8] Sixty-five of the 78 CIHR HIV/AIDS Research Initiative end of grant reports that were received in 2017–18 (83%) reported that the research had led to the translation of knowledge/creating more effective health services and products. The remaining 13 respondents (17%) all reported that their projects may lead to translation of knowledge/creating more effective health services and products in the future.

[9] The target for this indicator has been corrected to 20%, which will be reflected in the next Departmental Results Report.

[10] Forty-one percent (32/78) of the CIHR HIV/AIDS Research Initiative end of grant reports that were received in 2017–18 indicated that work from their grant led to information or guidance for patients or public/patients' or public behaviour(s). A further 45% of grantees thought that their work would lead to information or guidance for patients or public/patients' or public behaviour(s) in the future.

[11] The Shared Outcome of Federal Partners, "Increased coherence of the federal response" as committed to in PHAC's 2017–18 Departmental Plan, has been removed. The 90-90-90 targets encompass the indicators for increased coherence.

Performance Information

Federal organizations	Link to department's Program Alignment Architecture	Horizontal initiative activities	Total federal allocation (from start to end date) (dollars)	2017–18 Planned spending (dollars)	2017–18 Actual spending (dollars)	2017–18 Expected results	2017–18 Performance indicators	2017–18 Targets	Date to achieve target	2017–18 Actual results
PHAC	Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	6,182,216	6,268,895	ER 1.1 ER 1.2	PI 1.1.1 PI 1.1.2 PI 1.2.1	T 1.1.1 T 1.1.2 T 1.2.1	1.1.1, March 31, 2022 1.1.2, March 31, 2022 1.2.1, March 31, 2022	AR 1.1 AR 1.2
	Health Promotion and Disease Prevention[1]	Infectious and Communicable Diseases	Ongoing	35,341,075	40,020,370	ER 1.3 ER 1.4 ER 1.5 ER 1.6	PI 1.3.1 PI 1.3.2 PI 1.5.1 PI 1.6.1	T 1.3.1 T 1.3.2 T 1.5.1 T 1.6.1	1.3.1, March 31, 2022 1.3.2, March 31, 2022 1.5.1, March 31, 2022 1.6.1, March 31, 2022	AR 1.3 AR 1.5 AR 1.6
DISC	Communicable Disease Control and Management	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	Ongoing	4,515,000	4,515,000	ER 2.1 ER 2.2	PI 2.1.1 PI 2.2.1 PI 2.2.2	T 2.1.1 T 2.2.1 T 2.2.2	March 31, 2019	AR 2.1 AR 2.2
CIHR	Horizontal Health Research Initiatives	Health and Health Service Advances	Ongoing	22,374,448	22,690,003	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	March 31, 2019	AR 3.1 AR 3.2

CSC	Custody	Institutional Health Services	Ongoing	4,187,261	4,754,045	ER 4.1 ER 4.2	PI 4.1.1 PI 4.2.1	T 4.1.1 T 4.2.1	March 31, 2020	AR 4.1 AR 4.2
Total for all federal organizations	N/A	N/A	Ongoing	72,600,000	78,248,313	N/A	N/A	N/A	N/A	N/A

[1] Note that for 2017–18, reporting on Expected Results is only for ER 1.3, 1.5, and 1.6.

Expected and actual results achieved for 2017–18:

Public Health Agency of Canada

ER 1.1: Inform public health interventions for addressing HIV and related STBBIs (including detection and care) both in Canada and internationally by providing laboratory reference service testing, bioinformatics research infrastructure and improving testing methodologies.

PI 1.1.1: Percentage of accredited reference laboratory tests that are conducted within the specific turnaround times.
T 1.1.1: 90%
AR 1.1.1: 97%

PI 1.1.2: Percentage of diagnostic specimens received at National Microbiology Laboratory that are sequenced for strain, drug resistance and bioinformatics.
T 1.1.2: 90%
AR 1.1.2: 98%

AR 1.1: 984 diagnostic specimens were received by the National HIV Reference Laboratory (NHRL) for testing. 97% of specimens were tested within the specific turnaround times (TAT) with 3% exceeding TAT largely as a result of requirement for further/additional testing upon consultation with stakeholder and/or equipment failure during initial testing. 771 specimens were tested for HIV and the remainder (213) were tested for Human T-lymphotropic virus. The numbers tested represent an increase of 27% from the previous fiscal year to reflect the provision of testing by the NHRL for pediatric HIV samples in Quebec and testing of Dried Blood Spots (DBS).

ER 1.2: Improve the availability of both diagnostic and patient care testing in Indigenous communities through the development of point-of-care, novel specimen collection methods and laboratory systems to facilitate HIV and other STBBI testing in remote communities.

PI 1.2.1: Percentage of communities that receive quality testing as measured by the percent of proficiency panel and parallel test results that pass quality screening or have corrective remedial action taken.
T 1.2.1: 100%
AR 1.2.1: 100%

AR 1.2: The NHRL has engaged with First Nations communities to improve access to testing for blood borne infections (HIV, HCV) using DBS, using a "train-the-trainer" model to facilitate training of community healthcare workers (HCWs). HCWs can then train other community members in collection of DBS. DBS are then sent to NHRL for testing using modified, validated assays. The goal was to establish DBS testing pilots in 8 communities this year. This was achieved with 7 communities in Saskatchewan and 1 in North Western Ontario. More than 500 DBS have been collected and tested by NHRL. Initial data indicate that a significant number (~30%) have never been tested before for a STBBI. Goals for next year will include engagement of additional Indigenous communities across the prairies.

ER 1.3: Data sources and methods required to measure more accurately progress against the global HIV targets are improved.

PI 1.3.1: Percentage of provinces and territories participating and complying with standards to monitor the HIV treatment cascade.
T 1.3.1: 100%
AR 1.3.1: 92%

PI 1.3.2: Percentage of surveillance disease reports that are updated and disseminated annually.
T 1.3.2: 80%
AR 1.3.2: 71%

AR 1.3: The number of P/T collaborating on the refinement of standards to monitor the HIV treatment cascade is high; however, the 100% target for PI 1.3.1. was not met in 2017–18 as not all jurisdictions have the resource capacity to participate in these efforts. In addition, PHAC can only use its position as the national public health entity to influence P/T stakeholders; it has no authority over P/T participation and compliance with standards to monitor the HIV treatment cascade.

PHAC is able to update and disseminate the majority of its disease surveillance reports relevant to the global HIV targets annually. However, not all jurisdictions are able to participate in gonorrhea drug resistance surveillance and contribute data to a national report. This impacts the frequency of reporting on gonorrhea drug resistance by PHAC. PHAC reporting on hepatitis B and C surveillance has been delayed to allow for discussions with stakeholders to improve knowledge translation of surveillance findings and to allow for an expanded sex- and gender-based analysis of hepatitis surveillance data. For these reasons, the target for PI 1.3.2 was not met in 2017–18.

ER 1.5: Effective screening intervals for "at risk" groups (e.g., injection drug use, gay men, and other men who have sex with men) will be identified through evidence reviews, as well as modelling to inform HIV screening approaches in an effort to decrease the number of individuals who are unaware of their HIV infection status.

PI 1.5.1: Percentage of target audience indicating applying PHAC evidence to guide their work.
T 1.5.1: 65%
AR 1.5.1: 65%

AR 1.5: PHAC conducted an online survey to determine Canadian health care providers' awareness, use, and perceived usefulness of its evidence-based HIV Screening and Testing Guide. Results from the survey, published in the Canada Communicable Disease Report, indicated that about two-thirds (65%) of the respondents were aware of the Guide. A peer-reviewed research paper has been published in the journal: Operations Research for Health Care, in which, models are used to generate optimal scenarios on designing testing frequencies for HIV among men who have sex with men (MSM), aiming to achieve the first 90 of the UNAIDS vision, that by 2020, 90% of those living with HIV will be diagnosed. A systematic review was also completed to gather published studies on the optimal HIV screening and testing intervals for different populations (i.e., the general population and higher risk groups including injection drug

users (IDU), MSM, and migrants from HIV-endemic countries). Findings from modelling and the systematic review will be used to inform potential revisions to the HIV Screening and Testing Guide and development of knowledge translation and exchange products.

ER 1.6: New evidence-based community-based interventions will be implemented in communities across the country to address HIV and other STBBIs.

PI 1.6.1: Percentage of funds allocated for community-based investment to enhance the prevention of HIV and related STBBI among priority populations most at risk.
T 1.6.1: 100%
AR 1.6.1: 100%

AR 1.6: In 2017, two existing HIV and hepatitis C grants and contributions programs were amalgamated into the HIV and Hepatitis C Community Action Fund (CAF) to support an evidence-based strategic and integrated approach to prevent new STBBI infections among priority populations.

Following an open solicitation, a total of 85 projects, involving 123 organizations, were selected for funding through the CAF. This includes 41 organizations that had not been previously funded through the program.

The CAF supports projects that have the potential to make the greatest impact through targeted evidence-based interventions focused on priority populations. These projects work to prevent new infections, reduce stigma and discrimination, and increase access to testing and treatment in Canada. Efforts to prevent new infections and have those unaware of their status tested and treated could significantly reduce the impact of infections in Canada.

Department of Indigenous Services Canada

ER 2.1: First Nations community members, chiefs, councils and service providers will demonstrate increased readiness to implement multidisciplinary STBBI prevention initiatives, such as the Know Your Status (KYS) program, which promote testing and access to care and support resources for diagnosed individuals, including treatment, mental health counselling and other supports.

PI 2.1.1: Increased number of First Nations communities demonstrating readiness as expressed by the community chief and council request to DISC to implement full or partial KYS program.
T 2.1.1: 50%
AR 2.1.1: 206%

AR 2.1: The STBBI prevention and control program in Saskatchewan (SK) achieved its stated objective in 2017–18. This was due to additional investments made by the Department through an internal reallocation, targeting, and leveraging of resources to SK region based on the higher regional burden of STBBI in comparison with other DISC regions and demonstrated community readiness. Within SK region, efficient hiring practices facilitating recruitment of nurses and outreach/social workers as well as use of a targeted approach in choosing hub areas able to serve First Nations residents of multiple communities contributed to this annual outcome.

ER 2.2: The number of KYS programs in select First Nation communities will be expanded to provide high-impact, culturally-appropriate STBBI interventions to increase access to testing and diagnosis; facilitate contact tracing; improve prevention and access to harm reduction services; and facilitate access to counselling, treatment, addictions programs, and other supportive services. These interventions will enable more First Nation communities to reach the 90-90-90 HIV targets by 2020.

PI 2.2.1: Increased number of First Nations communities implementing full KYS programs.
T 2.2.1: 50%
AR 2.2.1: 67%

PI 2.2.2: Increased number of First Nations communities implementing partial KYS programs.
T 2.2.2: 50%
AR 2.2.2: 206%

AR 2.2: The STBBI prevention and control program in SK achieved its stated objective in 2017–18. This was due to additional investments made by the Department through an internal reallocation, targeting, and leveraging of resources to SK region based on the higher regional burden of STBBI in comparison with other DISC regions and demonstrated community readiness. Within SK region, efficient hiring practices facilitating recruitment of nurses and outreach/social workers as well as use of a targeted approach in choosing hub areas able to serve First Nations residents of multiple communities contributed to this annual outcome.

Canadian Institute for Health Research

ER 3.1: Scientific knowledge about the nature of HIV, ways to address the disease, and mitigate its impact, is created and shared freely.

PI 3.1.1: Percentage of grants leading to a new, or advanced, research method.
T 3.1.1: 55%
AR 3.1.1: 63%

PI 3.1.2: Percentage of publications freely accessible.
T 3.1.2: 52%
AR 3.1.2: 86%

AR 3.1: In response to PI 3.1.1, of the 2017–18 research grant reports received, 63% (33/52 reports submitted) led to a new, or advanced, research method.

CIHR provided HIV/AIDS research funding aimed at enhancing scientific knowledge about the nature of HIV, as well as ways to address the disease and mitigate its impact. Some examples of CIHR-funded research that advanced this objective are outlined below.

A study of the impact of HIV infection and antiretroviral therapy (ART) indicated that early ART permanently decreases inflammation and reduces the risk of organ damage. The novel methods developed by the research team, and the study's findings, will further guide therapeutic and cure research and help in the design of drug treatments. As well, Quebec's HIV treatment

guidelines were modified according to this research, and the team participated in the UNAIDS 90-90-90 initiative on early diagnosis, treatment, and viral suppression.

ER 3.2: HIV and related STBBI research reduces barriers to, and informs, prevention and treatment options.

PI 3.2.1: Percentage of grants reporting translating the knowledge from the research setting into real world applications.
T 3.2.1: 75%
AR 3.2.1: 81%

PI 3.2.2: Percentage of grant leading to newly developed or advanced information or guidance for patients or the public.
T 3.2.2: 30%
AR 3.2.2: 37%

AR 3.2: In response to PI 3.2.1, in 2017–18, the CIHR HIV/AIDS Research Initiative met its target with 81% (63/78 total reports submitted) of grants reporting to have led to the translation of knowledge from the research setting to real world applications to some or a greater extent.

In response to PI 3.2.2, in 2017–18, the CIHR HIV/AIDS Research Initiative met its target with 37% (29/78 total reports submitted) of grants reporting to have led to information or guidance for patients or public.

CIHR HIV/AIDS research funds were expected to help reduce barriers to prevention and treatment options for HIV and related STBBIs. Two research projects funded by CIHR that moved this objective forward are outlined below.

A research grant addressed prevention of HIV and other STBBIs among young MSM. This effort led to the scaling up and rolling out of two such prevention projects in British Columbia (GetCheckedOnline and Mpowerment). Youth participants were provided with an opportunity to contribute meaningful feedback, based on their own experiences, preferences and perceived gaps, directly to decision makers. By incorporating young men's feedback during the roll-out and scaling up of the projects, care managers are now able to ensure that their sexual health services are tailored specifically to these end-users, thus increasing the odds of uptake among young men. The online availability for sexually transmitted infections testing across the province may have a large impact on broader health care practices (e.g., cost savings). Scale-up of GetCheckedOnline in the two new health authorities has been well-received, and Mpowerment has successfully scaled up in two new communities.

A small team of Alberta researchers explored biomarkers and community management of mother-to-child HIV transmission. Discovery of these types of biomarkers represents a major advance in HIV research. This new knowledge has the potential to accelerate early diagnosis and treatment of HIV in newborns. As well, it was found that managing HIV in the community, relative to health facilities, may be cost-effective. Mothers and children who participated in this study benefitted from improved diagnostics and clinical care, relative to the norm in the public health system.

Correctional Service Canada

ER 4.1: Evidence-based enhancements to the suite of prevention programs for HIV/AIDS and other STBBIs will be implemented in federal penitentiaries based on published evidence from enhanced surveillance analysis. CSC will conduct analysis and research to understand barriers to full participation in screening and testing and to reduce stigma among offenders so all inmates may know their HIV status and access prevention, treatment, care, and support services.

PI 4.1.1: Percentage of newly admitted offenders tested for HIV at reception.
T 4.1.1: 80%
AR 4.1.1: N/A

AR 4.1: CSC deployed a new electronic health care record in 2016–17. Unforeseen issues with the system preclude the availability of an estimate of the uptake of the HIV test among new admissions for 2017–18. CSC has taken measures to address this issue going forward. In 2016–17, an estimated 96% of new admissions had an HIV test.

ER 4.2: Inmates known to be living with HIV will be linked to medical specialists to support retention in care and maintain viral suppression among those on treatment.

PI 4.2.1: Percentage of inmates on HIV treatment with viral suppression.
T 4.2.1: 90%
AR 4.2.1: 92%

AR 4.2: Among inmates known to be living with HIV and on highly active antiretroviral therapy, the proportion with viral suppression was 92%.

Internal audits

Internal audits completed in 2017–18

Title of internal audit	Completion date
Audit of IT Security	May 2017
Audit of Internal Controls over Financial Reporting	June 2017

Response to parliamentary committees and external audits

Response to parliamentary committees
Senate Standing Committee on Social Affairs, Science and Technology On November 15, 2016 the Report of the Senate Standing Committee on Social Affairs, Science and Technology entitled Dementia in Canada: A National Strategy for Dementia-friendly Communities was tabled in the Senate. The Report summarizes the testimonies and briefs, presents the Committee's findings and includes 29 recommendations aimed at helping the growing number of Canadians who have or will develop some form of dementia, and those who will care for them. The Government Response to the Report was tabled in the Senate on April 13, 2017. The response takes a thematic approach grouped into six themes and aligned with the committee's recommendations: international leadership on dementia; federal research, data and innovation; healthy aging; living with dementia; support for family and friend caregivers; and home care services, housing, and health care delivery. The response indicates a general agreement with the value of a national strategy to address dementia and demonstrates the Government's continued commitment to addressing dementia through federal investments in dementia research, innovation, data systems, and public awareness.
Response to audits conducted by the Auditor General (including to the Commissioner of the Environment and Sustainable Development)
Report 2, Fall 2017 – Commissioner of the Environment and Sustainable Development – Adapting to the Impacts of Climate Change Objectives: The objectives of this audit were to determine whether: • Environment and Climate Change Canada, in collaboration with federal partners, had taken appropriate measures to lead the federal government's adaptation to climate change impacts; and • Selected federal departments had taken appropriate measures to adapt to climate change impacts in their areas of responsibility. PHAC received one recommendation. The report was tabled on October 3, 2017. **Report 4, Fall 2017 - Commissioner of the Environment and Sustainable Development –** Departmental Progress in Implementing Sustainable Development Strategies Objectives: The objectives of this audit were to determine whether: • The federal departments and agencies we examined adequately applied the Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals and its related guidelines to policy, plan, and program proposals submitted for approval to an individual minister or to Cabinet, including the Treasury Board; • The federal departments and agencies we examined adequately reported on the extent and results of their strategic environmental assessment practices, as required by the Cabinet directive and its related guidelines;

- The federal departments and agencies we examined adequately met their departmental sustainable development strategy commitments and the Federal Sustainable Development Strategy commitment to strengthen their strategic environmental assessment practices; and
- The Privy Council Office and the Treasury Board of Canada Secretariat applied mechanisms to support departmental and agency compliance with the Cabinet directive and helped ensure that decision makers received adequate information on the environmental implications of their decisions for all policy, plan, and program proposals submitted to Cabinet.

PHAC received one recommendation. The report was tabled on October 3, 2017.

Response to external audits conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages (OCOL)

There were no audits in 2017–18 requiring a response.