



Public Health Agency of Canada

2021–22

**Supplementary Information Tables:
2021-22 Departmental Plan**

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Departmental Sustainable Development Strategy

The following is an excerpt of the Public Health Agency of Canada's (PHAC) Departmental Sustainable Development Strategy (DSDS). The complete DSDS can be found [on PHAC's website](#).ⁱ

Greening Government: The Government of Canada will transition to low-carbon, climate resilient, and green operations

Responsible Minister: All ministers.

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|--|--|---|--|--|---|
| Reduce GHG emissions from federal government facilities and fleets by 40% below 2005 levels by 2030 (with an aspiration to achieve this target by 2025) and 80% below 2005 levels by 2050 (with an aspiration to be carbon neutral). | All new buildings and major building retrofits will prioritize low-carbon investments based on integrated design principles, and life-cycle and total-cost-of ownership assessments which incorporate shadow carbon pricing. | Adopt and maintain approaches and activities that reduce PHAC's energy use and improve the overall environmental performance of departmental-owned buildings. | FSDS: PHAC will take actions to reduce the demand for energy or switch to lower carbon sources of energy that will lead to reductions in GHGs from building operations. SDG 7 - Affordable and Clean Energy. | Starting Point: GHG emissions from buildings in fiscal year 2005-06 = 7.17ktCO ₂ e. Indicator: % change in GHG emissions from facilities from fiscal year 2005-06 <ul style="list-style-type: none"> • GHG emissions from buildings in 2021-22 (ktCO₂e); and, • Emissions will be reported at the conclusion of 2021-22. Target: 40% below 2005 levels by 2030 (includes just facilities). | PHAC Internal Services |
| | Departments will adopt and deploy clean technologies and implement procedures to manage building operations and take advantage of | Identify opportunities to facilitate awareness about energy use and technologies that improve environmental performance in | FSDS: Understanding the range of applications for clean technology in building operations, raising awareness about energy use, and promoting initiative to improve energy efficiency will help PHAC to ultimately reduce greenhouse gas emissions and | Starting Point: In 2020-21 PHAC will begin using RETScreen, a Clean Energy Management Software system for energy efficiency, renewable energy, and cogeneration project feasibility analysis as | PHAC Internal Services |

Supplementary Information Tables: 2021-22 Departmental Plan

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|----------------|--|--|--|---|---|
| | programs to improve the environmental performance of their buildings. | order to improve the environmental performance of departmental-owned buildings. | support more efficient production and consumption. SDG 9 - Industry Innovation and Infrastructure. (Target 9.4) ⁱⁱ | well as ongoing energy performance analysis. Indicator: % of building fit-ups, refits, major investments, and new construction projects that use RETScreen to inform decisions. Target: 100% (annual). Indicator: # of energy performance feasibility analyses completed in partnership with Natural Resources Canada. Target: Two (2) analyses by March 31, 2022. Indicator: % of custodial facilities with building-level water meters. Target: PHAC is ahead of schedule on this indicator's target of 100% by 2022. 100% of PHAC's custodial facilities have building level water meters. | |
| | Fleet management will be optimized including by applying telematics to collect and analyze vehicle usage data on | Use telematics analysis to right-size fleet. Promote behavior change – e.g. car sharing initiatives and public | FSDS: Rationalization of fleets via retirement of emitting vehicles can reduce GHG emissions. | PHAC will not be reporting on fleet GHG emissions as the Treasury Board Secretariat (TBS) only requires reporting from departments and agencies with more than 50 vehicles. PHAC will however continue to | PHAC Internal Services |

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|--|------------------------------------|---|--|---|---|
| | vehicles scheduled to be replaced. | transportation options. | | follow TBS guidance in regards to green fleet management in terms of procurement and telematics use. | |
| Divert at least 75% (by weight) of non-hazardous operational waste from landfills by 2030. | Other. | <ul style="list-style-type: none"> Track and disclose waste diversion rates by 2022. Assess the waste stream to inform future decisions and options to divert operational waste from landfills. | <p>FSDS: PHAC will:</p> <ul style="list-style-type: none"> Take actions that reduce the generation of non-hazardous operational waste to help to reduce Scope 3 emissions for the production, transport, and disposal of material; Divert waste from landfill to help reduce landfill gas and transport hauling emissions; and, Recovering material via recycling to help reduce emissions for the extraction and production of virgin materials. <p>SDG 12 - Responsible Consumption and Production. (Target 12.5)ⁱⁱⁱ</p> | <p>Starting Point: In 2021-22, PHAC will complete waste audits in its custodial facilities.</p> <p>Indicator: % of non-hazardous operational waste diverted.</p> <p>Target: Report on waste diversion rates and disposal methods by March 31, 2022.</p> <p>Indicator: Diversion indicators will be developed once data from the audits has been analyzed.</p> <p>Target: Identification of priority diversion options by March 31, 2022.</p> | PHAC Internal Services |
| Divert at least 75% (by weight) of plastic waste from landfills by 2030. | Other. | <ul style="list-style-type: none"> Track and disclose waste diversion rates by 2022; Eliminate the unnecessary use of single-use plastics in government | <p>FSDS: PHAC will:</p> <ul style="list-style-type: none"> Take actions that reduce the generation of non-hazardous operational waste to help to reduce Scope 3 emissions for the production, transport, and disposal of material; | <p>Starting Point: New initiatives as of March 2020.</p> <p>Indicator: % of plastic waste diverted.</p> <p>Target: Report on waste diversion rates by March 31, 2022.</p> | PHAC Internal Services |

Supplementary Information Tables: 2021-22 Departmental Plan

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|---|---|---|---|--|---|
| | | <p>operations, events, and meetings; and,</p> <ul style="list-style-type: none"> Implement initiatives and processes to facilitate plastic waste diversion from PHAC's operations. | <ul style="list-style-type: none"> Divert waste from landfill to help reduce landfill gas and transport hauling emissions; and, Recovering material via recycling to help reduce emissions for the extraction and production of virgin materials. <p>SDG 12 - Responsible Consumption and Production.</p> <p>(Target 12.5)^{iv}</p> | | |
| Divert at least 90% (by weight) of all construction and demolition waste from landfills (striving to achieve 100% by 2030). | Other. | Track and disclose our waste diversion rates by 2022. | <p>FSDS: Actions that reduce the generation of construction and demolition waste will help to reduce Scope 3 emissions for the production, transport, and disposal of material. Diverting waste from landfill reduces landfill gas and transport waste hauling emissions. Material recovery via recycling reduces emissions for the extraction and production of virgin materials.</p> <p>SDG 12 - Responsible Consumption and Production.</p> <p>(Target 12.5)^v</p> | <p>Indicator: % of construction and demolition waste diverted.</p> <p>Target: Report on waste diversion rates and disposal methods by March 31, 2022.</p> | PHAC Internal Services |
| Our administrative fleet will be comprised of at least 80% zero-emission vehicles by 2030. | Fleet management will be optimized including by applying telematics to collect and analyze vehicle usage data on vehicles scheduled to be replaced. | Use telematics analysis to right-size fleet. Increase the percentage of departmental fleet that are ZEV or hybrid, whenever | <p>FSDS: As conventional vehicles are replaced over their lifetimes with ZEVs, and/or the size of the fleet is reduced, a greater proportion of the fleet will be ZEV.</p> | <p>Starting point: In 2019-20, PHAC had 17 vehicles in its administrative fleet, 1 of which was ZEV or hybrid.</p> <p>Indicator: % of new light-duty unmodified administrative fleet vehicle purchases that are ZEV or hybrid:</p> | PHAC Internal Services |

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|----------------|-----------------------------|--------------------------------------|--|---|---|
| | | operationally feasible. | | <ul style="list-style-type: none"> Total number of vehicles in administrative fleet in 2021-22; Total number of new light-duty unmodified administrative fleet vehicles purchased in 2021-22; and, Total number of ZEV or hybrid purchased in 2021-22. <p>Target: 75% (annual).</p> <p>Starting Point: In 2019-20, PHAC had 1 executive vehicle in its fleet, which was hybrid.</p> <p>Indicator: % of executive vehicle purchases that are ZEV or hybrid:</p> <ul style="list-style-type: none"> Total number of executive vehicles in fleet in 2021-22; Total number of new executive vehicles purchased in 2021-22; and, Total number of ZEV or hybrid purchases in 2021-22. <p>Target: 100% (annual).</p> <p>Indicator: % of administrative vehicles logged via telematics.</p> <p>Target: 100% (annual).</p> | |

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|--|--|--|--|---|---|
| | | | | <p>Indicator: Relevant indicators will be established following the development of a National Fleet Management Strategy that enables a fleet that is reliable, available, right-sized, and 'green'.</p> <p>Target: Strategy and supporting implementation plan developed by March 31, 2023.</p> | |
| By 2022, departments have developed measures to reduce climate change risks to assets, services, and operations. | Increase training and support on assessing climate change impacts, undertaking climate change risk assessments, developing adaptation actions to public service employees, and facilitate sharing of best practices and lessons learned. | Understand the wide range of climate change impacts that could potentially affect federal assets, services, and operations across the country. | <p>FSDS: Factoring climate variability and change into policies, programs, and operations is one of the most important ways the government can adapt to climate change and is consistent with the government's risk management approach of enhancing the protection of public assets and resources and strengthening planning and decision-making.</p> <p>SDG 13 - Climate Action.</p> <p>(Target 13.2)^{vi}</p> | <p>Starting Point: New initiative, consistent with the Federal Adaptation Policy Framework, PHAC will take action to understand the wide range of climate change impacts that could potentially affect federal assets, services, and operations through a climate change risk assessment.</p> <p>Indicator: % of site-specific climate change vulnerability and risk assessments completed on PHAC-owned fixed assets.</p> <p>Target: 100%</p> | PHAC Internal Services |
| | By 2021, adopt climate-resilient building codes being developed by National Research Council Canada. | Integrate climate change adaptation into the design, construction and operation aspects of real property projects. | <p>FSDS: Early adoption of the code in the construction of buildings demonstrates federal leadership in climate resilient buildings.</p> <p>SDG 13 - Climate Action.</p> <p>(Target 13.1)^{vii}</p> | <p>Indicator: % of real property projects where climate resilient building codes and NRC energy and building code requirements were integrated within the project design process.</p> <p>Target: 100% (annual).</p> | PHAC Internal Services |

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|---|---|---|---|--|---|
| Use 100% clean electricity by 2025. | Other. | Purchase megawatt hours of renewable electricity equivalent to that produced by the high-carbon portion of the electricity grid. This includes the use of renewable electricity generated on-site or purchased off-site. | <p>FSDS: The use of clean electricity eliminates GHG emissions in jurisdictions with emitting generation sources.</p> <p>SDG 7 - Affordable and Clean Energy.</p> <p>(Target 7.2)^{viii}</p> | <p>Indicator: New initiative, % of clean electricity:</p> <ul style="list-style-type: none"> Report on electricity consumption (kWh) in 2021-22; and, Report on electricity consumption (kWh) from non-emitting sources (including renewable energy certificates) in 2021-22. <p>Target: 100%.</p> | PHAC Internal Services |
| Actions supporting the Goal: Greening Government. | Minimize embodied carbon and the use of harmful materials in construction and renovation. | <p>Specification of low embodied carbon materials in major construction and renovation contracts.</p> <p>Note: Greening Government Strategy - Real Property Guidance has defined “major” as “Projects in which changes proposed to the building envelope and HVAC systems or the proposed value of work is more than 50% of</p> | <p>FSDS: The use of low embodied carbon materials expands the market and encourages industry to adopt low carbon extraction, production and disposal practices. This will reduce Scope 3 emissions and other harmful environmental impacts.</p> <p>SDG 12 - Responsible Consumption and Production.</p> <p>(Target 12.7)^{ix}</p> | <p>Indicator: New initiative, % of major construction projects in which embodied carbon in building materials was minimized.</p> <p>Target: PHAC will work to understand the impact and resource implications of integrating the measurement and reporting of embodied carbon on construction projects. A % target will be set during 2021-2022, subject to continued engagement with Public Service and Procurement Canada (PSPC), and development of a PSPC program for measuring and reporting on embodied carbons.</p> | PHAC Internal Services |

Supplementary Information Tables: 2021-22 Departmental Plan

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|----------------|--|---|---|--|---|
| | | the assessed value of the building.” | | | |
| | Other. | Encourage and facilitate the use of sustainable work practices. | <p>FSDS: Increased awareness of sustainable work practices could help to reduce the amount of GHG emissions produced by staff activities (e.g., encourage employees to consider less GHG intensive modes of transportation for business travel, or internalize SD-friendly consumer habits).</p> <p>SDG 13 - Take urgent action to combat climate change and its impacts (Target 13.2)^x</p> | <p>Indicator: PHAC will undertake 8 virtual outreach activities to employees, per FY, to raise awareness about climate change and to promote best practices and tools in support of Greening Government Objectives.</p> <p>Indicator: PHAC will undertake targeted outreach with employees, with the goal of establishing a Pan Regional SD Network to build capacity and share and promote best practices on sustainable workplace initiatives across the Agency.</p> <p>Indicator: By March 31, 2021 PHAC will develop a training tool on the Strategic Environmental Assessment process to build awareness and capacity at the Agency on the integration of SD considerations into plans, policies and programs.</p> | PHAC Internal Services |
| | Departments will use environmental criteria to reduce the environmental impact and ensure best value in government | Promote environmental sustainability by integrating environmental performance considerations into | FSDS: Green procurement incorporates environmental considerations into purchasing and is expected to motivate suppliers to reduce the environmental impact of the | <p>Starting Point: 100% in 2019-20.</p> <p>Indicator: % of procurement related documents, guides, and tools posted on PHAC's Materiel and Assets Management</p> | PHAC Internal Services |

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|----------------|-----------------------------|---|---|--|---|
| | procurement decisions. | departmental procurement process, including planning, acquisition, use and disposal, and ensuring there is the necessary training and awareness to support green procurement. | goods and services they deliver, and their supply chains. SDG 12 - Responsible Consumption and Production. (Target 12.7) ^{xi} | intranet site reviewed and updated to reflect green procurement objectives, where applicable. Target: 100% (annual). Starting Point: 100% in 2019-20. Indicator: % of office supply purchases that include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the supplies (excluding purchases made on acquisition cards). Target: 90% (annual). Starting Point: 100% in 2019-20. Indicator: % of Information Technology (IT) hardware purchases that include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the equipment (excluding laboratory and field equipment as well as purchases made on acquisition cards). | |

Supplementary Information Tables: 2021-22 Departmental Plan

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|----------------|---|---|--|--|---|
| | | | | Note: This is done in conjunction with Shared Services Canada and/or Public Services and Procurement Canada as the IT procurement authority. Target: 95% (annual). | |
| | Support for green procurement will be strengthened, including guidance, tools, and training for public service employees. | Ensure material management and specialists in procurement have the necessary training and awareness to support green procurement. | FSDS: Green procurement incorporates environmental considerations into purchasing and is expected to motivate suppliers to green their goods, services, and supply chains. SDG 12 - Responsible Consumption and Production. (Target 12.7) ^{xii} | Starting Point: 100% in 2019-20. Indicator: % of specialists in procurement and materiel management who have completed training on green procurement or have included it in their learning plan for completion within a year. Target: 100%. | PHAC Internal Services |

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

Responsible Minister: Minister of Environment and Climate Change; supported by a whole-of-government approach to implementation.

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|--|---|---|--|---|--|
| By 2030, reduce Canada's total 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 adaptation pillar of the Pan-Canadian Framework on Clean Growth and Climate Change by developing and advancing the Infectious Disease and Climate Change Program, including a Grants and Contributions Fund (the IDCC Fund), to prepare for and protect Canadians from climate-driven infectious diseases that are zoonotic (diseases that can be transmitted from animals and insects to humans), food-borne or water-borne. | <p>FSDS: The Infectious Disease and Climate Change Program addresses the impacts of climate change on human health by building and increasing access to infectious diseases evidence-base and developing and disseminating education and awareness resources. The IDCC Program and Fund will:</p> <ul style="list-style-type: none"> (i) Increase the knowledge base of the health risks associated with climate-driven infectious diseases, particularly within the health sector, communities and vulnerable populations; and, (ii) Enhance systems and/or tools to support decision-making and knowledge translation. <p>SDG 3: Ensure healthy lives and promote well-being for all at all ages.</p> <p>SDG 13: Take urgent action to combat climate change and its impacts.</p> | <p>Starting point: Baseline data will be established by 2020-21.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of meaningful partnerships/collaborations with organizations, including the Metis Nation, on climate change and emerging infectious diseases; and, • Number of new/enhanced systems and/or tools. <p>Target: Baseline Data to be established by March 31, 2021 and a target will be determined at that time.</p> | <p>PHAC</p> <p>Infectious Disease Prevention and Control Branch</p> <p>Foodborne and Zoonotic Diseases</p> |

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

Responsible Minister: Minister of Indigenous Services.

| FSDS target(s) | FSDS contributing action(s) | Corresponding departmental action(s) | Contribution by each departmental action to the FSDS goal and target | Starting point(s) Performance indicator(s) Target(s) | Program(s) in which the departmental actions will occur |
|----------------------|---|--|---|---|---|
| Clean Drinking Water | Take action to help ensure safe drinking water. | Implement <i>Potable Water onboard Trains, Vessels, Aircraft and Buses Regulations</i> (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. | FSDS: This action corresponds to the overall FSDS goal of clean drinking water for all Canadians. The implementation of Potable Water Regulations will ensure that passenger transportation operators are compliant with the regulations and the water on their transport is safe for travelling public consumption. | Starting point: 88% in 2013-14. Indicator: Percentage of inspected passenger transportation operators that meet public health requirements. Target: 95%. | PHAC Health and Security Infrastructure Branch - Border and Travel Health |

Transfer payment programs of \$5 million or more

3-year plan for Aboriginal Head Start in Urban and Northern Communities

| | |
|---|---|
| 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 | 2018-19 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

Provide culturally appropriate early childhood development programs for First Nations, Inuit, and Métis children and their families who live off-reserve in urban and northern communities.

Expected results

- Indigenous children and their families participate in Aboriginal Head Start in Urban and Northern Communities (AHSUNC) programs;
- Organizations from various sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants; and
- Children enrolled in AHSUNC experience developmental benefits in a context that celebrates Indigenous cultures and language.

Performance indicators:

- Number of children enrolled in the AHSUNC program;
- Percentage of AHSUNC sites that leverage multi-sectoral collaborations (i.e., have more than three types of partners); and,
- Percentage of sites offering activities (e.g. elder participation, storytelling, traditional ceremonies etc.) to increase Indigenous cultural knowledge.

Fiscal year of last completed evaluation

2016-17

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2021-22

General targeted recipient groups

- Indigenous community-based non-profit recipients; and,
- Organizations serving First Nations, Inuit, and Métis children and their families who live off-reserve in rural, remote, urban, and northern communities across Canada.

Initiatives to engage applicants and recipients

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

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 32,134,000 | 32,134,000 | 32,134,000 | 32,134,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 32,134,000 | 32,134,000 | 32,134,000 | 32,134,000 |

3-year plan for Border Testing/COVID-19 Border Measures

| | |
|---|---|
| Start date | 2020-21 |
| End date | 2021-22 |
| Type of transfer payment | Grants |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2020-21 |

Link to departmental result(s)

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

Rapid and accurate detection of infectious diseases and their causes is a core public health function. During an outbreak, public health stakeholders require the tools, expertise, and protocols to rapidly respond to, and contain, infectious disease from spreading. PHAC focused on making sure that these resources were available to facilitate early detection of outbreaks, as well as delivering a coordinated, timely, and effective response. This was particularly critical in early 2020, with the global outbreak of COVID-19.

Link to the department's Program Inventory

Communicable Disease and Infection Control

Purpose and objectives of transfer payment program

PHAC is implementing multiple pilot projects with the goal of determining the most effective risk assessment, testing and quarantine strategy and the following objectives:

- Determine the feasibility and risk/benefit of different testing approaches at the border, exploring different approaches for different groups;
- Determine whether certain characteristics other than testing approach (e.g. traveller occupation, country of origin, arrival via land/air) differentially impact feasibility and risk/benefit of testing approaches as border measures ; and,
- Assess resource use associated with a border testing regime, including administration, test volume, infrastructure, human resources, ongoing real-time analytic capacity to inform policy decisions, etc.

Expected results

Outputs / outcomes for these pilot projects include:

- Development of testing indicators as early warning systems;
- Ensure that testing strategies are evidence based;
- Expand existing lab capacity;
- Target testing programs to unscreened groups; and,
- Implementing state-of-the art laboratory methods and technologies.

Tentative Performance Indicators:

- Importation rate;
- Secondary cases associated with travelers;
- New knowledge on risk reduction associated with different testing approaches;
- Deployment of new population-based testing models;
- Provision of testing programs to potentially exposed populations including travelers; and,
- Value of implementation science.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

To be determined.

General targeted recipient groups

- Recipient groups include public, academic and private entities to develop and implement pilot projects.

Initiatives to engage applicants and recipients

Representatives from other governmental departments, industry, and labour are being consulted as needed. Provinces and territories are being engaged through existing public health governance tables and through bilateral discussions.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 59,801,980 | 6,000,000 | 0 | 0 |
| Total contributions | 0 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 59,801,980 | 6,000,000 | 0 | 0 |

3-year plan for Canada Prenatal Nutrition Program

| | |
|---|---|
| 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 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

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. This program 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.

Expected results

- Pregnant and postnatal women and their families facing conditions of risk participate in the Canadian Prenatal Nutrition Program (CPNP);
- Organizations from various sectors collaborate with CPNP projects to support the needs of participants; and,
- Pregnant and postnatal women and their families gain knowledge and build skills to support maternal, child, and family health.

Performance indicators:

- Number of CPNP program participants (pregnant women, postnatal women, and other parents/caregivers); and,
- Percentage of CPNP projects that leverage multi-sectoral collaborations (i.e., have more than three types of partners) to support pregnant women, postnatal women, and families facing conditions of risk.

Fiscal year of last completed evaluation

2015-16

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2020-21

General targeted recipient groups

- Non-profit organizations;
- Municipalities and local organizations; and,
- Other Indigenous organizations.

Initiatives to engage 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.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 27,189,000 | 27,189,000 | 27,189,000 | 27,189,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 27,189,000 | 27,189,000 | 27,189,000 | 27,189,000 |

3-year plan for Community Action Program for Children

| | |
|---|---|
| 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 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

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. This program also seeks to promote the creation of partnerships within communities and to strengthen community capacity to increase support for vulnerable children and their families.

Expected results

- Parents/caregivers and their children facing conditions of risk participate in Community Action Program for Children (CAPC) programs;
- Organizations from various sectors collaborate with CAPC projects to support the needs of participants; and,
- Parents/caregivers and their children gain knowledge and build skills to support maternal, child, and family health.

Performance indicators:

- Number of CAPC program participants (parents/caregivers and children 0–6 years);
- Percentage of CAPC projects that leverage multi-sectoral collaborations (i.e., more than three types of partners) to support the health needs of women, children 0–6 years, and families facing conditions of risk;
- Percentage of CAPC projects that have leveraged funds from other sources; and,
- Parents/caregivers participants report gaining knowledge and skill development to support maternal, child, and family health (as a result of program participation).

Fiscal year of last completed evaluation

2015-16

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2020-21

General targeted recipient groups

- Non-profit organizations,
- Municipalities and local organizations, and,

- Other Indigenous organizations.

Initiatives to engage 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

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 53,400,000 | 53,400,000 | 53,400,000 | 53,400,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 53,400,000 | 53,400,000 | 53,400,000 | 53,400,000 |

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.

3-year plan for the Healthy Canadians and Communities Fund, formerly known as the Healthy Living and Chronic Disease Prevention - Multi-Sectoral Partnerships

| | |
|---|---|
| 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 | 2013-14 |

Link to departmental result(s)

Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory

Chronic Disease Prevention

Purpose and objectives of transfer payment program

The Healthy Canadians and Communities Fund (HCCF), formerly known as the Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships (MSP) program, aims to improve the health of, and reduce health inequalities among, priority populations at greater risk of the main chronic diseases of diabetes, cardiovascular disease, and cancer. The objectives of the program are to invest in interventions that address health inequalities, encourage multi-sectoral participation in chronic disease prevention, and uncover new ways to address risk factors, namely physical inactivity, unhealthy eating, and tobacco use. Funded interventions focus on improving these health behaviours known to prevent chronic disease and creating environments that enable ongoing healthy choices.

The HCCF focuses on priority populations that face health inequalities, given that some groups of Canadians are more affected by chronic diseases than others due to differences in gender, income, education, and other determinants of health. Health Equity is also a core principle of the HCCF approach to addressing health inequalities in populations at greater risk of chronic disease. The HCCF requires the application of a Gender-based Analysis Plus (GBA+) framework to ensure health equity is considered among sub-populations within a target population in funded projects.

Expected results

- Target populations participate in healthy living and chronic disease prevention interventions;
- Project participants have the knowledge, skills, or ability to support ongoing healthy behaviours;
- Environments (social and/or physical) are improved to support ongoing healthy behaviours;
- Project participants have improved health behaviours; and,
- Project participants have improved health.

Performance indicators:

- Percentage of project participants that improve health status;
- Percentage of project participants that improve health behaviours;
- Percentage of project participants who agree they have improved access to physical/built environments that support healthy living;
- Percentage of project participants who report social environments are improved to support ongoing healthy behaviour;
- Percentage of project participants demonstrating knowledge of chronic disease or risk/protective factors;

- Percentage of project participants demonstrating skills/ability to support healthy behaviour;
- Number of individuals participating in interventions - cumulative reach; and,
- Percentage of target population participating.

Fiscal year of last completed evaluation

2019-20

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and non-profit corporations;
- Unincorporated groups, societies, and coalitions;
- Provincial, territorial, regional, municipal governments and agencies;
- Organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, schools, and post-secondary institutions); and,
- National, provincial, and community-based Indigenous organizations, including band councils; and,
- Private sector organizations.

Initiatives to engage applicants and recipients

Open solicitations posted on PHAC's website and targeted solicitations are utilized to attract potential applicants. Stakeholders are engaged to inform potential program and solicitation priorities. A variety of forums will be used to share learnings from funded projects (e.g., key learnings and evaluation results).

Financial information (dollars)

| Type of transfer payment | 2020-21 forecast spending | 2021-22 planned spending | 2022-23 planned spending | 2023-24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 2,749,000 | 2,749,000 | 2,749,000 | 2,749,000 |
| Total contributions | 19,697,000 | 19,697,000 | 19,697,000 | 19,697,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 22,446,000 | 22,446,000 | 22,446,000 | 22,446,000 |

3-year plan for HIV and Hepatitis C Community Action Fund

| | |
|---|---|
| Start date | 2005-07 |
| End date | Ongoing |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory

Communicable Diseases and Infection Control

Purpose and objectives of transfer payment program

Purpose: To reduce rates of sexually transmitted and blood-borne infections (STBBI) in Canada.

Objective(s):

- Increase knowledge of effective HIV, hepatitis C, and/or related STBBI interventions and prevention evidence;
- Increase access to health and social services for priority populations;
- Strengthen capacity (e.g., skills, competencies, and abilities) of priority populations, and target audiences to prevent infections and improve health outcomes;
- Enhance the application of knowledge in community-based interventions; and,
- Increase uptake of behaviours that prevent the transmission of HIV, hepatitis C, and/or related STBBI.

Expected results

Projects funded at the national and regional levels will result in:

- Increased knowledge of effective HIV, hepatitis C, and/or related STBBI interventions and prevention evidence;
- Increased access to health and social services for priority populations;
- Strengthened capacity (e.g., skills, competencies, and abilities) of priority populations and target audiences to prevent infection and improve health outcomes;
- Enhanced application of knowledge in community-based interventions; and,
- Increased uptake of behaviours that prevent the transmission of HIV, hepatitis C, and/or other STBBI.

Performance indicators:

- Percentage of respondents from target audiences who reported an increase in knowledge of effective HIV, hepatitis C, and/or related STBBI interventions and prevention evidence;
- Percentage of respondents from priority populations who reported increased access and/or intention to access health, social, and support services;
- Percentage of respondents who reported increased capacity (e.g., skills, competencies, and abilities) to prevent infection and improve health outcomes;
- Percentage of respondents from target audiences who reported having enhanced their application of knowledge in community-based interventions; and,
- Percentage of respondents from priority populations who reported the adoption of, or intention to adopt, personal behaviours that prevent the transmission of HIV, hepatitis C, and/or other STBBI.

Fiscal year of last completed evaluation

2018-19

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- Canadian not-for-profit voluntary organizations; and,
- corporations; societies and coalitions

Initiatives to engage applicants and recipients

Applicants and recipients are engaged through performance measurement, evaluation processes, and regular meetings with stakeholders involved in the prevention and control of communicable diseases.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 8,609,000 | 8,084,000 | 8,084,000 | 8,084,000 |
| Total contributions | 18,335,000 | 18,335,000 | 18,335,000 | 18,335,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 26,944,000 | 26,419,000 | 26,419,000 | 26,419,000 |

3-year plan for Immunization Partnership Fund

| | |
|---|---|
| Start date | 2016-17 |
| End date | 2022-23 |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2012-13 |

Link to departmental result(s)

Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory

Vaccination

Purpose and objectives of transfer payment program

Purpose: In the context of the COVID-19 pandemic, the purpose of the Immunization Partnership Fund (IPF) is supporting uptake and confidence in COVID-19 vaccines by focusing on two areas: capacity building for health care providers, and community-based COVID-19 education, promotion, and outreach.

Objective(s): The objective of this program is to improve vaccination coverage and vaccine preventable disease rates in Canada.

Expected results

Stakeholders have access to information and tools to improve vaccination coverage rates and control health risks associated with vaccine preventable diseases, namely COVID-19.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations; unincorporated groups, societies, and coalitions;
- Provincial/territorial, regional and municipal governments;
- Indigenous organizations;
- Organizations and institutions supported by provincial/territorial governments (e.g., regional health authorities, schools, and post-secondary institutions, etc.); and,
- Applicants deemed capable of conducting activities that meet the scope, objectives, and priorities of the IPF.

Initiatives to engage applicants and recipients

Starting in January 2021, national, regional, and local organizations, as well as provinces and territories, will be invited to submit proposals aligning with the IPF's two streams of activities, which include:

- Capacity building for health care providers – interventions that provide tools, training, and evidence-based information to promote and counsel individuals on the importance of COVID-19 vaccines and other vaccines; and
- Community-based COVID-19 education, promotion, and outreach – interventions to help Canadians understand the importance of vaccination, feel confident in receiving vaccines, and know where/how to access them.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 9,851,000 | 29,500,000 | 29,000,000 | 0 |
| Total contributions | 1,623,241 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 11,474,241 | 29,500,000 | 29,000,000 | 0 |

3-year plan for Indigenous Early Learning and Child Care Transformation Initiative

| | |
|---|---|
| Start date | 2018-19 |
| End date | 2027-28 |
| Type of transfer payment | Contribution (as part of Horizontal Initiative led by Employment and Social Development Canada) |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Results 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

Purpose: The Indigenous Early Learning and Child Care (IELCC) Transformation Initiative supports the implementation of the co-developed Indigenous Early Learning and Child Care Framework. This framework reflects the unique cultures and priorities of First Nations, Inuit, and Métis children across Canada.

Objective(s): The Initiative enables greater control in IELCC through a new partnership model to facilitate Indigenous-led decision making to advance national and regional priorities.

Employment and Social Development Canada (ESDC) is the federal focal point guiding this horizontal initiative, with Indigenous Services Canada (ISC) and PHAC as key federal partners.

Expected results

The IELCC Transformation Initiative will contribute to the shared objective of providing high quality early learning and childcare services that are also affordable, flexible, and inclusive, as outlined in Infrastructure Canada's Horizontal Management Framework.

The IELCC Transformation Initiative will contribute to achieving expected results through reporting on the number of quality improvement projects funded that for example: enable the development of curriculum content incorporating Indigenous traditions, cultures and languages; build community, administration, professional capacity, and centres of expertise; and support staff training and other activities that will enhance access to high quality IELCC.

Targets will be determined with Indigenous partners.

The IELCC Transformation Initiative will also demonstrate progress on the shared outcome through reporting on the number of children accessing culturally appropriate and inclusive IELCC, with the target to be determined with PHAC (baseline 4,600 children).

Performance indicators:

- Number of participants reached;
- Percentage of AHSUNC sites offering activities (e.g., elder participation, storytelling, traditional ceremonies, etc.) to increase Indigenous cultural knowledge;

- Percentage of participants/parents/children who experience improved protective factors as a result of programming (e.g. access to cultural activities); and,
- Percentage of participants/caregivers that report that their child's health and wellbeing has improved as a result of programming.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- Targeted recipients include existing AHSUNC recipients alongside distinctions-based (First Nations, Metis, and Inuit) providers of IELCC.

Initiatives to engage applicants and recipients

The co-developed IELCC Framework was informed by comprehensive engagement including over 100 engagement activities and 3,000 participants across Canada. This process was jointly led by ESDC and National Indigenous Organizations in 2017.

In implementing this framework through horizontal collaboration, PHAC's AHSUNC-IELCC Partnership Strategy guides engagement with applicant and recipient partners. This active and ongoing outreach supports partners' involvement in existing IELCC processes to contribute to holistic, Indigenous-led decision outcomes, including the development of allocation methodologies, results-based frameworks, and future priority setting.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 14,367,557 | 3,293,272 | 4,000,000 | 4,000,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 14,367,557 | 3,293,272 | 4,000,000 | 4,000,000 |

3-year plan for International Health Grants Program

| | |
|---|---|
| Start date | 2008-09 |
| End date | Ongoing |
| Type of transfer payment | Grants and assessed contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2013 to Ongoing (Terms and Conditions were updated in 2013) |

Link to departmental result(s)

- Result 1.1: Canadians have improved physical and mental health;
- Result 1.2: Canadians have improved health behaviours;
- Result 1.3: Chronic diseases are prevented; and,
- Result 2.1: Infectious diseases are prevented and controlled.

Link to the department's Program Inventory

- Chronic Disease Prevention;
- Evidence for Health Promotion;
- Chronic Disease Injury Prevention;
- Communicable Disease and Infection Control; and,
- Foodborne and Zoonotic Diseases.

Purpose and objectives of transfer payment program

Purpose: The purpose of this program is to facilitate the Health Portfolio's international engagement to advance Canada's health priorities at home and abroad through knowledge transfer and capacity building; strengthen relationships with international partners; and promote increased awareness and understanding of current and emerging global health issues to inform policy and program development.

Objective(s):

- Identify, assess and promote approaches, models, and best practices that respond to Canada's global health priorities and international commitments;
- Increase knowledge on current and emerging global health issues to inform policy and program development and contribute to improving health outcomes within and outside Canada;
- Increase collaboration and strengthen relationships with key partners and stakeholders on global health issues of importance to the Health Portfolio;
- Support Canada's participation in select multilateral organizations in line with Canada's international health commitments and obligations;
- Strengthen Canada's leadership on global health and ensure that Canada's priorities are reflected in the international health agenda; and
- Enhance global health capacity/participation in areas directly related to Government of Canada foreign policy objectives.

Expected results

Immediate Results:

- Increased awareness and knowledge of global health issues, approaches, models, and best practices; and greater adoption/use of acquired knowledge and information; and,
- Improved intersectoral collaboration and decreased domestic and international barriers to enable the implementation of effective international responses to global health issues.

Intermediate & Long Term Results:

- Health Portfolio interests and priorities are reflected within the work plans of partner organizations;
- Improved international capacity/participation in addressing priority global health issues;
- Strengthened/reinforced government policies, programs, strategies and policy options; and,
- Improved health outcomes for Canadians.

Fiscal year of last completed evaluation

2013-14

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

Funding will be covered under three separate evaluations:

- 2022-23 (Foodborne and Zoonotic Diseases);
- 2023-24 (Sexually Transmitted and Blood-Borne Infections); and,
- 2024-25 (Multi-sectoral Partnerships).

General targeted recipient groups

- International entities (i.e. bilateral and multilateral international organizations and institutions with established relationships with Canada, such as the World Health Organization [WHO] and the Pan American Health Organization [PAHO]); and Canadian not-for-profit organizations and institutions, including academic and research-based institutions.

Note: The International Health Grants Program does not provide international assistance to national governments or health institutions. In addition to project funding, the International Health Grants Program pays assessed contribution to the WHO Framework Convention on Tobacco Control (FCTC), which is reported under the Federal Tobacco Control Strategy Horizontal Initiative led by Health Canada.

Initiatives to engage applicants and recipients

International health grants are provided to support Canada's leadership at various multilateral fora and to strengthen Canada's relationships with strategic partners who advance the Health Portfolio's global health interests. Funded recipients are expected to implement international projects and initiatives facilitating knowledge generation and uptake (e.g., applied research) and supporting international capacity building (e.g., the development of food safety regulatory frameworks in developing countries).

As a reporting requirement, international recipients are expected to submit a final report within thirty (30) days of the end of a project, outlining whether the intended deliverables of the grant have been achieved. Final reports are assessed to determine whether program objectives have been met. In the final reports, international organizations indicate the various performance measurement strategies they have used to internally measure the achievement of project results.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 76,880,050 | 1,180,000 | 1,180,000 | 1,180,000 |
| Total contributions | 0 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 76,880,050 | 1,180,000 | 1,180,000 | 1,180,000 |

3-year plan for National Collaborating Centres for Public Health

| | |
|---|---|
| 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 | 2018-19 |

Link to departmental result(s)

- Result 1.1: Canadians have improved physical and mental health;
- Result 1.2: Canadians have improved health behaviours;
- Result 1.3: Chronic diseases are prevented;
- Result 2.1: Infectious diseases are prevented and controlled;
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively;
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively;
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced; and,
- Result 3.3: Public health risks associated with travel are reduced.

Link to the department's Program Inventory

- Evidence for Health Promotion and Chronic Disease and Injury Prevention;
- Communicable Diseases and Infection Control;
- Foodborne and Zoonotic Diseases; and,
- Emergency Preparedness and Response.

Purpose and objectives of transfer payment program

Purpose: As one of the three pillars used to create the Agency in response to the Severe Acute Respiratory Syndrome (SARS) outbreak, the National Collaborating Centres for Public Health (NCCPH) program raises the public health system capacity in Canada by improving the ability of research to be applied and implemented in public health settings.

Objective(s): Promote evidence-informed decision-making by public health practitioners and policy makers across Canada. The National Collaborating Centres (NCCs) synthesize and share knowledge in ways that are useful and accessible to public health stakeholders.

Expected results

- Public health partners work collaboratively to address existing and emerging public health issues;
- Public health organizations participate in collaborative networks and processes; and,
- Public health professionals and partners have access to reliable, actionable public health data and information.

Performance indicators:

- The number and types of activities undertaken that identify research knowledge gaps;
- The number and types of products and activities created and disseminated; and,
- The number of collaborations to address emerging public health issues.

Fiscal year of last completed evaluation

2018-19

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- Six centres focusing on public health areas (e.g., Indigenous, environment, determinants of health, infectious diseases, policy, and evidence-based knowledge); and,
- Public health priorities of host organizations in non-profit, academic, and local/provincial government settings.

Initiatives to engage applicants and recipients

There are currently no initiatives in place to engage applicants and recipients as a solicitation was finalized in 2019. Contribution agreements with recipients will be renewed in 2028. Workplans are reviewed and approved annually.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 5,842,000 | 5,842,000 | 5,842,000 | 5,842,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 5,842,000 | 5,842,000 | 5,842,000 | 5,842,000 |

3-year plan for the Dementia Strategic Fund and Public Health Surveillance and Data funding

| | |
|---|---|
| Start date | 2019-20 |
| End date | 2023-24 |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018 |

Link to departmental result(s)

- Result 1.1: Canadians have improved physical and mental health;
- Result 1.2: Canadians have improved health behaviours; and,
- Result 1.3: Chronic diseases are prevented.

Link to the department's Program Inventory

- Health Promotion;
- Evidence for Health Promotion; and,
- Chronic Disease and Injury Prevention.

Purpose and objectives of transfer payment program

Purpose: This transfer payment program will support the implementation of Canada's first national dementia strategy.

It is estimated more than 432,000 Canadians were living with diagnosed dementia in 2016-17, two-thirds of whom are women. Nine seniors are diagnosed with dementia every hour. As Canada's population ages, it is expected that the number of people living with dementia could almost double in the next 20 years. The total annual health care costs and out-of-pocket caregiver costs for Canadians living with dementia is projected to double from \$8.3 billion in 2011 to \$16.6 billion by 2031.

Objective(s): This program will support the vision of a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood, and effectively treated.

Funding will support the development and implementation of targeted awareness raising activities, the development and/or dissemination of dementia guidance, including guidelines and best practices, and an online portal to share information resources with the general public and targeted audiences. Funding for public health surveillance and data will support the enhancement and expansion of data and the development of new evidence to address priority evidence gaps related to dementia.

Expected results

- Targeted populations gain resources, knowledge and/or skills;
- Targeted populations have improved health behaviours;
- Evidence is accessed by stakeholders;
- Evidence is used by stakeholders; and,
- Evidence-informed public health action is implemented across sectors to improve the health of Canadians.

Performance indicators:

- Percentage of targeted populations who gain knowledge and/or skills;
- Percentage of targeted populations who improve their health behaviours;
- Number of sessions an evidence product was accessed;
- Percentage of stakeholders using evidence;
- Percentage stakeholders reporting overall satisfaction with evidence; and,
- Nature of evidence-informed action on public health.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- Indigenous organizations working with First Nations, Inuit, and Métis peoples, and for-profit organizations;
- Unincorporated groups, societies and coalitions;
- Provincial, territorial, regional, and municipal governments and agencies;
- Organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities/councils, schools, post-secondary institutions, hospitals, etc.).

Initiatives to engage applicants and recipients

Awareness raising:

Recipients will be engaged through a mix of open, directed, and/or targeted solicitations. Funding recipients are expected to deliver culturally appropriate and culturally safe information, resources, tools, and/or events to raise Canadians' awareness of dementia.

Dementia guidance:

Recipients will be engaged through a mix of open and/or targeted solicitations. Funding recipients are expected to support access to and use of dementia guidance including guidelines and best practices for dementia diagnosis, treatment, and care, including by health professionals and care providers.

Public health surveillance and data:

Recipients of funding for public health surveillance and data activities are expected to generate evidence that may be used by decision-makers, public health, and care planners at the federal, provincial/territorial, and regional level(s) to inform their dementia programming and service delivery to better meet the needs of people living with dementia and their caregivers.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 6,521,066 | 7,086,867 | 7,588,857 | 7,397,357 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 6,521,066 | 7,086,867 | 7,588,857 | 7,397,357 |

3-year plan for Pan-Canadian Suicide Prevention Service

| | |
|---|---|
| Start date | 2020-21 |
| End date | Ongoing |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

Purpose: Supporting the implementation and sustainability of a pan-Canadian suicide prevention service.

Objective(s): The pan-Canadian suicide prevention service will provide people across Canada with access to 24/7/365 bilingual crisis support from trained responders, using the technology of their choice: voice, text, or chat. Please note that the chat modality may not be available until 2022.

Expected results

- Responders are trained and equipped with resources, knowledge, and skills to appropriately respond to service users;
- Partnerships are in place to ensure reach across Canada to meet diverse needs; and,
- People living anywhere in Canada can access a pan-Canadian suicide prevention service.

Performance indicators:

- Percentage of service responders trained on standard tools & resources; and,
- Number of service interactions compiled by modality (i.e., call, text, and chat), region, gender, age range, and official language.²

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;

² Data will be collected where possible, but may not be available for all identity factors within each modality. As of early 2021, the service is available by phone (24/7) and by text (evenings). Data collection will become more robust over time once the service is fully operational. The service is being implemented using a phased-in approach; text and chat modalities will be available, 24/7, in English and French, by March 2023.

- For-profit organizations; organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities/councils, schools, post-secondary institutions, hospitals, etc.); and,
- Indigenous organizations working with First Nations, Inuit, or Métis peoples, including Modern Treaty Rights Holders.

Initiatives to engage applicants and recipients

N/A

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 5,526,000 | 6,267,000 | 4,267,000 | 4,267,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 5,526,000 | 6,267,000 | 4,267,000 | 4,267,000 |

3-year plan for ParticipACTION

| | |
|---|---|
| Start date | 2018-19 |
| End date | 2022-23 |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory

Chronic Diseases Prevention

Purpose and objectives of transfer payment program

Support ParticipACTION's^{xiii} "Let's Get Moving" initiative to encourage and support Canadians to get active and help promote healthier lifestyles among children, youth, and families across the country.

Expected results

- Target populations participate in healthy living and chronic disease prevention interventions;
- Project participants have the knowledge, skills or ability to support ongoing healthy behaviours; and,
- Environments (e.g., social and/or physical) are improved to support ongoing healthy behaviours.

Performance indicators:

- Number of individuals participating in interventions - cumulative reach;
- Percentage of target population participating;
- Number of project participants demonstrating knowledge of chronic disease protective factors (e.g., physical activity); and,
- Number of project participants that improve health behaviours (e.g., increase in physical activity).

Fiscal year of last completed evaluation

2019-20

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- ParticipACTION will work with its many partners, including sport, physical activity, recreation organizations, government, and corporate sponsors, to coordinate and implement the activities associated with this initiative across Canada.

Initiatives to engage applicants and recipients

ParticipACTION progress reports are delivered quarterly (in-year), and annually to PHAC. PHAC uses these to review the project's progress, including the budget and work plan activities. Revisions to plans are made as required based on these submitted reports. Ad-hoc reports are produced in relation to the development of new or specific elements of the "Let's Get Moving" initiative to ensure activities remain

within the approved scope of the project. Representatives from PHAC participate as observers on the ParticipACTION Advisory Network, which meets three times annually.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|--|---|---|---|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 5,000,000 | 5,000,000 | 5,000,000 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 5,000,000 | 5,000,000 | 5,000,000 | 0 |

3-year plan for Preventing Gender-Based Violence: the Health Perspective

| | |
|---|---|
| Start date | 2017-18 |
| End date | Ongoing |
| Type of transfer payment | Grant and Contribution (as part of the Horizontal Initiative led by Department for Women and Gender Equality) |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

- Result 1.1: Canadians have improved physical and mental health; and,
- Result 1.2: Canadians have improved health behaviours.

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

The [Preventing Gender-Based Violence: the Health Perspective Program](#)^{xiv} invests in initiatives to prevent teen dating violence and child maltreatment, and equips health and social service professionals to respond safely and effectively to gender-based violence. This program is part of the Government of Canada's Strategy to Prevent and Address Gender-Based Violence.

Objective(s):

- Supporting the delivery and evaluation of diverse initiatives, develop and share knowledge of effective approaches to prevent child maltreatment and dating violence among teens/youth; and,
- Equip health and allied professionals to recognize, prevent, and respond safely and effectively to gender-based violence.

Expected results

- Program participants enhance knowledge, skills, attitudes, and behaviour related to gender-based violence;
- Professionals/organizations provide enhanced support for those affected by or at risk of gender-based violence;
- Experiences of youth/teen dating violence and child maltreatment decrease; and,
- Policies and programs are informed by evidence from effective interventions to prevent youth/teen dating violence and child maltreatment.

Performance indicators³:

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of projects reporting increased knowledge and/or skills amongst participants;
- Percentage of projects reporting positive changes in behaviour amongst participants;
- Percentage of projects sustained post-PHAC funding;
- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders using evidence; and,

³ Frequency of reporting varies depending on the indicator, data collection and methodology and results may not necessarily be reported annually. Some results may not be available until the Final Project Reports or until after project completion.

- Nature of incorporation of evidence into policies, programs and practices.

Note: Due to the nature of the intervention research and evaluation plans of the funded projects, some results may not be available until the final project reports (2023-24).

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2021-22

General targeted recipient groups

- Non-profit organizations (e.g., charities, foundations, non-governmental organizations, universities, research institutions, health-related entities) and other societies;
- Not-for-profit voluntary organizations and corporations;
- For profit organizations;
- Unincorporated groups, societies, and coalitions; provincial/territorial, regional and municipal governments and agencies; organizations and institutions supported by provincial/territorial governments (e.g., regional health authorities, schools, post-secondary institutions, etc.); and,
- Indigenous organizations.

Initiatives to engage applicants and recipients

Applicants were engaged through open, targeted, and directed calls for proposals. Recipients participate in a facilitated community of practice that connects and supports funded projects.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 500,00 | 500,000 | 500,000 | 500,000 |
| Total contributions | 8,450,000 | 8,575,000 | 7,925,000 | 7,750,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 8,950,000 | 9,075,000 | 8,425,000 | 8,250,000 |

3-year plan for Safe Voluntary Isolation Sites Program

| | |
|---|---|
| Start date | 2020-21 |
| End date | 2021-22 |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2006-07 |

Link to departmental result(s)

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

Link to the department's Program Inventory

Infectious Disease and Chronic Disease Prevention

Purpose and objectives of transfer payment program

The Safe Voluntary Isolation Sites Program (SVISP) aims to decrease community transmission of COVID-19 by addressing gaps identified for individuals who are unable to safely self-isolate due to housing conditions.

Expected results

- Increase the availability and accessibility of voluntary isolation site(s);
- Ensure the safety of individuals making use of voluntary isolation site(s); and,
- Support integration of voluntary isolation site(s) into relevant COVID-19 prevention and control efforts, as necessary.

Performance Indicators:

- Number of individuals who accessed the isolation site;
- Average length of time that individuals stayed at the isolation site (in days);
- Number of COVID-19 positive individuals who used the isolation site;
- Number of individuals working at the isolation sites who received IPAC staff training; and,
- Number of interactions with recipients through the Community of Practice.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

The timing for the evaluation will be determined during the development of the next Departmental Evaluation Plan.

General targeted recipient groups

- Eligible recipients include provincial, territorial, local governments and their agencies; and,
- Organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, etc.).

Initiatives to engage applicants and recipients

Applicants are engaged through a targeted call for proposals. Recipients are invited to participate through an established Community of Practice that connects and supports funded projects.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 49,500,000 | 49,500,000 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 49,500,000 | 49,500,000 | 0 | 0 |

3-year plan for Sero-Surveillance Consortium

| | |
|---|---|
| Start date | 2020-21 |
| End date | 2021-22 |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2020 |

Link to departmental result(s)

Results 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory

- Evidence for Health Promotion, and Chronic Disease and Injury Prevention;
- Communicable Diseases and Infection Control;
- Foodborne and Zoonotic Diseases; and,
- Emergency Preparedness and Response.

Purpose and objectives of transfer payment program

Purpose: To provide research bodies with the resources they need to gain a better understanding of COVID-19, and thus enhance information on the degree of immunity to COVID-19 to inform Canadian and global public health science, policy, and healthcare responses.

Objective(s): The COVID-19 Immunity Task Force (CITF) is coordinating national serological surveillance studies and special supplemental research studies across Canada. These studies are providing an understanding of the degree of immunity to COVID-19 in the general population and in high-risk subpopulations, as well as insights into the SARS-CoV-2 virus itself. The CITF is mandated through its Leadership Group and Executive Committee to mobilize SARS-CoV-2 serological studies and vaccine surveillance studies. It also recommends projects to PHAC for funding under PHAC's Sero-Surveillance and Research CITF Program. Based on decisions by the CITF Leadership Group and Executive Committee, PHAC manages these recommended projects through Grants and Contributions funding agreements.

Expected results

Enhanced knowledge of COVID-19 transmission, status of COVID-19 immunity in Canada, information on vaccine safety and efficacy, and improved capabilities to respond to the evolving COVID-19 pandemic.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

The timing of the evaluation will be determined during the development of the next Departmental Evaluation Plan.

General targeted recipient groups

- Other government departments, universities, hospitals, NGOs, experts in public health, and provincial/territorial and local public health officials and organizations; and,
- A wide array of relevant stakeholders/communities across Canada.

Initiatives to engage applicants and recipients

The CITF secretariat's targeted communications, targeted outreach actions, and CITF website are used as the principal platform for information and applications. Engagements with a wide range of relevant stakeholders is also utilized in attention to direct solicitation via public health networks from within Canada.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 69,078,320 | 94,083,060 | 0 | 0 |
| Total contributions | 56,620,945 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 125,699,265 | 94,083,060 | 0 | 0 |

3-year plan for Strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fund)

| | |
|---|--|
| Start date | 2017-18 |
| End date | Ongoing |
| Type of transfer payment | Grants and Contributions (as part of the Horizontal Initiative led by Health Canada) |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Results 2.1: Infectious diseases are prevented and controlled.

Link to the department's Program Inventory

Communicable Diseases and Infection Control

Purpose and objectives of transfer payment program

Purpose: The Canadian Drugs and Substances Strategy (CDSS) formally restores harm reduction as a pillar of federal drug and substance use policy, alongside the existing prevention, treatment, and enforcement pillars, supported by a strong, modern evidence base across all pillars. The public health focus on the CDSS, along with the inclusion of harm reduction as a core pillar of the strategy, will better enable the Government to address the current opioid crisis, and to work toward preventing the emergence of new challenges in substance abuse.

Objective: The objective of the strategy is to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities.

Expected results

Reduction in risk-taking behaviours among drug or substance users.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2022-23

General targeted recipient groups

- Federal/Provincial/Territorial stakeholders; and,
- People with lived and living experience with substance use.

Initiatives to engage applicants and recipients

Current federal/provincial/territorial engagement is achieved through a number of federal/provincial/territorial mechanisms, including the federal/provincial/territorial Committee on Problematic Substance Use and Harms that is co-chaired by Health Canada and the Province of British Columbia. Secretariat support for the CDSS is provided by the Controlled Substances Directorate within Health Canada.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 3,500,000 | 3,500,000 | 3,500,000 | 3,500,000 |
| Total contributions | 3,500,000 | 3,500,000 | 3,500,000 | 3,500,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 7,000,000 | 7,000,000 | 7,000,000 | 7,000,000 |

3-year plan for Supporting the Health of Survivors of Family Violence

| | |
|---|---|
| Start date | 2015-16 |
| End date | Ongoing |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

- Result 1.1: Canadians have improved physical and mental health; and,
- Result 1.2: Canadians have improved health behaviours.

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

Purpose: The [Supporting the Health of Survivors of Family Violence](#)^{xv} Program invests in the delivery and testing of health promotion programs for survivors, and equips health and allied professionals to respond safely and effectively to family violence, including intimate partner violence, child maltreatment, and elder abuse.

Objective(s):

- Develop and share knowledge of effective approaches to support the health of survivors of family violence through community programs; and,
- Equip health and allied professionals to respond safely and effectively to family violence.

Expected results

- Survivors of violence use new knowledge and skills to improve their health;
- Organizations use integrated trauma-informed, health promotion approaches to support survivors of violence; and,
- Professionals use knowledge of effective programs and approaches to safely and effectively support survivors of violence.

Performance indicators⁴:

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of projects reporting increased knowledge and/or skills amongst participants;
- Percentage of projects reporting positive changes in behaviour amongst participants;
- Percentage of projects reporting improved wellbeing amongst participants;
- Percentage of projects sustained post-PHAC funding;
- Number and type of evidence products (e.g., surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders using evidence; and,
- Nature of incorporation of evidence into policies, programs, and practices.

Note: Due to the nature of the intervention research and evaluation plans of the funded projects, some results may not be available until the final project reports (2021-22).

⁴ Frequency of reporting varies depending on the indicator, data collection and methodology and results may not necessarily be reported annually. Some results may not be available until the Final Project Reports or until after project completion.

Fiscal year of last completed evaluation

2019-20

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Non-profit organizations (for example, charities, foundations, non-governmental organizations, universities, research institutions, health-related entities); and other societies;
- Not-for-profit voluntary organizations and corporations; for profit organizations; unincorporated groups, societies, and coalitions;
- Provincial/territorial, regional and municipal governments and agencies;
- Organizations and institutions supported by provincial/territorial governments (e.g., regional health authorities, schools, post-secondary institutions, etc.); and,
- Indigenous organizations.

Initiatives to engage applicants and recipients

Applicants were engaged through open, targeted and directed calls for proposals. Recipients participate in a facilitated community of practice that connects and supports funded projects.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 5,300,000 | 5,300,000 | 5,300,000 | 5,300,000 |
| Total contributions | 950,000 | 950,000 | 950,000 | 950,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 6,250,000 | 6,250,000 | 6,250,000 | 6,250,000 |

Transfer payment programs for under \$5 million

3-year plan for Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations

| | |
|---|--|
| Start date | 2019-20 |
| End date | 2021-22 |
| Type of transfer payment | Contribution (as part of the Horizontal Initiative led by Health Canada) |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2014-15 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Evidence for Health Promotion, Chronic Disease and Injury Prevention

Purpose and objectives of transfer payment program

In Canada, the dramatic and increasing number of overdoses and deaths related to the use of opioids is a national public health crisis. This funding opportunity will help address evidence gaps to better understand the public health impacts of the opioid crisis among select Indigenous populations.

Expected results

Increased evidence base to shape promotion of population health policy and practice.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2022-23

General targeted recipient groups

- Indigenous organizations with technical capacity and content expertise and/or eligible organizations with technical capacity, content expertise and established good working relationships with Indigenous organizations (to ensure Indigenous rights to ownership, control, access, and possession of their data are respected).

Initiatives to engage applicants and recipients

Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually, until their close.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 1,000,000 | 1,000,000 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 1,000,000 | 1,000,000 | 0 | 0 |

3-year plan for Addressing the Challenges Faced by Black Canadians

| | |
|---|---|
| Start date | 2018-19 |
| End date | 2023-24 |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2016-17 |

Link to departmental result(s)

Result 1.1: Canadians have improved mental and physical health

Link to the department's Program Inventory

Chronic Disease Prevention

Purpose and objectives of transfer payment program

The new Promoting Health Equity: Mental Health of Black Canadians Fund will support Black Canadians to develop more culturally focused knowledge, capacity, and programs to improve mental health in their communities. This program will also:

- Increase understanding of the unique barriers to and social determinants of mental health for Black Canadians;
- Increase knowledge of effective, culturally focused approaches and programs for improving mental health and addressing its key social determinants for Black Canadians, including a focus on youth and their family, and community environments; and,
- Increase capacity within Black Canadian communities to address barriers to mental health.

Expected results

- Target populations participate in healthy living and chronic disease prevention interventions;
- Social environments are improved to support ongoing healthy behaviours;
- Project participants have the knowledge, skills, or ability to support ongoing healthy behaviours;
- Project participants have improved health; and,
- Innovative interventions and new models of public health are identified and shared.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Funded projects must be led by or developed in close collaboration with Black Canadian community groups, not-for-profit organizations, and/or researchers.

Initiatives to engage applicants and recipients

PHAC is coordinating activities to build capacity of funded organizations in areas such as research ethics, Sex and Gender-Based Analysis Plus, and mental health indicators. PHAC has also established a Mental Health of Black Canadians Working Group to provide strategic guidance on the funding program. PHAC

is also facilitating the building of a network to ensure that Black Canadian communities can sustain the momentum built by the Fund once the initiative sunsets.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|--|---|---|---|
| Total grants | 65,000 | 565,000 | 65,000 | 0 |
| Total contributions | 1,370,000 | 3,610,000 | 1,660,000 | 1,640,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 1,435,000 | 4,175,000 | 1,725,000 | 1,640,000 |

3-year plan for Blood Safety

| | |
|---|---|
| Start date | 1998-99 |
| End date | Ongoing |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2004-05 |

Link to departmental result(s)

Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory

Communicable Diseases and Infection Control

Purpose and objectives of transfer payment program

Purpose: To reduce the risk of healthcare-associated pathogens and biological injuries due to blood transfusion/cell, tissue, and organ transplantation in both institutions and community healthcare settings.

Objective(s): Support provinces and territories in monitoring adverse events associated with the transfusion of blood, blood products, and cell, tissue, and organ transplantation, which could include infectious diseases and allergic and immune-mediated events.

Expected results

- Enhanced capacity to identify and assess the risks associated with the use of blood, blood products or transplantation of cells, tissues and organs;
- Enhanced capacity to survey and assess risks for high-risk populations; and,
- Enhanced capacity to develop mitigation strategies for risks associated with the use of blood, blood products, or transplantation of cells, tissues and organs.

Fiscal year of last completed evaluation

2013-14

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2022-23

General targeted recipient groups

- Provincial/territorial and not-for-profit organizations (e.g., charities, foundations, non-governmental organizations, universities, research institutions, health related entities).

Initiatives to engage applicants and recipients

Provincial and territorial governments are engaged via meetings and teleconferences to support the assessment, validation, and reconciliation of data and dissemination of surveillance information contained in the Transfusion Error Surveillance System (TESS), Transfusion Transmitted Injuries Surveillance system (TTIS) and Cells, Tissues and Organs Surveillance System (CTOSS).

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 2,190,000 | 2,150,000 | 2,150,000 | 2,190,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 2,190,000 | 2,150,000 | 2,150,000 | 2,190,000 |

3-year plan for Dementia Community Investment

| | |
|---|---|
| Start date | 2018-19 |
| End date | Ongoing |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

This funding program will seek to optimize the wellbeing of people living with dementia and family/friend caregivers through community-based projects that address the challenges of dementia.

Expected results

- Program participants gain resources, knowledge, and/or skills to provide enhanced support to people living with dementia and to support their own wellbeing; and,
- Program participants have improved health behaviours.

Performance indicators:

- Percentage of program participants reporting increased knowledge and/or skills as a result of programming; and,
- Percentage of program participants who report improving their health behaviours as a result of programming.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- For-profit organizations provided they partner with a not-for-profit organization;
- Unincorporated groups; societies and coalitions;
- Provincial, territorial, regional, and municipal governments and agencies;
- Organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, post-secondary institutions, etc.); and,
- Indigenous organizations working with First Nations, Inuit, or Métis.

Initiatives to engage applicants and recipients

Recipients will be engaged through an open solicitation posted on PHAC's website and shared with stakeholders. Dementia Community Investment projects are expected to deliver community-based

projects that deliver, test, and scale-up knowledge, tools, and initiatives to optimize the wellbeing of people living with dementia and family/friend caregivers.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 4,775,000 | 4,400,000 | 4,400,000 | 3,400,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 4,775,000 | 4,400,000 | 4,400,000 | 3,400,000 |

3-year plan for Fetal Alcohol Spectrum Disorder National Strategic Projects Fund

| | |
|---|---|
| Start date | 1999-2000 |
| End date | Ongoing |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 1999 |

Link to departmental result(s)

Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

Purpose and objectives of transfer payment program

To collaborate with key stakeholders across Canada to develop nationally applicable tools, resources, and knowledge that can be used to prevent Fetal Alcohol Spectrum Disorder (FASD) and improve outcomes for those who are already affected, including their families and communities.

Expected results

The FASD Initiative will support greater awareness of FASD and the risks of consuming alcohol during pregnancy, as well as support the dissemination of nationally applicable tools and resources for use by health and allied professionals and others, with the aim of reducing the number of alcohol-affected births and improving the outcomes for those affected by FASD.

Fiscal year of last completed evaluation

2013–14

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2022-23

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- For-profit organizations; unincorporated groups;
- Societies and coalitions;
- Provincial, territorial, regional, and municipal governments;
- Agencies, organizations, and institutions supported by provincial and territorial governments (e.g., regional health authorities/councils, schools, post-secondary institutions, hospitals, etc.); and,
- Individuals deemed capable of conducting population health activities.

Initiatives to engage applicants and recipients

Solicitations under the FASD National Strategic Projects Fund are posted on the [Grant and Contribution funding opportunities](#)^{xvi} page for the Public Health Agency of Canada (PHAC). Recipients are also engaged through targeted or directed solicitations. Funded recipients are expected to develop national tools, resources, and knowledge that can be used to prevent FASD and improve outcomes for those who are already affected.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 1,499,000 | 1,499,000 | 1,499,000 | 1,499,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 1,499,000 | 1,499,000 | 1,499,000 | 1,499,000 |

3-year plan for Healthy Early Years – Official Languages in Minority Communities

| | |
|---|---|
| Start date | 2018-19 |
| End date | Ongoing |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

This funding will support communities to develop comprehensive, culturally and linguistically appropriate programs to improve the health and development of children (0-6 years), and improve access to early childhood health promotion programming for children and their families living in Official Language Minority Communities (OLMC). It is part of a broader government initiative aimed to strengthen Official Language Minority Communities, improve access to services in both official languages, and promote a bilingual Canada.

Expected results

- Vulnerable families in OLCM will have access to programs and supports that will allow them to gain the knowledge and skills they need to improve their family health practices; and,
- Vulnerable families in OLCM have improved wellbeing as a result of access to programming in the official language of their choice.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2022-23

General targeted recipient groups

- Not-for-profit voluntary organizations / corporations, unincorporated groups, societies, and coalitions.

Initiatives to engage applicants and recipients

Conducted an extensive consultation process for Healthy Early Years with potential applicants, as well as ongoing exchanges and site visits/meetings with the successful recipients.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 1,890,000 | 1,890,000 | 1,890,000 | 1,890,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 1,890,000 | 1,890,000 | 1,890,000 | 1,890,000 |

3-year plan for Infectious Diseases and Climate Change Fund - Adapting to the Impacts of Climate Change

| | |
|---|--|
| Start date | 2016-17 |
| End date | 2027-28 |
| Type of transfer payment | Grants and Contributions (as part of the Horizontal Initiative led by Environment and Climate Change Canada) |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018 |

Link to departmental result(s)

Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory

Foodborne and Zoonotic Diseases

Purpose and objectives of transfer payment program

Purpose: Address the impact of climate change on human health by building and increasing access to infectious disease-based evidence, education, and awareness. The focus is on preparing for and protecting Canadians from climate-driven infectious diseases that are zoonotic, food-borne, and/or water-borne.

The two Infectious Disease and Climate Change Fund (IDCCF) priorities are:

1. Monitoring and Surveillance

- Building baseline data and enhancing knowledge and expertise to understand, predict, and monitor current and future risks through innovative approaches to surveillance, detection, and analysis of climate driven infectious diseases; and,
- Collaborative and novel approaches for the collection, sharing, and use of data to support evidence-based public health actions that equip and empower Canadians to adapt.

2. Education and Awareness

- Promoting the development, distribution, and uptake of education and awareness materials for health professionals; and,
- Facilitating education, awareness, and the dissemination of tools and best practices within or across Canadian communities and among vulnerable populations.

Objective(s):

The IDCCF addresses the impact of climate change on human health in Canada by:

- Increasing capacity to respond to the rising demands posed by climate-driven zoonotic, food-borne, and water-borne infectious diseases;
- Enabling Canadians and communities to have access to timely and accurate information to better understand their risks and take measures to prevent infection; and,
- Improving adaptability and resiliency to the health impacts of climate-driven infectious diseases, through surveillance and monitoring activities and access to education and awareness tools, which equips:
 - Health professionals with the information they need to provide advice to their patients and clients on climate-driven infectious diseases; and,
 - Canadians and communities with the tools to protect themselves from the health risks associated with climate-driven food-borne, water-borne, and zoonotic infectious diseases.

Expected results

Horizontal Management Framework for Clean Growth and Climate Change (CGCC) - Adaptation and Climate Resilience (Theme 3 outcome).

Outcome: Reduce the risks associated with climate-driven infectious diseases through:

- Increased knowledge base of climate-driven infectious diseases, particularly in the health sector, communities, and vulnerable populations; and,
- Enhanced systems and tools support decision-making and knowledge translation.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2025-26 horizontal evaluation

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- Unincorporated groups, societies and coalitions;
- Provincial, territorial, regional, and municipal governments; indigenous organizations;
- Organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, schools, and post-secondary institutions, etc.); and,
- Applicants deemed capable of conducting activities that meet the scope, objectives, and priorities of the IDCCF.

Initiatives to engage applicants and recipients

Since launching in 2017, the IDCCF has invested in 31 projects that support surveillance and monitoring, health professional education, and public awareness activities related to climate-driven infectious diseases in Canada. The next solicitation of the IDCC Fund will be launched in 2021 with anticipated projects up and running in 2022.

The IDCCF also helps advance work under the [Federal Framework on Lyme Disease](#)^{xvii} and Action Plan to increase capacity in provinces/territories and underserved communities by enhancing surveillance activities and identifying new or emerging at-risk areas, and by raising awareness and improving knowledge among Canadians, communities, and healthcare professionals.

PHAC will also continue to work with the Métis Nation to address the health effects of climate change through the implementation of contribution agreements in 2021-22.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 500,000 | 500,000 | 500,000 | 500,000 |
| Total contributions | 2,559,319 | 1,732,620 | 1,700,000 | 1,700,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 3,059,319 | 2,232,620 | 2,200,000 | 2,200,000 |

3-year plan for Influenza Research Network

| | |
|---|---|
| Start date | 2017-18 |
| End date | Unknown at this time |
| Type of transfer payment | Grants |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2017-2021 |

Link to departmental result(s)

Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory

Vaccination

Purpose and objectives of transfer payment program

Established in 2014, the Canadian Immunization Research Network (CIRN) is a multi-disciplinary 'network of networks' that addresses diverse immunization research requirements in Canada on topics related to safety, efficacy/effectiveness, uptake, program delivery, and evaluation.

CIRN is a key element of Canada's public health emergency response infrastructure, and functions as research readiness that is a best practice in the event of a pandemic.

The Canadian Institutes of Health Research's (CIHR) Institute of Infection and Immunity oversees administration of CIRN's funding through a directed grant to the Network. PHAC is the primary funder, transferring funds to CIHR.

PHAC will also be providing supplemental funding to CIHR to support CIRN to undertake urgent activities related to COVID-19 vaccines clinical trials readiness, and to provide vaccine-related research outcomes that will inform effective, equitable, and timely COVID-19 public health decision making. The CIRN rapid response research mechanism has also been activated to expedite COVID-related research by CIRN's Serious Outcomes Surveillance Network (SOS) and Social Sciences and Humanities Network (SSHN).

Expected results

The overarching objectives of this current phase of CIRN are: 1) support infrastructure to facilitate collaborative research to develop methodologies to test vaccines, evaluate immunization programs, improve coverage rates, train researchers, and improve knowledge exchange; and 2) support a rapid response research capacity.

Research areas include rapid evaluation for safety and immunogenicity, population-based methods for vaccine effectiveness and safety, interventions that improve vaccine acceptance and uptake, and vaccine modeling and economic analysis.

Results expected from the supplemental funding include:

- Research in COVID-19 vaccine clinical trials readiness, vaccine safety and effectiveness, population prioritization and modelling, vaccine acceptance and uptake, and coordination and information sharing;
- Collection of epidemiological, clinical, and laboratory characteristics of COVID-19 in Canada; and,
- Better understanding of vaccination regulation in Canada, in both routine and responsive (e.g., COVID-19 pandemic) contexts, which will help to inform the approach to potential COVID-19 vaccines.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

CIRN's overarching objectives over the new funding period are to:

- Support a formal organizational infrastructure to facilitate collaborative research amongst vaccine and immunization researchers, clinicians, public health professionals, and policy makers; and,
- Support a rapid response research capacity.

Initiatives to engage applicants and recipients

PHAC is a member of the CIRN Management Committee where it flags upcoming funding solicitations to its members.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 2,120,565 | 900,000 | 3,500,000 | 3,500,000 |
| Total contributions | 0 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 2,120,565 | 900,000 | 3,500,000 | 3,500,000 |

3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease

| | |
|---|---|
| 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 | 2018 |

Link to departmental result(s)

Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

Purpose and objectives of transfer payment program

Enhance capacity for public health chronic disease surveillance activities to expand data sources for healthy living and chronic disease surveillance, address persistent public health surveillance evidence gaps, and support the development of a robust evidence base on chronic diseases and conditions, injury, problematic substance use, and their risk factors in Canada.

Expected results

Increased evidence base to shape promotion of population health policy and practice.

Fiscal year of last completed evaluation

2014-15

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2021-22

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- For-profit organizations;
- Unincorporated groups;
- Societies and coalitions;
- Provincial, territorial, regional, and municipal governments;
- Agencies, organizations, and institutions supported by provincial and territorial governments (e.g., regional health authorities/Councils, schools, post-secondary institutions, hospitals, etc.); and
- Individuals deemed capable of conducting population health activities.

Initiatives to engage applicants and recipients

The Enhanced Surveillance for Chronic Disease Program launched an open solicitation, which closed September 25, 2019. Funding will be allotted for 2020-21 for a 3 year period. Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually, until their close.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 395,000 | 395,000 | 395,000 | 395,000 |
| Total contributions | 2,334,000 | 2,334,000 | 2,334,000 | 2,334,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 2,729,000 | 2,729,000 | 2,729,000 | 2,729,000 |

3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Pan-Canadian Joint Consortium for School Health

| | |
|---|--|
| Start date | 2005-06 |
| End date | Ongoing |
| Type of transfer payment | Grants |
| Type of appropriation | Appropriate annually through Estimates |
| Fiscal year for terms and conditions | 2005-06 |

Link to departmental result(s)

Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

Purpose and objectives of transfer payment program

Strengthen federal leadership efforts to promote health and prevent chronic disease among school-aged children, and strengthen cooperation among federal/provincial/territorial ministries in support of healthy schools; build the capacity for health and education sectors to work together more effectively and efficiently; and promote comprehensive school health.

Expected results

Working to promote Comprehensive School Health approach to student well-being and achievement for all children and youth, based on the following four distinct but inter-related pillars:

- School and physical environment;
- Teaching and learning;
- Healthy school policy; and,
- Partnerships and services.

Fiscal year of last completed evaluation

2015-16

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2021-22

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations, for-profit organizations;
- Unincorporated groups; societies and coalitions; provincial, territorial, regional, and municipal governments;
- Agencies, organizations, and institutions supported by provincial and territorial governments (e.g., regional health authorities/Councils, schools, post-secondary institutions, hospitals, etc.); and,
- Individuals deemed capable of conducting population health activities.

Initiatives to engage applicants and recipients

N/A

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 250,000 | 250,000 | 250,000 | 250,000 |
| Total contributions | 0 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 250,000 | 250,000 | 250,000 | 250,000 |

3-year plan for Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices

| | |
|---|---|
| Start date | 2012-13 |
| End date | Ongoing |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2005-06 |

Link to departmental result(s)

Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

Purpose and objectives of transfer payment program

Build collaborative linkages, nationally and internationally, between researchers, policy makers, and practitioners, to increase the adoption of effective practices.

Expected results

Support public health capacity to prevent and mitigate chronic diseases by promoting the development of evidence-based interventions and their use by health practitioners and decision-makers.

Fiscal year of last completed evaluation

2014-15

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2021-22

General targeted recipient groups

Canadian Task Force on Preventive Health Care

Initiatives to engage applicants and recipients

- Present the guidelines, knowledge translation tools, and evidence review results at meetings focused on the primary care practice and prepare implementation activities for frontline practitioners;
- Collaborate with the various stakeholders to develop and disseminate the Task Force guidelines;
- Prepare a communications plan, and respond to inquiries from the media and the public about the Task Force guidelines;
- Determine and implement the results and recommendations on patient preferences;
- Establish and implement an evaluation plan for the Task Force guidelines to measure the impact of dissemination activities;
- Publish study results in the main scientific journals and disseminate them through presentations at major scientific meetings; and,
- Organize meetings where members of the Task Force Working Groups discuss guideline contents.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 46,000 | 46,000 | 46,000 | 46,000 |
| Total contributions | 171,000 | 171,000 | 171,000 | 171,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 217,000 | 217,000 | 217,000 | 217,000 |

3-year plan for Mental Health Promotion Innovation Fund

| | |
|---|---|
| Start date | 2019-20 |
| End date | Ongoing |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

- Result 1.1: Canadians have improved physical and mental health; and,
- Result 1.2: Canadians have improved health behaviours.

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

Purpose: To improve mental health for individuals and communities where interventions are delivered and to reduce systemic barriers for population mental health in Canada.

Objective(s): The Mental Health Promotion Innovation Fund is a new funding program that replaces the Innovation Strategy in 2019-20 in an effort to support positive mental health for children, youth, their caregivers, and communities. The program builds on the best practices and lessons learned of the Innovation Strategy and uses a multi-phase-gate approach to fund the testing and delivery of evidence-based population health interventions. Knowledge gained from the evaluation of each community-based intervention is then applied to public health policy and practice.

Expected results

- Population health interventions promote mental health through the reduction of risk factors, the promotion of protective factors and by addressing the underlying determinants of health across settings and populations;
- Population health interventions promote multi-level and multi-sectoral partnerships to effect upstream change within priority determinants of mental health;
- Successfully-tested population health interventions are scaled-up to benefit more people and foster sustainable policy and program development in the field of mental health promotion for diverse population and communities; and,
- Stakeholders access and use knowledge products, intervention research evidence, and synthesized learnings to advance population health policy and practice to promote mental health and wellbeing.

Performance indicators:

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of projects that leverage funds from other sources;
- Percentage of projects reporting increased knowledge and/or skills among participants;
- Percentage of projects reporting positive change in behaviour among participants;
- Percentage of projects reporting change in protective factors among participants;
- Percentage of projects reporting improved wellbeing among participants;
- Percentage of projects demonstrating readiness for scale up;
- Percentage of projects that have sites in more than 3 provinces and/or territories;
- Percentage of projects sustained post-PHAC funding;

- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders using evidence; and,
- Nature of incorporation of evidence into policies, programs and practices.

Note: Due to the nature of the intervention research and evaluation plans of the funded projects, some results may not be available until completion of the final project report for Phase 1, Phase 2 or Phase 3 (2023, 2027 and 2030 respectively).

Fiscal year of last completed evaluation

2019-20 (Innovation Strategy)

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- Unincorporated groups; societies and coalitions;
- Universities; and,
- Organizations and institutions supported by provincial and territorial governments.

Initiatives to engage applicants and recipients

Applicants were engaged through open and directed calls for proposals. Recipients participate in a knowledge development and exchange hub that supports projects. Knowledge exchange events, project monitoring and evaluation activities, site visits and stakeholder meetings are used to engage recipients.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 52,070,000 | 2,070,000 | 2,070,000 | 2,070,000 |
| Total contributions | 9,414,000 | 2,877,000 | 2,877,000 | 2,877,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 61,484,000 | 4,947,000 | 4,947,000 | 4,947,000 |

3-year plan for Nutrition North Canada

| | |
|---|---|
| Start date | 2016-17 |
| End date | Ongoing |
| Type of transfer payment | Contribution (as part of the Horizontal Initiative led by Indigenous Relations and Northern Affairs Canada) |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Result 1.2 Canadians have improved health behaviours

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

Purpose: To complement the food retail subsidy by supporting culturally appropriate retail and community-based nutrition education initiatives that are intended to influence healthy eating in isolated northern communities.

Objective(s): To increase knowledge of healthy eating, develop skills in selecting and preparing healthy store-bought and traditional or country food, and build on existing community-based activities with an increased focus on working with stores.

Expected results

- Residents in eligible communities have access to retail and community based nutrition education initiatives; and,
- Residents in eligible communities have knowledge of healthy eating and skills, and are choosing and preparing healthy foods.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Non-profit organizations;
- Provincial, territorial, regional, and municipal government agencies;
- Local organizations; and,
- Other Indigenous organizations serving eligible isolated northern communities.

Initiatives to engage applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver culturally-appropriate, locally controlled and designed nutrition education programming, in partnership with existing community-based activities and local stores.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 335,000 | 335,000 | 335,000 | 335,000 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 335,000 | 335,000 | 335,000 | 335,000 |

3-year plan for Métis Nation Health Data

| | |
|---|---|
| Start date | 2019-20 |
| End date | 2023-24 |
| Type of transfer payment | Grants |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2014-15 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

Purpose and objectives of transfer payment program

This funding will support the Métis Nation in building capacity for sustainable health data surveillance systems within their governments by ensuring that the necessary partnerships and resources are in place to gather and analyse health data related to their citizens. Métis Nation-specific health data will provide evidence to further support policies and programs for health service delivery that is culturally responsive with the ultimate goal of improving health outcomes for the Métis Nation.

Expected results

Increased evidence base to shape promotion of population health policy and practice.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2021-22

General targeted recipient groups

- Directed to Métis National Council; and,
- Five Governing Members (ON, MB, SK, AB, and BC).

Initiatives to engage applicants and recipients

Under the terms of the Treasury Board Submission and grant agreements established, recipients will be responsible for submitting progress reports annually, until their close.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
| Total contributions | 0 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |

3-year plan for Public Health Scholarship and Capacity Building Initiative

| | |
|---|---|
| Start date | 2009 |
| End date | Ongoing |
| Type of transfer payment | Grants and Contributions |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2020-21 |

Link to departmental result(s)

- Result 1.1: Canadians have improved physical and mental health;
- Result 1.2: Canadians have improved health behaviours;
- Result 1.3: Chronic diseases are prevented;
- Result 2.1: Infectious diseases are prevented and controlled;
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively;
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively;
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced; and,
- Result 3.3: Public health risks associated with travel are reduced.

Link to the department's Program Inventory

Laboratory Science Leadership and Services, and Emergency Preparedness and Response

Purpose and objectives of transfer payment program

Purpose: To increase public health capacity across Canada by enhancing knowledge mobilization in public health, and by improving applied public health intervention research and workforce skills in public health.

Objective(s): To increase the number and skills of public health professionals; to contribute to applied public health interventions and intervention efficacy; and, to enhance relationships between university programs in public health and public health organizations.

Expected results

PHAC and the CIHR will continue to fund research that strengthens the impact of policies and programs designed to tackle pressing public health needs. PHAC will strengthen its ability to build public health capacity in new areas and address identified gaps.

Fiscal year of last completed evaluation

2016-17

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Non-profit organizations (e.g., charities, foundations, non-governmental organizations, universities, research institutions, health related entities);
- Provinces and territories (e.g., provincial and territorial governments);
- Other institutions supported by provincial and territorial governments (e.g., regional health authorities or districts, and post-secondary institutions); and,
- Persons deemed capable of conducting public health activities to contribute to enhancing public health workforce development and strengthening the capacity and knowledge of the public health sector (e.g., individual farmers and fishers, veterans, members of the Canadian Armed Forces, families, researchers, workers, and students).

Initiatives to engage applicants and recipients

The Agency works at arm's length as funding for the Program is transferred to CIHR. CIHR is responsible for engaging target recipients. As part of the next round of the Applied Public Health Chairs Program (2020) within the Public Health Scholarship and Capacity Building Initiative, the Agency has built new terms and conditions into its next MOU whereby CIHR will consult directly with the Agency each year to determine public health gaps, direction, themes, and priorities that will influence future research activities. The Agency and CIHR will collaborate to ensure effective and relevant performance measurement and reporting on key results is built into program design and delivery. CIHR Institute for Population and Public Health has well established networks with academia and engages potential recipients through its own mechanisms.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 1,930,000 | 1,260,000 | 1,260,000 | 1,260,000 |
| Total contributions | 963,000 | 0 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 2,893,000 | 1,260,000 | 1,260,000 | 1,260,000 |

3-year plan for Support for Canadians Impacted by Autism Spectrum Disorder Initiative

| | |
|---|---|
| Start date | 2018-19 |
| End date | 2023-24 |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-19 |

Link to departmental result(s)

Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

Budget 2018 announced \$20M over five years to the Public Health Agency of Canada (PHAC), for two new initiatives to support the needs of Canadians living with autism spectrum disorder and their families:

- \$9.1M for community-based projects that will support innovative program models, help reduce stigma, and support the integration of health, social and educational programs to better serve the complex needs of families; and,
- \$10.9M for the creation of an Autism-Intellectual-Developmental Disabilities National Resource and Exchange Network (AIDE) which will help connect people with autism and their families to information, resources, employment.

Expected results

Projects funded at the national and regional levels will result in:

- Program participants gaining knowledge, resources and support on autism spectrum disorder.

Performance indicators:

- Percentage of participants who gain knowledge and/or skills as a result of programming, by project; and,
- Number/or percentage of participants accessing resources (disaggregated and measured by type of resource).

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2022-23

General targeted recipient groups

Canadian organizations that are:

- Not-for-profit voluntary organizations and corporations;
- For-profit organizations, provided they partner with a not-for-profit organization;

- Unincorporated groups, societies and coalitions;
- Provincial/territorial/regional/municipal governments and agencies; and,
- Organizations and institutions supported by provincial/territorial governments (e.g., regional health authorities, schools, post-secondary institutions, etc.).

Initiatives to engage applicants and recipients

For the first three years of the five-year funding under the Autism Spectrum Disorder Strategic Fund, an open solicitation was posted on PHAC's website to reach applicants. The remaining two years of funding will be posted on PHAC's [Grant and contribution funding opportunities](#)^{xviii} page as an open solicitation. A targeted solicitation was used for the AIDE Network. Virtual or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, as well as to share learnings from funded projects on knowledge, resources, and support on autism spectrum disorder.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 4,958,513 | 3,991,997 | 3,679,710 | 776,780 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 4,958,513 | 3,991,997 | 3,679,710 | 776,780 |

3-year plan for The Drug Overdose Crisis in Canada: Funding for Actions to Protect Canadians and Prevent Overdose Deaths

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| Start date | 2019-20 |
| End date | 2021-22 |
| Type of transfer payment | Contribution |
| Type of appropriation | Appropriated annually through Estimates |
| Fiscal year for terms and conditions | 2018-20 |

Link to departmental result(s)

Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory

Health Promotion

Purpose and objectives of transfer payment program

PHAC will provide contribution funding to support large-scale projects that will reduce barriers and enhance pathways to care for people who use drugs. By reducing these barriers and improving access to services by creating new entry points and/or facilitating transitions between services, systems will better respond to the unique and diverse needs of individuals.

Expected results

- Increased national capacity to implement system-level change to reduce barriers and enhance pathways to care.

Performance indicators:

- Percentage of system-level change related projects funded that meet or exceed stated objectives
- Number of total participants reached for all target populations (e.g. health professionals, administrators); and,
- Percentage of those participants reporting improved knowledge/skills that can help reduce barriers to care for people who use substances.

Fiscal year of last completed evaluation

N/A

Decision following the results of last evaluation

N/A

Fiscal year of next planned evaluation

2022-23

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- For profit organizations who engage and collaborate with non-profit organizations;
- Provincial, territorial, regional, and municipal governments and agencies;
- Organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, post-secondary institutions);
- Unincorporated groups, societies and coalitions; and,
- Indigenous organizations.

Initiatives to engage applicants and recipients

Applicants were engaged through open calls for proposals.

Financial information (dollars)

| Type of transfer payment | 2020–21 forecast spending | 2021–22 planned spending | 2022–23 planned spending | 2023–24 planned spending |
|--|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total grants | 0 | 0 | 0 | 0 |
| Total contributions | 1,630,000 | 1,930,000 | 0 | 0 |
| Total other types of transfer payments | 0 | 0 | 0 | 0 |
| Total program | 1,630,000 | 1,930,000 | 0 | 0 |

Gender-based analysis plus Institutional GBA+ Capacity

Governance structures

In 2021-22, PHAC will continue to implement a Sex and Gender-based Analysis Plus (SGBA+) action plan focusing on four key pillars:

1. Increase awareness and build capacity;
2. Increase accountability;
3. Strengthen use of evidence in surveillance, research, policy, programs, and supporting functions; and,
4. Build and strengthen partnerships and engagement.

PHAC will continue to integrate SGBA+ into decision-making related to programs and operations through routine discussion of SGBA+ at senior management committees and consideration of SGBA+ and health equity perspectives during the development of Memoranda to Cabinet, Budget Proposals, and Treasury Board Submissions. In addition, PHAC will continue to integrate SGBA+ considerations into COVID-19 guidance documents and throughout the pandemic response.

An accountability mechanism, including an internal SGBA+ attestation process, ensures the quality and accuracy of the SGBA+ analyses carried out for Cabinet documents, with emphasis on integrating relevant gender and health equity-related considerations throughout policies and programs.

PHAC's SGBA+ Champion will continue to lead the integration of SGBA+ into the organization's functions and programs with the support of an SGBA+ Responsibility Centre. The SGBA+ Champion will also continue to work with PHAC's functional leads responsible for the implementation of the Government of Canada's Results and Delivery Agenda, and its commitment to gender equality in policy and practice.

PHAC's SGBA+ Responsibility Centre will continue to lead the implementation of the Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices, which aims to modernize how the Government of Canada handles information on sex and gender.

PHAC's intra-departmental SGBA+ network of experts will support implementation of the SGBA+ action plan, including the implementation of the Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices across the organization.

Human resources

In 2021–22, approximately eight and a half full-time equivalents (FTEs) will be dedicated to GBA+ implementation in the Agency:

- 4 FTEs within the Responsibility Centre dedicated to advancing GBA+ capacity and practice;
- Time dedicated from a combination of the GBA+ Champion and program area GBA+ from across the Agency; and,
- 45 members of the PHAC GBA+ Network, totalling approximately 4.5 FTEs.

| Highlights of GBA+ Results Reporting Capacity by Program | |
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| Health Promotion | <p>For each program in the department's Program Inventory, answer the following questions:</p> <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>Yes, this program supports the following Pillars (P) and Goals (G) of the Gender Results Framework (GRF):</p> <ul style="list-style-type: none"> • P: Gender equality around the world; G: Promoting gender equality to build a more peaceful, inclusive, rules-based and prosperous world; • P: Gender-based violence and access to justice; G: Eliminating gender-based violence and harassment, and promoting security of the person and access to justice; • P: Poverty reduction, health and well-being and, G: Reduced poverty and improved health outcomes. <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>Yes, the following programs collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity:</p> <ul style="list-style-type: none"> • Federal Framework for Suicide Prevention • Family and Gender-based Violence Prevention • Mental Health Promotion Innovation Fund^{xix} • Dementia Strategic Fund^{xx} • Dementia Community Investment^{xxi} • Healthy Seniors Pilot Project^{xxii} <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>N/A</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>At this time, the Prevention of Problematic Substance Use (PPSU) is building capacity to report on impacts by gender and diversity in the future. PPSU is working to integrate GBA+ in mechanisms for collaboration and knowledge mobilization, program monitoring and reporting using GBA+ performance indicators/targets, and the development of training curriculum and public health education resources through a health approach using a GBA+ lens.</p> <p>PHAC has also funded a Knowledge Hub, which will analyze results from the Dementia Community Investment (DCI) projects to identify, among other factors, broader SGBA+ impacts (e.g., gaps) to inform future dementia policy and programming.</p> |

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| Chronic Disease Prevention | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>Yes, this program supports the following Pillars (P) and Goals (G) of the GRF:</p> <ul style="list-style-type: none"> P: Poverty reduction, health, and well-being; and, G: Reduced poverty and improved health outcomes. <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>Yes, the following programs collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity:</p> <ul style="list-style-type: none"> Healthy Canadians and Communities Fund (HCCF), formerly known as the Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships (MSP) Program. ParticipACTION^{xxiii} Mental Health of Black Canadians^{xxiv} <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>N/A</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>In parallel to the implementation of the Policy on Results (2016), a general enhancement of evaluation methods and practices was put in place for the program in 2016, including more precise data collection and analysis related to health equity, health inequality, and SGBA+. This has allowed projects, to the extent possible, to adhere to the GBA+ and Gender Inclusive Services (GIS) Policy (Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices).</p> <p>Mental Health of Black Canadians</p> <p>Health equity in project data collection and reporting contribute to building the evidence base about health inequities for Black Canadians, PHAC requires Mental Health of Black Canadians (MHBC) projects to describe how health equity is considered in design, recruitment, and implementation and to include health equity-based reporting as part of project results. Projects should measure and report on the equity factors that make the most sense for the context of their project. In particular, PHAC strongly recommends that projects include age range, gender, and socio-economic status in their data collection, analysis and reporting strategies as evidence indicates that these factors have particular importance on health outcomes and participation in interventions. Where projects are looking at populations that include gender diverse groups, projects should consider collecting data that allows for analysis and reporting for transgendered or other gender</p> |
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| | <p>identities given the unique challenges faced by these groups. Other equity factors such as immigration status, ethnicity and sexual orientation should be considered on a case-by-case basis.</p> |
| Evidence for Health Promotion, and Chronic Disease and Injury Prevention | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>Yes, this program supports the following Pillars (P) and Goals (G) of the GRF:</p> <ul style="list-style-type: none"> P: Poverty reduction, health, and well-being; and, G: Reduced poverty and improved health outcomes. <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>No, This program does not collect data per se; it conducts published evidence synthesis products (i.e. guidelines) that are made available by preventive and primary care settings and physicians for implementation. There may be a downstream impact of these products, but it is not within the Task Force's mandate to monitor.</p> <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>There is no reporting per se – gender and diversity are an integral part of the guideline development process. The recommendations in all guidelines are underpinned by an evidence-to-decision framework that considers the feasibility, accessibility, cost-effective and equity of the proposed recommendations. It is in this way that gender and diversity considerations are integrated into the guidelines.</p> <p>In the development of the guidelines under the Observatory of Best Practices program, the FACE test is applied (Feasibility, Acceptability, Cost Effectiveness and Equity) to identify equity considerations including GBA.</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>N/A</p> |
| Laboratory Science Leadership and Services | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>No</p> <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>No</p> |

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| | <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>This program is not implicated in activities within the Supplementary Information Tables. The program functions to prevent infectious diseases as a whole and does not target specific groups. In general, laboratory services involve testing samples from clients who are not required to submit patient information and/or gender metrics for privacy reasons. Research activities consider GBA+ implications on a project-by-project basis.</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>N/A</p> |
| Communicable Disease and Infection Control | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>Yes, this program supports the following Pillars (P) and Goals (G) of the GRF:</p> <ul style="list-style-type: none"> P: Poverty reduction, health, and well-being; and, G: Reduced poverty and improved health outcomes. <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>No</p> <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>The program encompasses surveillance, guidance, and community programming which relies on gender and diversity-specific data to target key populations disproportionately impacted by STBBI. These populations include:</p> <ul style="list-style-type: none"> Gay, bisexual men and other men who have sex with men; People who use drugs; First Nations, Inuit and Métis Peoples, racialized people and migrants, particularly from regions with high HIV or hepatitis C prevalence; Sex workers and their clients; People living in or recently released from correctional facilities; Transgender and non-binary people; People living with HIV or hepatitis C; Women among these populations, as appropriate; and, Youth among these populations, as appropriate. <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> |

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| | <p>Reducing the health impact of STBBIs on the populations listed in above is one of the expected results of the program. Work is underway to improve data collection to enable monitoring and reporting by gender and diversity. These include working with provincial / territorial public health authorities to modify some of the routinely collected data elements and add new elements. In addition, the program is expanding the incorporation of gender and diversity related questions into STBBI bio-behavioural surveys for key populations, and conducting these surveys among diverse and racialized communities such as African, Caribbean, Black communities, First Nations, Inuit, and Métis Peoples.</p> |
| Vaccination | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>No</p> <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes/No]</p> <p>Yes, depending on availability and quality of information collected. For example, using vaccine coverage surveys, the program is able to explore how immunization rates vary across socio-demographic and socio-economic factors (such as age, and sex and gender, race/ethnicity, Indigenous status and household income). This data can help identify key factors that are linked to vaccine hesitancy and what can be done to influence the positive uptake of COVID-19 vaccines.</p> <p>c. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)?</p> <p>No</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>N/A</p> |
| Foodborne and Zoonotic Disease | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>No</p> <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>No</p> <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> |

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| | <p>The program functions to prevent infectious diseases as a whole and does not target specific groups. Outcomes of the program include the improved health of the entire Canadian population rather than specific sub groups.</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>N/A</p> |
| Emergency Preparedness and Response | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>Yes, this program supports the following Pillar (P) and Goals (G) of the GRF:</p> <ul style="list-style-type: none"> P: Education and skills development; and, G: Equal opportunities and diversified paths in education and skills development. <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>No, this program does not collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity.</p> <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>The Training and Development Unit of the Program develops course application, registration and evaluation strategies for the majority of courses within the curriculum. In this context, the relevance of collecting information on gender, sex, ethnicity and other human demographic differences is systematically discussed and could be expanded.</p> <p>PPE/NESS Component: The program impact is measured on a broader scale that includes all Canadians. However, the program takes GBA+ into consideration where applicable. For example, when there is a precaution or contraindication for the use of a certain medical countermeasures (e.g., vaccines, antibiotics) in a specific population (e.g., pregnant women, immune compromised individuals), the National Emergency Strategic Stockpile considers the availability and feasibility of acquiring an alternative product to protect a broader range of Canadians.</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>N/A</p> |
| Biosecurity | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> |

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| | <p>No</p> <p>a. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>No, this program does not collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity.</p> <p>b. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>The program measures its impact on a broader scale including all Canadians and devises its implementation strategy accordingly. For example, the program considers specific health risks to particular populations (e.g., sex, gender, children, elderly, etc.) in the development of Pathogen Risk Assessment and Pathogen Safety Data Sheets to enable stakeholders to perform their duties effectively.</p> <p>c. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>N/A</p> |
| Border and Travel Health | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>No</p> <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>Yes, this program collects sufficient data to enable it to monitor and/or report program impacts by gender and diversity.</p> <p>On a periodic basis, the program has collected gendered data on the percentage of travelers who visit the travel.gc.ca site to seek health advice, and those who intend to take action or change behaviour based on PHAC travel health recommendations, using online intercept on travel.gc.ca</p> <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>N/A</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> |

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| | <p>Periodic collection of gendered data on users' experience with travel.gc.ca^{xxv} will continue to inform on-going evolution and refinement of the development and implementation of PHAC's travel health recommendations and information available to travelers. For example, under the <i>Quarantine Act</i>, all passengers to Canada are required to report public health risks (e.g., illnesses) upon entry to a border services officer, and may be referred to a PHAC officer for a health-related screening/assessment. Disaggregated data (e.g., gender) will continue to be collected through the Quarantine Case Management System for health case management purposes. Given that certain diseases have risk factors that are sex-specific (e.g., pregnancy risks associated with the Zika virus), this data is required for case management.</p> |
| Internal Services | <p>a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?</p> <p>Yes, this program supports the following Pillars (P) and Goals (G) of the GRF:</p> <ul style="list-style-type: none"> • P: Gender-based Violence and Access to Justice; G: Eliminating gender-based violence and harassment, and promoting security of the person and access to justice; • P: Poverty Reduction, Health and Well-being; G: Reduced poverty and improved health outcomes; • P: Education and skills development; and, G: Equal opportunities and diversified paths in education and skills development. <p>b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA+)? [Yes / No]</p> <p>Yes, this program collects sufficient data to enable it to monitor and/or report program impacts by gender and diversity.</p> <p>c. If no, please describe what actions are being taken to enable future monitoring or reporting of the program's impacts by gender and diversity.</p> <p>N/A</p> <p>d. If yes, please describe (as relevant) any notable initiatives to expand the program's capacity to report on impacts by gender and diversity in the future.</p> <p>PHAC's Employee Assistance Program applies a GBA+ lens to its policies, procedures, and services. Grounded in research conducted in 2018-19, the focus in 2021-22 will be on: 1) outreach to underserved demographic groups, (such as men, LGBTQ2+ persons, Indigenous persons, victims of intimate partner violence) and/or who might be experiencing increased mental health impacts because of COVID-19 (e.g., women, Indigenous persons, LGBTQ2+ persons); 2) expansion of technologies to enhance outreach to groups who access services at</p> |

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| | <p>lower rates; and 3) improved capacity to appropriately match clients with diverse ethnic or cultural client backgrounds, as well as LGBTQ2+ groups, with a counsellor who has “lived experience” or other expertise pertinent to a specific group.</p> |
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United Nations 2030 Agenda and the Sustainable Development Goals

| UN Sustainable Development Goals (SDGs) | Planned initiatives | Global or domestic targets and/or global or domestic indicators |
|--|--|--|
| SDG 3: Ensure healthy lives and promote well-being for all at all ages | <p>Healthy Canadians and Communities Fund (HCCF)</p> <p>Mental Health Promotion Innovation Fund^{xxvi}</p> <p>Promoting Health Equity: Mental Health of Black Canadians^{xxvii}</p> <p>Immunization Partnership Fund^{xxviii} (IPF)</p> <p>Government of Canada's Five-year Action Plan on STBI^{xxix}</p> | <p>This Strategy contributes to:</p> <p>Global target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being;</p> <p>Global target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of Alcohol;</p> <p>Global target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks; and</p> <p>Canadian Indicator Framework target "Life expectancy, total and health-adjusted"</p> <ul style="list-style-type: none"> Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases <ul style="list-style-type: none"> 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations |
| SDG 5: Achieve gender equality and empower all women and girls | The Pan - Canadian Health Inequalities Reporting Initiative and Data Tool ^{xxx} | <p>This Strategy contributes to:</p> <p>Global target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p> |
| SDG 10: Reduce inequality within and among countries | The Promoting Health Equity: Mental Health of Black Canadians ^{xxxi} | <p>This Strategy contributes to:</p> <p>Global target 10.3: Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.</p> <p>Canadian Indicator Framework target "Canadians live free of discrimination and inequalities are reduced."</p> |
| SDG 11: Make cities and human settlements | Age Friendly Communities (AFC) ^{xxxii} | This Strategy contributes to: |

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| inclusive, safe, resilient and sustainable | | <p>Global target 11.2: By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons</p> <p>Global target 11.7: By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.</p> <p>Canadian Indicator Framework target “Canadians live in healthy, accessible, and sustainable cities and communities.”</p> |
| SDG 12: Ensure sustainable consumption and production patterns | National Emergency Strategic Stockpile (NESS) | <p>This Strategy contributes to:</p> <p>Global target 12.5: By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse</p> <p>Canadian Indicator Framework target: N/A</p> |
| SDG 13: Take urgent action to combat climate change and its impacts | <p>Federal Health Portfolio Emergency Response Plan</p> <p>Federal Health Portfolio Strategic Emergency Management Plan</p> <p>Active emergency networks (e.g., Eastern Border Health Initiative, Great Lakes Border Health Initiative)</p> | <p>This Strategy contributes to:</p> <p>Global target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries</p> <p>Global target 13.2: Integrate climate change measures into national policies, strategies and planning</p> <p>Canadian Indicator Framework target: N/A</p> <ul style="list-style-type: none"> PHAC continues to support the Pan-Canadian Framework on Clean Growth and Climate Change (PCF), as part of Canada’s plan to meet its Paris Agreement commitments, stimulate Canada’s economy, and build climate resilience across the country. |

Endnotes

- i PHAC's website, <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/sustainable-development/departmental-strategy-2020-2023.html>
- ii Target 9.4, <https://sdgs.un.org/goals/goal9>
- iii Target 12.5, https://sdgs.un.org/goals/goal12#targets_and_indicators
- iv Target 12.5, https://sdgs.un.org/goals/goal12#targets_and_indicators
- v Target 12.5, https://sdgs.un.org/goals/goal12#targets_and_indicators
- vi Target 13.2, <https://sdgs.un.org/goals/goal13>
- vii Target 13.1, <https://sdgs.un.org/goals/goal13>
- viii Target 7.2, <https://sdgs.un.org/goals/goal7>
- ix Target 12.7, https://sdgs.un.org/goals/goal12#targets_and_indicators
- x Target 13.2, <https://sdgs.un.org/goals/goal13>
- xi Target 12.7, https://sdgs.un.org/goals/goal12#targets_and_indicators
- xii Target 12.7, https://sdgs.un.org/goals/goal12#targets_and_indicators
- xiii ParticipACTION, <https://www.participation.com/en-ca>
- xiv Preventing Gender-Based Violence: the Health Perspective Program, <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/call-proposals-preventing-addressing-gender-based-violence-health-perspective-teen-youth-dating-violence-prevention/investment-overview.html>
- xv Supporting the Health of Survivors of Family Violence, <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/investment-prevention-funded-projects.html>
- xvi Grant and Contribution funding opportunities, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities.html>
- xvii Federal Framework on Lyme Disease, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/lyme-disease-canada-federal-framework.html>
- xviii Grant and Contribution funding opportunities, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities.html>
- xix Mental Health Promotion Innovation Fund, <https://www.canada.ca/en/public-health/services/funding-opportunities/mental-health-promotion-innovation-fund.html>
- xx Dementia Strategic Fund, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/dementia-strategic-fund-awareness-raising-initiatives.html>
- xxi Dementia Community Investment, <https://www.canada.ca/en/public-health/news/2020/01/backgrounder-dementia-community-investment.html>
- xxii Healthy Seniors Pilot Project, https://www2.gnb.ca/content/gnb/en/departments/social_development/seniors/content/healthy_seniors.html
- xxiii ParticipACTION, <https://www.participation.com/en-ca>
- xxiv Mental Health of Black Canadians, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/promoting-health-equity-mental-health-black-canadians-fund.html>
- xxv Travel.gc.ca, <https://travel.gc.ca/>
- xxvi Mental Health Promotion Innovation Fund, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/mental-health-promotion-innovation-fund.html>
- xxvii Promoting Health Equity: Mental Health of Black Canadians, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/promoting-health-equity-mental-health-black-canadians-fund.html>
- xxviii Immunization Partnership Fund, <https://www.canada.ca/en/public-health/services/immunization-vaccine-priorities/immunization-partnership-fund.html>
- xxix Government of Canada's Five-year Action Plan on STBBI, <https://www.canada.ca/en/public-health/services/reports-publications/accelerating-our-response-five-year-action-plan-sexually-transmitted-blood-borne-infections.html>
- xxx The Pan-Canadian Health Inequalities Reporting Initiative and Data Tool, <https://health-infobase.canada.ca/health-inequalities/data-tool/>
- xxxi The Promoting Health Equity: Mental Health of Black Canadians Fund, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/promoting-health-equity-mental-health-black-canadians-fund.html>
- xxxii Age-Friendly Communities (AFC), <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html>