

PUBLIC HEALTH AGENCY OF CANADA 2022-23 DEPARTMENTAL PLAN SUPPLEMENTARY INFORMATION TABLES





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Tableaux de renseignements supplémentaires : Plan ministériel 2022-2023 de l'Agence de la santé publique du Canada

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Departmental Sustainable Development Strategy

PHAC Departmental Sustainable Development Strategy: 2022-23 Annual Update

The Public Health Agency of Canada's (PHAC) Departmental Sustainable Development Strategy (DSDS) can also be found on PHAC's websiteⁱ.

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

Federal Sustainable Developme nt Strategy (FSDS) target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Contribution by each departmental action to the FSDS goal and/or 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	FSDS: The Infectious Disease and Climate Change (IDCC) Program addresses the impacts of climate change on human health by building and increasing access to the infectious diseases evidence- base, and developing and disseminating education and awareness resources. The IDCC Program and Fundii will (i) increase the knowledge base of the health risks associated with climate-driven infectious diseases, particularly within the health sector,	Starting point: Baseline data was established in 2021 and data trends will be assessed over time. Indicator(s): Number of meaningful partnerships/collab orations with organizations, including the Métis Nation, on climate change and emerging infectious diseases. Number of new/enhanced systems and/or tools. Target for 2022/23: Seven innovative or multi-sectoral partnerships	PHAC Infectious Diseases Programs Branch Foodborne and Zoonotic Diseases

infectious diseases that are zoonotic (diseases that can be transmitted from animals and insects to humans), food- borne or water- borne.	communities and vulnerable populations, and (ii) enhance systems and/or tools to support decision-making and knowledge translation SDG: 3: Ensure healthy lives and promote wellbeing for all at all ages 13: Take urgent action to combat	and/or collaborations to increase knowledge base of climate-driven infectious diseases, particularly within the health sector, communities, and/or at risk populations. • Five tools and/or systems developed to support decision-making and knowledge	
	· ·		

Greening Government

This goal captures commitments from the Greening Government Strategy, as well as reporting requirements under the Policy on Green Procurement.

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 buildings and 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 Public Health Agency of Canada's energy use and improve the overall environmental performance of departmental-owned buildings.	FSDS: The Public Health Agency of Canada 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. [No target or a link to 7.3 - By 2030, double the global rate of improvement in energy efficiency].	starting Point: GHG emissions from buildings in fiscal year 2005-06 = 7.17ktCO₂e. Indicator: % change in GHG emissions from facilities from fiscal year 2005-06. • GHG emissions from buildings in 2022-23 (ktCO₂e). • Emissions will be reported at the conclusion of 2022-23. Target: 40% below 2005 levels by 2030 (includes just facilities).	PHAC Internal Services
	Departments will adopt and deploy clean technologies	Identify opportunities to facilitate awareness	FSDS: Understanding the range of applications for	Starting Point: In 2020-21, the Public Health Agency of Canada began using	PHAC

and	ahat a	alaan	DETCampan - Class	lata wa al
and	about energy	clean	RETScreen, a Clean	Internal
implement	use and	technology in	Energy Management	Services
procedures to	technologies	building 	Software system for	
manage	that improve	operations,	energy efficiency,	
building	environmental	raising	renewable energy and	
operations	performance in	awareness	cogeneration project	
and take	order to	about energy	feasibility analysis as	
advantage of	improve the	use, and	well as ongoing energy	
programs to	environmental	promoting	performance analysis.	
improve the	performance of	initiatives to		
environmental	departmental-	improve energy	Indicator: % of	
performance	owned	efficiency will	building fit-ups, refits,	
of their	buildings.	help the Public	major investments	
buildings.		Health Agency	and new construction	
		of Canada to	projects that use	
		ultimately	RETScreen to inform	
		reduce	decisions.	
		greenhouse gas	Target: 100% (annual).	
		emissions and	larget. 100% (annual).	
		support more	Indicator: # of energy	
		efficient	performance	
		production and	feasibility analyses	
		consumption.	completed in	
		CDC C. Led at	partnership with	
		SDG 9 - Industry	Natural Resources	
		Innovation and	Canada.	
		Infrastructure.		
		9.4 - By 2030,	Target: Two (2)	
		upgrade	analyses completed by	
		infrastructure	March 31, 2022.	
		and retrofit	Indicator: % of	
		industries to		
		make them	custodial facilities with	
		sustainable,	building-level water	
		with increased	meters.	
		resource-use	Target: PHAC is ahead	
		efficiency and	of schedule on this	
		greater	indicator's target of	
		adoption of	100% by 2022. 100%	
		clean and	of PHAC's custodial	
			facilities have building	
		environmentally	level water meters.	
		sound	icver water meters.	
		technologies		
		and industrial		
		processes, with		
		all countries		

			taking action in accordance with their respective capabilities.		
	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. Promote behavior change – e.g. car sharing initiatives and public transportation options.	FSDS: Rationalization of fleets via retirement of emitting vehicles can reduce GHG emissions.	PHAC will not be reporting on fleet GHG emissions, as TBS only requires reporting from departments and agencies with more than 50 vehicles. PHAC will however continue to follow the TBS guidance in regards to green fleet management in terms of procurement and telematics use.	PHAC Internal Services
Divert at least 75% (by weight) of non-hazardous operational waste from landfills by 2030.	Other	Track and disclose waste diversion rates by 2022. Assess the waste stream to inform future decisions and options to divert operational waste from landfills.	FSDS: The Public Health Agency of Canada will: 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	Starting Point: In 2021-22, the Public Health Agency of Canada will complete waste audits in its custodial facilities. Indicator: % of non- hazardous operational waste diverted. Target: Report on waste diversion rates and disposal methods by March 31, 2022. Indicator: Diversion indicators will be developed once data from the audits has been analyzed. Target: Identification of priority diversion	PHAC Internal Services

			reduce landfill gas and transport hauling emissions. Recovering material via recycling to help reduce emissions for the extraction and production of virgin materials. SDG 12 - Responsible	options by March 31, 2022.	
			Consumption and Production. Target 12.5 - By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.		
Divert at least 75% (by weight) of plastic waste from landfills by 2030.	Other	 Track and disclose waste diversion rates by 2022. Eliminate the unnecessary use of singleuse plastics in government operations, 	FSDS: The Public Health Agency of Canada will: • Take actions that reduce the generation of non- hazardous operational waste to help to reduce Scope 3	Starting Point: New initiatives as of March 2020. Indicator: % of plastic waste diverted. Target: Report on waste diversion rates by March 31, 2022.	PHAC Internal Services

		events and	emissions for		
		meetings.	the		
		 Implement 	production,		
		initiatives	transport and		
		and	disposal of		
		processes to	material.		
		facilitate	Divert waste		
		plastic waste	from landfill to		
		diversion	help reduce		
		from the	landfill gas and		
		Public Health	transport		
		Agency of	hauling 		
		Canada's	emissions.		
		operations.	Recovering		
			material via		
			recycling to help reduce		
			emissions for		
			the extraction		
			and		
			production of		
			virgin		
			materials.		
			SDG 12 -		
			Responsible		
			Consumption		
			and Production.		
			Target 12.5 - By		
			2030,		
			substantially		
			reduce waste		
			generation		
			through		
			prevention,		
			reduction,		
			recycling and		
			reuse.		
Divort at	Othor	Track and	FSDS: Actions	Indicators 0/ of	DHAC
Divert at	Other	Track and disclose our	that reduce the	Indicator: % of construction and	PHAC
least 90% (by weight) of all		waste diversion	generation of	demolition waste	Internal
construction		rates by 2022.	construction	diverted.	Services
and		Tates by 2022.	and demolition	diverted.	
demolition			waste will help	Target: Report on	
waste from			to reduce Scope	waste diversion rates	
.74300 110111			to reduce scope	l	

landfills (striving to achieve 100% by 2030).			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. SDG 12 - Responsible Consumption and Production. Target 12.5 - By 2030, substantially reduce waste generation through prevention, recycling and reuse.	and disposal methods by March 31, 2022.	
Our administrativ e fleet will be comprised of at least 80% zero- emission	Fleet management will be optimized including by applying telematics to collect and analyze vehicle usage	Use telematics analysis to right-size fleet. Increase the percentage of departmental fleet that are ZEV or hybrid, whenever	rsps: As conventional vehicles are replaced over their lifetimes with ZEVs, and/or the size of the fleet is reduced, a greater	New Initiative Starting Point: In 2019-20, telematics were installed on all vehicles in the Public Health Agency of Canadas fleet to collect data that informs the	PHAC Internal Services

vehicles by	data on	operationally	proportion of	management of the	\neg
2030.	vehicles	feasible.	the fleet will be	departmental fleet.	
	scheduled to		ZEV.		
	be replaced.			Performance	
				Indicator: Percentage	
				of compatible and/or	
				applicable vehicles	
				logged via telematics.	
				Target: 100% (annual).	
				Starting point: In	
				2019-20, the Public	
				Health Agency of	
				Canada had 17	
				vehicles in its	
				administrative fleet,	
				one of which was ZEV	
				or hybrids.	
				Indicator: % of new	
				light-duty unmodified	
				administrative fleet	
				vehicle purchases that	
				are ZEV or hybrid.	
				Total number of	
				vehicles in	
				administrative fleet	
				in 2022-23.	
				Total number of	
				new light-duty	
				unmodified	
				administrative fleet	
				vehicles purchased	
				in 2022-23.	
				Total number of	
				ZEV or hybrid	
				purchased in 2022-	
				23.	
				Percentage of ZEV	
				in administrative	
				fleet (to indicate	
				progress on HC's	
				contribution to the	
				FSDS goal for	
				Government of	

Canada's overall
administrative fleet
to be at least 80%
ZEV by 2030).
, ,
Target: 75% (annual)
aligns with annual
procurement target
per TBS criteria.
*Although hybrid
vehicles are included,
PHAC will prioritize
ZEV purchases to the
extent possible
depending on market
availability. This is to
further support the
overall Greening
Government Goal to
achieve 80% ZEV
vehicles in the
Government of
Canada's total fleet
inventory.
Starting Point: In
2019-20, the Public
Health Agency of
Canada had one
executive vehicle in its
fleet, which was
hybrid.
Indicator: % of
executive vehicle
purchases that are ZEV
or hybrid.
or nyona.
Total number of
executive vehicles
in fleet in 2022-23.
Total number of
new executive
vehicles purchased
in 2022-23.

			climate change measures into national policies, strategies and planning.		
	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.	FSDS: Early adoption of the code in the construction of buildings demonstrates federal leadership in climate resilient buildings.	Indicator: % of real property projects where climate resilient building codes and NRC energy and building code requirements were integrated within the project design process.	PHAC Internal Services
			SDG 13 - Climate Action. 13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.	Target: 100% (annual)	
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	FSDS: The use of clean electricity eliminates GHG emissions in jurisdictions with emitting generation sources. SDG 7 - Affordable and Clean Energy. 7.2 By 2030, increase substantially the share of renewable	Indicator: New initiative, % of clean electricity. • Report on electricity consumption (kWh) in 2022-23. • Report on electricity consumption (kWh) from non-emitting sources (including renewable energy certificates) in 2022-23.	PHAC Internal Services

supporting the Goal: car Greening the Government had [This section is for actions that support]	nbodied rbon and e use of armful aterials in astruction ad novation.	Specification of low embodied carbon materials in major construction and renovation contracts. Note: Greening Government Strategy - Real Property Guidance has defined "major"	FSDS: The use of low embodied carbon materials expands the market and encourages industry to adopt low carbon extraction, production and disposal practices. This	Indicator: New initiative, % of major construction projects in which embodied carbon in building materials was minimized. Target: PHAC will work to understand the impact and resource implications of integrating the measurement and reporting of embodied	PHAC Internal Services
Otl	:her	as "Projects in which changes proposed to the building envelope and HVAC systems or the proposed value of work is more than 50% of the assessed value of the building." Encourage and facilitate the use of sustainable	will reduce Scope 3 emissions and other harmful environmental impacts. SDG 12 - Responsible Consumption and Production. Target 12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities. FSDS: Increased awareness of sustainable work practices	carbon on construction projects. A % target will be set for 2021/2022, subject to continued engagement with Public Services and Procurement Canada (PSPC), and development of a PSPC program for measuring and reporting on embodied carbons. Indicator: PHAC will undertake 8 virtual outreach activities to employees, per FY, to	PHAC Internal Services

		reduce the amount of GHG emissions produced by staff activities (e.g. encourage employees to consider less GHG intensive	climate change and to promote best practices and tools in support of Greening Government Objectives. Indicator: PHAC will undertake targeted	
		modes of transportation for business travel, or internalize SD-friendly consumer habits). SDG: 13.2 - Integrate	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.	
		climate change measures into national policies.		
Departments will use environmental criteria to reduce the	Promote environmental sustainability by integrating environmental	procurement incorporates environmental considerations	Starting Point: In 2020-21, 100% of procurement related documents, guides, and tools posted on	PHAC Internal Services
environmental impact and ensure best value in government procurement decisions.	performance considerations into departmental procurement process, including planning, acquisition, use and disposal,	into purchasing and is expected to motivate suppliers to reduce the environmental impact of the goods and services they deliver, and	Public Health Agency of Canada's Materiel and Assets Management intranet site were reviewed and updated to reflect green procurement objectives.	

			T
	Target 12.7 -	site reviewed and	
	Promote public	updated to reflect	
	procurement	green procurement	
	practices that	objectives, where	
	are sustainable,	applicable.	
	in accordance		
	with national	Target: 100% (annual).	
	policies and		
	priorities.	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 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).	
		acquisition carusj.	
1			i

			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 chain. SDG 12 - Responsible Consumption and Production. Target 12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities.	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

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 and Northern Affairs

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 Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations (Potable Water Regulations) including conducting inspections and assessments on international and interprovincial airplanes, trains, cruise ships, ferries and buses to protect the health and safety of the travelling public, ensuring that critical violations are mitigated in a timely manner.	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. SDG 6 - Clean Water and Sanitation. Target 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.	Starting point: 88% in 2013-14. Indicator: Percentage of inspected passenger transportation operators that meet public health requirements. Target: 95%	PHAC Health and Security and Regional Operations Border and Travel Health

Details on transfer payment programs

Transfer payment programs with total planned spending of \$5 million or more

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

2022-23

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.

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	31,855,600	32,134,000	32,134,000	32,134,000
Total other types of transfer payments	0	0	0	0
Total program	31,855,600	32,134,000	32,134,000	32,134,000

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

The Canada Prenatal Nutrition Program (CPNP)ⁱⁱⁱ aims to improve the health of pregnant individuals and their infants, facing conditions of risk. Funded community-level projects are aimed at increasing birth weights, promoting and supporting healthy nutrition during pregnancy and postpartum, promoting and supporting breastfeeding, and supporting general positive health behaviours and wellbeing. 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 (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

2020-21

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2025-26

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.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 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

Community Action Program for Children

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

The Community Action Program for Children (CAPC)^{iv} aims to promote the health and development of children aged 0-6 years, facing conditions of risk Funded community-level projects aim to develop and deliver a range of comprehensive, culturally appropriate, early intervention and prevention-activities aimed at improving health behaviours and overall health and wellbeing. 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; 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

2020-21

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2025-26

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

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 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.

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

These transfer payment programs will support the implementation of Canada's first national dementia strategy.

It is estimated that almost 452,000 Canadians were living with diagnosed dementia in 2017-18, two-thirds of whom are women. Nine seniors are diagnosed with dementia every hour. As Canada's population ages, it is expected that the total number of Canadians living with dementia will continue to rise despite the decreasing trend in the rate of new cases. This program will support the national dementia strategy's 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, a national public education and awareness campaign; 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. 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; and,
- Percentage stakeholders reporting overall satisfaction with evidence.

Fiscal year of last completed evaluation

Not Applicable – funding started in 2019-20

Decision following the results of last evaluation

Not Applicable

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; and,
- 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 prevention, 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 under the Enhanced Dementia Surveillance Program (EDSP) are engaged through a mix of directed and targeted solicitation. Funded recipients 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. A variety of forums are used to share learnings from funded projects including knowledge sharing sessions facilitated by PHAC among funded recipients (e.g., key learnings, examining synergies, etc.). Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually, until their close.

Type of transfer payment	2021–22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	6,396,772	13,632,120	7,838,405	0
Total other types of transfer payments	0	0	0	0
Total program	6,396,772	13,632,120	7,838,405	0

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) focuses on healthy living among Canadians who face health inequalities and are at greater risk of developing the main chronic diseases of diabetes, cardiovascular disease, and cancer. The HCCF supports interventions that address the behavioural risk factors (i.e., physical inactivity, unhealthy eating, and tobacco use) for chronic disease and aims to create physical and social environments that are known to support better health among Canadians.

Priorities of the HCCF include addressing health inequalities; encouraging multi-sectoral participation in chronic disease prevention; and exploring new ways to address the risk factors for chronic disease. The HCCF will also continue to experiment and learn from new approaches to support Canadians in leading healthier lives.

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 built environment-dedicated projects demonstrating improvement in the environment to support healthy behaviour;
- Percentage of project participants who report social environments are improved to support ongoing healthy behaviour and/or well being;

- Percentage of project participants demonstrating improved knowledge of chronic disease or risk/protective factors;
- Percentage of project participants demonstrating improved 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);
- 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).

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024-25 planned spending
Total grants	2,749,000	3,382,179	5,749,000	4,058,869
Total contributions	19,999,203	19,788,752	19,810,587	21,208,696
Total other types of transfer payments	0	0	0	0
Total program	22,748,203	23,170,931	25,559,587	25,267,565

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):

The HIV and Hepatitis C Community Action Fund seeks to ensure that:

- Community-based efforts reach key populations, including people unaware of their HIV/hepatitis C status, and link them to testing, prevention, treatment and care;
- Communities design and implement evidence-based front-line projects to prevent new and reoccurring infections;
- High-impact interventions are brought to scale so that more people benefit from them; and,
- Community-based efforts reduce stigma toward populations disproportionately affected by STBBI, including people living with HIV or hepatitis C.

Expected results

By 2025, projects funded at the national and regional levels will:

- Increase the knowledge of effective evidence-based HIV, hepatitis C or other sexually transmitted infections (STI) prevention measures among key populations and target audiences;
- Strengthen the capacity (skills and abilities) of key populations and target audiences to prevent infections and to improve health outcomes related to STBBI; and,
- Strengthen the capacity (skills and abilities) of target audiences to provide culturally safe and stigma-free STBBI prevention, testing, treatment, and care services.

By 2027, projects funded at the national and regional levels will:

 Increase uptake of effective evidence-based HIV, hepatitis C or other STI prevention measures among key populations;

- Improve access to effective STBBI prevention, testing, treatment and ongoing care and support for key populations; and,
- Improve the cultural safety and stigma-free nature of STBBI testing, prevention, treatment and ongoing care and support services provided by target audiences.

Performance indicators:

- Percentage of respondents from the key population who reported an increase in knowledge of effective evidence-based HIV, hepatitis C or related STBBI prevention measures;
- Percentage of respondents from target audiences who reported an increase in knowledge of effective evidence-based HIV, hepatitis C or related STBBI prevention measures;
- Percentage of respondents from the key population who reported strengthened capacity (skills and abilities) to prevent infection and improve health outcomes;
- Percentage of respondents from target audiences who reported strengthened capacity (skills, and abilities) to prevent infection and improve health outcomes;
- Percentage of respondents from target audiences who reported strengthened capacity (skills and abilities) to provide culturally responsive and culturally safe STBBI prevention, testing, treatment and care services;
- Percentage of respondents from key populations who reported the adoption of evidence-based HIV, hepatitis C, or related STBBI prevention measures or harm reduction strategies;
- Percentage of respondents from key populations who reported the intention to adopt evidencebased HIV, hepatitis C, or related STBBI prevention measures;
- Percentage of respondents from key populations who reported improved access to effective STBBI prevention, testing, treatment and ongoing care and support for key populations;
- Percentage of respondents from target audiences who reported a policy or practice change implemented by themselves or their organization to improve the cultural safety and stigma-free nature of STBBI testing, prevention, treatment, and ongoing care and support services; and,
- Percentage of respondents from key populations who are clients of the target audience reported improved cultural safety and stigma-free nature of STBBI testing, prevention, treatment, and ongoing care and support services provided by target audiences.

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.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	8,479,000	10,009,000	8,084,000	8,084,000
Total contributions	18,335,000	18,765,000	18,335,000	18,335,000
Total other types of transfer payments	0	0	0	0
Total program	26,814,000	28,774,000	26,419,000	26,419,000

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

2021-22

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

Not Applicable – funding started in 2016-17 and previous Immunization Evaluation covered up to 2015-16

Decision following the results of last evaluation

Not Applicable

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, were invited to submit proposals aligning with the IPF's three 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;
- 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; and,
- Providing support for provincial and territorial governments to develop or enhance vaccination registries in order to enhance the ability to monitor vaccine coverage and target vaccination programs.

PHAC directed IPF solicitation and funding towards underserved and equity-seeking populations and others disproportionately impacted by COVID-19 to increase vaccine confidence, acceptance and uptake, and secured \$78M in additional funding through 2022-23. Projects targeted for investment are selected through open solicitations and directed funding mechanisms.

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Total grants	35,500,000	30,500,000	0	0
Total contributions	13,747,527	1,723,141	0	0
Total other types of transfer payments	0	0	0	0
Total program	49,247,527	32,223,141	0	0

Indigenous Early Learning and Child Care Transformation Initiative

Start Date 2018-19

End Date Ongoing

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

Not Applicable – funding started in 2018-19

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

Targeted recipients include existing AHSUNC recipients alongside distinctions-based (First Nations, Métis, 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.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	7,956,309	26,087,001	30,374,949	33,123,634
Total other types of transfer payments	0	0	0	0
Total program	7,956,309	26,087,001	30,374,949	33,123,634

Integral Genomics Innovation Program

Start Date April 2022

End Date March 2024

Type of transfer payment Contribution

Type of appropriation Appropriated annually through Estimates

Fiscal year for terms and conditions 2021-22

Link to departmental result(s)

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

Link to department's program inventory

Laboratory Science Leadership and Services.

Purpose and objectives of transfer payment program

The Integral Genomics Innovation Program supports investments in technology adoption and operational innovation by provincial and territorial public health laboratories with the goal to improve the generation and availability of whole genome sequencing for public health policy and response. Funds are not repayable.

Expected results

- Outputs/outcomes for the Integral Genomics Innovation Program include the:
- Reduction of turnaround time from sample collection to availability of analysis-ready data;
- Increase in production capacity of Provincial and Territorial laboratories; and,
- Streamlining and modernization of sharing and integrating data across an established national network.

Fiscal year of last completed evaluation

Not Applicable – new funding

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

Government, specifically provincial laboratories and territorial public health authorities within the Canadian Public Health Laboratory Network (CPHLN) involved in genomic surveillance as part of Canada's response to COVID-19.

Initiatives to engage applicants and recipients

The department consulted with the Canadian Public Health Laboratory Network (CPHLN), a small and well-defined community of public health laboratory stakeholders, through the:

- CPHLN Laboratory Directors Council;
- Stakeholder discussions via the COVID-19 Technical Advisory Committee;
- Genome Canada run program the Canadian COVID-19 Genomics Network (CanCOGeN); and,
- Direct one-on-one consultation with several representative members of CPHLN.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024-25 planned spending
Total grants	0	0	0	0
Total contributions	3,000,000	6,000,000	3,000,000	0
Total other types of transfer payments	0	0	0	0
Total program	3,000,000	6,000,000	3,000,000	0

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. Work plans are reviewed and approved annually.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	5,842,000	9,042,000	5,842,000	5,842,000
Total other types of transfer payments	0	0	0	0
Total program	5,842,000	9,042,000	5,842,000	5,842,000

Pan-Canadian Vaccine Injury Support Program

Start Date 2021-22

End Date Ongoing

Type of transfer payment Contribution

Type of appropriation Appropriated annually through Estimates

Fiscal year for terms and conditions 2021-22

Link to departmental result(s)

Result 2.1: Infectious diseases are prevented and controlled

Link to department's program inventory

Vaccination

Purpose and objectives of transfer payment program

The Pan-Canadian Vaccine Injury Support Program (VISP) ensures that all people in Canada who experience a serious and permanent injury as a result of receiving a Health Canada-authorized vaccine, administered in Canada on or after December 8, 2020, have fair and timely access to financial support. A third-party administrator was selected via an open solicitation to administer the VISP. Québec will continue the delivery of its longstanding Vaccine Injury Compensation program, with federal funding.

Expected results

Improved vaccination coverage rates and controlled health risks associated with vaccine preventable diseases by ensuring all Canadians have access to support in the rare instance of an injury experienced as a result of receiving a vaccine authorized by Health Canada.

Fiscal year of last completed evaluation

Not Applicable, new program.

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- For-profit organizations;
- Not-for-profit organizations and charities; and,
- Government

Initiatives to engage applicants and recipients

In December 2020, provinces and territories were asked to confirm their intentions to either participate in the newly announced VISP or create their own program with federal funding. Québec was the only jurisdiction to request federal funding for the continued delivery of its existing vaccine injury compensation program. Funding is being provided through a five-year contribution agreement (2021-2026).

In February 2021, an open solicitation process took place to identify a third-party administrator for the VISP. Funding is being provided through a five-year contribution agreement (2021-2026).

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024-25 planned spending
Total grants	0	0	0	0
Total contributions	19,000,000	19,000,000	19,000,000	9,000,000
Total other types of transfer payments	0	0	0	0
Total program	19,000,000	19,000,000	19,000,000	9,000,000

^{*} Total funding is dependent on the total number of claims received and financial support awarded

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 "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 improved 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

Not Applicable

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.

Type of transfer payment	2021–22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	5,000,000	5,000,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	5,000,000	5,000,000	0	0

Preventing and Addressing Family Violence: the Health Perspective (formerly 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 Preventing and Addressing Family Violence: the Health Perspective vi 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, skills, attitudes, and behaviours 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 indicators²:

Number of population health interventions developed and/or adapted;

² 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.

- 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).

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 leading intervention research projects participate in a facilitated community of practice that connects and supports funded projects.

Type of transfer payment	2021–22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 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

Preventing Gender-Based Violence: the Health Perspective (formerly Supporting the Health of Survivors of Family Violence)

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^{vii} invests in the delivery and testing of health promotion programs 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):

- Support 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 behaviours related to genderbased violence;
- Professionals/organizations provide enhanced support for those affected by or at risk of genderbased 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,
- 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

Not Applicable – funding started in 2017-18

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2023-24

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 leading teen dating violence prevention projects participate in a facilitated community of practice that connects and supports funded projects.

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.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024-25 planned spending
Total grants	500,000	1,869,882	1,788,462	1,860,954
Total contributions	8,575,000	10,625,000	10,450,000	10,450,000
Total other types of transfer payments	0	0	0	0
Total program	9,075,000	12,494,882	12,238,462	12,310,954

Safe Voluntary Isolation Sites Program

Start Date 2020-21

End Date 2022-23

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

Health Promotion

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

Not Applicable

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2024-25

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.

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	89,531,881	68,000,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	89,531,881	68,000,000	0	0

Sero-Surveillance Consortium

Start Date 2020-21

End Date 2022-23

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 Sero-Surveillance and Research Program was developed to administer the COVID-19 Immunity Task Force (CITF), established by the Government of Canada in April 2020 with a 3-year investment of \$300M. The program is coordinating national serological surveillance studies and special supplemental research studies across Canada and in sub-populations with unique or high-risk profiles. Based on recommendations by the CITF Leadership Group and Executive Committee, Public Health Agency of Canada (PHAC, OCSO) manages the funding and administration of these studies through Grants and Contributions. Guidance and harmonization of CITF activities are provided by a Secretariat and a Leadership Group that have representation from several provincial and territorial ministries of health, and experts from across Canada in matters related to serological surveillance, immunology, virology, infectious diseases, public health, and clinical medicine.

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. Scientific results from CITF funded studies will tell us how widely the virus has spread in Canada provide reliable estimates of potential immunity and vulnerabilities, and offer insights on the virus itself.

Fiscal year of last completed evaluation

Not Applicable – funding started in 2020-21

Decision following the results of last evaluation

Not Applicable

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.

Type of transfer payment	2021–22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	190,003,748	52,100,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	190,003,748	52,100,000	0	0

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)

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

Link to the department's program inventory

Communicable Diseases and Infection Control

Health Promotion Program

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

Not Applicable – Funding started in 2017-18 and previous National Anti-Drug Strategy went up to 2015-16

Decision following the results of last evaluation

Not Applicable

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.

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 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

Supporting Mental Health of those Most Affected by COVID-19

Start Date 2021-22

End Date 2023-24

Type of transfer payment Grants and Contributions

Type of appropriation Appropriated annually through the 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 department's program inventory

Health Promotion

Purpose and objectives of transfer payment program

Through Budget 2021, the Government of Canada is providing \$100 million over three years, starting in 2021-22, to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the COVID-19 pandemic including youth, seniors, First Nations, Inuit and Métis, and Black and other racialized Canadians. The Government of Canada is also providing \$50 million over two years, starting in 2021-22, to support projects that address PTSD and trauma in health care workers, front-line and other essential workers and others affected by the pandemic.

Objective(s)

- Promote mental health and prevent mental illness in populations most affected by the COVID-19 pandemic;
- Build evidence about effective interventions to promote mental health and prevent mental illness and to address trauma and PTSD in the context of the COVID-19 pandemic and postpandemic recovery; and,
- Enhance capacity of individuals, service providers and organizations to promote mental health and to address trauma and PTSD and prevent mental illness in safe, effective and traumainformed ways.

Expected results

- Mental health is improved, and mental illness is prevented in populations most at risk of, or disproportionately experiencing the negative mental health impacts of, the COVID-19 pandemic;
- Funding recipients and the populations that will be reached access resources to develop evidence-based knowledge, knowledge products and skills for improved mental health; and,
- Stakeholders access and use evidence-based knowledge products to promote mental health and prevent mental illness.

Performance indicators:

- Number of health interventions developed or adapted;
- Percentage of funded interventions that focus on the COVID-19 and recovery context;
- Number of participants/individuals reached;
- Percentage of participants facing conditions of risk;
- 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 improved wellbeing among participants;
- Percentage of stakeholders using health promotion evidence;
- Percentage of participants accessing resources; and,
- Percentage of participants who state their mental health is better as a result of programming.

Fiscal year of last completed evaluation

Not Applicable – new funding

Decision following the results of last evaluation

Not Applicable

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:

- Not-for-profit, charitable and voluntary organizations;
- Unincorporated groups, associations, societies and coalitions;
- Provincial, territorial, regional, and municipal governments and agencies;
- Organizations and institutions supported by provincial and territorial governments (regional health authorities, schools, post-secondary institutions, etc.); and,
- First Nations, Inuit and Métis organizations.

Initiatives to engage applicants and recipients

PHAC officials engaged with experts, service providers and other stakeholders to understand the impacts of the pandemic on mental health; and to understand community needs, organizational capacity and promising interventions. These discussions helped inform the design of the investment as well as the solicitation approach. Applicants for funding were reached through targeted and directed solicitations aimed at umbrella organizations, associations, networks and coalitions. Officials supported applicants through information sessions and correspondence. PHAC officials will provide support and guidance to recipients through the implementation and evaluation of their projects, including connecting them through Communities of Practice that will build capacity and develop measurement strategies and tools.

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024-25 planned spending
Total grants	8,000,000	10,000,000	5,000,000	0
Total contributions	1,798,555	68,387,309	47,775,616	5,000,000
Total other types of transfer payments	0	0	0	0
Total program	9,798,555	78,387,309	52,775,616	5,000,000

Transfer payment programs with total planned spending of less than \$5 million

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).

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	2,150,000	2,150,000	2,190,000	2,190,000
Total other types of transfer payments	0	0	0	0
Total program	2,150,000	2,150,000	2,190,000	2,190,000

Canadian Immunization Research Network (formerly PHAC/Canadian Institutes of Health Research (CIHR) Influenza Research Network (PCIRN)

Start Date 2014

End Date March 2024

Type of transfer payment Grants

Type of appropriation Appropriated annually through Estimates

Fiscal year for terms and conditions 2021-22

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

The Canadian Immunization Research Network (CIRN) was established in 2014, transitioning from the influenza-specific PHAC/CIHR Influenza Research Network (PCIRN). 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.

CIHR's Institute of Infection and Immunity oversees the administration of funding through a directed grant to CIRN. PHAC is the primary funding source, transferring funds to CIHR.

PHAC is also providing supplemental funding to CIHR to support CIRN to undertake urgent activities related to COVID-19 vaccine research and clinical trials readiness, to enhance Canada's capacity to monitor vaccine safety and effectiveness, and to provide vaccine-related research outcomes that will inform effective, equitable, and timely COVID-19 public health decision-making.

Expected results

The overarching objectives of this current phase of CIRN are to: 1) support infrastructure to facilitate collaborative research among vaccine and immunization researchers, clinicians, public health professionals and policy makers 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 modelling and economic analysis.

CIRN must also address the following areas: sex and gender considerations, research on Indigenous populations and Official Language Minority Communities, ethical, legal and social implications, and the importance of leveraging a wide range of existing clinical trials and using a variety of methodologies inclusive of other clinical trials.

Results expected from the supplemental funding provided to CIRN include research in COVID-19 vaccine clinical trials readiness, vaccine safety and effectiveness, population prioritization and modelling, vaccine acceptance and uptake, and coordinated data collection and information sharing.

Fiscal year of last completed evaluation

Not Applicable – funding started in 2017-18 and previous Immunization Evaluation covered up to 2015-16

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

CIRN is a collaborative national research network that brings together more than 150 investigators from 58 institutions across Canada. CIRN comprises eight subnetworks built to provide research capacity that is responsive and scalable to undertake research during an infectious disease crisis, such as a pandemic, and to provide Canadian vaccine-related research for public health decision-making.

Initiatives to engage applicants and recipients

PHAC is represented by two non-voting members on the CIRN Management Committee: membership from the Centre for Immunization Readiness and the National Advisory Committee on Immunization (NACI) Secretariat. This committee, including the research leads from all eight CIRN subnetworks, meets monthly and provides an opportunity for PHAC to enhance collaboration and knowledge exchange with CIRN.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	900,000	500,000	500,000	3,500,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	900,000	500,000	500,000	3,500,000

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 supports community-based projects that aim to improve the wellbeing of people living with dementia and their family/friends, caregivers and increase knowledge about dementia and related risk and protective factors. The program also provides funding support for the *Canadian Dementia Learning and Resource Network*, a knowledge hub led by Schlegel-UW Research Institute for Aging to facilitate collaboration among DCI projects and share lessons learned with the broader dementia community.

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: 4

- Percentage of program participants reporting increased knowledge and/or skills as a result of programming;
- Percentage of program participants who report improving their health behaviours as a result of programming;
- Percentage of participants who experience improved protective factors (e.g., social inclusion, exercise);
- Percentage of participants who report improved wellbeing (e.g., social, emotional, physical wellbeing); and,
- Percentage of participants who report improved wellbeing of the people they care for.

⁴ First set of results for these performance indicators is expected at the end of fiscal year 2023-24.

Fiscal year of last completed evaluation

Not Applicable – Funding started in 2018-19

Decision following the results of last evaluation

Not Applicable

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: develop, test, and scale-up resources, tools and supports to build capacity in communities to improve the wellbeing of people living with dementia and their family/friends, and caregivers and increase knowledge about dementia and related risk and protective factors.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	4,400,000	4,400,000	3,400,000	3,400,000
Total other types of transfer payments	0	0	0	0
Total program	4,400,000	4,400,000	3,400,000	3,400,000

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

This funding will support partnerships with community-based organizations, research institutions, provincial and territorial governments to advance Fetal Alcohol Spectrum Disorder (FASD) awareness, prevention and intervention activities. Projects will support the development and 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.

Expected results

This program contributes to the development of evidence-based products and guidelines, which when accessed and used by stakeholders, ultimately contribute to Canadians having improved health behaviours.

This program contributes to the knowledge accessed by target audiences such as, public health practitioners, policy makers, researchers, etc. The number of participants in webinars or training will provide information on the extent to which key-targeted stakeholders participate in this channel of evidence dissemination and knowledge transfer. Findings will be used to help guide and promote webinars and training. Additionally, information will be used to determine the effectiveness of these dissemination channels.

Performance indicator

- Number of health promotion-themed evidence products released per fiscal year; and,
- Number of participants in webinars, training

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^{viii} page for the Public Health Agency of Canada. Recipients are also engaged through open, 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. Recipients participate in an annual meeting to share results and connect funded projects.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 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

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 an initiative under the 2018-2023 Action Plan for Official Languages.

Expected results

- Vulnerable families in OLMCs 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 OLMCs have improved wellbeing as a result of access to programming in the official language of their choice.

Performance indicators:

- Number of projects funded by the Healthy Early Years (HEY) program;
- Number of parents, caregivers and children participating in the HEY program;
- Program participants gain knowledge and skills to improve their family and health practice; and,
- Program participants (parents/caregivers) experience improved health and wellbeing.

Fiscal year of last completed evaluation

Not Applicable – Funding started in 2018-19

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2022-23 (Horizontal Evaluation of Official Language Action Plan, led by Canadian Heritage)

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.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 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

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-base evidence, education, and awareness. The focus is on preparing for and protecting Canadians from climate-driven infectious diseases that are zoonotic, foodborne, and/or waterborne.

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 foodborne, waterborne, 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 to support decision-making and knowledge translation.

Fiscal year of last completed evaluation

Not Applicable

Decision following the results of last evaluation

Not Applicable – funding started in 2016-17

Fiscal year of next planned evaluation

2025-26

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^{ix} 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.

Type of transfer payment	2021–22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	599,339	500,000	500,000	400,000
Total contributions	2,076,430	1,700,000	1,700,000	1,600,000
Total other types of transfer payments	0	0	0	0
Total program	2,675,769	2,200,000	2,200,000	2,000,000

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

2026-27

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 they close.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 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

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

2026-27

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.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 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

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 Appropriated 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

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the Council of Ministers of Education Canada and the Conference of Ministers of Health in order to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The JCSH is the only pan-Canadian organization that provides Canada-wide information exchange and capacity building between provincial and territorial sectors responsible for health and education on issues related to the health and wellbeing of Canadian students. Almost all Canadian provinces and territories have membership in the JCSH.

Expected results

- Maintain the Pan-Canadian Joint Consortium for School Health (JCSH), which consists of federal, provincial, and territorial (F/P/T) representatives from ministries responsible for health and education to support the health and learning of students in school settings using a Comprehensive School Health approach;
- Strengthen collaboration among F/P/T ministries responsible for health and education; and,
- Increase the capacity of ministries responsible for health and education to strategically work together more effectively and efficiently.

Fiscal year of last completed evaluation

2015-16

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, 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

Not Applicable

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 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

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)

Projects are selected following the commencement of the fiscal year and it is not yet known which result or program the selected project(s) will link to.

Link to the department's program inventory

- Chronic Disease Prevention;
- Evidence for Health Promotion;
- Chronic Disease and 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 Waterborne Enteric Diseases);
- 2023-24 (Sexually Transmitted and Blood-Borne Infections);
- 2024-25 (Healthy Canadians and Communities Fund); and,
- 2025-26 (Health Portfolio's Tobacco and Vaping Activities).

The International Health Grants Program (IHGP) will be included in the evaluation of the Office of International Affairs for the Health Portfolio 2024-25 taking place in FY 2025-26.

The IHGP is also included in the scope of the evaluation of the Health Portfolio's Tobacco and Vaping Activities 2025-26, which will take place in FY 2026-27.

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.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	2,154,723	1,347,119	1,347,119	1,180,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	2,154,723	1,347,119	1,347,119	1,180,000

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 promote 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 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.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024-25 planned spending
Total grants	2,070,000	2,070,000	2,070,000	2,070,000
Total contributions	2,877,000	2,877,000	2,877,000	2,877,000
Total other types of transfer payments	0	0	0	0
Total program	4,947,000	4,947,000	4,947,000	4,947,000

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

Not Applicable – Funding started in 2019-20

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2026-27

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.

Type of transfer payment	2021-22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	1,200,000	1,200,000	1,200,000	0
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	0

Nutrition North Canada

Start Date 2016-17

End Date Ongoing

Type of transfer payment Contribution (as part of the Horizontal Initiative led by Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)

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 support culturally appropriate retail and community-based nutrition education initiatives that are intended to influence healthy eating in isolated northern communities, as part of the broader CIRNAC-led Nutrition North Canada program.

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

Not Applicable – Funding started in 2016-17 and was not part of previous Nutrition North Evaluation

Decision following the results of last evaluation

Not Applicable

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.

Type of transfer payment	2021–22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 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

Optimizing External Evidence on Complex Scientific Public Health Issues

Start Date 2021-22

End Date 2023-24

Type of transfer payment Contribution

Type of appropriation Appropriated through COVID-19 response funding

Fiscal year for terms and conditions 2021-22

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 develop evidence on complex public health issues that will support decision making across Canada.

Objective: Support the development of state of evidence on complex pan-Canadian public health issues such as Antimicrobial Resistance (AMR) and health data sharing.

Expected results

- Establishment of independent expert panels to generate in-depth, evidence-based assessments on specific complex public health questions; and,
- Release and dissemination of final public assessment reports.

Fiscal year of last completed evaluation

Not Applicable

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

Unknown

General targeted recipient groups

Non-profit organizations

Initiatives to engage applicants and recipients

Recipients were engaged through targeted solicitations.

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	0	1,500,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	0	1,500,000	0	0

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 2023.

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.⁵

Fiscal year of last completed evaluation

Not Applicable – funding started 2020-21

⁵ 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.

Decision following the results of last evaluation

Not Applicable

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

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

Not Applicable

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	6,267,000	4,267,000	4,267,000	4,267,000
Total other types of transfer payments	0	0	0	0
Total program	6,267,000	4,267,000	4,267,000	4,267,000

Promoting Health Equity: Mental Health of Black Canadians (formerly 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 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

Not Applicable – funding started in 2018-19

Decision following the results of last evaluation

Not Applicable

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 (SGBA 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.

Type of transfer payment	2021-22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Total grants	1,765,000	2,065,000	0	0
Total contributions	2,410,000	2,160,000	1,640,000	0
Total other types of transfer payments	0	0	0	0
Total program	4,175,000	4,225,000	1,640,000	0

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 Canadian Institute of Health Research (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 memorandum of understanding, 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.

Type of transfer payment	2021–22 forecast spending	2022-23 planned spending	2023-24 planned spending	2024–25 planned spending
Total grants	560,000	460,000	460,000	460,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	560,000	460,000	460,000	460,000

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, and employment.

Budget 2021 provided \$15.4 million over two years (less \$8M of existing departmental resources), starting in 2021-22 to support the development of a national autism strategy.

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

Not Applicable - Funding started in 2018-19

Decision following the results of last evaluation

Not Applicable

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

To date, two solicitations have been posted. The first solicitation launched in 2018, allocated \$4.2M to eight projects focused on providing supports for autistic Canadians transitioning from youth to adulthood. The second solicitation launched in April 2021 and will support community-based projects that will be undertaken over a two-year period (2022-23 to 2023-24) to address the impact of COVID-19 on autistic Canadians. Funding also supports an agreement with the Canadian Academy of Health Sciences to undertake an assessment on autism to inform the development of the national autism strategy; as well as funding for AIDE Canada, which provides on-line and in-person knowledge, tools and resources to support autistic Canadians, the families and caregivers.

Type of transfer payment	2021–22 forecast spending	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Total grants	0	0	0	0
Total contributions	4,681,997	4,765,933	776,780	0
Total other types of transfer payments	0	0	0	0
Total program	4,681,997	4,765,933	776,780	0

Gender-based Analysis Plus

General information Institutional GBA Plus Capacity

Governance structures

In 2022-23, PHAC will continue to implement a Sex and Gender-based Analysis⁶ Plus (SGBA Plus) Action Plan focusing on three priority areas:

- Increase awareness and build capacity;
- Strengthen governance and accountability; and,
- Integrate non-stigmatizing and inclusive language into the Agency's products.

For 2022-23 PHAC will continue to integrate SGBA Plus into decision-making related to programs and operations through routine discussion of SGBA Plus at senior management committees and demonstrate progress on its priorities through annual reporting to the Agency's Executive Committee.

PHAC will continue to consider SGBA Plus, equity, diversity and inclusion considerations and inclusive, non-stigmatizing language during the development of Memoranda to Cabinet, Budget Proposals and Treasury Board Submissions. Accountability mechanisms, include an internal SGBA Plus attestation process, will ensure the quality and accuracy of the SGBA Plus analyses carried out for Cabinet documents, with emphasis on integrating relevant sex, gender, diversity, inclusion and health equity-related considerations throughout policies and programs.

PHAC's SGBA Plus Champion continues to lead the integration of SGBA Plus into the organization's functions and programs with the support of a SGBA Plus Focal Point Team. The SGBA Plus 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.

⁶ The Health Portfolio has added 'sex' to Gender-based Analysis Plus to highlight the biological (sex-based) factors that need to be considered in the health context. Both terms refer to the same analysis.

PHAC will advance work to support the implementation of the renewed Health Portfolio SGBA Plus Policy. In support of the Policy, PHAC will further embed equity, diversity, and inclusion into research design; prioritize the collection and analysis of disaggregated data to inform policy and program design; and engage with diverse stakeholders and partners to better understand lived experiences and shape experiences of PHAC's programs and initiatives. The SGBA Plus focal point will work with program areas and provide support to enable a more fulsome culture shift, to ensure a more systematic integration of equity, diversity, and inclusion considerations into all aspects of the Agency's work. The Agency will continue to implement 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.

Capacity Building:

PHAC will continue to advance on its SGBA Plus plans and priorities with a main focus on strengthening capacity building and integrating SGBA Plus into various elements of program delivery. For 2022-23, the Agency focal point will implement a number of awareness raising and capacity building activities to strengthen the integration of SGBA Plus into the Agency's work through training sessions, tailored presentations and development of new products. Results from the bi-annual Health Portfolio SGBA Plus Survey in 2022 will be used to assess progress in capacity building efforts.

The Agency's SGBA Plus Champion will continue to strengthen the culture around SGBA Plus across the organization through presentations with both employees and managers. Further, the renewed intradepartmental SGBA Plus Network with over 80 representatives from across the organization will advance and continually improve the implementation of SGBA Plus at PHAC through their strengthened expertise from formal and applied learning.

Human resources:

In 2022-23 approximately eight full-time equivalents (FTEs) will be dedicated to SGBA Plus implementation in the Agency:

- 5 FTEs within the SGBA Plus Focal Team dedicated to advancing SGBA Plus capacity and practice; and,
- SGBA Plus Champion and PHAC SGBA Plus Network members' time amounting to three FTEs in total.

Highlights of GBA Plus Results Reporting Capacity by Program

For more information on the pillars and goals, please refer to the Gender Results Framework^x (GRF).

Health Promotion

For each program in the department's program inventory, answer the following questions:

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework?

Yes, this program supports the following Pillars (P) and Goals (G) of the Gender Results Framework (GRF):

- 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.
- b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)?

Yes, the following programs collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity:

- Pan-Canadian Suicide Prevention Service
- Mental Health Promotion Innovation Fund^{xi}
- Preventing Gender-Based Violence: the Health Perspective
- Preventing and Addressing Family Violence: the Health Perspective
- Dementia Strategic Fund^{xii}
- Dementia Community Investmentxiii
- Healthy Seniors Pilot Project

Note: There are data limitations particularly for the following initiatives: Preventing Gender-Based Violence: the Health Perspective, also Preventing and Addressing Family Violence: the Health Perspective. It is up to projects to determine how they collect participant data; some sample sizes are quite small; and for some populations engaged in the projects, it may not be safe or appropriate to ask/require detailed demographic information.

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.

Not Applicable

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.

At this time, Prevention of Substance Related Harms (PSRH) is building capacity to report on impacts by gender and diversity in the future. PSRH is working to integrate SGBA Plus in mechanisms for collaboration and knowledge mobilization, program monitoring and reporting using SGBA Plus performance indicators/targets, and the development of training curriculum and public health education resources through a health approach using a SGBA Plus lens.

Canada's national dementia strategy, A Dementia Strategy for Canada: Together We Aspire, emphasizes health equity by focusing on populations that may be at higher risk and/ or face barriers to equitable care. Examples of these populations include women, Indigenous peoples, older adults, ethnic and cultural minority communities, 2SLGBTQ+ people, and others. Organizations that apply for funding through the Dementia Strategic Fund are asked to incorporate the consideration of sex and gender and other identity factors into their proposals and recipients will be expected to report on these considerations in their annual reporting to PHAC. Reporting to PHAC on the initial results of DSF projects is expected to begin in 2022-23.

All Dementia Community Investment (DCI) funded projects report on the impact of their work, including on populations that are more at risk of developing dementia and/or face inequities to care and support, to help better understand the effectiveness of the interventions. The DCI has applied SGBA Plus considerations to its past solicitation processes by ensuring successful proposals address SGBA Plus considerations in the initiatives, where applicable. For example, this includes projects reporting on disaggregated data, when possible. Applicants of DCI solicitation processes are asked to incorporate health equity and cultural sensitivity considerations in their proposals.

Understanding the gendered impacts of aging is a key goal of the New Brunswick Healthy Seniors Pilot Project. SGBA Plus has been a mandatory component for every Call for Projects. All applications are required to complete SGBA Plus training and submit a copy of their training certificate as part of the application package. Project applications have a specific section devoted to SGBA Plus, ensuring that all applicants incorporate SGBA Plus analysis into their project design. This section is evaluated as part of the competitive review process by expert reviewers who provide a score and qualitative feedback about the quality of this section. SGBA Plus is implemented across the Government of New Brunswick by the Women's Equality Branch (WEB) that reviews each recommended application and makes suggestions on how projects can enhance their design to address gender and aging. As part of the Healthy Seniors Pilot Project reporting, all projects are required to: collect information on diversity, gender, rurality, ethnicity, and language; as well as lessons learned related to SGBA Plus. To date, projects have identified adjustments in recruitment processes and program design to ensure participation of diverse populations.

Chronic Disease Prevention

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

Yes, this program supports the following Pillars (P) and Goals (G) of the Gender Results Framework:

- P: Poverty reduction, health, and well-being; and,
 C: Bedused poverty and improved health outsomes.
 - G: Reduced poverty and improved health outcomes.
- b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]

Yes, the following programs collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity:

- Healthy Canadians and Communities Fund (HCCF)
- ParticipACTION
- Mental Health of Black Canadians^{xiv}
- 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.

Not Applicable

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.

Healthy Canadians and Communities Fund

Recipients must integrate SGBA Plus throughout the planning, design, implementation, monitoring, evaluation and reporting phases of their projects. As well, 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 Plus. This has allowed projects, to the extent possible, to adhere to the SGBA Plus and Gender Inclusive Services (GIS) Policy (Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices).

Mental Health of Black Canadians

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 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.

Evidence for Health Promotion, and Chronic Disease and Injury Prevention

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

Yes, this program supports the following Pillars (P) and Goals (G) of the GRF:

- P: Poverty reduction, health, and well-being; and,
 G: Reduced poverty and improved health outcomes.
- b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]
 - 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.
- 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.

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.

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 SGBA.

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.

Not Applicable

Laboratory Science Leadership and Services

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

No

b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]

No

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.

Although the program functions to prevent infectious diseases as a whole, some of its programs target specific communities, including those living in Northern, remote or isolated communities. The distribution of COVID-19 tests to these communities recognizes the unique barriers faced by certain communities and the program tracks data for example on the number of COVID-19 tests distributed to Northern, remote or isolated communities. . 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 SGBA Plus implications on a project-by-project basis.

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.

Not Applicable - Several research studies have been recently published which start to examine social determinants of health in infectious diseases and the program will continue to explore how these determinants of health could be used to inform future policies and practices.

Communicable Disease and Infection Control

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

Yes, this program supports the following Pillars (P) and Goals (G) of the GRF:

- P: Poverty reduction, health, and well-being; and,
 G: Reduced poverty and improved health outcomes.
- b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]

Yes

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.

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:

- 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.
- 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.

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.

Vaccination

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

No

b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes/No]

Yes, depending on availability, diversity and quality of information collected. For example; Vaccine coverage surveys, analysis of vaccine uptake among eligible key demographics, and public opinion research, among others, allow the program 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.

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.

Not Applicable

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.

PHAC funds numerous projects through the Immunization Partnership Fund (IPF) to promote COVID-19 vaccine acceptance and uptake in priority populations, and monitors and reports on the ability of those projects to reach these populations. All Contribution Agreement recipients are provided with a performance measurement guide, which are used to provide PHAC with progress reports on their respective projects, including annual and final reports.

Foodborne and Zoonotic Disease

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

No

b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]

Yes

PHAC conducts surveillance on the number of reported cases of emerging infectious diseases such as Lyme Disease which includes the collection of sex, gender and age.

The program seeks to increase recognition for the need to collect sex and gender data, specifically in relation to risk factors, symptoms and patterns of health issues for the purposes of preventing, diagnosing and treating illness. Utilizing tools to recognize that people have multiple and diverse identity factors that intersect to shape their perspectives, ideologies and experiences when developing policy is ongoing.

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.

Not Applicable

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.

The Infectious Disease and Climate Change (IDCC) Program and Fund within CFEZID incorporates SGBA Plus considerations into program implementation, roll-out and design. For example, SGBA Plus considerations are integrated into the funding application guide, and SGBA Plus metrics are taken into consideration when making funding decisions.

Emergency Preparedness and Response

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

Yes, this program supports the following Pillar (P) and Goals (G) of the GRF:

- P: Education and skills development; and,
 G: Equal opportunities and diversified paths in education and skills development.
- b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]

No, this program does not collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity.

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.

Training: The program develops and delivers training that builds participant competencies in understanding and applying principles of SGBA Plus to common surveillance and outbreak related data questions. In this context, the relevance of collecting information on gender, sex, ethnicity and other human demographic differences is discussed and practical and applied solutions explored in a public health context. In 2022-23:

- The program will continue to evolve sex and gender related training content for field epidemiologists and other front line responders by revising the new (Nov 2021) training in alignment with evolving best practices and understanding in this area of work; and
- Continue to offer epidemiologists at the Agency training needed to work effectively with sexual and gender minority communities, explore challenges with accurately capturing sex and gender data, and apply these learnings in applied public health settings.

GPHIN: The program will take into consideration SGBA Plus principles and practices in the development of Improvements to the Global Public Health Intelligence Network (GPHIN) to strengthen early detection and warning of potential public health threats.

PPE/NESS Component: The program impact is measured on a broader scale that includes all Canadians. However, the program takes SGBA Plus 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.

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.

Not Applicable

Biosecurity

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

No

b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]

No, this program does not collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity.

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.

The program functions to regulate laboratories conducting controlled activities with human and terrestrial pathogens and toxins. Program components are designed to prevent the accidental or deliberate release of these agents into the environment and to deter bioweapons development. Activities are targeted at the institutional level and not toward any socio-demographic groups of individuals.

The program measures its impact on a broader scale including all Canadians and devises its implementation strategy accordingly; however, the program considers specific health risks to particular populations (e.g., sex, pregnant women, children, elderly, etc.) in the development of technical documents that describe the hazardous properties of a human pathogen and provide recommendations for work involving these agents in a laboratory setting.

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.

Not Applicable

Border and Travel Health

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

No

b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]

This program collects some data to enable it to monitor and/or report program impacts by gender and diversity.

On a periodic basis, the program has collected gendered data on the percentage of travellers 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

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.

Not Applicable

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.

Periodic collection of gendered data on users' experience with travel.gc.ca will continue to inform on-going evolution and refinement of the development and implementation of PHAC's travel health recommendations and information available to travellers. For example, under the *Quarantine Act*, 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. In fiscal year 2022-23, the Agency will start updating its SGBA Plus analysis in respect of COVID-19 border measures, and will incorporate its results in the implementation of future border measures.

Internal Services

a. Does this program have impacts that support the pillars and goals of the Gender Results Framework? [Yes/No]. Which ones?

Yes, this program supports the following Pillars (P) and Goals (G) of the GRF:

- 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.
- b. Does this program collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity (GBA Plus)? [Yes / No]
 - Yes, this program collects sufficient data to enable it to monitor and/or report program impacts by gender and diversity.
- 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.
 - Not Applicable
- 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.

PHAC's Employee Assistance Program applies a SGBA Plus lens to its policies, procedures, and services. Grounded in research conducted in 2018-19, EAP continues:

- 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 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.

The SGBA Plus Toolkit, which contains resource sheets on Workplace Stress and Mental Health, Work-life Balance, Workplace Discrimination, Diversity and Bias, Harassment and Bullying, and Stigma, Disclosure & Help Seeking is being incorporated into the Mental Health Toolkit, creating greater accessibility to the information for employees and managers. The research team at the University of Ottawa, who initially co-developed the SGBA Plus Toolkit, has updated each resource sheet to reflect the changes in our workplace, as a result of the pandemic. Additionally, they are developing whiteboard videos to accompany each of the resource sheets, to further increase awareness and education.

The Mental Health Toolkit was designed as a way to increase awareness and education around mental health. The program is able to collect basic data on engagement with the Toolkit. A plan is being developed to collect both qualitative (e.g. focus groups) and quantitative data, to better track and understand engagement on mental health, SGBA Plus, and the intersections between mental health and SGBA Plus.

United Nations 2030 Agenda and the Sustainable Development Goals

Public Health Agency of Canada

UN Sustainable Development Goals (SDGs)	Planned initiatives	Associated domestic targets or "ambitions" and/or global targets
SDG 3: Ensure healthy lives and promote well-being for all at all ages.	Healthy Canadians and Communities Fund (HCCF) Mental Health Promotion Innovation Fund ^{xv} Promoting Health Equity: Mental Health of Black Canadians Immunization Partnership Fund ^{xvi} (IPF) Government of Canada's Five- year Action Plan on STBBI ^{xvii} Dementia Community Investment Dementia Strategic Fund Placement of Public Health Officers	This Strategy contributes to: Global 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; 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; Global target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of Alcohol; 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, Canadian Indicator Framework target "Life expectancy, total and health-adjusted."

		Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations.
		The Dementia Community Investment and Dementia Strategic Fund contribute to the Canadian Indicator Framework ambition of "Canadians have healthy and satisfying lives", multiple indicators. Additionally, these programs also contribute to the Canadian Indicator Framework ambition of "Canada prevents causes of premature death", specifically the following 2 indicators: Incidence of selected diseases, and Mortality rate for selected causes of death.
SDG 5: Achieve gender equality and empower all women and girls	The Pan - Canadian Health Inequalities Reporting Initiative and Data Tool ^{xviii}	This Strategy contributes to: Global target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation.

SDG 6: Ensure availability and	Implementation of the	This Strategy contributes to:
sustainable management of	"Potable Water on Board	
water and sanitation for all	Trains, Vessels, Aircraft and	Global target 6.1: By 2030,
	Buses Regulations"	achieve universal and equitable
	The Travelline Dublic Dresses	access to safe and affordable
	The Travelling Public Program	drinking water for all.
	oversees water quality on conveyances through the	
	Potable Water on Board	
	Trains, Vessels, Aircraft and	
	Buses Regulations (Potable	
	Water Regulations) including	
	conducting inspections and	
	assessments on international	
	and interprovincial airplanes,	
	trains, cruise ships, ferries and buses to protect the health	
	and safety of the travelling	
	public, ensuring that critical	
	violations are mitigated in a	
	timely manner.	
SDG 10: Reduce inequality within	The Promoting Health Equity:	This Strategy contributes to:
and among countries	Mental Health of Black	
	Canadians	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.
		and decion in this regula.
		Canadian Indicator Framework
		target "Canadians live free of
		discrimination and inequalities
000405	N	are reduced."
SDG 12: Ensure sustainable consumption and production	National Emergency Strategic Stockpile (NESS)	This Strategy contributes to:
patterns		Global target 12.5: By 2030,
		substantially reduce waste
1		
		generation through prevention,
		generation through prevention, reduction, recycling and reuse.

		Canadian Indicator Framework target: Not Applicable
SDG 13: Take urgent action to combat climate change and its impacts	Active emergency networks (e.g., Eastern Border Health Initiative, Great Lakes Border Health Initiative)	This Strategy contributes to: Global target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries. Global target 13.2: Integrate climate change measures into national policies, strategies and planning. Canadian Indicator Framework target: Not Applicable 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

- Departmental Sustainable Development Strategy 2020 to 2023, https://www.canada.ca/en/public-health/corporate/mandate/about-agency/sustainable-development/departmental-strategy-2020-2023.html
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- Canada Prenatal Nutrition Program, https://www.canada.ca/en/public-health/services/health-promotion/childhood adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp.html
- Community Action Program for Children (CAPC), https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/community-action-program-children-capc.html
- ParticipACTION, https://www.participaction.com/en-ca
- 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
- Preventing Gender-Based Violence: the Health Perspective Program, https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/call-proposals-precenting-addressing-gender-based-violence-health-perspective-teen-youth-dating-violence-prevention/investment-overview.html
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- Federal Framework on Lyme Disease, https://www.canada.ca/en/public-health/services/publications/diseases-conditions/lyme-disease-canada-federal-framework.html
- * Gender Results Framework, https://women-gender-equality.canada.ca/en/gender-results-framework.html
- Mental Health Promotion Innovation Fund, https://www.canada.ca/en/public-health/services/funding-opportunities/mental-health-promotion-innovation-fund.html
- xii Dementia Strategic Fund, https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/dementia-strategic-fund-awareness-raising-initiatives.html
- Dementia Community Investment, https://www.canada.ca/en/public-health/news/2020/01/backgrounder-dementia-community-investment.html
- wiv 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
- 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
- xvi Immunization Partnership Fund, https://www.canada.ca/en/public-health/services/immunization-vaccine-priorities/immunization-partnership-fund.html
- wii 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
- The Pan-Canadian Health Inequalities Reporting Initiative and Data Tool, https://health-infobase.canada.ca/health-inequalities/data-tool/