



PUBLIC HEALTH AGENCY OF CANADA 2022–23 DEPARTMENTAL PLAN

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Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada 



Également disponible en français sous le titre :
Agence de la santé publique du Canada : Plan ministériel 2022-2023

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Publication date: 2022

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Cat.: HP2-26E-PDF
ISSN: 2371-8064
Pub.: 210619



TABLE OF CONTENTS

From the Ministers.....	1
Plans at a glance	4
Core responsibilities: planned results and resources	7
Health Promotion and Chronic Disease Prevention	7
Infectious Disease Prevention and Control	19
Health Security	32
Internal services: planned results	42
Planned spending and human resources	51
Future-oriented condensed statement of operations.....	56
Corporate information	58
Supporting information on the program inventory	60
Supplementary information tables.....	60
Federal tax expenditures	61
Organizational contact information.....	61
Appendix: definitions.....	62
Endnotes	65



FROM THE MINISTERS

We are proud to present the 2022-23 Departmental Plan for the Public Health Agency of Canada (PHAC). This plan outlines our priorities as we shift into the next phase of pandemic response and recovery, and focus on rebuilding a stronger, more resilient country. Communities across Canada have persevered through the challenges of the last two years. As we move forward into 2022-23, PHAC


will continue to adapt its approach based on the latest scientific evidence and seek opportunities to provide Canadians with the tools needed to shape a stronger and healthier future. In collaboration with partners and stakeholders, PHAC continues to provide leadership and guidance in pandemic response efforts and other public health initiatives.



It is clear that vaccines are one of the best tools in Canada's diverse approach to mitigating the severe health effects of COVID-19. PHAC will continue to work with provinces, territories, and other partners to secure and allocate a sufficient supply of vaccines, with a focus on boosters and pediatric doses. Additionally, PHAC will support the COVID-19 Immunity Task Force as they continue to expand surveillance of the SARS-CoV-2 virus and its variants. This will ensure that Canadians receive up-to-date, scientifically sound information to protect themselves and their communities.

Another priority is to ensure that PHAC, and the Government of Canada as a whole, is well-equipped to transition to the next phase of the pandemic and is prepared to respond to future health-related events. The pandemic has shown that a proactive, efficient, and organized response is crucial to address public health threats and keep Canadians safe. PHAC continues to strengthen surveillance and detection systems, as well as the capacity to procure and distribute necessary protective and medical equipment. As border measures and travel restrictions continue to evolve, we are committed to mitigating public health risks and keeping Canadians informed about risks related to travel.


COVID-19 has also put an intense strain on the mental and physical health of Canadians, especially in vulnerable communities who have been disproportionately affected by COVID-19. PHAC will continue to advance health equity and strengthen our public health systems to be more accessible and inclusive for all Canadians and ensuring that there is the most appropriate care, in the most appropriate place by the most appropriate provider. We will continue improving the availability and quality of mental health services, including the expansion of national standards on mental health, a pan-Canadian suicide prevention service, and working toward a national three-digit suicide prevention and mental health crisis line. Alongside the pandemic response, PHAC maintains support for programs and initiatives that promote improved health and health behaviours, including: the National Autism Strategy, Indigenous Early Learning and Child Care, addressing substance-related harms, and improving healthy aging as part of the UN Decade of Healthy Ageing (2021-2031). PHAC will also continue working with partners to increase awareness and reduce the emergence of antimicrobial resistance through increased monitoring and plans for appropriate antimicrobial use.



This year is a pivotal time for Canadians as we transition to the next phase of the pandemic. PHAC will work closely with government partners at all levels, as well as other partners at the forefront of the COVID-19 response, on public health initiatives aimed at building a resilient, adaptable, and diverse public health system that will support Canadians through 2022-23 and beyond.

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Minister of Health

The Honourable Carolyn Bennett, M.D., P.C., M.P.
Minister of Mental Health and Addictions and Associate Minister of Health



PHAC acknowledges that this report was written on the traditional, unceded territory
of the Algonquin Anishinabeg Nation



PLANS AT A GLANCE

PHAC continues to support the Government of Canada's commitment to keep Canadians safe and healthy in 2022-23. While responding to COVID-19 remains Canada's top priority, other complex public health challenges persist—and some have been exacerbated by the pandemic—such as the health impacts of climate change, the opioid overdose crisis, antimicrobial resistance, and worsening mental health amongst Canadians. PHAC remains dedicated to protecting Canadians against severe outcomes from COVID-19 and minimizing societal disruption. At the same time, we will prepare for future emergencies, enhance mental wellbeing, and prevent diseases and injuries, while addressing health inequities and ensuring a fair and more inclusive public health system.


Working in close cooperation with provinces and territories, Indigenous communities, and other partners, PHAC's ongoing leadership in the fight against COVID-19 includes prioritizing continued action to support vaccination, procurement of therapeutics, ongoing management of our border measures, enhancing the capacity of the National Emergency Strategic Stockpile (NESS), and maintaining pandemic leadership in the areas of: surveillance, data, research and modelling; public health advice and guidance; communications and outreach; and emergency management. Through these collaborations, PHAC will continue work to ensure that health inequities, including those exacerbated by the COVID-19 pandemic, are understood and addressed in inclusive and culturally appropriate ways with Indigenous Peoples, racialized Black Canadians and other equity-deserving communities, and with vulnerable and marginalized populations in Canada.

Core Responsibility 1: Health Promotion and Chronic Disease Prevention

To work towards ensuring that everyone in Canada is equally protected and able to achieve their optimal health moving forward, PHAC's [Core Responsibility 1: Health Promotion and Chronic Disease Prevention](#) highlights the Agency's commitment to taking action to reduce inequalities and promote healthy living at all stages of life.

Fundamental to the fight against COVID-19, and with long-term and future-oriented direction, PHAC is working to support mental health promotion and mental illness prevention initiatives, prevent and address family and gender-based violence, and contribute to a comprehensive approach to preventing substance-related harms in Canada. This approach includes harm reduction, stigma reduction, and increasing outreach and public health education for priority populations including youth.

While the pandemic has affected all aspects of the health and wellbeing of Canadians, PHAC continues to be guided by science and [evidence-informed decision-making](#).ⁱ The Agency will also continue its work on the social determinants of health, including through the measurement and characterization of health inequalities in Canada and through new programming to support upstream, intersectoral action to address the root cause of health inequities. PHAC will continue to fund projects that increase our knowledge base, raise awareness, reduce barriers to care, and further enable targeted public health interventions. This is particularly important given the broader inequities that persist in our country, which have resulted in some populations being more severely impacted by health crises than others.



The Agency will also continue to advance Canada's first national dementia strategy, in support of efforts to prevent dementia and improve the quality of life of those impacted by dementia.


Core Responsibility 2: Infectious Disease Prevention and Control

In the area of infectious disease prevention and control, PHAC continues to prioritize increasing knowledge and understanding of the health risks associated with climate-driven infectious diseases, working towards combatting antimicrobial resistance, and reducing the health impacts of re-emerging diseases, including sexually transmitted and blood-borne infections (STBBI). PHAC continues to expand efforts to monitor the trends and impacts of antimicrobial resistance in both institutions and the community, building on lessons learned from the pandemic with domestic partners to prioritize collective actions to further address the threat of antimicrobial resistance and contributing Canadian expertise to develop and strengthen international multilateral and bilateral collaboration to advance a One Health approach to explore options to increase access to existing and new antimicrobials, improve appropriate use of antimicrobials, and address impacts on populations most at risk. PHAC will also mobilize approaches in prevention, detection, and treatment of STBBIs in an effort to reduce the health impacts of these infections on the general population as well as higher risk communities and vulnerable populations across Canada.

Specific to COVID-19, PHAC's efforts continue to help prevent and reduce the spread of COVID-19 and its variants, reduce hospitalization and death, and protect our health systems from being overwhelmed through a combination of vaccines and evidence-informed public health measures guidance and advice to the public (e.g., [Safe Voluntary Isolation Sites](#)ⁱⁱ). Surveillance efforts will continue to help reduce the spread of variants of concern and positively impact the health of Canadians and others around the world. In partnership with Health Canada, Genome Canada, and the Canadian Institutes of Health Research, PHAC's National Microbiology Laboratory Branch (NMLB) is working with provinces and territories to implement the [Variants of Concern Strategy](#)ⁱⁱⁱ to rapidly scale up sequencing and scientific efforts to detect known and potentially emerging COVID-19 virus variants of concern. PHAC will continue to support provinces and territories in implementing medical counter-measures and investing in the purchase of therapeutics to improve outcomes among COVID-19 patients and keep Canadians safe and healthy. For additional planned results, please refer to [Core Responsibility 2: Infectious Disease Prevention and Control](#).

Core Responsibility 3: Health Security

Since the emergence of COVID-19, PHAC has been at the forefront of the Government's response and is responsible for maintaining Canada's NESS while partnering with departments and agencies across Canada to ensure emergency management and health security capacity are enhanced and maintained in the face of future public health emergencies. PHAC continues to procure personal protective equipment (PPE) and medical equipment in collaboration with Public Services and Procurement Canada; prepare for future public health events, and use data from ongoing surveillance efforts to detect and act on public health threats by working with Public Safety Canada, the Canadian Border Services Agency, and Transport Canada. In addition, the COVID-19 response has highlighted the need for Emergency Management skills across the Health Portfolio. As such, PHAC is working with internal and external partners to develop a progressive Public Health Emergency Management training curriculum for employees to increase their Emergency Management capacity and help better position the Agency to



respond to future public health emergencies. For additional information on what PHAC is doing now to keep Canadians safe and support the Government of Canada's transition to the next phase of the pandemic, please refer to [Core Responsibility 3: Health Security](#).

Internal Services

Moving forward, as we prepare to face evolving and future health threats, including the health impacts of climate change, the opioid crisis, antimicrobial resistance, and worsening mental health challenges, PHAC must ensure that the Agency is adequately equipped and that its workforce is well-trained, supported, and reflective of the population it serves. Canadians rely on PHAC's workforce to keep them informed and provide them with the information they need to keep themselves and their families safe. For additional planned results, please refer to [Internal Services](#).

The Agency continues to work to address all challenges through leadership, partnerships, innovation, and action in public health by taking bold, concrete action to build a healthier, more resilient future and supporting efforts to address the public health and climate-related challenges that communities are already facing. For more information on the Public Health Agency of Canada's plans, see the "[Core responsibilities: planned results and resources](#)" section of this plan.



CORE RESPONSIBILITIES: PLANNED RESULTS AND RESOURCES

This section contains detailed information on the department's planned results and resources for each of its core responsibilities.

HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

Description

Promote the health and well-being of Canadians of all ages by conducting surveillance and public health research and supporting community-based projects which address the root causes of health inequities and the common risk and protective factors that are important to promoting better health and preventing chronic disease.

Planning highlights

Under this Core Responsibility, PHAC will focus on advancing the following Departmental Results:

- 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.


To make progress towards achieving these results, PHAC will fund projects and initiatives that aim to improve health equity, foster more resilient communities, and support Canadians in achieving optimal physical and mental health and preventing chronic diseases.

COVID-19 has highlighted the interconnections between Canada's public health, social, and economic systems and underscored the importance of good health for all as a prerequisite for societal resilience and prosperity. PHAC is working in a number of ways to reduce health inequalities and address the social determinants of health by providing Canadians with the same opportunities to be healthy, regardless of who they are or where they live.

Result 1.1 Canadians have improved physical and mental health

The COVID-19 pandemic is having a profound impact on the health, social, and economic well-being of people in Canada and around the globe. To improve Canadians' physical and mental health, PHAC is committed to:

- Contributing to the response to Post COVID-19 Condition as a public health issue in Canada by leading evidence synthesis work and engaging with different stakeholders at the Federal level. This work involves the continuous monitoring and assessment of the global scientific evidence base regarding the prevalence of Post COVID-19 Condition, its risk factors, and the strategies to



prevent longer-term effects from the original infection. As well, surveys will be implemented in collaboration with Statistics Canada to establish the prevalence of post COVID-19 condition in the general Canadian population.

- Contributing to government-wide initiatives that seek to promote health equity and address the social and structural determinants of health, including a Federal LGBTQ2+ Action Plan, Health in All Policies approaches, Quality of Life indicators, and Canada's Anti-Racism Strategy.
- Strengthening the [Health Inequalities Data Tool](#)^{iv} in collaboration with the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute for Health Information to inform decision-making with the aim of reducing health inequalities and addressing the social determinants of health.
- Producing equity analyses and policy research, including through the Pan-Canadian Health Inequalities Reporting Initiative.
- Supporting international, national, and community-based organizations through funding programs aimed at promoting health equity, including the Mental Health of Black Canadians Fund and the Intersectoral Action to Address Social Determinants of Health Fund.
- Enhancing capacity of individuals, service providers, and organizations to promote mental health and prevent mental illness, including addressing trauma and Post-Traumatic Stress Disorder (PTSD) in a safe, effective, and trauma-informed way.
- Enhancing support for community-based organizations to deliver and test programming to prevent and address family and gender-based violence—in response to [emerging data and reports](#)^v that show that risk factors for family and gender-based violence have intensified since the outbreak of COVID-19—including developing solicitation processes to address evidence gaps and support priority populations.
- Working with key partners to advance suicide prevention efforts that include promoting safe messaging and responsible ways to communicate and report on suicide, developing a national research agenda on suicide and its prevention, improving data and developing a national suicide prevention action plan, and reporting on federal actions and progress under the Federal Framework for Suicide Prevention. This includes enhancing and analyzing available data on suicide ideation, self-harm hospitalizations, and deaths by suicide in order to understand trends, risks, and protective factors.
- Investing in the development of a pan-Canadian suicide prevention service that provides people across Canada with access to suicide prevention crisis support, 24/7, in English and French, through continued support of the Centre for Addiction and Mental Health and its partners. The service currently provides crisis support over the phone, 24 hours a day, 7 days a week. When fully implemented, the service will offer support by text and online chat.
- Determining resource needs and a recommended approach to implement a three-digit number for suicide prevention, based on PHAC analysis and outcomes of CRTC's ongoing proceeding.
- Improving our understanding of PTSD, promoting evidence-based practices for its prevention and treatment, increasing awareness, and addressing stigma by collaborating on the implementation of the [Federal Framework on Post-Traumatic Stress Disorder: Recognition, Collaboration and Support](#)^{vi}.
- In support of the Framework, PHAC will work with key partners and stakeholders to collect and analyze data on PTSD, including reporting on findings from the Survey on Mental Health and Stressful Events.

- As mandated by the *Federal Framework on Post-traumatic Stress Disorder Act*, PHAC will complete a review of the effectiveness of the Framework in a report to Parliament no later than February 2025.
- Supporting programs and learning about effective interventions to promote mental health, prevent mental illness, and address trauma and PTSD within the pandemic context. By building on the work of the Chief Public Health Officer (CPHO), presented in the [2020 Report on the State of Public Health in Canada](#)^{vii}, PHAC is continuing ongoing work to shift from risk to resilience and apply an equity approach to COVID-19. This work includes supporting the mental health of those most affected by COVID-19, including essential front-line and health care workers, youth, seniors, First Nations, Inuit and Métis, and Black and other racialized Canadians.
- Launching Phase 2 of the [Mental Health Promotion Innovation Fund](#)^{viii} program, which provides up to 4 years of funding for projects to expand, evaluate, and adapt their work with partners to deliver mental health promotion interventions that aim to build protective factors during the early years and for children, youth, young adults, and their caregivers among key populations, including First Nations, Inuit, and Métis.
- Supporting more culturally focused knowledge, capacity, and programs that address mental health and its determinants for Black Canadians, including a focus on youth. Projects funded through the [Promoting Health Equity: Mental Health of Black Canadians Fund](#)'s^{ix} Implementation Stream—[Knowledge Mobilization Network](#)^x and Black LGBTQI+ Canadians—are expected to share [new information and evidence](#)^{xi} produced as projects come to an end on March 31, 2023 (e.g., collection of data specific to Black communities).
- Investing in community-based projects and innovative program models through the [Autism Spectrum Disorder Strategic Fund](#)^{xii} to increase knowledge, help reduce stigma, develop resources, and build lifelong skills among people with autism, their families, caregivers, and communities.
- Addressing key knowledge gaps in our understanding of the number and characteristics of people diagnosed with autism spectrum disorder both across regions and over time. To contribute towards this need, and consistent with its core role for health surveillance, PHAC, in collaboration with federal, provincial, and territorial governments, is using and examining various data sources to collect data on individuals of all ages, report on indicators beyond prevalence, and expand surveillance to include all provinces and territories.
- Accelerating the development of a [National Autism Strategy](#)^{xiii}, in collaboration with provinces, territories, families, and stakeholders, that will consider a wide range of views and evidence-based information.

Did you know?

By 2031—the end of the Decade of Healthy Ageing—one in four Canadians will be 65 years of age or older.

Did you know?

Three quarters of those responding to PHAC's 2020 baseline survey say they have known someone living with dementia, while about one-third have provided care or assistance within the last five years to someone living with dementia, often a close family member or friend.

- Leading and coordinating efforts across the federal government to support the [United Nations \(UN\) Decade of Healthy Ageing^{xiv}](#) (2021-2031), including efforts that facilitate supportive communities and responsive care for older adults.
- Promoting the uptake and implementation of age-friendly communities and providing expertise, knowledge, and tools to help communities implement and evaluate Age-Friendly Community initiatives.
- Monitoring progress and performance of the New Brunswick Healthy Seniors Pilot Project, which aims to foster healthy aging, increase independence, and promote a better quality of life, while ensuring seniors can live safely and securely in their homes with appropriate supports and care.
- Working with provincial partners and academic researchers under the [Enhanced Dementia Surveillance Program^{xv}](#) to implement new approaches addressing key data gaps and improving the understanding of dementia to support policy and program development and health services planning.
- Contributing to the implementation of Canada's National Dementia Strategy by funding projects through:
 - The [Dementia Strategic Fund: Dementia Guidelines and Best Practices Initiative^{xvi}](#) that aims to improve access to and use of high-quality dementia guidance in Canada, raise awareness through projects focused on risk and stigma reduction, and enable dementia-inclusive communities.
 - The Dementia Community Investment that aims to improve the wellbeing of people living with dementia and family, friends, and caregivers, and increase knowledge about dementia and related risk and protective factors.

Did you know?

It is estimated that almost 452,000 Canadians over the age of 65 were living with diagnosed dementia in Canada in 2017/18, two-thirds of whom were women. As Canada's population ages, the number of Canadians living with dementia is expected to rise. The risk of being diagnosed with dementia doubles with every 5-year increase in age, between the ages of 65 and 84. Statistics show that 0.8% of Canadians aged 65-69 years are diagnosed with dementia compared to 31.5% of those aged 90 years and older.

Result 1.2 Canadians have improved health behaviours

Canada continues to struggle with historic rates of overdoses. Data from several jurisdictions across Canada and PHAC shows a substantial increase in opioid-related harms and deaths since the beginning of the COVID-19 pandemic. To monitor changes in patterns of these harms in Canada, the Agency works with the provincial and territorial Chief Coroners and Chief Medical Examiners, Ministries of Health, public health departments, Emergency Medical Services, and Health Canada to release [quarterly updates](#)^{xvii} on opioid- and stimulant-related harms on behalf of the Special Advisory Committee on the Epidemic of Opioid Overdoses. PHAC will continue to advance work on a national chart review study with provinces and territories to better understand the socio-demographic characteristics of those who have died from drug- and alcohol-related acute toxicity, as well as the risk factors, substances involved, and circumstances surrounding the deaths.

PHAC will continue efforts to prevent substance-related harms through:

- Building capacity within communities to address risk and protective factors.
- Applying a public health lens to address substance-related harms through the promotion of equity, trauma and violence reduction, and diversity-informed approaches.
- Improving the understanding of substance use and supporting the prevention of substance-related harms in Canada, including those related to the use of cannabis, opioids, and vaping products. This involves engagement and collaboration across sectors, including key populations such as health care professionals and youth, knowledge mobilization strategies, and public education initiatives. For example, PHAC will continue to promote the [Blueprint for Action: Preventing substance related harms among youth through a Comprehensive School Health approach](#)^{xviii}.
- Funding projects that support tobacco cessation and prevention for Canadians— with a particular emphasis on priority populations that have significantly higher prevalence rates of tobacco use—through the [Healthy Canadians and Communities Fund](#)^{xix}.
- Developing public awareness campaigns to curb substance use through engagement sessions and ensuring northern communities continue to receive quality health-care services, in collaboration with Indigenous governments and non-governmental organizations, through the renewal of the Northern Wellness Agreement for the Northwest Territories and Nunavut.

Did you know?

Between January 2016 and June 2021, there were 24,626 apparent opioid toxicity deaths. A number of factors have likely contributed to a worsening of the overdose crisis over the course of the pandemic, including the increasingly toxic drug supply, increased feelings of isolation, stress, and anxiety, and limited availability or accessibility of services for people who use drugs.

Did you know?

Results collected from over 800 individuals in the Canadian Cancer Society's Run or Walk to Quit program between 2016 and 2021 found that 53% of participants quit smoking and 89% of participants reduced their smoking at the end of the program. Six months following the program, 29% of participants reported prolonged abstinence and 33% reported that they were still running.

- Exploring and adapting digital tools to communicate health information across cultural contexts and evaluating the usability of these tools.

The likelihood of the sustained integration of healthy behaviours in adulthood is greater when they have been experienced early in life, particularly for those facing health inequalities. PHAC remains committed to helping create the positive conditions for the development and lifelong adoption of healthy behaviours and continues to:

- Promote the health and social development of vulnerable children and families through the Community Action Program for Children, which reaches approximately 230,000 participants each year.
- Promote healthy pregnancies for vulnerable pregnant persons through the Canada Prenatal Nutrition Program, which reaches approximately 45,000 participants each year.
- Support Canada's Indigenous Early Learning and Child Care Framework, which adopts a distinctions-based approach to strengthening high-quality, culturally appropriate child care for Indigenous children guided by Indigenous priorities.
- Aim to improve the healthy development of children (birth to 6 years) living in official language minority communities through the Healthy Early Years Program, with a targeted reach to over 10,000 participants.
- Promote the health and wellbeing of school-aged youth (13 to 19 years) through the new School Health Grant for Youth program, which provides youth with grant funding to develop projects that promote healthy living and wellness in their school community.

Healthy built environments are critical to supporting the health behaviours and physical and mental health of Canadians. PHAC conducts primary research and syntheses of existing evidence in order to identify best practices to support community improvements. PHAC will continue to:

- Fund surveillance projects that explore the use of new technologies, tools, and approaches to collect, use, and disseminate data related to the built environment as it relates to health behaviours, such as active transportation and access to and use of parks and recreational facilities.
- Encourage healthy living and physical activity by supporting interventions that address the behavioural risk factors for chronic diseases and create physical and social environments that are known to support better health among Canadians, such as Fillactive/FitSpirit which supports schools in Québec and Ontario in the implementation of interventions that promote a healthy lifestyle among adolescent girls.

Did you know?

Since 2018, more than 20,000 teenager girls registered to Fitspirit's extracurricular activities specially designed for adolescent girls. Results indicate that once enrolled in Fitspirit, students achieved physical activity recommendations on more days than before registering. The greatest changes were observed for those who were the least active before enrollment.

Result 1.3 Chronic diseases are prevented

PHAC will continue to advance our longstanding commitment to supporting projects that prevent chronic diseases such as diabetes, cardiovascular disease, and cancer while addressing health inequalities in priority populations at greater risk. 2022-23 programming includes:


- Supporting healthy living and chronic disease prevention in priority populations through the Healthy Canadians and Communities Fund, a program that encourages all sectors of society to participate in supporting healthy living and brings together partners to help Canadians lead more active lifestyles, eat healthier, and not smoke. This Fund supports interventions that address the behavioural risk factors for chronic disease and create positive physical and social environments, such as:
 - Sport for Life Society - Physical Literacy for Communities, which helps increase physical activity among Indigenous children, children with diverse racial backgrounds, new immigrants, and children with disabilities by addressing specific community challenges at the local level. The intervention supports schools and communities via workshops, webinars, and online learning resources to reach up to 150,000 children and youth age 2-18 in British Columbia, Alberta, Ontario, Quebec, Nunavut, and Atlantic Canada.
 - Thunder Bay District Health Unit's Healthy Kids HOME (Health on the Move for Equity), which encourages families to increase fruit and vegetable consumption and physical activity via the establishment of Neighbourhood Wellness Hubs that provide a safe, trusted space for health promotion programs and outreach to families with young children.

Sex and Gender-based Analysis Plus

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

PHAC will continue to advance on its 2022-2023 SGBA Plus priority areas such as: mental health, substance use, pandemic planning and emergency response, and public health communications; strengthening SGBA Plus governance and accountability; and integrating non-stigmatizing and inclusive language into its products.

While progress was made over the last year to increase awareness of SGBA Plus and its applicability to PHAC's work, PHAC will further strengthen SGBA Plus, equity, diversity, and inclusion considerations into COVID-19 recovery plans and use the analysis to inform improvements to program delivery. SGBA Plus capacity will be enhanced by delivering tailored SGBA Plus training and presentations, launching tools for the public health context, and implementing awareness campaigns and communications.



PHAC will strengthen governance and accountability by advancing work to support the implementation of the updated Health Portfolio SGBA Plus Policy (2022) that outlines responsibilities for all employees to apply SGBA Plus in their work. In support of the Policy implementation, 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 provides a SGBA Plus challenge function and will continue to review all high visibility work as well as Budget proposals, Treasury Board Submissions, and Memorandum to Cabinet to ensure they integrate SGBA Plus, equity, diversity, and inclusion considerations.

PHAC's programming to prevent family and gender-based violence collects SGBA Plus disaggregated data as available from projects and is developing new tools and processes to enhance this data collection for 2022-23. All proposals for funding are evaluated with a health equity lens to ensure projects will contribute to reducing disparities in health outcomes among population groups in Canada.


In addition, the investment in [Supporting the Mental Health of those Most Affected by the COVID-19 Pandemic](#)^{xx} will fund projects reaching disproportionately affected populations. Projects will collect and analyze data disaggregated by factors including age, sex, gender, sexual orientation and gender identity, income, and geographic location to understand the effectiveness of interventions on diverse populations.

Canada's national dementia strategy, [A Dementia Strategy for Canada: Together We Aspire](#)^{xxi}, 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, LGBTQ2+ 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 are expected to report on these considerations in their annual reporting to PHAC. Reporting to PHAC on the initial results of Dementia Strategic Fund projects is expected to begin in 2022-23.

The Dementia Community Investment applies SGBA Plus considerations to its solicitation processes by ensuring successful proposals will aim to address SGBA Plus considerations in the initiatives, where applicable. When possible, this includes projects reporting on disaggregated data.

As stated in the 2021-22 Departmental Plan, PHAC's early years programming, [Community Action Program for Children](#)^{xxii}, [Canada Prenatal Nutrition Program](#)^{xxiii}, and [Healthy Early Years](#)^{xxiv}, will continue to support mothers and children while also prioritizing support for the entire family unit. This includes diverse and non-traditional families with the intention of effectively supporting positive health behaviours and outcomes for all. Funded projects aim to be stigma-free, culturally-safe, and inclusive environments for all, including but not limited to, Indigenous peoples, new immigrants, racialized people, LGBTQ2+ groups, and people with disabilities.

In addition, PHAC is currently considering ways to better support funded recipients in their work with gender-diverse families, with targeted initiatives planned for 2022-23.



The Healthy Canadians and Communities Fund will continue to initiate and provide training on integrating gender, diversity, and inclusion considerations within SGBA Plus to existing funding recipients.

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

PHAC Healthy Canadians and Communities Fund contributes to the achievement of Sustainable Development Goal (SDG) 3: “Good Health and Well-Being” by supporting projects that improve health behaviours (e.g., physical activity, healthy eating, and decreased tobacco use) to help Canadians lead healthy lives and promote their well-being.

Through initiatives under Health Promotion and Chronic Disease Prevention, PHAC also contributes towards SDG 10: “Reduced Inequalities” by supporting projects that improve health behaviours (e.g., physical activity, healthy eating, and decreased tobacco use) among priority populations who face health inequalities and are at greater risk of developing chronic diseases such as diabetes, cancer, and cardiovascular disease.


Experimentation

PHAC’s Mental Health Promotion Innovation Fund will continue to support experimentation in the form of testing and delivering evidence-based population health interventions in the area of mental health promotion across multiple levels and populations for children/youth/young adults and adults in care-giving roles. In 2020-21, the testing and design phase (Phase 1) continued for 20 interventions, reaching over 19,000 individuals. In April 2022, Phase 2 will support 15 organizations to expand, evaluate, and adapt interventions to benefit more people and foster sustainable policy and program development in the field of mental health promotion.

PHAC’s family and gender-based violence prevention programming will continue to support projects using experimental, quasi-experimental, and exploratory design to assess the effectiveness of violence prevention programs to better understand what works, for whom, and in which context, and to evaluate approaches to build the capacity of professionals and service providers to respond safely and effectively to survivors of violence. New projects will address evidence gaps and support priority populations. As well, PHAC is supporting two communities of practice (focused on family violence and teen dating violence) to provide forums for funded projects to collaborate and enhance the development and sharing of knowledge and best practices.

Throughout the COVID-19 pandemic, PHAC leveraged non-traditional data sources and explored the potential of Artificial Intelligence web scraping to overcome timeliness issues and data gaps in traditional surveillance data. In 2022-23, PHAC will conduct a scan of the application of alternative/innovative data sources to help facilitate and enhance their continued use for varying chronic diseases and conditions.

PHAC continues to model opioid-related deaths to anticipate the future trajectory of the overdose crisis, including during the COVID-19 pandemic. The model includes various scenarios related to different public health measures and the toxicity of the drug supply, which can inform public health actions to



address the opioid crisis. This practice uses modern and innovative tools simulating different real world possibilities in a virtual environment (e.g. Artificial Intelligence/web scraping) to estimate how many opioid-related deaths may occur in the next weeks and months under different possible scenarios. This innovative practice allows the Government of Canada to anticipate plausible future scenarios to plan for the best possible public health interventions.

Planned results for Health Promotion and Chronic Disease Prevention

The following table shows Health Promotion and Chronic Disease Prevention's planned results, the result indicators, the targets, and the target dates for 2022–23, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental result	Departmental result indicator	Target	Date to achieve target	2018–19 actual result	2019–20 actual result	2020–21 actual result
Canadians have improved physical and mental health	% of low-income children in very good or excellent health ^{1 2}	At least 80%	Mar. 31, 2025	84.1% (CHSCY 2019)	84.1% (CHSCY 2019)	Not available
	% of population who have high psychological well-being ³	At least 75%	Mar. 31, 2025	75% (CCHS 2015)	75% (CCHS 2019)	75% (CCHS 2019)
Canadians have improved health behaviours	% increase in average minutes/day of physical activity among adults ⁴	At least 20% (30 min/day)	Mar. 31, 2025	-4%* 24 min/day (CHMS 2014-15)	+4% 26 min/day (CHMS 2016-17) (Baseline: 25 min/day, CHMS 2012-13)	+10% (27.4 min/day), (CHMS 2018-2019)
	% increase in average minutes/day of physical activity among children/youth ⁵	At least 10% (64 min/day)	Mar. 31, 2025	+9%* 63 min/day (CHMS 2016-17)	+9% 63 min/day (CHMS 2016-17) (Baseline: 58 min/day, CHMS 2012-13)	+2% (59.2 min/day), (CHMS 2018-2019)
Chronic diseases are prevented Canadians have improved physical and mental health	% increase in years lived in good health by seniors ⁶	At least 4% (HALE at age 65 = 17.0 years)	Mar. 31, 2022	1%* 16.6 years (CCDSS 2012–13 to 2014–15)	1% 15 years (Statistics Canada, 2010 – 2012 to 2015 – 2017) ⁷	1% 15 years (Statistics Canada, 2010 – 2012 to 2015 – 2017)

¹ Many factors outside of Health Promotion program interventions contribute to the health and well being of Canadian children.

² Due to limitations with the data source for this indicator, the Centre for Health Promotion is currently examining other possible population health measures, tracked on a more consistent basis, to depict year over year changes in the level of health and well being of Canadian children.

³ As reported in the [Positive Mental Health Surveillance Indicator Framework](#).

⁴ As reported in the [Physical Activity, Sedentary Behaviour and Sleep \(PASS\) Indicators](#).

⁵ As reported in the [PASS Indicators](#).

⁶ As reported in the [Canadian Chronic Disease Indicators \(CCDI\)](#).

⁷ The data source for this indicator changed between the last reporting period and this reporting period. This indicator is now based on Health Adjusted Life Expectancy (HALE) as reported in Statistics Canada Table 13-10-0370-01 in order to align estimates to be consistent across both Statistics Canada and PHAC.

	Rate of new diabetes cases among Canadians ⁸	At most 6.2 cases per 1,000 age 1 and older	Mar. 31, 2025	6.1 cases per 1,000 age 1 and older (CCDSS 2014-15)	6.2 cases per 1,000 age 1 and older* (CCDSS 2016-17)	6.0 per 1000 age 1 and older (CCDSS 2017-18)
	% of adults who are obese ⁹	At most 28%	Mar. 31, 2025	27% (CHMS 2016-17)	24% (CHMS 2018-19)	24.4% (CHMS 2018-2019)
	% of children and youth who are obese ¹⁰	At most 13%	Mar. 31, 2025	11% (CHMS 2016-17)	10% (CHMS 2018-19)	10% (CHMS 2018-19)

The financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xxv}

Planned budgetary spending for Health Promotion and Chronic Disease Prevention

The following table shows Health Promotion and Chronic Disease Prevention's budgetary spending for 2022–23 as well as planned spending for that year and for each of the next two fiscal years in dollars.

2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
404,242,333	404,242,333	353,075,646	291,234,547

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xxvi}

Planned human resources for Health Promotion and Chronic Disease Prevention

The following table shows, in full-time equivalents, the human resources the Agency will need in order to fulfill this core responsibility for 2022–23 and for each of the next two fiscal years.

2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
623	556	539

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xxvii}

⁸ As reported in the [Canadian Chronic Disease Surveillance System Data Tool](#). Rate is age standardized to 2011 Canadian population.

⁹ As reported in the [CCDI](#).

¹⁰ As reported in the [CCDI](#).



INFECTIOUS DISEASE PREVENTION AND CONTROL

Description

Protect Canadians from infectious diseases by predicting, detecting, assessing, and responding to outbreaks and new threats; and, contribute to the prevention, control, and reduction of the spread of infectious disease among Canadians.

Planning highlights

Under this Core Responsibility, PHAC will focus on advancing the following Departmental Results:

- Result 2.1 Infectious diseases are prevented and controlled.
- Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to effectively.

To progress toward achieving these results, PHAC will focus its 2022-23 efforts on key initiatives and activities that provide Canadians and public health stakeholders with the science, research, guidance, and resources for infectious disease prevention and increase awareness while reducing harms.

PHAC will continue providing national leadership by working with provinces and territories, municipalities, Indigenous communities, partners, and stakeholders to continue reporting, testing, surveillance, and developing evidence-based guidance. PHAC's work will continue to include ongoing support towards the COVID-19 pandemic response and the COVID-19 vaccine roll-out in order to maintain a sufficient domestic supply of COVID-19 vaccines and therapeutics as the country transitions towards the next phase of the pandemic.


Collaboration with domestic and international partners will continue advancing public health solutions to complex threats such as antimicrobial resistance. PHAC will take increased and expedited action to monitor, prevent, and mitigate the serious and growing threat of antimicrobial resistance and work towards preserving the effectiveness of the antimicrobials Canadians rely upon every day. An equity-based lens will inform antimicrobial resistance actions across the One Health spectrum to preserve the well-being of humans, animals, and the ecosystem they share.

Continued mobilization of a range of public health approaches in prevention, detection, and treatment of STBBIs are another public health concern on which PHAC will continue to focus and collaborate in an effort to address the increasing infection rates.

PHAC will also continue to focus on providing the latest data, evidence, and scientific information required to respond to both ongoing infectious diseases and new outbreaks.

Result 2.1 Infectious diseases are prevented and controlled


PHAC has developed a population-based surveillance system to monitor COVID-19 activity in Canada. The primary goal of public health response in Canada is to contain the pandemic and mitigate health effects on Canadians. The secondary objective is to monitor the clinical and epidemiologic features of



COVID-19, including variants of concern, to better inform prevention and control efforts. As new variants such as Omicron reinforce the unpredictable nature of the pandemic, vaccination remains essential in the fight against COVID-19. PHAC will continue to provide evidence-informed public health measures guidance and advice to help prevent and reduce the transmission of COVID-19 and other respiratory pathogens with pandemic potential. PHAC will also continue to support a number of programs and initiatives that support the effective prevention and control of infectious diseases including antimicrobial resistance.

In 2022-23, PHAC will:

- Support vaccination response priorities including pediatric and booster vaccination, as evidence indicates that vaccines are effective at preventing serious outcomes due to COVID-19, such as hospitalization and death.
- Secure a supply of high-dose influenza vaccine for use by provinces and territories to protect long-term care residents for the 2022-23 influenza season.
- Enhance population health management through [VaccineConnect](#)^{xxviii} which provides information and supports to provinces and territories for planning, managing, and reporting vaccination rollout.
- Provide expert immunization guidance from the National Advisory Committee on Immunization to support provinces and territories' decision-making.
- Monitor the clinical and epidemiological features of COVID-19, including variants of concern, through enhanced COVID-19 surveillance to better inform prevention and control efforts, contain the pandemic, and mitigate health effects on Canadians.
- Enhance hospital-based surveillance on patients identified with COVID-19 and improve data collection on healthcare workers to contribute to the development of evidence-based decision-making and public policy.
- Continue to monitor and integrate available public health measures evidence and support knowledge creation in order to fill gaps in evidence, technical guidance, and advice to the public during the COVID-19 response.
- Incorporate lessons learned into future pandemic preparedness and response guidance for inter-pandemic (i.e., non-response time) and epidemic periods (e.g., flu season) as well as during the circulation of other respiratory pathogens with pandemic potential.
- Address data gaps on priority populations through improved integration of epidemiological, immunization, and laboratory data into state-of-the-art systems to collect and analyze vaccination data (coverage, safety, and effectiveness) for COVID-19 and other emerging diseases, and on the impact on accessing health care services. This will enhance surveillance of influenza and emerging respiratory infections and support and improve integrated risk assessment across the Agency.
- Support the management of individuals infected with or who may have been infected with the SARS-CoV-2 virus through the continued development of guidance and evidence-based public health practices using the latest available scientific evidence, epidemiology, and expert opinion for federal, provincial, and territorial public health authorities.
- Continue work to prevent outbreaks and resurgence of vaccine-preventable diseases at the national, regional, and local levels via updated Healthcare Provider training, education, and other information resources to support vaccine confidence in Canada. This will enable



healthcare providers to support their patients in decisions on COVID-19 vaccinations, routine vaccinations, and childhood vaccinations to protect against vaccine preventable diseases.

- Begin the renewal process for the National Immunization Strategy in close consultation and collaboration with provincial and territorial governments and Indigenous partners to provide the framework for appropriate, effective, and efficient immunization programming in Canada.
- Contribute to the implementation of Canada's Biomanufacturing and Life Sciences Strategy through the provision of public health expertise to maximize Canada's future pandemic and endemic preparedness capacity, including establishment of long-term domestic vaccine supply.
- Continue to monitor and provide policy guidance as needed on the implementation of the Vaccine Injury Support Program to ensure that all people in Canada who are seriously and permanently injured after receiving a Health Canada-authorized vaccine have access to fair and timely financial support.
- Work with partners to reduce the emergence and spread of antimicrobial resistance through increased monitoring and analysis of trends and successful interventions, and contributing Canadian expertise to develop and strengthen collaboration with international networks of antimicrobial resistance and food safety authorities to address antimicrobial resistance and antimicrobial use, with a particular focus on equity considerations and One Health integration. This includes:


- Expanding the Canadian Nosocomial Infection Surveillance Program to include more rural and remote hospitals and long-term care facilities.
- Collaborating with public and private laboratories on data on antimicrobial susceptibility through the AMRNet Initiative.
- Initiating discussions with provinces and territories in order to expand participation in the Enhanced Surveillance of Antimicrobial Resistant Gonorrhoea Program.
- Accessing and analyzing data from wastewater surveillance and electronic medical records.
- Increasing and expanding the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS) to enhance surveillance for animal health and the food chain.
- Re-engaging provinces, territories, and other stakeholders to finalize the Pan-Canadian Action Plan, considering the lessons learned from the COVID-19 response and equity lens, and prioritizing actions for implementation.
- Contributing to G7 antimicrobial resistance priority and collaborating with US and other antimicrobial resistance global leaders to adopt best practices in securing new antimicrobials and therapeutics.

COVID-19 Vaccine Rollout

PHAC will continue to analyze and manage the existing vaccine supply and purchase agreements in order to meet the vaccine needs of Canadians, including those related to boosters and pediatric doses. This includes managing new vaccine formulations and technologies as they are authorized or become available for use domestically.

Did you know?

In early 2019, prior to the COVID-19 pandemic, the World Health Organization listed vaccine hesitancy among the top ten threats to global health.



Along with federal colleagues, PHAC will continue robust engagement with provincial, territorial, Indigenous, and industry partners to facilitate close collaboration and information exchange in support of the vaccine rollout.

Canada is committed to a comprehensive and global pandemic response and is working to ensure that countries around the world have access to COVID-19 vaccines through the donation of surplus vaccine doses. PHAC will continue to work closely with Global Affairs Canada and [Gavi](#)^{xxix} to identify surplus vaccine doses that are available for donation through the COVAX Facility and support several coordination aspects of the dose-sharing process. The Government of Canada has committed to donate the equivalent of at least 200 million COVID-19 vaccine doses through COVAX by the end of 2022.

In 2022-23, as part of the vaccine rollout, PHAC will:

- Work with federal colleagues, provinces and territories, municipalities, Indigenous communities, organizations, and other partners to continue the rollout of COVID-19 vaccines.
- Support the procurement of COVID-19 vaccines and therapeutics for all Canadians in collaboration with Public Service Procurement Canada and Innovation, Science and Economic Development Canada.
- Facilitate the safe, timely, and equitable allocation and distribution of vaccines and ancillary supplies to provinces, territories, and federal populations through supply chain strengthening and ongoing development of VaccineConnect to enable COVID-19 vaccine management and distribution as well as future epidemics and pandemics.
- Continue to work with Global Affairs and Gavi to meet Canada's donation commitments to support global vaccine equity.
- Support the launch of the COVID-19 Proof of Vaccination Fund to support provinces and territories up to \$300M for past, current, and future costs associated with implementing COVID-19 proof of vaccination credential programs in their jurisdictions.
- Expand the Canadian National Vaccine Safety Network (CANVAS) to enhance surveillance on COVID-19 vaccine adverse events. In addition, PHAC will continue to rollout the newly established Advisory Committee on Causality Assessment.
- Advance studies on vaccine safety and effectiveness by supporting the COVID-19 Immunity Task Force (CITF) to inform ongoing public health practices (e.g., prevention and mitigation) and guide immunization plans and monitoring.
- Support administration of the Immunization Partnership Fund (IPF), through 2022-23, in providing strategic funding towards vulnerable populations and others disproportionately impacted by COVID-19 to increase vaccine acceptance and uptake.
- Detect, prioritize, and assess all reported adverse events following immunization against COVID-19 and identify safety signals for potential regulatory or public health action.
- Continue to monitor COVID-19 vaccine coverage in Canada and the factors that influence uptake of vaccines, including conducting vaccine effectiveness studies to assess the level of protection in population subgroups.
- Build understanding, confidence, and trust in the safety and effectiveness of COVID-19 and other routine vaccines, provide Canadians with the information they need to make informed decisions to be vaccinated, and support the needs of priority populations and communities through focused vaccine confidence program delivery.

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

COVID-19 has highlighted issues that make it a challenge to collect, share, and use health data for the benefit of Canadians. PHAC will continue to improve its ability to leverage health data to prepare for and respond effectively to infectious disease outbreaks and threats. PHAC will also support a number of programs and initiatives that work to ensure Canada is prepared for infectious disease outbreaks and threats, such as foodborne illness, sexually transmitted and blood-borne infections (STBBI), climate-driven infectious diseases, and Lyme disease, through the following planned results.

To these ends, PHAC will:

- Work to strengthen Canada's health data foundations (i.e. policies, governance, interoperability, public literacy and trust) through the co-development and implementation of a federal, provincial, territorial [pan-Canadian Health Data Strategy](#)^{xxx}, in collaboration with Health Canada and other government departments. This strategy is informed by input from the pan-Canadian Health Data Strategy Expert Advisory Group, stakeholders, and the public, and will be aligned with First Nations, Inuit, and Métis health data principles and approaches. When implemented, the pan-Canadian Health Data Strategy will help address the long-standing, systemic barriers that have impacted the collection, sharing, access, and use of health data, providing the foundation through which health equity and public health decision-making can be strengthened.
- Launch a request for proposals that represents a significant opportunity to analyze anonymized point-of-care data (i.e., protects Canadians' personal information) on medical services across Canada. This will enable public health officials and researchers to increase Canada's understanding of the health and medical issues affecting Canadians in an effort to provide targeted public health interventions where they are needed the most.
- Support Canadians in making informed decisions to protect themselves from foodborne illness and inform public health action by maintaining the timely detection of and response to foodborne illness outbreaks based on laboratory testing, data, and analysis.
- Support foodborne disease surveillance and outbreak response through the implementation of Foodbook 2.0: Canadian Food Consumption Study.
- Engage federal, provincial, and territorial partners on the implementation of the Pan-Canadian STBBI Framework for Action, reinforce surveillance efforts, and support interventions to prevent and control STBBI.

Did you know?

For every \$1 invested in public health interventions, it is estimated that \$14 will be returned to the wider health and social care economy.

- Support community investments and culturally-responsive interventions through PHAC's HIV and Hepatitis C Community Action Fund and Harm Reduction Fund by continuing to engage Indigenous partners, community-based organizations, and people with lived and living experience.
- Support the work of the Canadian Thoracic Society to complete the publication of the 8th edition of the Canadian Tuberculosis Standards, which informs Canadians of continued progress towards TB elimination goals, especially in Inuit regions.
- Support the development of Canada's first National Adaptation Strategy on climate change.
- Continue to implement the Infectious Disease and Climate Change Program to better equip health professionals with the information they need and empower individuals and communities to take action to protect themselves from the health risks associated with climate-driven infectious diseases.
- Build on investments made and support new activities as part of the Infectious Disease and Climate Change program,¹¹ with a focus on surveillance and monitoring, health professional education, and public awareness activities that relate to the awareness of climate-driven infectious diseases in Canada.
- Continue to support the Métis Nation to address the health impacts of climate change.
- Table a final report to Parliament on the effectiveness of the implementation of [Lyme Disease in Canada: A Federal Framework](#)^{xxxii}. The Framework helped guide a way forward in areas where the federal government has a role, including surveillance, education and awareness, and guidelines and best practices.
- Increase genomics capacity in Canada through the deployment of Genomics Liaison Technical Officers to provincial and territorial public health laboratories where they will contribute technical capacity to increase processing and to reduce the turnaround time for genomic sequencing.
- Build national capacity to address future outbreaks and pandemics through participation in the [Canadian COVID-19 Genomics Network](#)^{xxxiii} to establish a coordinated pan-Canadian, cross-agency network for large-scale SARS-CoV-2 and human host sequencing to track viral origin, spread, and evolution, characterize the role of human genetics in COVID-19, and inform time-sensitive critical decision making relevant to health authorities across Canada during the pandemic.
- Support surveillance and monitoring of infectious diseases, risk assessments, modelling, and laboratory diagnostics as well as health professional education and public awareness activities through effective knowledge translation efforts.

Did you know?

The 24th International AIDS Conference (AIDS 2022), July 29 - August 2, 2022 in Montreal and organized by the International AIDS Society, will be a unique and significant opportunity for Canada to highlight its progress in the response to HIV and other STBBIs, share best practices, and highlight important initiatives effective in moving Canada towards achieving global targets.

¹¹ Established in 2016, the Infectious Disease and Climate Change program focuses on preparing for and protecting Canadians from climate-driven infectious diseases that are zoonotic (diseases that can be transmitted from animals and insects to humans), foodborne, or waterborne.

- Procure testing supplies on behalf of the Government of Canada and make diagnostic testing readily available to northern, remote, and isolated communities.
- Inform public health and optimize COVID-19 response efforts through the wastewater surveillance system that samples and analyzes SARS-CoV-2 in cities across Canada, in collaboration with other government departments, provinces, territories, and academia. Through wastewater surveillance, PHAC can help detect trends in COVID-19 infections and other existing and/or emerging viral pathogens.

Safe Voluntary Isolation Sites

Self-isolation remains one of the most effective ways to help stop the spread of COVID-19. Via the Safe Voluntary Isolation Sites Program (SVISP), PHAC will continue to support cities, municipalities, and health regions across Canada to provide safe isolation accommodation to people who lack the space and means to safely isolate in their usual place of residence, often due to crowded housing conditions and high costs.

Did you know?

The SVISP supports people who have—or have been exposed to—COVID-19 keep themselves, their families and their community safe. Since it was established in 2020, the SVISP has supported over 15,000 people in 60 sites in 47 communities.


Sex and Gender-Based Analysis Plus

The COVID-19 vaccine rollout has highlighted the importance of tailored interventions in addressing barriers to access. Some individuals and groups have fewer resources to overcome barriers to vaccination due to systemic inequities in our society. Determinants of health may impact access to the resources and opportunities necessary to support health and well-being as well as the key factors that can influence vaccine uptake (e.g., confidence, complacency, convenience, and collective responsibility).

PHAC will continue to closely monitor areas for which vaccination rates are suboptimal and work with jurisdictions to address challenges, leverage support from community partners, and continue to think innovatively about closing equity gaps. In order to most effectively address barriers that may be preventing equity-deserving communities from vaccination, we must have a robust evidence base that provides visibility to these communities.

Currently, vaccination data is obtained by provincial and territorial public health authorities from immunization registries in each jurisdiction. Since January 2021, PHAC has been posting vaccination coverage estimates at the national, provincial, and territorial levels on a weekly basis on Canada.ca. Estimates of vaccination coverage for at least one dose and full vaccination are broken down by age group, sex, and vaccines received.

PHAC also uses vaccine coverage surveys to complement data from provincial and territorial registries. These surveys provide in-depth information on sociodemographic characteristics (e.g., age, gender, ethnicity, Indigenous self-identification, country of birth, education, and income), vaccination status, reasons for not having been vaccinated, knowledge, and attitudes and beliefs about COVID-19 vaccines and vaccines in general. In addition, in support of SGBA Plus goals, PHAC is developing dedicated surveillance tools geared at obtaining information from vulnerable population groups.



Vaccine Safety (i.e. reporting of adverse events following immunization) has updated the [reporting tool^{xxxiii}](#), including the addition of fields to collect information on race/ethnicity and Indigenous self-identification of reported COVID-19 cases (as applicable, if collected by provincial and territorial health authorities).

The development of public health measures guidance and advice for the public is informed by SGBA Plus analysis. A SGBA Plus analysis is an essential step in the guidance development process to ensure that potential indirect or unintentional negative impacts on stakeholders or others as a result of the advice provided are acknowledged when considering risk assessment and mitigation options for disease prevention and control in the community setting.


Equity is a key principle guiding the development and implementation of the pan-Canadian Health Data Strategy, which will respect the rights and promote the inclusion of all peoples and communities, particularly for Indigenous peoples, racialized minorities, and marginalized populations. The strategy will also promote the establishment of the necessary socio-demographic data standards needed to support equity analysis during its implementation.

PHAC is also working with Statistics Canada and other data providers to provide disaggregated data wherever possible, implementing the SGBA Plus data standards set by the Treasury Board. Moreover, for data products developed internally, SGBA Plus functionality has been built into the core functionality of the service (e.g., differentiating between sex and gender). Finally, as the PHAC Data Strategy is revived, one of the core deliverables will be the development and implementation of Agency-wide data standards. This will ensure that going forward, the Agency and as many willing partners as possible adhere to standard approaches to gathering and documenting data (e.g., adopting a standard format for designating and recording sex and gender, as some databases currently use number schemes, others use letters, and most require manual changes to be interoperable as a result).

PHAC is also pursuing new approaches to working with First Nations, Inuit, and Métis People, territories, children and youth, and rural, remote, and northern communities to help to mitigate unequal geographic impacts and support more equitable access to resources. These approaches include promoting Lyme disease and tick awareness materials, now available in three Indigenous languages: Mi'kmaq, Mohawk, and Ojibwe, to mitigate health risks especially for populations already experiencing health disparities.

Applying a SGBA Plus lens to antimicrobial resistance is critical to ensuring Canada's approach to addressing antimicrobial resistance is responsive to the needs of diverse Canadians. Using a SGBA Plus responsive approach, PHAC is committed to using past results and lessons learned and supporting further action in relation to equity, diversity, and inclusion to adjust initiatives and achieve more equitable and inclusive outcomes for diverse population groups. In addition, PHAC will engage National Indigenous Organizations and equity-deserving groups in order to initiate antimicrobial resistance initiatives tailored to their own particular social, economic, geographic, and/or cultural contexts.

The HIV and Hepatitis C Community Action and the Harm Reduction Funds launched an open solicitation using the principles of SGBA Plus. This includes acknowledging the disproportionate impact and variation across and within populations through representation within community consultation and review



committees. PHAC continues to work with provinces and territories to improve the quality and availability of disaggregated data to ensure that policy decisions benefit all communities.

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

PHAC's procurement of safe and effective therapeutics for the treatment of COVID-19 and COVID-19 vaccine rollout plans contribute to SDG 3: "Good Health and Well-Being", SDG 10: "Reduced Inequalities", SDG 5: "Gender Equality", and SDG 8: "Decent Work and Economic Growth".

Vaccine confidence activities targeting equity-deserving groups help to address barriers affecting vaccine uptake and, in turn, the health and well-being of these groups. Maintaining Canada's high rates of vaccine uptake, especially among vulnerable communities, will be supported through disaggregated data, where available, to help to identify early areas of concern and develop tailored interventions within these communities.

Canada is committed to supporting global access to COVID-19 vaccines. As Canada's COVID-19 vaccine rollout continues, Canada will continue to assess its domestic supply needs and share surplus vaccine doses. By primarily using the COVAX Dose Sharing mechanism, doses will be prioritized to regions of greatest need, while also ensuring efficient distribution and maximum impact.


Although vaccination is our primary tool to protect against infection, severe disease, and hospitalization, for those who do get infected, safe and effective COVID-19 therapeutics are an important and necessary complement intended to treat infected individuals as soon as possible, thereby keeping them from progressing to more severe outcomes such as hospitalizations, intensive care, and death.

The Infectious Disease and Climate Change Program delivers on Government of Canada commitments in the [Pan-Canadian Framework on Clean Growth and Climate Change](#)^{xxxiv} by increasing capacity of public health professionals to respond to the rising demands posed by climate-driven infectious diseases. This includes providing them with the information they need to advise their patients and clients and enabling Canadians to have access to timely and accurate information and tools to better understand their risks and take measures to prevent infection.

Antimicrobial resistance is an increasing global public health concern that threatens the attainment of several Sustainable Development Goals, including:

- Goal 1: End poverty in all its forms everywhere.
- Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.
- Goal 3: Ensure healthy lives and promote well-being for all at all ages.
- Goal 6: Ensure availability and sustainable management of water and sanitation for all.
- Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
- Goal 12: Ensure sustainable consumption and production patterns.

Actions taken by the Public Health Agency of Canada to address antimicrobial resistance support Canada's efforts to implement the 2030 Agenda through contributing to the Sustainable Development



Goals listed above as well as strengthening the means of implementation and revitalizing global partnership for sustainable development (Goal 17).

Experimentation

Building on initial success of experimentation activities to better understand the virus that causes COVID-19, the National Microbiology Laboratory Branch (NMLB) will transition its focus to activities related to post-peak maintenance, vigilance, and protection. While mass vaccinations have offered protection against the current circulating strains, it is essential that PHAC remains vigilant to identify waning immunity, variants of concern, and be ready to respond to resurgences quickly. Therefore, NMLB will undertake continued experimentation in the following areas:

- Using wastewater surveillance to monitor viral pathogens.
 - Experimentation in this area will help to determine the utility of wastewater surveillance for monitoring immunity, the effect of relaxing public health restrictions, and vaccine performance.
- Advancing the use of genome sequencing for the virus that causes COVID-19 to inform public health action.
 - Experimentation in this area will involve collaboration with provincial and territorial public health laboratories and with the Canadian COVID Genomics Network initiative, in order to determine the utility of using genome sequencing to identify variants and inform future public health intervention strategies and products (e.g. vaccines, therapeutics, and national testing plans).


Through Innovation, Science, and Economic Development Canada's [Innovative Solutions Canada](#)^{xxxv} (ISC) program, PHAC will continue to implement the [Canadian Immunization Guide](#)^{xxxvi} interactive portal. This tool will support Canadians in rapidly finding relevant and trustworthy public health information adapted to their specific questions and needs, based on content from PHAC.

In partnership with the Privy Council Office, behavioural science research is being conducted in priority pandemic response areas such as public health measures, vaccine confidence, misinformation and disinformation, and risk communication, as well as more foundational public health issues such as antimicrobial resistance and mental health and wellness. A Behavioural Science Office has been established to understand the main drivers and barriers to health-related behaviours and provide behaviour change advice to program areas across the Agency.

A dedicated Centre for Corporate Surveillance Coordination is now in place to coordinate surveillance activities across the Agency and facilitate horizontal awareness and oversight across Branches involved in surveillance.

Key initiatives include:

- The development of distinct governance structures, with members comprised of those with subject matter expertise, to appropriately review and challenge projects and initiatives. This initiative strengthens scientific scrutiny in the decision-making process and is sustainable given the links that will be formed with existing corporate decision-making governance structures.

- 
- The development of a performance monitoring framework that integrates management commitments made across branches, tracks progress, and ensures the achievement of intended outcomes.

A dedicated team for each of the above initiatives has been established using time-limited funding, but it is anticipated that these key initiatives will become foundational to the Agency's ability to detect, understand, and act on public health threats.

Planned results for Infectious Disease Prevention and Control

The following table shows Infectious Disease Prevention and Control's planned results, the result indicators, the targets and the target dates for 2022–23, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental result	Departmental result indicator	Target	Date to achieve target	2018–19 actual result	2019–20 actual result	2020–21 actual result
Infectious diseases are prevented and controlled	% of 2 year old children who have received all recommended vaccinations	At least 95%	Dec. 31, 2025	Data not collected ¹²	68%	Data is collected bi-annually
	Proportion of national vaccination coverage goals met for children by 2 years of age	Exactly 7 ¹³	Dec. 31, 2025	Data not collected ¹⁴	1/12 (2017)	Data is collected bi-annually
	Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV) ¹⁵	0.6 Cases per 100,000 population	Dec. 31, 2030	6.9 Cases per 100,000 (2018)	5.6 cases per 100,000 (2019)	4.3 cases per 100,000 (2020)
	Rate of a key antimicrobial resistant infection identified among people in hospitals	At most 0.7 cases per 1,000 patient admissions ¹⁶	June 30, 2025	0.77 Cases per 1,000 admissions (2018)	0.84 Cases per 1,000 admissions (2019)	0.83 Cases per 1,000 admissions (2020)
Infectious disease outbreaks and threats are prepared for and responded to effectively	% of foodborne illness outbreaks responded to within 24 hours of notification	At least 90% ¹⁷	Mar. 31, 2022	91%	98%	93%
	% of new pathogens of international concern that Canada has the capacity to accurately test for	At least 90%	Mar. 31, 2022	100% (2018)	100% (2019)	100% (2020)

The financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xxxvii}

¹² This is a bi-annual indicator, with vaccine coverage measured every two years.

¹³ In 2019–20, the number of national vaccination coverage goals changed from 12 to 7.

¹⁴ This is a bi-annual indicator, with vaccine coverage measured every two years.

¹⁵ In Canada, health and health care are the responsibility of provincial/territorial governments, and other partners, including different levels of government, hospitals, and non-government organizations. As a result, the lowering of this rate is a shared, common goal among all stakeholders.

¹⁶ A target of "at most 0.7 per 1,000 patient admissions" is meant to be an upper limit target based on observed fluctuations in the rate over time. The target of 0.7 is an upper limit estimated from observed variations in the data over time of Methicillin-resistant *Staphylococcus aureus* (MRSA) blood-stream infections.

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

Planned budgetary spending for Infectious Disease Prevention and Control

The following table shows Infectious Disease Prevention and Control's budgetary spending for 2022–23 as well as planned spending for that year and for each of the next two fiscal years in dollars.

2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
7,439,195,456	7,439,195,456	1,817,697,218	345,874,518

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xxxviii}

Planned human resources for Infections Disease Prevention and Control

The following table shows, in full-time equivalents, the human resources the Agency will need in order to fulfill this core responsibility for 2022–23 and for each of the next two fiscal years.

2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
2,491	1,216	1,213

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xxxix}



HEALTH SECURITY

Description

Prepare for and respond to public health events and emergencies (e.g., floods, forest fires, and outbreaks such as COVID-19); address health and safety risks associated with the use of pathogens and toxins; and, address travel-related public health risks.

Planning highlights

Under this Core Responsibility, PHAC will focus on advancing the following Departmental Results:

- 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.
- Result 3.3 Public health risks associated with travel are reduced.

In 2022-23, PHAC will continue to work to ensure public health events and emergencies are prepared for and responded to effectively by: strengthening the Agency's surge support role; sustaining emergency management operations for the response to COVID-19; improving and strengthening the integration of public health intelligence to broader programs; training personnel in emergency management and applied epidemiology; and supporting public health partners through field service and training programs to build a public health workforce ready to respond to disease outbreaks and public health emergencies.

In an effort to transform the Agency into a more nimble organization better able to respond to future public health risks associated with pathogens and toxins, PHAC will continue to modernize regulatory oversight, promote compliance, and increase openness and transparency.

Encouraging continued collaboration at all levels of government, PHAC will continue working to advance global health priorities in biosafety and biosecurity in order to protect Canadians from pathogen and toxin related risks emerging domestically and globally.

As the COVID-19 pandemic remains top of mind for most Canadians, PHAC is continuing work to reduce public health risks associated with travel by identifying and mitigating risks, improving and updating the knowledge of Canadians about travel-related public health risks, and managing travel-related public health risks on passenger conveyances, such as ships and aircraft and ancillary services.

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

Strengthen PHAC's surge support role

In 2022-23, PHAC will maintain and strengthen the capabilities of the NESS to continue responding to the COVID-19 pandemic and prepare for and respond to other public health emergencies or events by:

- Maintaining a robust supply of critical medical assets including PPE, medical equipment, medical countermeasures, and other supplies to support ongoing COVID-19 response efforts and the resurgence resulting from the Omicron variant.
- Providing provinces and territories with medical assets in response to requests for assistance to bolster their response to COVID-19 and other public health emergencies or events.
- Making targeted investments in critical medical assets to diversify stockpile holdings and secure access to supply to mitigate the risks of public health threats.
- Advancing efforts to modernize the NESS warehouse facilities and systems.
- Developing a comprehensive management plan for the NESS by building on lessons learned and as identified by the Auditor General in their report on [Pandemic Preparedness, Surveillance, and Border Control Measures](#)^{xi} to ensure that there is a robust and flexible emergency stockpile in place ahead of the next crisis.

To build health human resource capacity—both within the Agency and the broader Canadian public health workforce— PHAC will augment the number of field epidemiologists in the Canadian Field Epidemiology Program available to respond to jurisdictional requests for assistance. PHAC staff will also continue to be trained in emergency management fundamentals through several online self-directed courses and live virtual training sessions.

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

In 2022-23, PHAC will continue to play an essential role in ensuring a nimble and coordinated response to COVID-19 and will:

- Continue to coordinate the Health Portfolio's response to the resurgence of COVID-19, including the Omicron variant, and work with federal, provincial, and territorial partners to provide guidance, coordination, and surge supports to provinces and territories.
- Increase emergency response capacity, provide emergency management governance support and operational communications, and modernize public health emergency management to address needs arising from all hazards or emergencies more efficiently, including to climate-related emergencies such as fires or flooding.
- Advance updates to key Health Portfolio Emergency Management Plans and test plans as appropriate to increase preparedness for future events.
- Continue to invest in emergency management operations and in the development of sustainable support structures to enable a scalable, timely, and coordinated response to the COVID-19 pandemic and future emergency events with health consequences. In 2022-23, this will include:
 - Strengthening the Health Portfolio Operations Centre surge capacity to mobilize resources for emergency response efforts.

- Developing a robust mechanism to capture lessons learned and implement corrective actions to address areas requiring improvement.

Improve public health intelligence capacity

PHAC continues to improve public health intelligence capacity and in 2022-23 aims to:

- Improve the Global Public Health Intelligence Network (GPHIN), taking action to address the GPHIN Independent Review and the Auditor General's Report on Pandemic Preparedness, Surveillance, and Border Control Measures.
- Strengthen early detection and warning of potential public health threats by improving existing systems and developing new ones, linking GPHIN to PHAC's broader surveillance activities, and training and recruiting the GPHIN staff.
- Improve detection capacity for other public health threats, such as antimicrobial resistance, with an emphasis on high priority pathogens.
- Ensure that the Agency's public health intelligence is provided to those who need it, in the formats and timeframe in which they need it, to support public health action to improve the health of Canadians through the development of the Surveillance Knowledge Translation Standard.
- Develop a Human Resources Strategy for the Agency's surveillance community, outlining retention and recruitment of surveillance expertise and addressing workforce capacity issues.

Did you know?

The final report from the GPHIN Independent Review offered 36 recommendations to prepare for future health events and improve public health surveillance tools at PHAC. The recommendations will be used to support PHAC in determining how the global public health surveillance system can continue to best serve Canadians and the international community.

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

PHAC will continue to operate field service and training programs aimed at providing on-the-ground support to public health partners across Canada to prepare for and combat disease outbreaks and emergencies, including:

- Extending public health officers (epidemiologists and nurses) in provinces and territories working on joint COVID-19 response efforts, including surveillance, outbreak response, vaccine rollout, and providing evidence to inform public health actions.
- Extending public health officers addressing joint federal, provincial, and territorial responses to the concurrent overdose crisis, which has worsened during the pandemic.
- The development and delivery of applied public health training (e.g., outbreak investigation, development and evaluation of surveillance systems, contact tracing, interviewing skills) and field readiness training (e.g., cultural competencies, leadership, scientific communication) to public health officers, fellows of the Canadian Field Epidemiology Program, and federal, provincial, and territorial partners.



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

Advance global health priorities in biosafety and biosecurity to protect Canadians from pathogen and toxin related risks emerging outside Canada

In a rapidly changing and increasingly interconnected global environment, serious public health threats can emerge without warning, and—as COVID-19 reminds us—the public health security of all countries is dependent on the capacity of individual countries to act effectively and contribute to the security of all.

Through active leadership, partnerships, and global knowledge sharing, PHAC works to advance Canada's international biosafety and biosecurity commitments to enhance global health security and to increase global compliance with the International Health Regulations, the Biological Weapons Convention, and the United Nations Security Council Resolution 1540 (Disarmament).

In 2022-23 PHAC's commitments include:

- Continuing to deliver on the World Health Organization (WHO) Collaborating Centre Action Plan and support safe and secure knowledge growth globally through the sharing of technical expertise and best practices. Like in Canada, the global life science research landscape is expanding, bringing with it increasingly complex risks.
- Continuing to serve as the secretariat to the International Experts Group of Biosafety and Biosecurity Regulators and co-chair of the steering committee, support the development and publication of planned deliverables, and further provide capacity building in biosafety and biosecurity as well as dual use regulations and oversight to developing countries.
- Continuing to support global efforts to effectively contain poliovirus by advancing the destruction or transfer of all unneeded materials to a designated containment facility.
- Participating on the WHO Scientific Advisory Group for the Origins of Novel Pathogens (SAGO). The rapid emergence and spread of SARS-CoV-2 has highlighted the importance of being prepared for any future event, to be able to identify novel pathogens early and to address the risk factors that contribute to their emergence and spread. To this end, the SAGO will advise on technical and scientific considerations regarding emerging and re-emerging pathogens.

Modernize regulatory oversight

In the context of a rapidly expanding and advancing domestic life sciences sector that has emerged in response to the COVID-19 pandemic, PHAC is enhancing oversight of work or controlled activities with human and terrestrial animal pathogens and toxins. Commitments include:

- Strengthening and modernizing regulatory oversight of Canadian laboratories via:
 - Continuing to conduct risk-based inspections of Canadian laboratories through a combination of on-site, remote, and hybrid inspection approaches.
 - Developing policy recommendations for potential legislative or regulatory amendments to manage the increasingly complex risks associated with Canada's evolving landscape of high containment laboratories. This will build on the results of a 2022 evaluation of the Human Pathogens and Toxins Regulations.

- Finalizing a planned migration of PHAC’s case management system to a cloud-based platform and integrating digital tools to facilitate laboratory inspections and streamline operations.
- Continuing to monitor laboratory exposure incidents through Laboratory Incident Notification Canada and conduct pathogen and toxins risk assessments to help inform policy development and improved compliance.
- Continuing to engage with funding agencies and researchers to support the life-cycle nature of biosecurity oversight of research activities with pathogens and toxins in Canada that may have dual-use potential.
- Supporting a strong, safe, and secure domestic supply chain for the development of vaccines and other medical countermeasures to respond to future pandemics and threats by engaging on the design, construction, and inspection phases associated with the pre-licensing of new containment laboratories. This includes an in-depth review of laboratory procedures, mechanical and electrical plans and specifications, and ultimately testing of the containment systems to ensure all requirements are met prior to licensing.

Promote compliance and increase openness and transparency

PHAC will continue to promote compliance by remaining engaged, transparent, and accountable, and by providing current and comprehensive resources and tools. This includes:

- Publishing the third edition of the [Canadian Biosafety Standard \(CBS\)](#)^{xli}. The CBS sets out the physical containment, operational practice, and performance and verification testing requirements that must be met to safely handle or store human and animal pathogens and toxins. Via the publishing of the CBS 3rd Edition, PHAC will contribute to improving clarity in the requirements, eliminating redundancies where possible, and underscoring the biosafety and biosecurity intent of the requirements.
- Developing and disseminating scientific, technical, and regulatory information and guidance to support safe use and secure containment of human and terrestrial animal pathogens and toxins.
- Publishing high-level summaries of inspections of regulated parties as part of Canada’s commitment outlined in open government policies.

Result 3.3: Public health risks associated with travel are reduced

Identify and mitigate public health risks related to travel

Preventing the introduction and spread of communicable diseases from international travel remains a foundational component of Canada’s health security. As the COVID-19 pandemic continues—and with the emergence of the Omicron variant and the ongoing possibility of new COVID variants and international outbreaks of other communicable diseases—PHAC anticipates:

- Maintaining its border presence (physically at priority ports of entry, and virtually nationally).
- Managing border-related requirements that respond to the evolving epidemiological situation, such as COVID-specific designated quarantine facilities as required.
- Continuing to administer and enforce the Quarantine Act and any Emergency Orders made under it.

- Delivering compliance and enforcement activities authorized under the Quarantine Act, including:
 - Promotion and education, compliance verification, enforcement activities (including issuing tickets), and responses to queries and requests for more information.
 - Ongoing and timely support to branches, Canada Border Services Agency, and peace officers responsible for administering and/or enforcing the Quarantine Act and its Emergency Orders.
 - Developing a Compliance and Enforcement policy framework to establish and stabilize the function under the *Quarantine Act*, through the development of governance frameworks, policies, and standard operating procedures.
 - Maintaining and evolving the current Quarantine Case Management System as needed while also planning for a new system with enhanced capabilities, enabling a more informed border presence to support ongoing program success.
- Continuing to train a skilled and agile cadre of designated officers.
- Processing compassionate exemption applications.
- Engaging key federal, provincial, and territorial partners to investigate and detect fraudulent traveller documentation through increased monitoring and scrutiny.
- Providing support to prosecutors and law enforcement related to contested contraventions tickets through court appearances, preparation of evidence, and responding to disclosure requests.

Furthermore, PHAC will continue to use lessons learned for future pandemic or other communicable disease events. This will ensure that it has the foundational systems, tools, policies, and frameworks to stand up enhanced health security measures quickly, effectively, and efficiently in the future. PHAC will also continue to monitor and identify potential public health risks associated with travel to inform Canada's border measures and development of outbound travel health advice for Canadians.

Complementary to the establishment and communication of border measures for international travellers is the improvement of Canadians' knowledge about travel-related public health risks. PHAC remains committed to:

- Continuing to notify Canadians of travel-related public health risks through a range of communications products and approaches.
- Striving for continuous improvement of public outreach through use of social media and engagement with health care professionals.

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

PHAC works with the travel industry to reduce public health risks on passenger conveyances (i.e. aircraft, ferries, trains, and cruise ships) and related ancillary services (e.g. airports, flight kitchens, etc.). In an era of increased global travel, this is particularly important as pandemic-related travel and border restrictions are eventually eased and travel volumes return to normal levels.

In 2022-23, PHAC will continue to:

- Conduct potable water, food, and sanitation inspections of public conveyances and their ancillary services, focusing efforts on areas of greatest risk to public health.

- Modernize the Travelling Public Program to better utilize regional resources to respond to COVID-19 and environmental transmission of communicable diseases.

Sex and Gender-based Analysis Plus

SGBA Plus considerations continue to be examined and incorporated into PHAC's work to advance health security in Canada. They are brought forward in decisions about the type and mix of medical supplies procured and maintained in the NESS to support public health emergency management. For example, PHAC will acquire products in various sizes and consider alternatives if certain populations (e.g., pregnant women, people with underlying health conditions) may have contraindications to certain medical countermeasures (e.g., vaccines and therapeutics)

Furthermore, as the recognition of cultural competence within public health practice grows, PHAC is offering epidemiologists and data analysts training on a range of the cultural competence factors needed to work with sexual and gender minorities, explore issues with LGBTQ2S+ data, and apply these learnings in professional settings.

In a recent [Office of the Auditor General audit of Enforcement of Quarantine and COVID-19 Testing Orders^{xlii}](#), PHAC, in its management response, has made a commitment to continue to use SGBA Plus analysis for its border and travel health programs. Currently, PHAC is developing a detailed Management Response and Action Plan that will outline deliverables and timelines. This will continue to ensure equitable and inclusive outcomes for all segments of the Canadian population.


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

Policy and programming work under this core responsibility helps to advance multiple goals of the United Nations 2030 Agenda.

Relative to SDG 3: "Good Health and Well-Being", PHAC works with other government departments to respond to public health events and emergencies to protect the health and safety of Canadians. Specific examples include the placement of public health officers in:

- Northern, rural, and remote jurisdictions across Canada to support tuberculosis surveillance and control.
- Health organizations across Canada to support the surveillance of substance-related harms and help generate the high quality data and the strengthened partnerships between all levels of government, academia, and other health organizations needed for effective public health action.

As well, PHAC's work in biosecurity includes providing other countries with technical expertise and tools to enhance their national biosafety and biosecurity oversight frameworks and help them meet commitments under the International Health Regulations. This advances the SDG's intention to strengthen the capacity of all countries for early warning, risk reduction, and management of national and global health risks.



To advance SDG 6: “Clean Water and Sanitation”, PHAC works to:

- Respond to public health events and emergencies that involve contaminated water supply to protect the health and safety of Canadians.
- Ensure that passenger transportation operators are compliant with Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations (Potable Water Regulations) and the water on their transport is clean and safe for travelling public consumption.

Lastly, the NESS continues to operationalize a lifecycle management approach to optimize asset use to reduce waste and maximize recycling where possible. One element of the lifecycle approach is to work with provinces and territories to transfer assets for use in the healthcare system prior to expiry. This work to implement sustainable consumption and production patterns helps advance Global Target 12.5 to substantially reduce waste generation through prevention, reduction, recycling, and reuse.

Experimentation

PHAC will continue to explore new collaborations and approaches to identify, assess, and examine options to address public health and supply chain challenges, vulnerabilities, and risks and to optimize life cycle materiel management as part of its NESS program.

Planned results for Health Security

The following table shows Health Security's planned results, the result indicators, the targets and the target dates for 2022–23, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental result	Departmental result indicator	Target	Date to achieve target	2018–19 actual result	2019–20 actual result	2020–21 actual result
Public health events and emergencies are prepared for and responded to effectively	Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization	4 (Rating out of 5)	Jun. 31, 2023	4.5	4.5	4.5
	% of provincial and territorial requests for assistance responded to within negotiated timelines	Exactly 100%	Mar.31, 2022	100%	100%	100%
Public health risks associated with the use of pathogens and toxins are reduced	% compliance issues in Canadian laboratories successfully responded to within established timelines	At least 85%	Mar. 31, 2022	88%	98%	100%
Public health risks associated with travel are reduced	Canada's capacity ¹⁸ for effective public health response at designated points of entry into Canada	4 (Rating out of 5)	Mar. 31, 2023	5	5 ¹⁹	5
	% of inspected passenger transportation operators that meet public health requirements	95%	Mar. 31, 2022	94% ²⁰	96%	100%

The financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xliii}

¹⁸ Capacity is defined by the WHO's International Health Regulations (2005) Monitoring and Evaluation Framework, Joint External Evaluation Tool.

¹⁹ Results are based on 2018-19 assessment and the data for this indicator is collected every 5 years.

²⁰ While results in 2018–19 were slightly lower than targeted, some variability in results is expected year-to-year given, factors such as seasonal conveyances, facilities closing prior to response, or lower levels of compliance for non-regulatory aspects of the inspections. PHAC continues proactive outreach with our stakeholders to increase regulatory compliance and promote best practices.

Planned budgetary spending for Health Security

The following table shows Health Security's budgetary spending for 2022–23 as well as planned spending for that year and for each of the next two fiscal years in dollars.

2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
432,712,693	432,712,693	289,650,244	180,328,989

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xliv}

Planned human resources for Health Security

The following table shows, in full-time equivalents, the human resources the Agency will need in order to fulfill this core responsibility for 2022–23 and for each of the next two fiscal years.

2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
949	496	475

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xliv}

INTERNAL SERVICES: PLANNED RESULTS

Description

Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services:

- management and oversight services
- communications services
- legal services
- human resources management services
- financial management services
- information management services
- information technology services
- real property management services
- materiel management services
- acquisition management services

Planning highlights

PHAC is committed to ensuring that the Agency and its' employees are agile, responsive, and able to continue providing internal services and supporting the work and mandate of the Agency as a whole, even in the midst of COVID-19 or any future public health emergencies.

Support the COVID-19 Response

PHAC will continue to expand and augment the capacity and competencies of its enabling internal services, both internal to PHAC as well as through the Shared Services Partnership with Health Canada, to play a pivotal role in supporting the COVID-19 response, including:

- Providing support and direction to programs with new funding requests, expenditure management with Central Agencies, and in the financial management and reporting of new funding.
- Streamlining and aligning forecasting exercises to the operational environment of the Agency to enhance informed and evidence-based decision-making.
- Managing financial and human resources risks and strategies associated with sustaining surge capacity and pandemic response across the Agency, given often only temporary funding.
- Developing and implementing Agency-level Financial Accountability and Internal Controls Frameworks to support and enhance financial management and accountability across PHAC programs.
- Continuing to advance the Agency's G&C modernization agenda including:
- Identifying opportunities to implement more efficient reporting processes/requirements for recipients, especially for smaller, community-based organizations.
- Modernizing the digital infrastructure used to manage Grants and Contributions.
- Reviewing program authorities to better address the unique needs and circumstances of program recipients.

- Supporting branches with temporary structures to stabilize their organizational structures and capacity and to define and plan for future needs in order to ensure they are able to fulfill their mandates and responsibilities during the pandemic and beyond.
- Continuing to enable projects with strategic project management guidance and direction and implement a rigorous approach to enable delivery and compliance with TBS Directives and Policies.
- Ensuring the implementation of Occupational Health and Safety policies, programs, and measures to protect the physical and psychological health, safety, and wellbeing of all employees.
- Ensuring PHAC has the human resources with the skills and competencies required to support its mandate.
- Ensuring that leased, licensed, and acquired facilities are in place to support the Emergency Stockpile and at border checkpoints to support advanced screening and quarantine measures.

Communications Services

In 2022-23, PHAC will continue to inform Canadians on how to take action on their personal and collective health and safety. PHAC will proactively release data and information as part of its Open Government efforts that empower Canadians to make informed decisions and better understand public health issues. The Agency will continue to provide communications efforts related to the Government of Canada's response to the COVID-19 pandemic while also informing Canadians on other important public health issues such as measures that promote healthy living, reduce substance use related harms, and help prevent and control chronic and infectious disease. PHAC will use an array of communication methods such as web postings, social media campaigns, marketing and outreach efforts, Ministerial announcements, and others to drive these efforts.

The Agency will deliver evidence-based public awareness campaigns to inform Canadians about STBBIs. Examples include Sexual and Reproductive Health Awareness Week, World AIDS Day, and World Hepatitis Day. Notably, Canada will host the 24th International AIDS Conference to advance HIV research, shift evidence into action, and accelerate progress toward the goal of ending HIV and AIDS in Canada and globally.

The Agency will continue its work and collaborate with domestic and international partners to raise awareness of antimicrobial resistance. World Antimicrobial Awareness Week will serve as a platform to increase awareness among the general public, industry leads, and healthcare professionals. Other areas of focus for the agency will include foodborne illness, mental health, diabetes, controlled substance use, and the implementation of a pan-Canadian health data strategy. PHAC marketing campaigns for 2022-23 will raise awareness of other important issues including dementia, seasonal flu, and Lyme disease and will also promote recruitment campaigns to find qualified candidates for a variety of vacant positions.

The Agency is constantly working to increase access for Canadians to timely and relevant information to help them make informed decisions on how to protect themselves against COVID-19. This includes continuing to publish information and guidance on Canada.ca and through social media channels and ongoing public education campaigns on public health measures and COVID-19 vaccines. As well, the Agency's dedicated call line (1-833-784-4397) will remain active in 2022-23 to answer Canadians' questions about COVID-19.

Providing timely, trusted, and evidence-based information

PHAC will continue providing timely, trusted, and evidence-based information by:

- Continuing to build behavioural science capacity and deliver impact across PHAC programs and co-chairing the PHAC Behavioural Science Community of Practice as well as contributing to the Government of Canada Behavioural Science Community of Practice. This will include expanding behavioural science research and insights beyond the pandemic to include other public health priorities and building behavioural science capacity and communities through the development of research tools, training, and networks.
- Finalizing and launching the Surveillance Knowledge Translation Standard in Fall 2022 to support the knowledge translation (KT) activities of PHAC's surveillance community. Agency-wide adoption and use of the Standard will help to ensure that the Agency's public health surveillance information is provided to those who need it, in the formats and timeframe in which they need it, with the end goal of supporting public health action to improve the health of Canadians.
- Establishing a new corporate service to those who produce, apply, and broker knowledge to build their KT skills and increase the use of research evidence in practice, policy, and further research.
- Exploring the power of digital technology to deliver research knowledge when and where it is needed, including how social media could provide unique opportunities with underserved communities who experience health inequities (e.g. equity-seeking groups).
- Expanding the [COVID-19 Virtual Library of health data and evidence](#)^{xlvi} to provide relevant information necessary for decision making and policy enhancements.
- Establishing KT communities of practice for networking, sharing new ideas, and exploring opportunities for further learning and knowledge exchange.

Did you know?

As public interest in the ongoing waves of COVID variants continues to be high, COVIDTrends continues to provide accurate, reliable, anonymized data on public health data that is tailored to the locations and communities in which Canadians live. It shares information that aims to help users make safe, informed decisions as it relates to the health impact of their actions.

Specific to COVID-19, PHAC will continue to evolve [COVIDTrends](#)^{xlvii} to integrate more metrics for Canadians. Examples of this evolution include the development and automation of a backend database that can efficiently support COVIDTrends and also be used beyond the pandemic to disseminate important health information and breaking alerts to Canadians.

Canada's [Canada.ca/coronavirus](#) web presence and toll-free line will continue into 2022-23; their enduring operation will serve to carry on providing timely, trusted, and evidence-based information easily accessible to all Canadians.



Champion implementation of the Ministers' global health priorities and support the advancement of Health Portfolio's domestic priorities through engagement on the international stage.

Health Portfolio international engagement contributes to protecting the health of Canadians through action on global health issues of concern to Canada, such as pandemic preparedness and response, addressing antimicrobial resistance, and health security. It also provides an opportunity to champion key Canadian health priorities globally, such as mental health, health equity, and the impacts of climate change on health, by leveraging Canadian expertise and taking action where Canada can make a difference. Additionally, it allows Canada to model best practices and lessons learned from other countries and international partners.

To advance this commitment, portfolio representatives will participate on the intergovernmental negotiating body to work towards reflecting Canadian priorities in the development of a new WHO convention, agreement, or international instrument on pandemic prevention, preparedness, and response. PHAC will also continue to work with international partners, including through the WHO Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to address recommendations from international reviews.

PHAC, along with Health Portfolio partners and other departments, will support international efforts to ensure that people around the world have access to health interventions to fight COVID-19, including vaccines, therapeutics, and strengthened health systems. In particular, PHAC will advocate in international meetings for the prioritization of people in vulnerable situations, such as seniors, women and girls, Indigenous groups, and frontline health workers. PHAC will also work with international partners to enhance emergency response capacity in other countries.

PHAC will continue to support global health governance strengthening through participation in governing body meetings, including through Canada's term on the WHO Executive Board 2022-2025, our role as a member state at Pan-America Health Organization Directing Council meetings, and through the G7 and G20 health tracks. Additionally, PHAC will continue backing the implementation of Canada's global health priorities through bilateral engagement with, for example, the United States, United Kingdom, and European Union and partners in the Indo-Pacific region, to gather intelligence, foster knowledge exchange, promote policy dialogue, and improve global capacity to address health issues and respond to future health emergencies.

Modernize the workplace to enable a safe work environment and productive workforce with access to modern tools and facilities

In 2022-23, PHAC will:

- Gradually expand collaboration tools, providing employees with modern and integrated tools. Infrastructure expansion and improvements are planned, including enhanced Wi-Fi and bandwidth.
- Provide modern, flexible, and accessible office accommodations while also ensuring sufficient special purpose space to support the delivery of program activities in addition to ensuring there is adequate on-site space that aligns to public health guidelines during the pandemic and for the future of the workplace.



Development and implementation of the Detect-Understand-Act Action Plan (DUA AP).

A performance monitoring and reporting framework will be developed to efficiently track, report, course correct, and deliver on PHAC's commitments related to surveillance and risk assessment. Once established and implemented through strong formal governance oversight, the DUA AP will be foundational in strengthening PHAC's core commitments towards public health while providing transparency and accountability to Canadians. In 2022-23, PHAC will continue to set a strategic direction for surveillance by advancing the DUA AP and by developing a broader forward-looking vision in the form of a three-year Surveillance Strategic Plan. This work will contribute to optimizing the Agency's ability to detect public health threats, understand the risks, and act as needed to prevent and mitigate those risks.

Implementation of the PHAC Open Science Action Plan

PHAC has committed to increasing the availability and discoverability of federally funded science and research by implementing an Open Science Action Plan (OSAP) to accelerate knowledge transfer, create opportunities for impact and public engagement, and enhance inclusion of diverse expertise and perspectives.

The OSAP supports a cultural shift to science that is "Open by Default and by Design". In 2022-23, the Open Science program led by OCSO will collaborate with the Office of the Chief Science Advisor and Federal Science Library partners to develop and adopt shared tools and infrastructure to make government publications findable and shareable. It will also review career progression criteria for research scientists and leverage its membership in the Federal Science Library Network to pursue 'transformative' publishing and subscription agreements with scientific publishers in order to remove paywalls and author processing fees.

An Open Science Steering Committee will be established to provide oversight on the implementation of the OSAP, to report on outcomes, and to assess the Agency's science performance and outputs that will consider knowledge usage and impact.

Data management respects FAIR (Findability, Accessibility, Interoperability, and Reuse) principles.

Data management at PHAC will continue working to become increasingly findable, accessible, interoperable, and reusable to support decision-making.

By leveraging existing practices and adopting new ones as they emerge, PHAC aims to ensure that the work carried out in 2022-23 abides by industry standards and best practices. PHAC supports the principles of Open Government striving to make government more accessible to everyone and allowing all Canadians to participate in conversations, find data and digital records, and learn about open government and the work of the Agency.



Adopt the use of modern data infrastructure to support Agency-wide data analysis, operations and interoperability.

In order to support the efficient and effective use of diverse data sources when undertaking integrated risk assessments and to document public health decisions across the surveillance life cycle, PHAC requires a modern data infrastructure (technology, tools, and services) that promotes findability, accessibility, interoperability, and reuse. Pulling intelligence from multiple structured and unstructured data sources can only be effectively undertaken with the necessary tools.

Modern data infrastructure would not only address today's problems, but be designed in a way that is modular, allowing component parts to be updated independent of each other, avoiding the need for ongoing, costly system overhauls or replacement. In 2022-23, PHAC will review and evolve existing IT solutions to align with the principles of a modern public health data infrastructure that is adaptive, resilient, performant, and scalable; embrace "interoperability by design" via the consistent application of interoperability standards to the development of data tools, technologies and services; and enhance data usability via services and solutions that engineer privacy, security, and quality into processes and procedures by design.

Build a healthy, diverse and inclusive workforce

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

PHAC is committed to ensuring a work environment that is free of harassment and discrimination, where all employees feel safe and are treated with respect, dignity, and fairness in the workplace. In addition, PHAC is committed to eliminating barriers to success and career progression through the use of more inclusive recruitment practices to attract and retain a diverse, representative workforce.

Examples of 2022-23's initiatives include:

- Recruiting and retaining a healthy, diverse, and inclusive workforce and streamlining the hiring process.
- Ensuring that employees at all levels have access to tools, resources, training, and mentorship opportunities to support career management and positive people management behaviours.
- Implementing Internal Anti-Racism initiatives such as engagement sessions with groups from diverse backgrounds to better understand the barriers to recruitment, retention, development, and promotion.
- Working towards improvements to bias and barrier-free practices for recruitment, onboarding, and retention with a focus on official languages and employment equity.
- Developing a PHAC Accessibility Plan and working towards building a more accessible workplace.
- Promoting positive mental health and wellness by implementing the Agency's Mental Health and Wellness Strategy and ensuring all employees, managers, and executives have access to the full suite of mental health and wellness supports including Employee Assistance Services, coaching, training, and change and workload management resources.
- Continuing to provide support to branches with the development of action plans to address Public Service Employee Survey results and develop agency wide action plan.

- Development of a Strategic Resourcing Plan to support a healthy, diverse, and inclusive workforce that is able to support PHAC in meeting its public health objectives.

Sex and Gender Based Analysis Plus

The following will serve as a focus for 2022-23:

- Enhancing outreach and capacity to increase the reach and use of the Employee Assistance Program to specific populations, such as LGBTQ2, Indigenous persons, males, and victims of intimate partner violence as well as those experiencing increased mental health impacts due to COVID-19, including expanding the use of different technologies such as video counselling and real-time chat.
- Continuing to uphold and keep in the forefront accessible design standards whenever possible in addition to applying a SGBA Plus lens to internal services.

Beyond department-specific activities, PHAC considers SGBA Plus when developing advertising campaigns, whenever possible. For example, gender-based analysis forms part of the dementia campaign strategy planning, including target audience selection, media strategy, creative development, and messaging. Research points to important variations in risk, prevalence, diagnosis, and care of dementia by factors such as race/ethnicity, sexual orientation, ability, gender norms, and urban/rural residence (e.g., for LGBTQ2S, linguistic minorities, First Nations, Métis, and Inuit people), and therefore a one-size-fits-all approach to raising awareness and knowledge of dementia, risks, and prevention and reducing stigma/stigmatizing behaviours is unlikely to be equally effective for everyone.

As such, messaging will be tailored to various segments of the target populations and advertising methods will be selected accordingly. Ads will be evaluated on the basis of reach and impact on gender where data allow (e.g., web banner metrics, click-through rates, and social media engagement, where gender data are available). If the data are available, then the results will be analyzed and adjustments will be made to the campaign.

Internationally, PHAC will continue to apply a SGBA Plus lens by promoting the acknowledgment of social, economic, environmental, and political determinants of health including sex, gender, race, age, disability status, etc. through our engagement with international partners. This includes through interventions at international fora, the development of policy documents, the Youth Delegate Program, and the International Health Grants Program. Specific actions will include:

- Advocating for equity considerations through Canada's interventions during Governing Body meetings, such as the Pan-American Health Organization Directing Council, the WHO Executive Committee meetings, the World Health Assembly, and the Organisation for Economic Co-operation and Development Health Committee. These interventions are a key opportunity to underscore that this equity-lens is a priority for Canada in advancing health outcomes for all.
- Taking steps to ensure the selection process for the youth delegate attending the World Health Assembly and Pan-America Health Organization Directing Council through the Canadian Youth Delegate Program, is based on principles of equity, diversity, and inclusion.
- Prioritizing funding under the International Health Grants Program to projects that advance equity issues, such as gender equality, diversity, and inclusion.



Sustainable Development Goals

PHAC and HC's international work contributes towards achieving SDG 3, "Good Health and Well-Being." Canada's health objectives are advanced via facilitating collaboration with likeminded countries and partners in multilateral fora such as UN institutions, the WHO, the Pan-American Health Organization, and key bilateral partners to respond to a broad range of global health challenges.

Canada's active participation in the WHO Framework Convention on Tobacco Control and the International Agency for Research on Cancer contribute to the specific target on reducing premature mortality from non-communicable diseases (3.4). PHAC and HC provide support on the governance-related aspects of these organizations to promote their transparent, efficient, and effective operation. Canada's efforts related to strengthening global health governance within these and other fora also contribute to SDG 16: "Peace, Justice and Strong institutions."

The active promotion of gender equality and parity in international settings contributes to the advancement of SDG 5: "Gender Equality." Canada will continue to advocate for the importance of incorporating a gender equity and equality lens on future work, including in the negotiations of a new international instrument on pandemic preparedness and response.

The International Health Grants Program supports the advancement of SDG 3: "Good Health and Well-Being" by providing funding to international recipients to advance global health issues of interest to Canada and improve environmental, economic, and social contexts for various populations around the world. The program also contributes to the advancement of other SDGs, such as SDG 13: "Climate Action" and SDG 5: "Gender Equality", by providing funding for projects targeting the health dimensions of these issues.

Experimentation

To support the hiring surge and growth in the Vaccine Roll-out Task Force, PHAC set up a special Recruitment Team whose mandate was to work with corporate services partners and hiring managers to source potential candidates to fill key roles and positions within the Task Force in a very short time frame. A variety of innovative and flexible hiring strategies were used, allowing for the rapid hiring of 50 highly qualified candidates in less than 8 months. This highly responsive and adaptive recruitment service will be expanded to address other high priority staffing needs across the Agency in 2022-23.

PHAC will also continue to implement digital tools to support diversity in recruitment and staffing processes and build on the learnings from pilot projects to increase accessibility in the built environment in co-development with the Agency's Persons with Disabilities Network.

Planned budgetary spending for Internal Services

The following table shows, for Internal Services, budgetary spending for 2022–23, as well as planned spending for that year and for each of the next two fiscal years in dollars.

2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
218,820,556	218,820,556	100,965,494	98,652,987

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xlvi}

Planned human resources for Internal Services

The following table shows, in full-time equivalents, the human resources the Agency will need in order to fulfill this core responsibility for 2022–23 and for each of the next two fiscal years.

2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
856	654	654

Financial, human resources, and performance information for the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{xli}

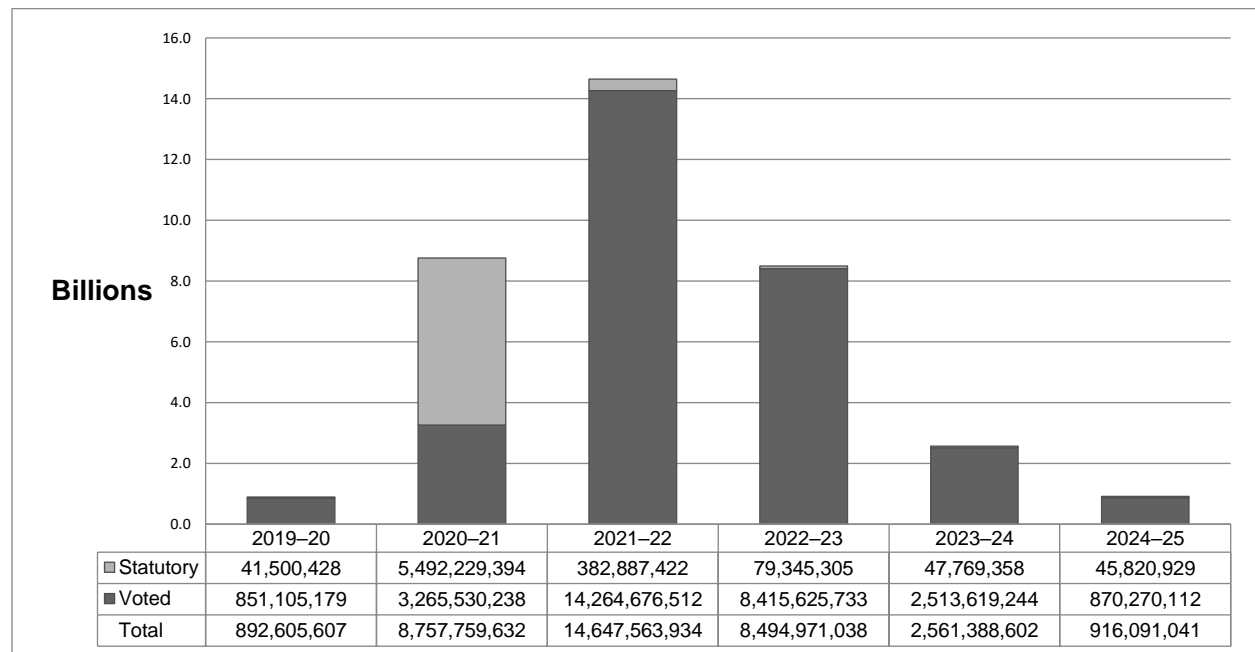
PLANNED SPENDING AND HUMAN RESOURCES

This section provides an overview of the department's planned spending and human resources for the next three fiscal years and compares planned spending for 2022–23 with actual spending for the current year and the previous year.

Planned spending


Departmental spending 2019–20 to 2024–25

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



Beginning in 2019-20 through to 2021-22, spending increased as a direct result of the Agency's COVID-19 pandemic response. Spending in 2020-21 increased to \$8.8 billion, most notably to support of the following pandemic related initiatives: medical research and vaccine developments, procurement of personal protective equipment and medical equipment, border travel measures and isolation sites, Safe Restart Agreement for testing, contact tracing and data management support, serosurveillance, innovative research and new testing technologies, Safe Restart Framework for Indigenous Communities, strategic international partnerships, and investment in surge capacity to sustain Agency operations during the pandemic.

The increase in forecasted spending for 2021-22 to \$14.6 billion reflects the Agency's ongoing COVID-19 pandemic response. This funding will continue to support COVID-19 related investments in medical research and vaccine developments, including the procurement of vaccine boosters, personal protective equipment, rapid test kits, and therapeutics. Other key Agency initiatives in 2021-22 include: border



measures and isolation sites, Safe Restart investments in testing, contact tracing and data management, innovative research and new testing technologies, serosurveillance, Vaccine Injury Support Program, investments in early learning and child care in Indigenous and northern communities, National Action Plan to end gender-based violence, diabetes prevention, creation of a national autism strategy, and surge capacity to sustain Agency operations during the pandemic. The Agency re-profiled \$2.1 billion of its initial 2021-22 authorities into 2022-23, notably for medical research and vaccine developments. These re-profiles are reflected in the table above.

Planned spending in 2022-23 consists of several ongoing COVID-19 initiatives as part of the Agency's pandemic response. This includes funding for the procurement of COVID-19 vaccines and boosters, therapeutics, and personal protective equipment. It also includes funding for border travel measures and isolation sites, serosurveillance, the Vaccine Injury Support Program, investments in early learning and childcare in Indigenous and northern communities, National Action Plan to end gender-based violence, diabetes prevention, creation of a national autism strategy, and surge capacity to sustain Agency operations during the pandemic. New initiatives for 2022-23 consist of funding for mental health of those affected by COVID-19, and investments in controlling and preventing antimicrobial resistance.

Most of the COVID-19 related funding continues until 2022-23, resulting in planned spending decreases for 2023-24. Funding for the procurement of COVID-19 vaccines and boosters continues until 2023-24, while funding related to the mental health of those affected by COVID-19 continues until 2024-25. Lastly, funding for personal protective equipment continues until 2026-27.


Budgetary planning summary for core responsibilities and Internal Services (dollars)

The following table shows information on spending for each of the Public Health Agency of Canada's core responsibilities and for its internal services for 2022–23 and other relevant fiscal years.

Core responsibilities and internal services	2019–20 actual expenditures	2020–21 actual expenditures	2021–22 forecast spending	2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Health Promotion and Chronic Disease Prevention	273,405,686	291,289,487	371,884,561	404,242,333	404,242,333	353,075,646	291,234,547
Infectious Disease Prevention and Control	257,498,145	3,794,133,883	11,235,343,548	7,439,195,456	7,439,195,456	1,817,697,218	345,874,518
Health Security	248,500,490	4,459,284,771	2,750,056,039	432,712,693	432,712,693	289,650,244	180,328,989
Subtotal	779,404,321	8,544,708,141	14,357,284,148	8,276,150,482	8,276,150,482	2,460,423,108	817,438,054
Internal Services	113,201,286	213,051,491	290,279,786	218,820,556	218,820,556	100,965,494	98,652,987
Total	892,605,607	8,757,759,632	14,647,563,934	8,494,971,038	8,494,971,038	2,561,388,602	916,091,041

Specific measures related to Health Promotion and Chronic Disease Prevention were launched to support the Agency's COVID-19 pandemic response and have gradually increased expenditures since 2019-20. These measures notably include quarantine facilities and border travel, the Safe Restart Agreement for testing, contact tracing and data management support, support for the Kids Help Phone, and surge capacity to sustain Agency operations during the pandemic. Moving forward to 2021-22, planned spending in these measures continue and are supplemented by additional investments in early learning and childcare in Indigenous and northern communities, mental health of those most affected by COVID-19, development of a National Action Plan to end gender-based violence, investments in diabetes prevention, and the creation of a national autism strategy. Future years show a return to near pre-pandemic levels with most COVID-19 funding continuing until 2022-23, except funding for mental health of those most affected by COVID-19, which continues until 2024-25.

Starting in 2019-20, measures related to Infectious Disease Prevention and Control were launched to support the Agency's COVID-19 response and significantly increased expenditures. These measures include funding for medical research and vaccine developments, including the procurement of vaccines,



rapid test kits, therapeutics, border travel measures and isolation sites, the Safe Restart Agreement for testing, contact tracing and data management support, investment in innovative technologies for the National Microbiology Laboratory, and surge capacity to sustain Agency operations during the pandemic. These measures continue into 2021-22 along with new funding for the Vaccine Injury Support Program. Starting in 2022-23, the Agency receives new funding for controlling and preventing antimicrobial resistance. The majority of COVID-19 funding continues until 2022-23, except for funding related to the procurement of COVID-19 vaccine boosters, which continues until 2024-25, and the procurement of personal protective equipment, which continues until 2026-27.

Starting in 2019-20, measures related to Health Security were launched to support the Agency's COVID-19 response and significantly increased expenditures. This included initiatives related to the procurement of personnel protective equipment, support for border travel measures, and surge capacity to sustain Agency operations during the pandemic. The majority of COVID-19 funding continues until 2022-23, except for the procurement of personal protective equipment, which continues into 2026-27.

Internal Services also realized increases in spending since the start of the pandemic. This is a direct result of an increased demand and support provided to help the Agency sustain its pandemic response for corporate functions such as communications, human resources, finance, and information technology. Funding to support the Agency's COVID-19 surge capacity continues through 2021-22 and continues until 2022-23.

Planned human resources

The following table shows information on human resources, in full-time equivalents (FTEs), for each of the Public Health Agency of Canada's core responsibilities and for its internal services for 2022–23 and the other relevant years.

Human resources planning summary for core responsibilities and internal services

Core responsibilities and internal services	2019–20 actual full-time equivalents	2020–21 actual full-time equivalents	2021–22 forecast full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
Health Promotion and Chronic Disease Prevention	524	542	602	623	556	539
Infectious Disease Prevention and Control	1,054	1,149	2,161	2,491	1,216	1,213
Health Security	385	743	1,313	949	496	475
Subtotal	1,963	2,434	4,076	4,063	2,252	2,227
Internal Services	333	426	872	856	654	654
Total	2,296	2,860	4,948	4,919	2,922	2,881

Full-time equivalents (FTEs) are trending up from 2019-20 to 2022-23 for Health Promotion and Chronic Disease Prevention as a result of the Agency's pandemic response for the following initiatives: the Safe Restart Agreement for testing, contact tracing and data management support, investments in early learning and child care in Indigenous and northern communities, mental health of those most affected by COVID-19, development of a National Action Plan to end gender-based violence, diabetes prevention, national autism strategy, and surge capacity to sustain Agency operations during the pandemic. Fiscal years 2023-24 and 2024-25 show a decrease in FTEs as COVID-19 funding gradually ends.

Similarly, increases in FTEs from 2019-20 to 2022-23 in Infectious Disease Prevention and Control relate directly to the Agency's COVID-19 response for the following measures: medical research and vaccine developments measures, border travel measures and isolation sites, the Safe Restart Agreement for testing, contact tracing and data management support, investment in innovative technologies for the National Microbiology Laboratory, controlling and preventing antimicrobial resistance in Canada, and surge capacity to sustain Agency operations during the pandemic. Fiscal years 2023-24 and 2024-25 show a return to near pre-pandemic staffing levels as funding to support and sustain the Agency's pandemic operations, vaccine deployment operations, and border travel and isolation sites continues until 2022-23.

Increases in FTEs from 2019-20 to 2022-23 in Health Security also relate to the Agency's pandemic response. It includes initiatives such as ensuring capacity for border measures, the procurement and

management of personal protective equipment, and surge capacity to sustain the Agency's operations during the pandemic. In 2023-24 and beyond, FTEs decrease to near pre-pandemic levels as funding ends for border measures and surge capacity to sustain the Agency's pandemic operations.

Increases in FTEs from 2019-20 to 2022-23 in Internal Services largely relate to the Agency's surge capacity for its pandemic response. Actual and planned FTEs vary primarily due to the Health Portfolio Shared Services Partnership Agreement between PHAC and Health Canada, where planned FTEs are reported by PHAC, but actual FTEs are expended and reported by Health Canada.

Estimates by vote

Information on the Public Health Agency of Canada's organizational appropriations is available in the [2022-23 Main Estimates](#).ⁱ

FUTURE-ORIENTED CONDENSED STATEMENT OF OPERATIONS


The future-oriented condensed statement of operations provides an overview of the Public Health Agency of Canada's operations for 2021-22 to 2022-23.

The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations with the requested authorities, are available on the [Public Health Agency of Canada's website](#).ⁱⁱ

Future-oriented condensed statement of operations for the year ending March 31, 2023 (dollars)

Financial information	2021-22 forecast results	2022-23 planned results	Difference (2022-23 planned results minus 2021-22 forecast results)
Total expenses	16,058,827,222	9,495,136,406	(6,563,690,816)
Total revenues	14,109,227	14,101,621	(7,606)
Net cost of operations before government funding and transfers	16,044,717,995	9,481,034,785	(6,563,683,210)



Similarly to the Agency's planned spending for 2022-23, the change in net of operations for 2022-23 is primarily due to the sunset of funding for COVID-19 measures, most notably for the procurement of vaccines, personal protective equipment, and border travel measures and isolation sites.

The Agency's Future-oriented Statement of Operations is based on its 2022-23 Main Estimates and accrual information and does not include future supplementary estimates. Amounts for 2021-22 include estimated funding to be received in Supplementary Estimates (C).

CORPORATE INFORMATION

Organizational profile

Appropriate minister(s):

The Honourable Jean-Yves Duclos, P.C., M.P. Minister of Health

The Honourable Carolyn Bennett, M.D., P.C., M.P. Minister of Mental Health and Addictions and Associate Minister of Health

Institutional head: Dr. Harpreet S. Kochhar

Ministerial portfolio: Health

Enabling instrument(s): [Public Health Agency of Canada Act](#),^{lii} [Department of Health Act](#),^{liii} [Emergency Management Act](#),^{liv} [Quarantine Act](#),^{lv} [Human Pathogens and Toxins Act](#),^{lvi} [Health of Animals Act](#),^{lvii} [Federal Framework on Lyme Disease Act](#),^{lviii} and ,the [Federal Framework for Suicide Prevention Act](#).^{lix}

Year of incorporation / commencement: 2004

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

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

Information on the Public Health Agency of Canada's raison d'être, mandate and role is available on the [Public Health Agency of Canada's website](#)^{lx}.

Information on the Public Health Agency of Canada's mandate letter commitments is available in the mandate letters for the [Minister of Health](#)^{lxi} and [Minister of Mental Health and Addictions and Associate Minister of Health](#)^{lxii}.

Operating context

Information on the operating context is available on the [Public Health Agency of Canada's website](#)^{lxiii}.

Reporting framework

The Public Health Agency of Canada's approved departmental results framework and program inventory for 2022–23 are as follows.

CORE RESPONSIBILITY 1: HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION	
RESULT 1.1: Canadians have improved physical and mental health	Indicator: % of low-income children in very good or excellent health
	Indicator: % of population who have high psychological well-being
RESULT 1.2: Canadians have improved health behaviours	Indicator: % of increase in average minutes per day of physical activity among adults
	Indicator: % of increase in average minutes per day of physical activity among children and youth
RESULT 1.3: Chronic diseases are prevented	Indicator: % increase in years lived in good health by seniors
	Indicator: Rate per 1000 of new diabetes causes among Canadians
	Indicator: % of adults who are obese
	Indicator: % of children and youth who are obese
PROGRAM INVENTORY	
Health Promotion Chronic Disease Prevention Evidence for Health Promotion and Chronic Disease and Injury Prevention	
CORE RESPONSIBILITY 2: INFECTIOUS DISEASE PREVENTION AND CONTROL	
RESULT 2.1: Infectious diseases are prevented and controlled	Indicator: % of 2 year old children who have received all recommended vaccinations
	Indicator: Proportion of national vaccination coverage goals met for children by 2 years of age
	Indicator: Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV)
	Indicator: Rate of key antimicrobial resistant infection identified among people in hospitals
RESULT 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively	Indicator: % of foodborne illness outbreaks responded to within 24 hours of notification
	Indicator: % of new pathogens of international concern that Canada has the capacity to accurately test for
PROGRAM INVENTORY	
Laboratory Science Leadership and Services Communicable Disease and Infection Control Vaccination Foodborne and Zoonotic Diseases	
CORE RESPONSIBILITY 3: HEALTH SECURITY	
	Indicator: Level of Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization

RESULT 3.1: Public health events and emergencies are prepared for and responded to effectively	Indicator: % of provincial and territorial requests for assistance (for deployment of Agency staff) responded to within negotiated timelines
	Indicator: % of provincial and territorial requests for assistance (for interjurisdictional mutual aid for health care professionals) responded to within negotiated timelines
RESULT 3.2: Public health risks associated with the use of pathogens and toxins are reduced	Indicator: % of compliance issues in Canadian laboratories successfully responded to within established timelines
RESULT 3.3: Public health risks associated with travel are reduced	Indicator: Canada's capacity for effective public health response at designated points of entry into Canada
	Indicator: % of inspected passenger transportation operators that meet public health requirements
PROGRAM INVENTORY	
Emergency Preparedness and Response Biosecurity Border and Travel Health	
INTERNAL SERVICES	
Management and Oversight Services Communications Services Legal Services Human Resources Management Services Financial Management Services	Information Management Services Information Technology Services Real Property Management Services Materiel Management Services Acquisition Management Services

Changes to the approved reporting framework since 2021–22 include the three indicators under Core Responsibility 3, which were previously rolled-up under one single indicator in the 2021-22 reporting framework.

SUPPORTING INFORMATION ON THE PROGRAM INVENTORY

Supporting information on planned expenditures, human resources, and results related to the Public Health Agency of Canada's program inventory is available on [GC InfoBase](#).^{lxiv}

SUPPLEMENTARY INFORMATION TABLES

The following supplementary information tables are available on the [Public Health Agency's of Canada's website](#).^{lxv}:

- United Nations 2030 Agenda and the Sustainable Development Goals
- Reporting on Green Procurement
- Details on transfer payment programs
- Gender-based analysis plus



FEDERAL TAX EXPENDITURES

The Public Health Agency of Canada's Departmental Plan does not include information on tax expenditures.

Tax expenditures are the responsibility of the Minister of Finance. The Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the [Report on Federal Tax Expenditures](#).^{lxvi} This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis plus.

ORGANIZATIONAL CONTACT INFORMATION

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Website(s): [Public Health Agency of Canada](#)^{lxvii}



APPENDIX: DEFINITIONS

appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

core responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)

A document that sets out a department's priorities, programs, expected results and associated resource requirements, covering a three-year period beginning with the year indicated in the title of the report. Departmental Plans are tabled in Parliament each spring.

departmental result (résultat ministériel)

A change that a department seeks to influence. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)


A factor or variable that provides a valid and reliable means to measure or describe progress on a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report on a department's actual performance in a fiscal year against its plans, priorities and expected results set out in its Departmental Plan for that year. Departmental Results Reports are usually tabled in Parliament each fall.



experimentation (expérimentation)

The conducting of activities that explore, test and compare the effects and impacts of policies and interventions in order to inform decision-making and improve outcomes for Canadians. Experimentation is related to, but distinct from, innovation. Innovation is the trying of something new; experimentation involves a rigorous comparison of results. For example, introducing a new mobile application to communicate with Canadians can be an innovation; systematically testing the new application and comparing it against an existing website or other tools to see which one reaches more people, is experimentation.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

gender-based analysis plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool used to support the development of responsive and inclusive policies, programs and other initiatives; and understand how factors such as sex, race, national and ethnic origin, Indigenous origin or identity, age, sexual orientation, socio-economic conditions, geography, culture and disability, impact experiences and outcomes, and can affect access to and experience of government programs.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2022–23 Departmental Plan, government-wide priorities are the high-level themes outlining the government’s agenda in the 2021 Speech from the Throne: building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighting harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation and fighting for a secure, just, and equitable world.

horizontal initiative (initiative horizontale)


An initiative in which two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (rendement)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.



plan (plan)

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

Individual or groups of services, activities or combinations thereof that are managed together within a department and that focus on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

An inventory of a department's programs that describes how resources are organized to carry out the department's core responsibilities and achieve its planned results.

result (résultat)

An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead, they are within the area of the organization's influence.

statutory expenditures (dépenses législatives)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

target (cible)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an Appropriation Act. The vote wording becomes the governing conditions under which these expenditures may be made.

ENDNOTES

ⁱ Evidence-informed decision making in the public health: National Collaborating Centre for Methods and Tools, <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2021-47/issue-5-6-may-june-2021/evidence-informed-decision-making-national-collaborating-centre-methods-tools.html>

ⁱⁱ Government of Canada Announces Funding for COVID-19 Safe Voluntary Isolation Sites in Manitoba, <https://www.canada.ca/en/public-health/news/2021/12/government-of-canada-announces-funding-for-covid-19-safe-voluntary-isolation-sites-in-manitoba.html>

ⁱⁱⁱ Government of Canada invests \$53 million to address COVID-19 virus variants of concern, <https://www.canada.ca/en/public-health/news/2021/02/government-of-canada-invests-53-million-to-address-covid-19-virus-variants-of-concern.html>

^{iv} Health Inequalities Data Tool, <https://health-infobase.canada.ca/health-inequalities/data-tool/index>

^v Learning Network, <https://www.vawlearningnetwork.ca/our-work/covid19products/english/index.html>

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