



**PUBLIC HEALTH AGENCY OF CANADA  
2021-22 DEPARTMENTAL RESULTS REPORT  
SUPPLEMENTARY INFORMATION TABLES**



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada 

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## Reporting on Green Procurement

This supplementary information table supports reporting on green procurement activities in accordance with the [Policy on Green Procurement](#)<sup>i</sup>.

### Context

The Policy on Green Procurement supports the Government of Canada’s effort to promote environmental stewardship. In keeping with the objectives of the policy, the Public Health Agency of Canada (PHAC) supports sustainable development by integrating environmental performance considerations into the procurement decision-making process through the actions described in the 2019 to 2022 Federal Sustainable Development Strategy (FSDS) “Greening Government” goal.

PHAC is bound by the [Federal Sustainable Development Act](#)<sup>ii</sup> and is required to develop a 2020 to 2023 Departmental Sustainable Development Strategy (DSDS). PHAC has developed its corresponding 2021-22 DSDS Report, including applicable reporting on green procurement activities. The [2020 to 2023 DSDS report](#)<sup>iii</sup> and annual progress reports can be found on the [PHAC Sustainable Development webpage](#).<sup>iv</sup>

### Commitments

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

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Starting point(s) Performance indicator(s) Target(s)	Results achieved	Contribution by each departmental result to the FSDS goal and target
Actions supporting the Greening Government goal and the <i>Policy on Green Procurement</i>	Departments will use environmental criteria to reduce the environmental impact and ensure best value in government procurement decisions	Promote environmental sustainability by integrating environmental performance considerations into departmental procurement process, including planning, acquisition, use and disposal, and ensuring there is the necessary training and awareness to support green procurement	<p><b>Starting Point:</b> 100% in 2019-20</p> <p><b>Indicator:</b> % of procurement related documents, guides, and tools posted PHAC’s Materiel and Assets Management intranet site reviewed and updated to reflect green procurement objectives, where applicable</p> <p><b>Target:</b> 100% (annual)</p>	<p><b>Achieved</b> – in 2021-22, 100% of procurement related documents, guides and tools posted on Health Canada’s Materiel and Assets Management Division intranet were reviewed. No updates were required as the content was still consistent with the green procurement objectives in the Government of Canada’s</p>	<p><b>FSDS:</b> Green procurement incorporates environmental considerations into purchasing and is expected to motivate suppliers to reduce the environmental impact of the goods and services they deliver, and their supply chains</p> <p><b>SDG 12 - Responsible Consumption and Production</b></p> <p><b>Target 12.7 - Promote</b> public procurement practices that are sustainable, in accordance with</p>

			<p><b>Starting Point:</b> 100% in 2019-20</p> <p><b>Indicator:</b> % of office supply purchases that include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the supplies (excluding purchases made on acquisition cards)</p> <p><b>Target:</b> 90% (annual)</p>	<p>Greening Government Strategy</p> <p><b>Achieved – In 2021-22, 100% of in-scope office supplies included considerations of environmental impacts associated with the production, acquisition, use and/or disposal of the supplies. For example, recycled content and environmental attributes of the supplier (such as efficient manufacturing processes, “green” offices, or recycling programs)</b></p> <p><b>Achieved – In 2021-22, 100% of in-scope IT hardware purchases (e.g., laptops) included criteria to reduce the environmental impact associated with the production, acquisition, use, and/or disposal of the equipment</b></p> <p>With regard to disposal, PHAC used the services of Government of Canada Surplus as well as the Computers for Schools</p>	<p>national policies and priorities</p>
			<p><b>Starting Point:</b> 100% in 2019-20</p> <p><b>Indicator:</b> % of information technology (IT) hardware purchases that include criteria to reduce the environmental</p>		

			<p>impact associated with the production, acquisition, use and/or disposal of the equipment (excluding laboratory and field equipment as well as purchases made on acquisition cards)</p> <p>Note: This is done in conjunction with Shared Services Canada and/or Public Services and Procurement Canada as the IT procurement authority.</p> <p><b>Target:</b> 95% (annual)</p>	<p>Program, which helps to extend the useful life of electronic equipment and reduce the environmental impact of electronic waste</p>	
	<p>Support for green procurement will be strengthened, including guidance, tools and training for public service employees</p>	<p>Ensure material management and specialists in procurement have the necessary training and awareness to support green procurement</p>	<p><b>Starting Point:</b> 100% in 2019-20</p> <p><b>Indicator:</b> % Of specialists in procurement and material management who have completed training on green procurement or have included it in their learning plan for completion within a year</p> <p><b>Target:</b> 100%</p>	<p><b>Achieved</b> – In 2021-22, 100% of specialists in procurement and materiel management completed the Canada School of Public Service’s green procurement course or have included it in their learning plan for completion within a year</p>	<p><b>FSDS:</b> Green procurement incorporates environmental considerations into purchasing and is expected to motivate suppliers to green their goods, services and supply chain</p> <p><b>SDG 12 - Responsible Consumption and Production</b></p> <p><b>Target 12.7</b> Promote public procurement practices that are sustainable, in accordance with national policies and priorities</p>





## Report on Integrating Sustainable Development

PHAC will continue to ensure that its decision-making process includes consideration of FSDS goals and targets through its Strategic Environmental Assessment (SEA) process. A SEA for a policy, plan or program proposal includes an analysis of the impacts of the given proposal on the environment, including on relevant FSDS goals and targets.

Public statements on the results of PHAC's assessments are published after the initiative has undergone a detailed SEA ([PHAC Sustainable Development webpage](#)). The purpose of the public statement is to demonstrate that the environmental effects, including the impacts on achieving the FSDS goals and targets, of the approved policy, plan or program have been considered during proposal development and decision-making.

During the 2021–22 reporting cycle, PHAC had no proposals that required a detailed SEA and no public statements were produced.

## Details on transfer payment programs

### Aboriginal Head Start in Urban and Northern Communities

**Start Date:** 1995-96

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

#### **Purpose and objectives of transfer payment program**

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

#### **Results achieved**

- 4,248 Indigenous children and their families participated in Aboriginal Head Start in Urban and Northern Communities (AHSUNC) programs;
- 81% of AHSUNC sites have partner organizations, with an average of 17 partners per site. Organizations from various sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants; and
- 100% of children enrolled in AHSUNC programs experienced developmental benefits in a context that celebrates Indigenous cultures and language.

Performance indicators:

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

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

## Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation will take place in 2022-23.

## Engagement of applicants and recipients in 2021-22

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

In alignment with the Indigenous Early Learning and Child Care Framework, PHAC is committed to supporting Indigenous-led approaches to funding allocation and priority setting for the AHSUNC program. The Agency works closely with the National Aboriginal Head Start Council (NAHSC), AHSUNC's Indigenous governing body, and regional AHSUNC partners to determine strategic direction for national and regional program decisions.

## Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	0	0	0	0	0
Total contributions	36,378,087	32,106,970	32,134,000	33,771,798	30,885,125	(1,248,875)
Total other types of transfer payments	0	0	0	0	0	0
Total program	36,378,087	32,106,970	32,134,000	33,771,798	30,885,125	(1,248,875)
Explanation of variances	Actual spending was lower than planned due the completion of some agreements taking place into 2022-23, and an external transfer of funds to Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) through a federal arrangement.					

## Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations

**Start Date:** 2019-20

**End Date:** 2022-23

**Type of transfer payment:** Contribution as part of the Horizontal Initiative led by Health Canada

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2014-15

### **Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

### **Link to the department's Program Inventory:**

- Evidence for Health Promotion, Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

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

### **Results achieved**

Three funded projects intended to address evidence gaps relating to the opioid crisis and Indigenous communities have concluded. Key results include:

- Released a number of articles and reports to further the understanding of the health impacts of the opioid crisis on Indigenous populations, including:
  - [“The Health Status of and Access to Healthcare by Registered First Nations People in Manitoba;”<sup>v</sup>](#) and
  - [“Use of Prescription Opioids and Impact of Replacing OxyContin With OxyNeo On Opioid Use Among Metis Citizens, 2013-2018.”<sup>vi</sup>](#)
- Used surveys and administrative data to further the understanding of opioid use in Indigenous communities, including:
  - Analysis of administrative data was used to determine rates of health and social harms associated with prescription opioid use; and
  - Information from the First Nations Opioid Survey was used to create a national report on First Nations opioid and methamphetamine use.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2021-22

Recipients were engaged via meetings and teleconferences to support the delivery of projects to address the gaps in information on opioid use in First Nations in Canada.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	0	0	0	0	0
Total contributions	984,742	970,599	1,000,000	1,000,000	916,090	(83,910)
Total other types of transfer payments	0	0	0	0	0	0
Total program	984,742	970,599	1,000,000	1,000,000	916,090	(83,910)
Explanation of variances	Not Applicable					

## Addressing Posttraumatic Stress Disorder (PTSD) and Trauma in Those Most Affected By COVID – 19

**Start Date:** 2021-22

**End Date:** 2022-23

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

Through Budget 2021, the Government of Canada provided \$50 million over two years starting in 2021-22 to support projects to deliver, evaluate and build evidence regarding effective interventions to address PTSD and trauma in health care workers, front-line and essential workers and others affected by the pandemic. It also supports scaling-up effective interventions for broader reach, and/or adapting and piloting them with new groups of people or different means of delivery, such as virtual modalities.

Objectives include:

- Promoting mental health and preventing mental illness in those affected by or at risk of PTSD and trauma related to the COVID-19 pandemic;
- Building evidence about effective interventions to address trauma and PTSD in the pandemic and recovery context; and
- Enhancing capacity of individuals, service providers and organizations to address trauma and PTSD.

### **Results achieved**

- Nine contribution agreements were put into place with organizations with the capacity and expertise to implement projects to address PTSD and trauma in health care workers, front-line and other essential workers and others affected by the pandemic.

As this was the first year for this transfer payment program, data for the following performance indicators will be reported in 2022-23:

- Number of health interventions developed or adapted;
- Percentage of funded interventions that focus on the COVID-19 and recovery context;
- Number of participants/individuals reached;

- Percentage of participants facing conditions of risk;
- Percentage of projects reporting increased knowledge and/or skills among participants;
- Percentage of projects reporting positive change in behaviour among participants;
- Percentage of projects reporting improved wellbeing among participants;
- Percentage of stakeholders using health promotion evidence;
- Percentage of participants accessing resources; and
- Percentage of participants who state their mental health is better as a result of programming.

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: Not applicable.

#### **Engagement of applicants and recipients in 2021-22**

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

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#### **Financial information (dollars)**

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	0	0	5,672,668	2,231,074	2,231,074
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	5,672,668	2,231,074	2,231,074
<b>Explanation of variances</b>	Actual spending was higher than planned due to new funding received during the fiscal year via Supplementary Estimates to address PTSD and trauma in those most affected by COVID-19. Due to delays in implementation, the funding was not used in full, and remaining funds will be available in 2022-23 and 2023-24.					



## Blood Safety

**Start Date:** 1998-99

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2004-05

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Communicable Diseases and Infection Control

**Purpose and objectives of transfer payment program**

Implementation of the Canadian Strategy on Post-Market Surveillance for Blood, Cells, Tissues and Organs is intended to develop, enhance and reinforce the transfer of knowledge, expertise and best practices in acute healthcare settings.

PHAC's [Blood Safety Contribution Program](#)<sup>vii</sup> (BSCP) arose out of recommendations from the Krever Commission (1997) and was originally intended to track blood-borne infections. Over time, the program has adapted to address the need to track additional potential harms from transfusion and transplantation. BSCP includes three surveillance systems: the Transfusion Error Surveillance System (TESS), the Transfusion-Transmitted Injuries Surveillance System (TTISS) and the Cells Tissue and Organ Surveillance System (CTOSS).

The objective of the BSCP is to support provinces and territories with surveillance of adverse events related to transfusion and transplantation.

BSCP projects establish systems to monitor adverse events associated with the transfusion of blood, blood products and cells/tissues/organ transplantation that could contain infectious diseases, or trigger allergic and immune-mediated responses. They will develop and enhance surveillance and support targeted research activities to identify and define risks associated with the use of blood products, cells, tissues and organs.

The capability to monitor these events and receive reports in a timely manner enhances PHAC's ability to detect and prevent transfusion- and transplantation-associated adverse events and allow it to develop appropriate strategies for managing these risks.

Eligible recipients are those capable of advancing this objective, including:

- provincial and territorial governments;
- transfusion and/or transplantation centres and agencies and/or groups designated by provincial and territorial Ministries of Health to undertake surveillance for blood/cells/tissue/organ-associated adverse events; and

- Canadian not-for-profit organizations that support transfusion adverse event surveillance activities in provinces and territories.

In partnership with Canadian sentinel hospitals, the Centre for Communicable Disease and Infection Control (CCDIC) is responsible for the collection, management and analysis of the TTISS, TESS and CTOSS data as well as the production of reports summarizing key findings. The CCDIC supports the use of these data to inform public health and policy action and sets benchmarks for national and international stakeholders. In addition, CCDIC supports PHAC's ongoing commitment to improving data quality and defining and setting surveillance standards.

### **Results achieved**

With the collaboration of provinces and territories, surveillance of adverse events related to the transfusion of blood components and blood products continued to support the identification of areas for improvement in the transfusion chain, which will ultimately improve transfusion and transfusion safety in Canada.

Through the BSCP, PHAC achieved the following results:

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

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22

Planned: The next evaluation is scheduled for 2022-23

### **Engagement of applicants and recipients in 2021-22**

Meetings were held with provincial and territorial governments to support the assessment, validation, and reconciliation of data and dissemination of surveillance information contained in the TESS, TTIS and CTOSS. The CCDIC developed and shared information, including summary reports on key findings to inform public health and policy action.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	1,460,998	2,190,000	2,150,000	1,792,157	(397,843)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	1,460,998	2,190,000	2,150,000	1,792,157	(397,843)
<b>Explanation of variances</b>	Actual spending was lower than planned primarily due to two new contribution agreements originally planned for 2021-22 being deferred to 2022-23.					

## Border Testing/COVID-19 Border Measures

**Start Date:** 2020-21

**End Date:** 2021-22

**Type of transfer payment:** Grants

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental result:**

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

**Link to the department's Program Inventory:**

- Communicable Disease and Infection Control

**Purpose and objectives of transfer payment program**

Rapid and accurate detection of infectious diseases and their causes is a core public health function. During an outbreak, public health stakeholders require the tools, expertise, and protocols to rapidly respond and mitigate infectious disease spread. PHAC ensured that these resources were available to facilitate early detection of active COVID-19 infections among international travellers arriving at Canada's borders in a coordinated, timely, and effective manner through partnerships with key stakeholders.

PHAC implemented multiple projects to determine the most effective risk assessment, testing and quarantine strategies with the following objectives:

- Determine the feasibility and risk/benefit of different testing approaches at the border, exploring different approaches for different groups;
- Determine whether certain characteristics other than testing approaches (e.g., traveller vaccination status, country of origin, arrival via land/air) differentially impact feasibility and risk/benefit of testing approaches as border measures;
- Assess resource use associated with a border testing regime, including sufficient administration, test volume, infrastructure, human resources, and ongoing real-time analytic capacity to inform policy decisions among others; and
- Maintain or establish space and services at 36 ports of entry across the Canada-United States border and at airports to conduct screening and to perform health assessments, along with rapid set-up and later demobilization of 12 sample collection sites.

**Results achieved**

Outcomes for these pilot projects included:

- Development of testing indicators as early warning systems;
- Use of evidence-based testing strategies;
- Expanded existing lab capacity; and

- Targeted testing programs to groups of unscreened individuals.

Tentative Performance Indicators:

- Importation rate associated with international travel;
- New understanding of risk reduction associated with different testing approaches;
- Provision of testing programs to potentially exposed populations including international travellers; and
- Value of science implementation.

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: The Audit of the Port of Entry Readiness for Border Reopening to Non-Essential Travel was planned and conducted in June 2022 following the end of the 2021-22 fiscal year.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2025-26.

**Engagement of applicants and recipients in 2021-22**

Representatives from other governmental departments and implementation partners were consulted as needed. Provinces and territories were engaged through existing public health governance tables and bilateral discussions.

**Financial information (dollars)**

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	40,102,683	6,000,000	90,337,980	60,717,608	54,717,608
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	40,102,683	6,000,000	90,337,980	60,717,608	54,717,608
<b>Explanation of variances</b>	Actual spending was higher than planned primarily due to additional funding received during the fiscal year via Supplementary Estimates. This was to support work towards determining the most effective risk assessment, testing and quarantine strategy for borders in response to the COVID-19 pandemic.					

## Canada Prenatal Nutrition Program

**Start Date:** 1994-95

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2017-18

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

The [Canada Prenatal Nutrition Program \(CPNP\)](#)<sup>viii</sup> is intended to improve the health of pregnant individuals and their infants who face risks. Funded community-level projects are aimed at increasing birth weights, promoting and supporting healthy nutrition during pregnancy and postpartum, promoting and supporting breastfeeding, and supporting positive health behaviours and well-being. This program also promotes the creation of partnerships within communities and strengthens community capacity to increase support for vulnerable pregnant individuals and new parents.

### **Results achieved**

In 2019-2020,<sup>1</sup> the CPNP provided programming to approximately 45,000 participants including pregnant people, postnatal people and other parents/caregivers.

Survey data collected in 2018 found that CPNP program participants gained knowledge and skills to support maternal, child and family health. As a result:

- 83% of respondents reported having a better understanding of the effects of drinking alcohol during pregnancy on their baby;
- 81% of respondents reported being better able to cope with stress;
- 82% of respondents reported making healthier food choices;
- 88% of respondents reported knowing more about the importance of breastfeeding; and
- 93% of respondents reported initiating breastfeeding. This is of particular significance as CPNP participants are likely to experience risk factors known to decrease the rate of breastfeeding.

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<sup>1</sup> The data presented reflects CPNP programs and activities implemented between April 1, 2019 and March 31, 2020.  
Note: the COVID-19 Pandemic impacted programming towards the end of the reporting period including project closures.

In addition, the CPNP leveraged partnerships and additional funding sources. Results included:

- 86% of projects included more than three different types of partners in 2019-20; and
- 46% of projects included funds from other sources such as provincial, territorial, regional, or municipal governments in 2019-20.

In 2019-20, CPNP projects included partnership most frequently with health organizations, family resource/early childhood/daycare centres and community organizations.

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2025-26.

#### Engagement of applicants and recipients in 2021-22

Funding recipients were engaged through targeted solicitations and were expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for pregnant people, new parents, their infants and families facing risks across Canada.

#### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	26,264,197	25,929,802	27,189,000	26,369,229	26,243,033	(945,967)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	26,264,197	25,929,802	27,189,000	26,369,229	26,243,033	(945,967)
<b>Explanation of variances</b>	Not Applicable					

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

**Start Date:** 2014

**End Date:** March 2024

**Type of transfer payment:** Grants

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Vaccination

### **Purpose and objectives of transfer payment program**

The [Canadian Immunization Research Network<sup>ix</sup>](#) (CIRN) was established in 2014, having transitioned from the influenza-specific PHAC/Canadian Institutes of Health Research (CIHR) Influenza Research Network. CIRN is a multi-disciplinary 'network of networks' that addresses diverse immunization research requirements in Canada on topics related to safety, efficacy/effectiveness, uptake, program delivery, and evaluation.

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

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

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

### **Results achieved**

During 2021-22, CIRN continued to support infrastructure to facilitate collaborative research among vaccine and immunization researchers, clinicians, public health professionals and policymakers to develop methodologies to test vaccines, evaluate immunization programs, improve coverage rates, train researchers and improve knowledge exchange. Research areas supported through this initiative included evaluation of vaccines for safety and immunogenicity, population-based methods for the evaluation of vaccine effectiveness and safety, interventions that improve vaccine acceptance and uptake, and vaccine modelling and economic analysis.

CIRN-supported research explored priority policy areas, including sex and gender considerations, research regarding Indigenous populations and Official Language Minority Communities, ethical, legal



and social considerations, and the importance of leveraging a wide range of existing clinical trials and using a variety of methodologies inclusive of other clinical trials.

In 2021-22, all eight CIRN subnetworks were engaged in supporting Canada's COVID-19 vaccine readiness through supplementary funding provided for this purpose. Research was conducted in COVID-19 vaccine clinical trials on readiness, vaccine safety and effectiveness, population prioritization and modelling, and vaccine acceptance and uptake. CIRN also continued to coordinate data collection and information sharing.

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

#### Engagement of applicants and recipients in 2021-22

PHAC was represented by two non-voting members on the CIRN Management Committee. Membership included representatives from the Vaccine Rollout Task Force's Centre for Immunization Readiness and the National Advisory Committee on Immunization Secretariat. This committee, including the research leads from all eight CIRN subnetworks, met monthly (on average) and provided an opportunity for enhanced collaboration and knowledge exchange between PHAC and CIRN.

#### Financial information (dollars)

Type of transfer payment	2019-20 Actual spending	2020-21 Actual spending	2021-22 Planned spending	2021-22 Total authorities available for use	2021-22 Actual spending (authorities used)	Variance (2021-22 actual minus 2021-22 planned)
<b>Total grants</b>	0	0	900,000	900,000	900,000	0
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	900,000	900,000	900,000	0
<b>Explanation of variances</b>	Not Applicable					

## Canadian Thoracic Society

**Start Date:** March 10, 2022

**End Date:** March 31, 2022

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Communicable Diseases and Infection Control

### **Purpose and objectives of transfer payment program**

Funding awarded to this project ensured that the eighth edition of the Canadian Tuberculosis Standards (CTS) was available in both official languages and in electronic and print formats to enable rapid access by health care practitioners for up-to-date information for the prevention, diagnosis and treatment of tuberculosis within at-risk populations. The funding supported English-to-French translation, final medical review and editing, electronic formatting for easy access and dissemination, development of a limited print edition to serve remote and rural communities, and publication of a quick reference guide summarizing clinical recommendations. The project aligned with the PHAC's core responsibility to protect Canadians from communicable and infectious diseases, and with the Agency's focus on providing Canadians and public health stakeholders with resources and guidance based on the latest available evidence, surveillance, and scientific information.

The revised and updated eighth edition of the CTS provides health care practitioners with the best available evidence to inform best practices for the prevention, diagnosis, management and treatment of tuberculosis in the Canadian context.

### **Results achieved**

- Development of practice guidelines for TB prevention and control in Canada;
- Improved screening and treatment of TB in Canada; and
- Dissemination of practice guidelines for TB prevention and control in Canada.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

## Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2026-27.

## Engagement of applicants and recipients in 2021-22

The CTS has a reach of approximately 1,000 stakeholders, including public health professionals, TB specialists (e.g., internists, respirologists, and infectious disease specialists), primary care providers and public health decision-makers.

## Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	100,00	99,775	99,775
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	100,00	99,775	99,775
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation of funds during the fiscal year to support the Canadian Thoracic Society with the eighth edition of the Canadian Tuberculosis Standards.					

## CanCOVID Sentinel Intelligence

**Start Date:** December 21, 2020

**End Date:** March 31, 2023

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental result:**

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

**Link to the department's Program Inventory:**

- Communicable Diseases and Infection Control

**Purpose and objectives of transfer payment program**

The aim of this program is to optimize external health science advice related to COVID-19. CanCOVID links over 2,400 members of Canada's research community to collaborate across critical research and development areas, providing information, synthesis and input on key issues stemming from COVID-19.

CanCOVID facilitates exchanges on emerging COVID-19 issues including seminar style scientific presentations and expert panel discussions that provide a forum for academic and governmental science and policy experts to engage with top national and international scientists on priority topics. Information is made public on the [CanCOVID website](#).<sup>x</sup>

**Results achieved**

- Regular sentinel intelligence exchanges were held with scientific experts on a variety of COVID-19 topics, including the Omicron variant, long-COVID, ventilation, waning immunity, quarantine and public health measures. Summaries were made public on the CanCOVID website;
- Reports on topics related to the pandemic (e.g., long-term care facilities, transmission, mitigation strategies, long-COVID, wastewater), were disseminated on the CanCOVID website and promoted through social media and weekly newsletters; and
- Science and research community engagement was strengthened through information shared at workshops, on the website and through social media.

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

## Engagement of applicants and recipients in 2021-22

Recipients were engaged through targeted solicitations.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	15,000	0	476,937	366,480	366,480
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	15,000	0	476,937	366,480	366,480
Explanation of variances	Actual spending was higher than planned due to internal allocation of funds during the fiscal year to optimize external health science advice related to COVID-19.					

## Community Action Program for Children

**Start Date:** 1994-95

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2017-18

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

The [Community Action Program for Children \(CAPC\)](#)<sup>xi</sup> aims to promote the health and development of children aged 0-6 years facing risk conditions. Funded community-level projects aim to develop and deliver a range of comprehensive and culturally appropriate early intervention and prevention activities aimed at improving health behaviours and overall health and well-being. This program also promotes the creation of partnerships within communities and strengthening community capacity to increase support for vulnerable children and their families.

### **Results achieved**

In 2019-20,<sup>2</sup> CAPC provided services to approximately 225,000 participants.


Data collected in 2018 showed that a significant proportion of CAPC participants experience conditions that impact their health and well-being. CAPC has also been successful in helping to mitigate health inequalities for program participants. For example, the CAPC program contributed to building the knowledge and skills of parents and caregivers, which supports maternal, child, and family health. A 2018 survey of participants revealed that as a result of participating in CAPC:

- 85% reported that their parenting skills had improved;
- 85% reported knowing more about how to keep their child healthy; and
- 80% reported that their child is better able to express him/herself.

Additional evidence showed that 90% of respondents reported that their child's health and well-being improved; 86% of respondents reported having a better relationship with their child; and 89% reported having more people to talk to when they need support in using the CAPC program.

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<sup>2</sup> The data presented reflects CAPC programs and activities implemented between April 1, 2019 and March 31, 2020. Note: the COVID-19 Pandemic impacted programming towards the end of the reporting period including project closures.



Results have shown consistently over time that parents and caregivers feel that the program is having a positive impact on their parenting knowledge and skills as well as the health and well-being of their child.

The CAPC has also been successful in leveraging partnerships and additional funding sources. For example, in 2019-20:

- 73% of CAPC projects worked with more than three different types of partners;
- 53% of projects were able to leverage funds from other sources such as provincial, territorial, regional, or municipal governments; and
- CAPC projects partnered most frequently with health organizations, community organizations, and educational institutions.

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2025-26.

#### **Engagement of applicants and recipients in 2021-22**

Recipients were engaged through targeted solicitations. Funded recipients were expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for at-risk children aged 0–6 years and families facing risk conditions across Canada.<sup>3</sup>

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<sup>3</sup> Families participating in CAPC often experience multiple and compounding risk conditions. These conditions include low socioeconomic status (e.g., low income, low education, insecure employment, insecure housing, and food insecurity); teenage pregnancy or parenthood; social or geographic isolation with poor access to services; recent arrival to Canada; alcohol or substance abuse/addiction; and/or situations of violence or neglect. Special emphasis was placed on the inclusion of Indigenous families living in urban and rural communities.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	54,164,910	53,831,101	53,400,000	54,219,771	54,118,556	718,556
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	54,164,910	53,831,101	53,400,000	54,219,771	54,118,556	718,556
<b>Explanation of variances</b>	Not Applicable					



## COVID-19 Individual Risk Assessment Tool

**Start Date:** June 25, 2021

**End Date:** March 31, 2023

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022-23

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Communicable Diseases and Infection Control

**Purpose and objectives of transfer payment program**

The purpose of this program is to provide evidence-based, interactive individual risk assessment tools that will help people in Canada make informed decisions about gathering or visiting with others in a way that reduces their risk of transmission of COVID-19.

The objective is to support Toronto Metropolitan University's National Institute on Ageing (NIA) to develop a shorter and more user-friendly COVID-19 visit risk tool ([My COVID-19 Visit Risk Calculator](#))<sup>xii</sup>, while retaining the longer tool ([My COVID-19 Visit Risk Decision Aid](#))<sup>xiii</sup> with revisions and enhancements. This is to ensure the tools accurately reflect existing guidance and advice on individual public health measures and ongoing promotional information. Funding will continue to support ongoing maintenance (e.g., revisions to reflect emerging evidence), enhancements to the tools, development of promotional campaigns and enhanced reporting capacities.

**Results achieved**

- Development of the My COVID-19 Visit Risk Calculator, a shorter, user-friendly version of NIA's existing tool (My COVID-19 Visit Risk Decision Aid);
- Revision of content of both tools, in close consultation with PHAC, to ensure they align with national COVID-19 guidance and recommendations, as well as official language and accessibility needs;
- Ongoing updates made to the outputs of the tools (both Decision Aid and Calculator) based on the best available evidence-based information and consultation with the NIA expert advisory group;
- Development and implementation of seasonal public awareness campaigns to increase the profile and uptake of the tools, resulting in 1,105,864 total visits and 27 media mentions (e.g., [New York Times](#)) as of March 31, 2022.

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

## Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

## Engagement of applicants and recipients in 2021-22

Funding recipients at the NIA were engaged through performance measurement and evaluation processes. The NIA provided regular analytical reports on traffic and uptake of the risk tools that they developed under this contribution. In addition, PHAC continued to liaise directly with the recipients to ensure alignment of messaging and content with national public health measures guidance and new evidence as it became available.

## Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	449,400	449,400	449,400
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	449,400	449,400	449,400
Explanation of variances	Actual spending was higher than planned as a result of additional funding received during the fiscal year via Supplementary Estimates for the development of an interactive, web/app based, COVID-19 Personal Risk Assessment Tool.					

## COVID-19 Public Education and Awareness – La Liberté Magazine – Presse-Ouest

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated through COVID-19 response funding

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental result:**

- Result 2.1: Infectious Diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Chronic Diseases Prevention

### **Purpose and objectives of transfer payment program**

The purpose of this program is to assist the general public and school educators in the fight against COVID-19 by offering educational material on COVID-19 prevention to children and youth. The information is designed to improve behaviours that reduce COVID-19 infection and spread.

These learning tools help to build self-reliance and promote self-protection by providing key information from a light-hearted, easy-to-access and free magazine publication that explains the science of COVID-19 and how to prevent its spread in plain language.

### **Results achieved**

The magazine Sciences Mag Junior: "Contre les coronas, on joue en équipe! / Teamwork Against the Coronas!" was published in June 2021 and was the 3<sup>rd</sup> edition in the series on COVID-19. This edition covered the science around vaccines and COVID-19 variants of concern in order to teach children and their families about key behaviours that lead to or prevent COVID-19 spread. The illustrated magazine content was produced in English and French and developed by scientific experts. It was included in the La Liberté publication, the Winnipeg Free Press and is available online at [lalibertesciencesmagjunior.ca](http://lalibertesciencesmagjunior.ca).<sup>xiv</sup> It was also accompanied by a free interactive quiz game. Additionally, a series of nine short educational videos about COVID-19 science expanded the magazine's reach.

Canadian and international readers, particularly children and youth, learned about COVID-19 from a reliable source through innovative content. Teaching professionals used the magazine as a learning tool in schools, and videos were broadcast on TFO, the Canadian French language educational television channel and media group serving the province of Ontario. It also reached international readers in the United States, France, China, Ireland, Sweden, Germany, Morocco, Guadeloupe and the United Kingdom.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

## Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

## Engagement of applicants and recipients in 2020-21

Funding recipients were engaged through targeted solicitation and were expected to deliver culturally appropriate and locally developed COVID-19 awareness programming, in partnership with local science experts and other key stakeholders.

## Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	121,284	0	242,700	242,700	242,700
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	121,284	0	242,700	242,700	242,700
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation of funds during the fiscal year to assist the general public and school educators in the fight against COVID-19, by offering educational COVID-19 prevention material to children and youth.					

## Dementia Community Investment

**Start Date:** 2018-19

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program**

This funding program supports community-based projects intended to improve the well-being of people living with dementia, their families, friends and caregivers, and to increase general knowledge about risk and protective factors. The program also provides funding support for the [Canadian Dementia Learning and Resource Network](#),<sup>xv</sup> a knowledge hub led by Schlegel-UW Research Institute for Aging to facilitate collaboration among Dementia Community Investment (DCI) projects and shares lessons learned with the broader community.

**Results achieved**

- Program participants gained resources, knowledge and skills to provide enhanced support to people living with dementia and to support their own well-being; and
- Program participants had improved health behaviours.

**Performance indicators:** <sup>4</sup>

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

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

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<sup>4</sup> First set of results for these performance indicators are expected at the end of fiscal year 2023-24.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2023-24.

### Engagement of applicants and recipients in 2021-22

Recipients were engaged through an open solicitation posted on PHAC's website and shared with stakeholders. DCI projects are expected to develop, test, and scale resources, tools and supports to build capacity. This enabled communities to improve the well-being of people living with dementia and their families, friends, and caregivers and increase knowledge about dementia and its risk and protective factors.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	172,964	77,036	0	0	0	0
<b>Total contributions</b>	1,609,022	3,835,110	4,400,000	5,176,459	4,806,784	406,784
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	1,781,986	3,912,146	4,400,000	5,176,459	4,806,784	406,784
<b>Explanation of variances</b>	Not Applicable					

## Dementia Strategic Fund and Enhanced Dementia Surveillance Program

**Start Date:** 2019-20

**End Date:** 2023-24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

**Link to departmental 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

**Link to the department's Program Inventory:**

- Health Promotion
- Evidence for Health Promotion
- Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

These transfer payment programs support the implementation of Canada's first [National Dementia Strategy](#)<sup>xvi</sup>.

It is estimated that almost 452,000 Canadians were living with diagnosed dementia in 2017-18, with women comprising two-thirds of this number. Nine older adults are diagnosed with dementia every hour. As Canada's population ages, it is expected that the total number of Canadians living with dementia will continue to rise despite the decreasing trend in the rate of new cases. This program supports the vision of a Canada in which all people living with dementia and their caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood and treated effectively.

This funding supports the development and implementation of targeted awareness activities, a national public education and awareness campaign; the development and dissemination of dementia guidance, including guidelines and best practices; and an online portal to share resources with the public. Funding for dementia surveillance supports the enhancement and expansion of data to support the National Dementia Strategy.

### **Results achieved**

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

Performance indicators:

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

Projects are in their initial phase of work and key steps have been taken:

- Secured necessary ethics approvals, advanced recruitment efforts for study participants, and generated or obtained access to necessary dementia-related datasets from which to further conduct project activities; and
- Developed evidence and information products including dementia surveillance factsheets.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2023-24.

### **Engagement of applicants and recipients in 2021-22**

Promotion of dementia awareness:

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

Dementia guidance:

Recipients were engaged through open solicitations. Funding recipients were expected to support improved accessibility and use of high quality dementia guidance including guidelines and best practices.

Enhanced Dementia Surveillance Program:

Recipients of funding under the Enhanced Dementia Surveillance Program were engaged through a mix of directed and targeted solicitations. Recipients of funding were expected to generate evidence to be used by decision-makers, public health, and care planners at the federal, provincial/territorial, and regional levels to inform their dementia programming and service delivery to better meet the needs of people living with dementia and their caregivers. A variety of forums were used to share information from funded projects, including knowledge sharing sessions facilitated by PHAC among funding recipients. Under the established terms of contribution agreements, recipients will be responsible for submitting progress reports semi-annually until their close.



Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	592,943	7,086,867	7,019,568	5,604,552	(1,482,315)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	592,943	7,086,867	7,019,568	5,604,552	(1,482,315)
<b>Explanation of variances</b>	Actual spending was lower than planned primarily due to delays related to the implementation of agreements as a result of the COVID-19 pandemic. Portions of the unused funding will be available in 2023-24.					

## Distress Line Investment

**Start Date:** 2020-21

**End Date:** 2021-22

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

As outlined in the 2020 Fall Economic Statement, the Government of Canada committed to investing \$50 million to bolster the capacity of distress centres in addressing pressures and service demands related to the COVID-19 pandemic, helping to connect Canadians to appropriate supports and resources.

### **Results achieved**

- In early 2021, PHAC administered an initial funding opportunity to distress centres. As of March 31, 2022, two rounds of solicitations have resulted in grants to 57 distress centres in 2021-22 and an additional 13 distress centres in 2022-23. From this funding an additional \$2 million supported the Centre for Addiction and Mental Health (CAMH) as it continues to curate resources to assist distress centres in meeting the needs of priority populations.
- This funding provided distress centres across Canada with the support they needed to meet the increased demand for crisis services, including support for the following activities:
  - Hiring of new staff, support for recruitment, onboarding, increased staff time, and training;
  - Managing increased demand for service delivery during the COVID-19 pandemic, including supporting changes to service delivery (e.g., tools that support the shift to virtual operations and office related costs for infection control/COVID-19 prevention);
  - Adapting or developing resources for responders; and
  - Hosting knowledge exchange meetings and communities of practice to share lessons learned.
- Investments supported a range of distress centres across the country, including in rural and remote areas. It also supported centres that provide crisis support for specific populations including older adults, Indigenous communities, 2SLGBTQI+ populations, and racially and linguistically diverse communities.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2021-22

PHAC launched a solicitation for funding applicants in early 2021, and established grant agreements with 57 distress centres in winter/spring 2021-22. In addition, PHAC supported CAMH via a contribution agreement as it curated resources to assist distress centres in meeting the needs of priority populations.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	6,900,000	0	40,000,000	4,150,000	4,150,000
<b>Total contributions</b>	0	0	0	1,350,612	1,350,612	1,350,612
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	6,900,000	0	41,350,612	5,500,612	5,500,612
<b>Explanation of variances</b>	Actual spending was higher than planned primarily due to additional funding received during the fiscal year via Supplementary Estimates for program enhancements to support tailored resources and a broader reach of vulnerable populations. Unused funding will be available for use in 2022-23 and 2023-24.					

## Drug Overdose Crisis in Canada: Funding for Actions to Protect Canadians and Prevent Overdose Deaths

**Start date:** 2019-20

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

### **Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

### **Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

As part of a 2019 off-cycle funding request, PHAC secured funding to support large-scale projects in diverse settings (e.g., substance use treatment centres, correctional facilities, hospitals) that aimed to reduce barriers and enhance pathways to care for people who use drugs, particularly for those individuals who are members of multiple marginalized communities.

Health systems are at the front line of support for people using drugs, yet we know from people with lived and living experience, researchers, and health professionals, that extensive barriers continue to block access to these pathways and needed care. Emerging evidence suggests that in some regions of the country, nearly half of people who died as a result of the opioid crisis were in contact with health systems in the period preceding their death.

By reducing these barriers and improving access to services through the creation of new entry points and transitions between services, systems will be better able to respond to the unique and diverse needs of individuals.

### **Results achieved**

This transfer payment program funded projects that leveraged existing evidence-based interventions that were ready for scaling up or adaptation.

In 2020-21, five contribution agreements were put in place to support projects for a duration of 18-24 months. Three of the five projects are now complete while two have been extended until July 31, 2022. Highlights of results achieved through the [Supporting Pathways to Care for People Who Use Drugs](#)<sup>xvii</sup> in 2021-22 include:

- Best practices were identified through systematic reviews and consultations with key stakeholders including people with lived experience of substance use stigma, incarcerated populations, Indigenous populations, health care professionals and service providers, as well as administrators in the healthcare system;

- New policies, practice guidelines/procedures and other tools for organization and healthcare professionals were developed including trauma- and violence-informed and culturally safe resources, as well as educational material for executive leaders and managers to address Indigenous specific bias and discrimination in the health care system. These resources will help to better address stigma related to substance use and experiences of being treated differently in society;
- New tools were developed to extend reach and collaboration, capacity and knowledge enhancement in organizations working towards equity;
- Guidelines were developed to engage Knowledge Keepers. Other cultural resources were co-developed with Knowledge Keepers and end-users, including hospital administrators and other health professionals;
- Attachment protocols were designed to support clients with methamphetamine concerns who did not have a primary care provider;
- Harm reduction policies and guidelines were jointly developed with people with lived and living experience of incarceration, correctional employees and healthcare professionals;
- Knowledge exchange and dissemination activities and tools were developed, including e-learning modules and a video series on substance use stigma; and
- Partnership and relationships were created amongst project stakeholders to be sustained over time.

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2022-23.

#### **Engagement of applicants and recipients in 2021-22**

Under the terms of contribution agreements established, recipients were responsible for submitting progress reports semi-annually and annual program reports by April 30th of each year.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	1,504,164	1,930,000	1,830,000	1,634,845	(295,155)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>		1,504,164	1,930,000	1,830,000	1,634,845	(295,155)
<b>Explanation of variances</b>	Actual spending was lower than planned primarily due to delays and constraints imposed by the COVID-19 pandemic.					

## Emerging Respiratory Illness Issues – Enhanced Respiratory Virus Surveillance

**Start Date:** 2020-21

**End Date:** 2022-23

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

### **Link to departmental results:**

- Result 2.1: Infectious diseases are prevented and controlled
- 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

### **Link to the department's Program Inventory:**

- Communicable Disease and Infection Control

### **Purpose and objectives of transfer payment program**

Study 1 was conducted by [Pediatric Emergency Research Canada](#)<sup>xviii</sup> (PERC) to evaluate the clinical characteristics and outcomes of children infected with SARS-CoV-2, as pediatric COVID-19 related disease following infection requires greater understanding. As with many viral infections, the symptoms and course of illness in children appears to differ from what is described for adults.

Study 2 was conducted by the [Canadian Immunization Monitoring Program ACTIVE \(IMPACT\)](#)<sup>xix</sup> to generate timely, detailed and systematic collection and analysis of Respiratory Syncytial Virus (RSV)-related hospitalization data to:


- understand the burden of RSV hospitalizations;
- detect which populations are experiencing surges in RSV cases; and
- determine which at-risk communities would benefit most from RSV countermeasures.

As a result of COVID-19 public health measures and the associated absence of the usual circulation of seasonal respiratory viruses over two winters of the pandemic, the number of children without prior exposure or immunity to RSV is two to three times larger than prior to the pandemic.

The knowledge generated from these studies will benefit the health of children at home and abroad who require care in similar settings. An understanding of the risk factors for confirmed infection of RSV or COVID-19, the range of clinical symptoms, and predictors of severe outcomes and treatments associated with successful case management are also expected from these studies.

### **Results achieved**

Study 1: COVID-19 surveillance is a pan-Canadian national initiative that integrates numerous data streams fostering timely data analysis to enable public health action. Data streams from multiple



hospitals were used to measure the impact of COVID-19 in Canadian hospitals and collect detailed case information on severe cases across all age groups. PERC supported the national public health response to COVID-19 through various presentations regarding surveillance of severe outcomes in pediatric populations with identifying risk factors, emergency department visits, lengths of stays, hospitalizations, Intensive Care Unit admissions, deaths and presentation of symptoms, etc.

For example, PERC data contributed to epidemiological summaries of COVID-19 among children and youth in late summer/fall 2021, while schools were re-opening and the rate of cases within these (largely unvaccinated) age groups was surging. Age-based trends, severe outcomes, cases following vaccinations, symptoms, risk factors and variant trends were analyzed and compared across multiple data streams. PERC's weekly and biweekly indicator sheets and raw data sets were used in analyses to support the development of public health messaging. These presentations were collated into weekly internal surveillance reports that consolidate data and intelligence across the health portfolio to inform the Chief Public Health Officer of Canada and others across PHAC and Health Canada. In addition, PERC data supported PHAC's Incidence Management System Advanced Planning group in its planning and preparedness efforts for the fourth wave by providing insight into COVID-19 hospitalization in pediatric populations.

Study 2: Novel data to understand the current burden (2021-22 season) of RSV disease in Canadian children was collected from 13 tertiary care centers. Through this work, populations experiencing surges in RSV cases were identified, as well as those that may benefit most from RSV countermeasures.

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

#### **Engagement of applicants and recipients in 2021-22**

Study 1: Applicants for both grants were engaged throughout a targeted call for proposals.

Study 2: Monthly PHAC-PERC meetings in 2021-22 to share information.



Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	1,000,000	997,398	997,398
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	1,000,000	997,398	997,398
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation of funds to support the understanding of the risk factors for confirmed infections of RSV or COVID-19, the range of clinical symptoms, predictors of severe outcomes, and treatments associated with successful case management.					

## Fetal Alcohol Spectrum Disorder National Strategic Projects Fund

**Start Date:** 1999-2000

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 1999

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department is Program Inventory:**

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

### **Purpose and objectives of transfer payment program**

This funding will support partnerships with community-based organizations, research institutions, provincial and territorial governments to advance Fetal Alcohol Spectrum Disorder (FASD) awareness, prevention and intervention activities. Projects will support the development and dissemination of tools and resources for use by health and allied professionals and others across the country with the aim of reducing the number of alcohol-affected births and improving the outcomes for those affected by FASD.

### **Results achieved**

The [FASD National Strategic Projects Fund](#)<sup>xx</sup> supported six contribution agreements in 2021-22. One of these contribution agreements was completed at the end of 2021-22. These projects support the prevention of FASD and the reduction of stigma associated with it. The projects reached an audience of non-pregnant people of childbearing age, pregnant people and their partners, young adults, individuals with FASD, service providers and policy makers.

In 2021-22, project activities included:

- The development of guidelines for practitioners to use for screening and advising people about alcohol use in pregnancy;
- Collection of longitudinal data on participant outcomes from the eight 'Level 3' FASD holistic prevention programs across Canada;
- Community outreach to support the development of a toolkit;
- Modifying, culturally adapting and translating a school-based FASD Education and Prevention Curriculum to be taught in Canada;
- The promotion of FASD prevention in Inuit communities (four land claim regions and three urban centres in Ottawa, Edmonton, and Montreal);
- The development of a bilingual awareness campaign to prevent alcohol consumption during pregnancy and to address stigma associated with FASD;
- The creation of messaging and resources for the general public, as well as for health and allied health professionals;
- The delivery of virtual FASD training sessions for justice professionals; and

- Increased collaborative action and networking amongst diverse stakeholders related to FASD prevention, awareness and capacity building.

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2022-23.

#### Engagement of applicants and recipients in 2021-22

Recipients were engaged through targeted or directed solicitations. Recipients continued to be engaged in 2021-22 through regular follow-up as part of ongoing project monitoring. Funded recipients were expected to develop national tools, resources, and knowledge that can be used to prevent FASD and improve outcomes for those who are already affected. Recipients participate in an annual meeting to share results and connect funded projects.

#### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	1,572,791	1,453,418	1,499,000	1,498,025	875,481	(623,519)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	1,572,791	1,453,418	1,499,000	1,498,025	875,481	(623,519)
<b>Explanation of variances</b>	Actual spending was lower than planned due to few successful applicants in the 2021-22 solicitation process.					

## First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (Assembly of First Nations)

**Start date:** 2018-19

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Evidence for Health Promotion and Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

This funding supported the [First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect<sup>xxi</sup>](#) project to examine the incidence of child maltreatment in Canada and explore the characteristics of the children and families involved in the child welfare system, within both First Nations and non-First Nations populations. Project outcomes contributed to a better understanding of the circumstances of children reported to child welfare; monitoring of short-term outcomes such as referral or placement in foster care; understanding the relationship to selected determinants of health; and understanding child welfare agency policies and contexts, including available referral and health promotion services.

### **Results achieved**

Data was collected at participating agencies with one-on-one support in survey completion provided to workers over the phone, instead of in person due to COVID-19. In addition to ensuring that quality data was collected, the research team also conducted a review of the database and merged the data collected with administrative data as well as data collected in the [Ontario Incidence Study of Reported Child Abuse and Neglect \(2018\)](#).<sup>xxii</sup>

Two major Findings Reports were completed, one for the national Canadian Child Incidence Study (2019 sample) and the other for the First Nations Child Incidence Study (2019 sample). The Assembly of First Nations reviewed these reports. The timeframe of the project has been extended to 2023.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021–22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2021-22

Under the terms of the contribution agreement established, the recipient is responsible for submitting progress reports semi-annually and annually by April 30th of each year.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	595,067	0	563,996	563,960	563,960
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	595,067	0	563,996	563,960	563,960
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation of funds during the fiscal year to address an evidence gap related to children in the child welfare system in Canada, within both First Nations and non-First Nations populations.					

## Framework for Diabetes in Canada

**Start Date:** 2021-22

**End Date:** 2025-26

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's Program Inventory:**

- Chronic Disease Prevention

### **Purpose and objectives of transfer payment program**

This funding opportunity will provide support to organizations on key areas in diabetes prevention with special consideration given to priority populations.

### **Results achieved**

A directed solicitation to support the [National Indigenous Diabetes Association](#)<sup>xxiii</sup> was launched in March 2022 to undertake nation-wide engagement and activities on diabetes with Indigenous Peoples, communities, and organizations.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

### **Engagement of applicants and recipients in 2021-22**

Engagement and discussions with the National Indigenous Diabetes Association regarding the Indigenous-led engagement process to support the [Framework for Diabetes in Canada](#)<sup>xxiv</sup> began in December 2021.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	0	0	302,203	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	302,203	0	0
Explanation of variances	Not Applicable					

## Healthy Canadians and Communities Fund (formerly known as Healthy Living and Chronic Disease Prevention- Multi-Sectoral Partnerships)

**Start Date:** 2005-06

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2013-14

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's Program Inventory:**

- Chronic Disease Prevention

**Purpose and objectives of transfer payment program**

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

HCCF priorities include addressing health inequalities, encouraging the participation of multiple sectors in chronic disease prevention and exploring new ways to address risk factors for chronic disease. The HCCF will also continue to source knowledge on new approaches to support Canadians in leading healthier lives.

**Results achieved**

**Target populations participate in healthy living and chronic disease prevention interventions :**

In 2021-22, HCCF funded 41 projects. This included nine newly funded projects that aimed at designing interventions, eleven newly funded implementation projects, as well as six projects that ended during the year. The remaining fifteen projects that were funded are ongoing. In 2021-22, this funding increased participation by 195,000 for a total of over four million Canadians engaged by HCCF activities since 2014.

This year, projects continued to experience challenges related to the COVID-19 pandemic including:

- Postponed or delayed project activities;
- Limited in-person interventions;
- Impact of the COVID-19 response on the capacity of project employees or partners; and
- Hesitancy among participants to participate in large gatherings.

Despite these challenges, participants remained flexible and adapted their project practices to adhere to public health guidelines. Online delivery of activities was the most frequent adaptation to COVID-19. The



few projects that delivered in-person interventions indicated that they had been able to achieve pre-COVID-19 participation rates.

**Project participants have the knowledge, skills, or ability to support ongoing healthy behaviours:**

More than half of project participants increased their capacity for healthy behaviours in 2021-22. Project examples include the following:

- The Canadian Cancer Society's [Build Smoke Free](#)<sup>xxv</sup> program continued to deliver smoking cessation interventions to construction workers, who are known to experience high rates of smoking. Nearly 80% of the construction workers enrolled in the winter 2021 cohort agreed that the program increased their knowledge about benefits to quitting smoking and ways of doing so.
- The [FitSpirit](#)<sup>xxvi</sup> project promoted healthy behaviours among adolescent girls through targeted extracurricular programming. Preliminary results from a survey completed by school facilitators showed that more than 50% of the respondents noted increased engagement, confidence, attitudes, and skills among girls in their physical education classes as a result of the FitSpirit approach at their school.

Some projects also delivered training activities to individuals in support of the adoption of healthy behaviours. For instance, between 2016 and 2022, the Centre for Addiction and Mental Health's (CAMH) Picking Up the PACE (Promoting and Accelerating Change through Empowerment) project delivered training to over 400 practitioners. On average, self-reported knowledge and skills increased by 30% and 58% respectively amongst practitioners who completed the "Integrated Chronic Disease Management and Prevention" and the "E-cigarettes and Vaping: Approaches to Address Use with Adults and Youth" courses. These practitioners reported being better equipped to support their patients to quit or reduce smoking, vaping, and e-cigarette use and improve health behaviours, such as physical activity and healthy eating.

**Environments (social, physical) are improved to support ongoing healthy behaviours:**

Several HCCF funded projects contributed to creating physical and social environments that are supportive of healthy living:

- Between 2017 and 2022, more than 150 schools across all the provinces and one territory received Farm to School Canada program grants to implement salad bars;
- The Government of Yukon received HCCF funds to support the [Winter Active for Life \(WAFL\) Library](#)<sup>xxvii</sup>. This program is geared toward rural and First Nations communities, rural schools and under-served populations and provides access to an inventory of cross-country ski, snowshoe and kick sled equipment. Equipment was loaned to more than 1,000 Yukoners during winter 2022;
- The [Alliance Wellness and Rehabilitation Inc. Healthy Kids Initiative](#)<sup>xxviii</sup> was a 12-week program for overweight children and youth in Saskatchewan. The project put several social support mechanisms in place. These included confidential text messaging so that children and youth could text questions to health care practitioners, a buddy system to increase adherence to the program, and social support contracts signed by family members or friends;
- To date, approximately two thirds of the Canadian Cancer Society's Build Smoke-Free participants agreed that the project created a work environment that helped them quit or reduce their smoking. A winter 2022 participant said: "It's an amazing program; it helped me

especially with posters in our lunchroom. Got a lot of positive reinforcement from my co-workers. Thanks so much!"

### **Project participants have improved health behaviours:**

Improvement in participants' health behaviours reflected a success rate of approximately 40%.

Examples of projects with successful participation rates include:

- CAMH's Picking Up the PACE initiative offered training to practitioners and nearly 10,000 patients enrolled through the PACE online portal. Among patients who completed a 6-month follow-up in 2020-21, 30% of respondents reported having quit smoking (defined as 7-day point prevalence abstinence).
- After a successful 7-year run, The Canadian Cancer Society's Walk/Run to Quit project came to a close. The 10-week program was implemented in 100 locations across 10 provinces, with the goal of decreasing tobacco use and increasing physical activity of participants through the combination of an evidence-based smoking cessation curriculum with a coach-led program. Over 850 participants completed the program with reduced smoking in 89% of participants and 28.5% of participants achieving prolonged abstinence. Self-reported leisure physical activity and average run times per week increased over the course of the program and was maintained at the six-month follow up interval.
- Between 2018 and 2022, more than 20,000 teenage girls registered for FitSpirit in order to participate in extracurricular activities specifically designed for them. Results indicated that once enrolled, students achieved physical activity recommendations on more days than before registering. The greatest changes were observed in those who were the least active before enrollment.
- The Community Food Centres Canada Market Greens project works to increase access to and consumption of healthy foods among low-income community members across Canada. Preliminary results from their first cohort suggest that almost 70% of respondents reported eating more fresh fruits and vegetables since they started using the market.

### **Project participants have improved health:**

Funded projects also contributed to improving the health of participants. For instance:

- Between 2018 and 2022, 2,598 overweight and obese children and youth participated in the Healthy Kids Initiative, which includes physical activity, dietary, and cognitive behaviour education sessions. Results for each cohort of participants systematically showed significant improvement of aerobic fitness and mental well-being at program completion and after one-year follow-up.
- [Western University's Hockey Fans in Training<sup>xxix</sup>](#) aims to increase the overall healthy living behaviours for middle-aged men at risk of chronic disease by motivating them to eat healthier foods and become more physically active by incorporating their passion for hockey. 997 participants enrolled in the program. Results demonstrated that after the intervention there were significant differences in body weight, systolic blood pressure, and fitness between Hockey FIT participants and participants in the comparison group.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2025-26.

### Engagement of applicants and recipients in 2021-22

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

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	1,200,000	0	2,749,000	0	0	(2,749,000)
<b>Total contributions</b>	27,677,485	21,424,030	19,697,000	20,443,291	20,042,147	345,147
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	28,877,485	21,424,030	22,446,000	20,443,291	20,042,147	(2,403,853)
<b>Explanation of variances</b>	Actual spending was lower than planned due to new multi-year projects being implemented late in the second half of the fiscal year. A portion of unused funding was reallocated to emerging priorities.					

## Healthy Early Years – Official Languages in Minority Communities

**Start Date:** 2018-19

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

This funding supports communities to develop comprehensive, culturally and linguistically appropriate programs to improve the health and development of children (0-6 years). It's also intended to improve access to early childhood health promotion programming for children and their families living in Official Language Minority Communities (OLMC). It is an initiative under the [2018-2023 Action Plan for Official Languages](#).<sup>xxx</sup>

### **Results achieved**

- In 2021-22, the two [Healthy Early Years](#)<sup>xxxi</sup> (HEY) program funding recipients funded 53 third party projects. These projects were aimed at improving access for vulnerable families living in OLMCs to early childhood health promotion programming, with the goal of helping these populations acquire knowledge and skills, adopt positive healthy behaviours, and improve long-term health outcomes.
- In 2021-22, approximately 10,600 participants (children aged 0-6 years and parents and caregivers) benefited from the program. A variety of public health topics were addressed and promoted through funded projects, with a focus on mental health of parents and families and healthy child development. Projects were accessible to a range of participants, as they were available in a range of settings and locations and were delivered on both an individual and group basis, and were adapted successfully to virtual delivery in response to the COVID-19 pandemic. In addition, over 430 new partnerships were created through HEY program funding.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2022-23.

## Engagement of applicants and recipients in 2021-22

Recipients continued to be engaged in 2021-22 through regular liaison as part of ongoing project monitoring, and an annual recipient meeting, which was established to discuss program implementation successes and challenges, and evolving priority population needs. In turn, funding recipients focused on continued engagement of community organizations (third party funding recipients) and exchanges with their partner networks to remain up-to-date on areas of greatest need and emerging public health priorities.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	2,113,732	2,314,064	1,890,000	2,126,250	2,126,250	236,250
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	2,113,732	2,314,064	1,890,000	2,126,250	2,126,250	236,250
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation of funds to support communities to develop programs to improve the health and development of children, and improve access to early childhood health promotion programming for children and their families living in Official Language Minority Communities.					

## HIV and Hepatitis C Community Action Fund

**Start Date:** 2005-07

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Communicable Diseases and Infection Control

**Purpose and objectives of transfer payment program**

The purpose of the program is to reduce the incidence and health impacts of sexually transmitted and blood-borne infections (STBBI) in Canada.

Projects funded by PHAC under the HIV and hepatitis C Community Action Fund (CAF) support community innovation in STBBI prevention and link key populations to testing, treatment and care in the context of the underlying systemic barriers that impede access to these services. Community-based organizations play a critical role in delivering sexual health education and prevention activities, developing culturally adapted resources and conducting community capacity-building activities across the country as they are best positioned to identify and implement solutions appropriate to their context and cultures.

Guided by the [Pan-Canadian Framework for Action on STBBI](#)<sup>xxxii</sup> and the [Government of Canada Five Year Action Plan on STBBI](#),<sup>xxxiii</sup> CAF seeks to ensure that:

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

**Results achieved**

The Center for Communicable Disease and Infection Control (CCDIC) led the solicitation process for 2022-2027 project funding and recommended 133 proposals for CAF. To achieve the program's objective of increasing access to health and social services for key populations, the CAF supports initiatives that aim to eliminate homophobia, transphobia, racism, sexism, ableism and other forms of stigma and discrimination associated with STBBI. Recommended projects were identified following extensive review committee deliberations. The committee included members from key populations (e.g., people living with HIV or with lived experience of hepatitis C), non-reserve First Nations, Inuit and Métis organizations, community-based organizations, and researchers and individuals with expertise in

front-line STBBI programming and service delivery. Projects providing services in culturally safe environments that incorporated plans for inclusion throughout the project's cycle were prioritized to amplify efforts to reduce stigma and promote inclusion.

The expected outcomes of STBBI community investments through CAF include:

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

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

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

- Increase uptake of effective evidence-based HIV, hepatitis C or other STI prevention measures among key populations;
- Improve access to effective STBBI prevention, testing, treatment and ongoing care and support for key populations; and
- Improve the cultural safety and stigma-free nature of STBBI testing, prevention, treatment and ongoing care and support services provided by target audiences.

Performance indicators:

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

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2023-24.

### Engagement of applicants and recipients in 2021-22

PHAC invests \$26.4 million annually to support time-limited projects across Canada to address HIV, hepatitis C and other sexually transmitted infections (e.g., chlamydia, gonorrhoea, syphilis) through the CAF. The CCDIC is responsible for engaging with targeted organizations and for providing support to recipients throughout the process. Applicants were invited to submit letters of intent, which were followed by assessments by review committees and by provincial and territorial officials as appropriate. Applicants were notified of the results by email.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	149,945	512,703	8,084,000	1,145,934	1,145,933	(6,938,067)
<b>Total contributions</b>	25,932,259	26,701,405	18,335,000	27,148,499	26,456,135	8,121,135
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	26,082,204	27,214,108	26,419,000	28,294,433	27,602,068	1,183,068
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation from the Strengthening the Canadian Drugs and Substances Strategy program to support harm reduction projects.					



## Health Human Resources Assistance Program

**Start Date:** April 1, 2021

**End Date:** March 31, 2022

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** April 1, 2021 – March 31, 2022

**Link to departmental result:**

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

**Link to the department's Program Inventory:**

- Infectious Disease Prevention and Control

**Purpose and objectives of transfer payment program**

The purpose of this funding was to support the staffing of intensive care units throughout the COVID-19 pandemic. With the health care system stretched to capacity in some jurisdictions, some provincial and territorial governments requested the temporary support of health human resources from other Canadian provinces and territories to provide critical care to patients. Aligned with the intent and spirit of the Operational Framework for Mutual Aid Requests (OFMAR), this program provided reimbursement to eligible provinces and territories for the costs associated with the temporary transfers of health human resources between provincial and territorial jurisdictions to provide critical care to patients in Canadian hospitals.

The program's objective was to ensure that healthcare systems are equipped to meet demands during the COVID-19 pandemic.

**Results achieved**

Three funding agreements with Ontario, Newfoundland and Labrador, and Yukon were signed in 2021-22.

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

## Engagement of applicants and recipients in 2021-22

Eligible applicants were informed of the program when engaging with PHAC. They were able to seek assistance through the OFMAR facilitated by surge support provided by PHAC, or engage with other provinces and territories individually before requesting support from the Health Human Resources Assistance Program.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	0	0	78,141,246	841,549	841,549
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	78,141,246	841,549	841,549
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received through the year via Supplementary Estimates to reimburse costs incurred by provinces and territories for the deployment of health human resources during the pandemic.					

## Immunization Partnership Fund

**Start Date:** 2016-17

**End Date:** 2022-23

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Vaccination

### **Purpose and objectives of transfer payment program**

The purpose of the [Immunization Partnership Fund<sup>xxxiv</sup>](#) (IPF) is to support uptake and confidence in COVID-19 vaccines in Canada by focusing on three areas:

- Capacity building for healthcare providers as vaccinators and vaccine promoters;
- Community-based COVID-19 education, promotion, and outreach; and
- Capacity building for evidence-based vaccination communication.

The objective of this program is to improve vaccination coverage, thereby lowering vaccine preventable disease incidence rates in Canada.

### **Results achieved**

Through the IPF, PHAC secured \$78 million in additional funding from 2020-21 through 2022-23, of which \$45.5 million was allocated to community projects identified through open and directed solicitations. These projects support equity-deserving populations and those otherwise disproportionately impacted by COVID-19 in order to increase vaccine confidence and uptake.

- Funding agreements were finalized for 100 projects in the 2021-22 fiscal year, including those with provinces and territories, with 112 COVID-19 projects funded under the program since 2020.
- Provincial and territorial vaccination registries were supported through the allocation of up to \$32.5 million in grant funding through 12 agreements.
- In the 2021-22 fiscal year, most IPF projects receiving contribution funding were required to submit an update on activities, outputs, outcomes and challenges through a progress-report mechanism.

Preliminary results indicated more than 885,500 people were engaged, including residents of Canada, healthcare providers, and key vaccine stakeholders. IPF-funded projects have supported the administration of more than 85,900 COVID-19 vaccines in over 950 clinics in communities across the country.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2021-22

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

- Capacity-building for healthcare providers: interventions that provide tools, training, and evidence-based information to promote awareness of the importance of COVID-19 vaccines and other vaccines, and to counsel individuals;
- Community-based COVID-19 education, promotion, and outreach: interventions to help Canadians understand the importance of vaccination, feel confident in receiving vaccines, and know where and how to access them; and
- Providing support for provincial and territorial governments to develop or enhance vaccination registries to enhance the ability to monitor vaccine coverage and target vaccination programs.

PHAC secured \$78 million in IPF funding for 2021-2023, of which \$45.5 million was allocated to local, regional and national projects reaching underserved and equity-seeking populations and those disproportionately impacted by COVID-19. The goal of the funding is to increase vaccine confidence, acceptance and uptake and combat the effects of vaccine misinformation and disinformation. Successful projects were selected through a competitive and merit-based open solicitation process, as well as through a directed funding mechanism. The IPF program maintains ongoing and open communication with active funding recipients.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	754,786	3,450,971	29,500,000	22,765,031	15,200,255	(14,299,745)
<b>Total contributions</b>	3,456,714	3,477,143	0	25,816,544	22,016,013	22,016,013
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	4,211,500	6,928,114	29,500,000	48,581,575	37,216,268	7,716,268
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal reallocations and additional funding received during the fiscal year via Supplementary Estimates to improve vaccination coverage, and vaccine preventable disease rates in Canada.					

## Indigenous Early Learning and Child Care Transformation Initiative

**Start Date:** 2018-19

**End Date:** Ongoing

**Type of transfer payment:** Contribution (as part of Horizontal Initiative led by Employment and Social Development Canada)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Results 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program**

The Indigenous Early Learning and Child Care (IELCC) Transformation Initiative supports the implementation of the co-developed [Indigenous Early Learning and Child Care Framework](#).<sup>xxxv</sup> This framework reflects the unique cultures and priorities of First Nations, Inuit, and Métis children across Canada.

The initiative enables greater control in IELCC through a new partnership model to facilitate Indigenous-led decision-making to advance national and regional priorities.

Employment and Social Development Canada (ESDC) is the federal lead for this horizontal initiative. Indigenous Services Canada (ISC) and PHAC are key partners.

**Results achieved**

The IELCC Transformation Initiative contributed to the objective of providing high quality early learning and childcare services that were affordable, flexible, and inclusive, as outlined in Infrastructure Canada's Horizontal Management Framework. Projects funded enable the development of curriculum content incorporating Indigenous traditions, cultures and languages; build community, administration, professional capacity, and centres of expertise; and support staff training and other activities that will enhance access to high quality IELCC.

The IELCC Transformation Initiative demonstrated progress on the shared outcome through reporting on the number of children accessing culturally appropriate and inclusive IELCC, with the target determined with PHAC and Indigenous partners (baseline 4,600 children).

**Performance indicators:**

- Number of participants reached;
- Percentage of Aboriginal Head Start in Urban and Northern Communities (AHSUNC) sites offering activities (e.g., elder participation, storytelling, traditional ceremonies, etc.) to increase Indigenous cultural knowledge;
- Percentage of participants/parents/children who experience improved protective factors as a result of programming (e.g., access to cultural activities); and

- Percentage of participants/caregivers that report that their child's health and well-being has improved as a result of programming.

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2023-24.

#### Engagement of applicants and recipients in 2021-22

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

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

#### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	11,718,654	3,293,272	806,011	751,367	(541,905)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	11,718,654	3,293,272	806,011	751,367	(541,905)
<b>Explanation of variances</b>	Actual spending was lower than planned spending due to residual unspent funding at year-end for various agreements and planned amendments that could not be fully implemented before the end of the fiscal year.					

## Infectious Diseases and Climate Change Fund- Adapting to the Impacts of Climate Change

**Start Date:** 2016-17

**End Date:** 2027-28

**Type of transfer payment:** Grants and Contributions (as part of the Horizontal Initiative led by Environment and Climate Change Canada)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Foodborne and Zoonotic Diseases

**Purpose and objectives of transfer payment program**

The [Infectious Disease and Climate Change Fund](#)<sup>xxxvi</sup> (IDCCF) focuses on preparing and protecting people living in Canada from climate-driven infectious diseases that are zoonotic, foodborne and waterborne. This includes actions that stimulate public health innovation using a [One Health](#)<sup>xxxvii</sup> approach by linking human, animal and environmental health and in advancing climate change adaptation.

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

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

The IDCCF focuses on the following activities:

Monitoring and Surveillance

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

## Education and Awareness

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

## Results achieved

The Horizontal Management Framework for Clean Growth and Climate Change – Adaptation and Climate Resilience (Theme 3 outcome) reduced the risks associated with climate-driven infectious diseases through:

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

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

## Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

## Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.<sup>xxxviii</sup>

Planned: The next evaluation is scheduled for 2025-26.

## Engagement of applicants and recipients in 2021-22

Since launching in 2017, the IDCCF has invested in 31 projects that support surveillance and monitoring, health professional education, and public awareness activities related to climate-driven infectious diseases in Canada.

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

In December 2021, the IDCCF launched an open call for proposals, which included three streams:

- Strengthening capacity related to key risks and expanding capacity for current and future tick-borne and mosquito-borne diseases in the context of climate change. This stream aimed to continue enhancing knowledge, tools and resources on priority disease risks;
- Enhancing knowledge related to unexplored, under-investigated or emerging pathogens or infectious diseases in the context of climate change to advance understanding of them and the impacts they have on human health; and
- Advancing multidisciplinary and/or multi-sectoral collaboration to better understand risks and drive action on infectious diseases, the One Health initiative and climate change. This stream focuses on building collaborative mechanisms, platforms and partnerships including the use of diverse networks and perspectives to support knowledge sharing and exchange, and to amplify ongoing activities.



Projects funded through this solicitation are anticipated to begin in spring 2023.

**Financial information (dollars)**

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	474,977	400,661	500,000	599,339	506,281	6,281
<b>Total contributions</b>	2,198,144	2,215,509	1,732,620	2,076,430	1,782,230	49,610
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	2,673,121	2,616,170	2,232,620	2,675,769	2,288,511	55,891
<b>Explanation of variances</b>	Not Applicable					

## Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease

**Start Date:** 2005-06

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's Program Inventory:**

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

**Purpose and objectives of transfer payment program**

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

**Results achieved**

Results achieved included an increased evidence base on which to shape the promotion of population health policy and practice.

Through the [Enhanced Surveillance for Chronic Disease Program<sup>xxxix</sup>](#) (ESCDP), 12 contribution agreements totalling \$10.8 million over four years were signed. Projects funded through this initiative explored the use of new technologies, tools and approaches to collect, use and disseminate data for public health use. This cycle of ESCDP focused on priority populations (e.g., 2SLGBTQI+, people without homes, ethnic minorities, older adults and those experiencing lower socio-economic conditions), and the built environment's influence on population health and chronic disease factors. Notable results included:

- The use of statistical modelling to examine and understand the association between occupation and opioid-related harms;
- The creation of the [WalkRollMap<sup>xl</sup>](#) visualization app, a crowdsourcing tool that maps micro-barriers to accessible walking and rolling in Canada;
- Advancements in measuring bicycle environments across Canada using street-level imagery data;
- The creation of [ParkSeek<sup>xli</sup>](#), a pan-Canadian initiative to gather and share information regarding the health impacts of parks, protected areas and recreational facilities on the population; and
- Development of a national chronic disease surveillance system for population in federal prisons in Canada.

As part of the solicitation processes, funded organizations integrated SGBA Plus considerations into their projects. Some examples of information being captured for analysis in this program include sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions, and visible minority and immigration status.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: [Evaluation of the Evidence for Health Promotion, Chronic Disease and Injury Prevention Program: Focus on COVID-19 Activities<sup>xlii</sup>](#).

Summary of findings: In light of the COVID-19 pandemic, the evaluation found that the program was able to pivot its work activities quickly and produce evidence on the wider impacts of COVID-19, while maintaining its core surveillance and research activities.

Planned: The next evaluation is scheduled for 2026-27.

### Engagement of applicants and recipients in 2021-22

The Enhanced Surveillance for Chronic Disease Program launched an open solicitation, which closed September 25, 2019. Funding began in 2020-21 for a three-year period. In addition to semi-annual progress reports, recipients were engaged through bi-monthly meetings to provide verbal updates on progress. A new round of solicitation funding will likely be announced at the end of 2022 for projects to be funded starting early 2024.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	259,846	54,240	395,000	0	0	(395,000)
<b>Total contributions</b>	2,525,849	2,360,211	2,334,000	2,796,299	2,701,775	367,775
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	2,785,695	2,414,451	2,729,000	2,796,299	2,701,775	(27,225)
<b>Explanation of variances</b>	Not Applicable					

## Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices

**Start Date:** 2012-13

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2005-06

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's Program Inventory:**

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

**Purpose and objectives of transfer payment program**

The purpose of this program is to build collaborative linkages, nationally and internationally, between researchers, policy-makers, and practitioners to increase the adoption of effective practices in chronic disease interventions.

**Results achieved**

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

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2026-27.

**Engagement of applicants and recipients in 2021-22**

To engage applicants and recipients, the Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices:

- Presented guidelines, knowledge translation tools, and results of evidence review at meetings focused on the primary care practice and prepared implementation activities for frontline practitioners;
- Collaborated with the various stakeholders to develop and disseminate the Task Force guidelines;
- Responded to inquiries from the media and the public about the Task Force guidelines;
- Determined and implemented the results and recommendations on patient preferences;

- Established and implemented an evaluation plan for the Task Force guidelines to measure the impact of dissemination activities;
- Published study results in the main scientific journals and disseminated them through presentations at major scientific meetings; and
- Organized meetings, during which members of the Task Force Working Groups discussed guideline content.

**Financial information (dollars)**

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	46,000	0	0	(46,000)
<b>Total contributions</b>	419,058	217,000	171,000	217,000	217,000	46,000
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	419,058	217,000	217,000	217,000	217,000	0
<b>Explanation of variances</b>	Not Applicable					

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

**Start Date:** 2005-06

**End Date:** Ongoing

**Type of transfer payment:** Grants

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2005-06

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's Program Inventory:**

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

**Purpose and objectives of transfer payment program**

The [Pan-Canadian Joint Consortium for School Health<sup>xiii</sup>](#) (JCSH) was established in 2005 to support the health, well-being, and achievement of children and youth in school settings, and brings together ministries responsible for health and education from most provinces and territories. The JCSH facilitates collaboration among members to promote wellness and achievement in Canada's school-aged children and youth by way of a comprehensive school health approach. The JCSH also presents an opportunity to strengthen federal efforts to promote the health, well-being and achievement of school-aged children in Canada.

**Results achieved**

- The JCSH's fourth grant mandate, awarded in April 2021, provided funding to support the operating costs of the JCSH Secretariat until 2025.
- The JCSH was supported by two committees: the School Health Coordinators Committee (SHCC), which is comprised of analysts from participating provincial and territorial education and health ministries, and the Management Committee, which consists of executive-level participants working in a decision-making and approval capacity. With grant funding in place, the JCSH Secretariat convened monthly meetings of the SHCC, which provided opportunities to hear from researchers, policy makers and other key players in the field of school-aged child and youth health, and learn about latest research findings and initiatives.
- In addition, three meetings for the Management Committee were held along with three joint meetings for both the Management Committee and the SHCC. The JCSH also shared knowledge and information through the distribution of 29 weekly newsletters and eight environmental scans from various jurisdictions. These activities contributed to information sharing, knowledge exchange and capacity building among participating jurisdictions.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2021-22

PHAC engaged with the JCSH Secretariat on a regular basis by participating in an observer and advisory capacity on the Management Committee and School Health Coordinators Committee. An additional focus of engagement for 2021-22 was to support the JCSH's new 2021-2025 grant mandate, awarded in April 2021. PHAC also participated in a number of the JCSH's Task Groups, and collaborated with the JCSH Secretariat to facilitate information sharing among JCSH members and networks.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	250,000	0	250,000	150,000	150,000	(100,000)
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	250,000	0	250,000	150,000	150,000	(100,000)
<b>Explanation of variances</b>	Actual spending was lower than planned because funds required to advance program objectives were less than estimated.					

## International Health Grants Program

**Start Date:** 2008-09

**End Date:** Ongoing

**Type of transfer payment:** Grants and assessed contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2013 - ongoing

### **Link to 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
- Result 2.1: Infectious diseases are prevented and controlled
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced
- Result 3.3: Public health risks associated with travel are reduced

### **Link to the department's Program Inventory:**

- Chronic Disease Prevention
- Evidence for Health Promotion
- Chronic Disease and Injury Prevention
- Laboratory Science Leadership and Services
- Communicable Disease and Infection Control
- Foodborne and Zoonotic Diseases
- Emergency Preparedness and Response
- Biosecurity
- Border and Travel Health

### **Purpose and objectives of transfer payment program**

The purpose of this program is to facilitate international engagement to advance Canada's health priorities at home and abroad through knowledge transfer and capacity building. This includes strengthening relationships with international partners, and promoting increased awareness and understanding of current and emerging global health issues to inform policy and program development.

Program objectives include:

- Identifying, assessing and promoting approaches, models, and best practices that respond to Canada's global health priorities and international commitments;
- Increasing knowledge of current and emerging global health issues to inform policy and program development and contribute to improving health outcomes within and outside Canada;
- Increasing collaboration and strengthen relationships with key partners and stakeholders on global health issues of importance to federal health portfolio members;



- Supporting Canada’s participation in select multilateral organizations in line with Canada's international health commitments and obligations;
- Strengthening Canada’s leadership on global health and ensuring that Canada’s priorities are reflected in the international health agenda; and
- Enhancing global health capacity/participation in areas directly related to the Government of Canada’s foreign policy objectives.

### Results achieved

The International Health Grants Program’s (IHGP) funded projects aligned with the program's priorities to support global public health system capacity building and resilience, repairing mental health care, delivery and access, refocusing on ongoing non-communicable diseases, and taking a One Health approach in the pandemic.

The organizations funded in fiscal year 2021-22 through the IHGP included:

- [Pan American Health Organization](#)<sup>xliv</sup>: strengthened health sector capacity in the Region of the Americas to respond to violence against women and girls;
- [Organisation for Economic Co-operation and Development](#)<sup>xlv</sup>: provided capacity building and technical advice on chemicals management in the Philippines;
- [World Health Organization](#)<sup>xlvi</sup>: contributed to understanding the indirect impacts of COVID-19 on older adults in the community; and
- [Caribbean Public Health Agency](#)<sup>xlvii</sup> – Civil Aviation Biosecurity Partnership Project.

Results of IHGP Projects as Reported in fiscal year 2021-22 include:

Organisation for Economic Co-operation and Development (OECD):

- Created harmonized templates for remote chemical tests and updated guideline documents for the Test Guidelines Programme, a collection of the most relevant internationally agreed testing methods;
- Published guideline documents and reports on Pesticide Harm Reduction, including toolkits and models; and
- Reported on the Willingness to Pay to Avoid Negative Chemicals-Related Health Impacts.

World Health Organization (WHO):

- Developed tools for assessing the climate vulnerability of healthcare facilities as well as the development of objective methods for prioritizing adaptation options, and indicators for health resilience; and
- Developed an economic framework using climate data to forecast health impacts over time.

### Findings of audits completed in 2021-22


Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: The Evaluation of the Health Portfolio Tobacco and Vaping Activities, which included IHGP.

Summary of findings: The evaluation found that Canada's participation in the World Health Organization Framework Convention on Tobacco Control (FCTC) successfully brought the Canadian perspective to the



international tobacco control agenda and resulted in important contributions to international tobacco control work.

Planned: IHGP will also be evaluated as part of four separate evaluations in 2022-23 (Foodborne and Waterborne Enteric Diseases); 2023-24 (Sexually Transmitted and Blood-Borne Infections); 2024-25 (Healthy Canadians and Communities Fund); and 2025-26 (Health Portfolio's Tobacco and Vaping Activities).

### **General targeted recipient groups**

- International entities such as bilateral and multilateral international organizations and institutions with established relationships with Canada like the World Health Organization and the Pan American Health Organization; and
- Canadian not-for-profit organizations and institutions, including academic and research-based institutions.

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

### **Engagement of applicants and recipients in 2021-22**

International health grants were provided to support Canada's leadership at various multilateral fora and to strengthen Canada's relationships with strategic partners who advance Canada's global health interests. Recipients of funding were expected to implement international projects and initiatives facilitate knowledge generation and uptake, such as applied research, and support international capacity building, such as the development of food safety regulatory frameworks in developing countries.

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

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	1,985,511	1,788,209	1,180,000	2,354,390	2,262,852	1,082,852
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	1,985,511	1,788,209	1,180,000	2,354,390	2,262,852	1,082,852
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received and internal allocation of funds during the fiscal year to support the international health grant program to advance international health priorities.					

## Kids Help Phone

**Start Date:** April 1, 2020

**End Date:** March 31, 2023

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

PHAC is investing \$14.8 million over 36 months in [Kids Help Phone<sup>xlviii</sup>](#) (KHP) as an emergency response to support mental health services for youth and their well-being during the COVID-19 pandemic.

The objectives of the program are to bolster and expand the KHP's existing service delivery (via voice/text/chat and the recruitment and retention of crisis responders); amplify reach of service through outreach communications; support employee and volunteer responders with resources and training; and collect, analyze, and share information on related data/metrics.

### **Results achieved**

- Due to COVID-19 and public health measures, KHP reallocated staff, shifted its service delivery model, and adapted its response team to work virtually and in new spaces. With this investment, the organization was able to quickly implement new technology, train additional counselors and crisis responders, and adapt and accelerate its service offerings;
- KHP managed increasing service demands due in part to COVID-19 and continued to offer free, confidential crisis support to youth. In 2021, KHP had over 4.7 million interactions with people of all ages through phone counselling, Crisis Texting, Facebook Messenger and visits to their website, compared to 1.9 million interactions in 2019. The top issues of concern related to mental and emotional health (anxiety, stress, depression and isolation), relationships, family, school and suicide;
- KHP conducted approximately 4,400 emergency service referrals (e.g., responder engages emergency) and/or child protective services for youth in imminent risk of danger, harm or suicide. The organization is working with communities and partners such as the Royal Canadian Mounted Police on best practices for conducting rescues, including safe and appropriate approaches for youth who are racialized, criminalized, or stigmatized (e.g., mental illness);
- KHP hired and trained over 80 additional professional counselors, and additional Counselling Managers and Clinical Practice Specialists, expanded its relief counsellor team and hired Texting Coaches and Supervisors. KHP has also augmented human resources focused on specialized

areas, outreach activities, and priority populations (e.g., Indigenous youth, racialized groups, newcomers, 2SLGBTQI+ communities);

- KHP adapted and expanded its service offerings, including new technologies and access points for youth (e.g., Facebook messenger texting, Arabic and French translation services, self-directed resource referrals, Good2Talk program in post-secondary schools in Ontario and Nova Scotia). KHP amplified its service reach through multimedia resources, including new website content and resources related to COVID-19, anti-black racism and discrimination, and mental health, provided in both official languages. This work included a number of publications and promotional materials which were shared via social media and interviews;
- In addition, KHP implemented measures to sustain service quality and improve wait times. This included several adjustments to technology (triaging and artificial intelligence) and increasing coverage during high volume trends to ensure service standards were respected (e.g., responding to phone/voice calls in under five minutes and text messages in under one minute). KHP also redeveloped and relaunched its chat service in the evenings in 2021; and
- Developed and delivered new training, resources and activities to support staff and volunteers managing high demands during the pandemic (e.g., online self-care, well-being and counselling tools, peer support, COVID-19 related information and diversity and inclusion training). The organization also implemented several initiatives such as town hall meetings and volunteer recognition activities to boost morale and team building.

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

#### **Engagement of applicants and recipients in 2021-22**

PHAC officials led bi-weekly virtual meetings with KHP to exchange information and updates and monitor progress. The KHP submits quarterly data metrics reports, as well as progress and annual reports as stipulated in the Contribution Agreement with PHAC.<sup>5</sup>

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<sup>5</sup> PHAC negotiated a Contribution Agreement (CA) with KHP in spring 2020. The CA's effective date was April 1, 2020 and ended on December 31, 2021.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	4,200,765	0	4,753,847	4,753,847	4,753,847
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	4,200,765	0	4,753,847	4,753,847	4,753,847
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received during the fiscal year to maintain and expand the Kids Help Phone services.					

## Mental Health Promotion Innovation Fund

**Start Date:** 2019-20

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:**

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

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

The [Mental Health Promotion Innovation Fund](#)<sup>xlix</sup> is a funding program that replaced the Innovation Strategy in 2019-20 in an effort to support positive mental health for children, youth, their caregivers and communities, as well as reduce systemic barriers for population mental health in Canada. Funding is provided to support the delivery of innovative, community-based programs. The program builds on the best practices and lessons learned from the Innovation Strategy and uses a multi-phased approach to fund the testing and delivery of evidence-based population health interventions. Knowledge gained from the evaluation of each community-based intervention is then applied to public health policy and practice.

### **Results achieved**

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

Performance indicators:

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of projects that leverage funds from other sources;
- Percentage of projects reporting increased knowledge and/or skills among participants;
- Percentage of projects reporting positive change in behaviour among participants;

- Percentage of projects reporting change in protective factors among participants;
- Percentage of projects reporting improved well-being among participants;
- Percentage of projects demonstrating readiness for scale up;
- Percentage of projects that have sites in more than three provinces and territories;
- Percentage of projects sustained post-PHAC funding;
- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders using evidence; and
- Nature of incorporation of evidence into policies, programs and practices.

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

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

#### Engagement of applicants and recipients in 2021-22

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

#### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	2,070,000	0	0	(2,070,000)
<b>Total contributions</b>	1,536,792	5,358,548	2,877,000	4,947,000	4,807,212	1,930,212
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	1,536,792	5,358,548	4,947,000	4,947,000	4,807,212	(139,788)
<b>Explanation of variances</b>	Not Applicable					



## Métis Nation Health Data

**Start Date:** 2019-20

**End Date:** 2023-24

**Type of transfer payment:** Grants

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2014-15

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

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

### **Purpose and objectives of transfer payment program**

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

### **Results achieved**

- Increased evidence base to shape promotion of population health policy and practice.
- Métis health data gathered through these projects is used to support culturally responsive health care policies, programs, and services to improve Métis health outcomes, both by the Métis nation as well as the Canadian government.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2026-27.

### **Engagement of applicants and recipients in 2021-22**

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

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	1,197,438	1,197,409	1,200,000	1,200,000	1,197,438	(2,562)
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	1,197,438	1,197,409	1,200,000	1,200,000	1,197,438	(2,562)
<b>Explanation of variances</b>	Not Applicable					

## National Collaborating Centres for Public Health

**Start Date:** 2004-05

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

### Link to departmental 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
- Result 2.1: Infectious diseases are prevented and controlled
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced
- Result 3.3: Public health risks associated with travel are reduced

### Link to the department's Program Inventory:

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

### Purpose and objectives of transfer payment program

As one of the three pillars used to create the Agency in response to the Severe Acute Respiratory Syndrome (SARS) outbreak, the [National Collaborating Centres for Public Health](#)<sup>1</sup> program increases public health system capacity in Canada by improving the ability of research to be applied and implemented in public health settings.

The objective of the program is to promote evidence-informed decision-making by public health practitioners and policymakers across Canada. The National Collaborating Centres (NCCs) synthesize and share knowledge in ways that are useful and accessible to public health stakeholders.

### Results achieved

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

In 2021-22, the NCCs for Public Health continued to address public health needs related to the COVID-19 pandemic response. The NCCs contributed to increasing public health capacity by developing fact

sheets, case studies, guidance documents, environmental scans, blogs, disease debriefs, modelling predictions, knowledge repositories, rapid reviews, and other knowledge mobilization tools. This work is to assist with the urgent and evolving needs of federal, provincial, territorial and municipal governments, local public health actors and public health decision makers.

In addition, NCCs mobilized knowledge by applying their expertise to a range of public health areas including:

- Well-being budgeting using a policy lens;
- Health in All Policies;
- Radon;
- Extreme Heat;
- Climate Change and Indigenous Peoples in Canada;
- Antimicrobial Use and Resistance;
- Public Health response to long-term evacuations; and
- Equity Indicators in emergency response.

The NCCs also undertook knowledge translation activities to support the dissemination and promotion of the Chief Public Health Officer's 2021 report: [A Vision to Transform Canada's Public Health System](#)<sup>li</sup> as well as four commissioned independent reports. The NCC developed one of these for Indigenous Health entitled, [Visioning the Future: First Nations, Inuit, & Métis Population and Public Health](#).<sup>lii</sup>

This past year, NCCs developed and disseminated over 2000 products, such as published materials, videos, workshops, webinars, online courses, and conference presentations and activities which supported practitioners and decision-makers in applying new knowledge in their environments. In addition, the NCCs undertook over 360 knowledge-related needs and gaps identification activities to provide public health knowledge brokers with the resources and structures required to strengthen evidence-informed decision-making.

The NCCs also engaged and maintained over 570 partnerships and collaborations, facilitating and increasing public health outreach and exchange.

Performance indicators:

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

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2023-24.

#### **Engagement of applicants and recipients in 2021-22**

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

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	5,911,996	6,707,746	5,842,000	9,548,002	9,547,998	3,705,998
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	5,911,996	6,707,746	5,842,000	9,548,002	9,547,998	3,705,998
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received during the fiscal year to increase capacity at the National Collaborating Centers during the COVID-19 pandemic.					

## National Microbiology Laboratory – Integral Genomics Innovation Program

**Start date:** 2021-22

**End date:** 2023-24

**Type of transfer payment:** Contribution Agreement

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

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

**Link to the department's Program Inventory:**

- Emergency Preparedness and Response

**Purpose and objectives of transfer payment program**

The purpose of the Integral-Innovation Program is to strengthen public health infrastructure in Canada by helping public health laboratories to innovate and scale up genome-sequencing productivity. The Program complements existing partnerships, including investments by CIHR and previous investments from CanCOGeN and regional partners, by accelerating the speed of genomic sequencing and integrating its outputs within existing public health surveillance activities.

This funding opportunity aims to mobilize public health networks to enhance the generation and availability of genomic information on COVID-19 variants of concern. The Integral-Innovation Program will improve the timely availability of genomic information on COVID-19 variants and support PHAC's work with provinces, territories and international partners to improve monitoring, public health surveillance and outbreak response across Canada.

This funding opportunity will support the following program objectives:

- Accelerate the speed of genomic sequencing in Canada (i.e., decreasing the time taken to generate individual genomic sequences from received samples);
- Increase the number of positive samples that are successfully sequenced in Canada within a seven-day turnaround time;
- Identify improvements in sample handling, processing, quality assurance, and quality control to better align sequencing effectiveness with rapid public health response;
- Facilitate the timely dissemination and exchange of new variant sequence information; and
- Contribute to a coherent and effective genomic surveillance network across Canada including integration of laboratory and epidemiological surveillance.

## Results achieved

One contribution agreement has been signed and launched in Québec. Agreements with other provinces and territories are being finalized. The funding will be carried over for continuation in the next fiscal year.

Results achieved thus far as part of the project entitled “Optimization and consolidation of SARS-CoV-2 genomic monitoring processes in Québec” included improved sample flow/process, resulting in a reduced turnaround time from sample collection to reporting from 27 to 11 days and improved success of sequencing from 80 to 92%. Recruitment is ongoing.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC’s Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2021-22

This Integral-Innovation Program is part of the Government of Canada’s [Variants of Concern Strategy](#)<sup>liii</sup> announced on February 12, 2021. Canadian provincial public health laboratories and partners were invited to submit proposals aligning with the Integral-Innovation Program.

Applicants participated in a Conceptual Planning Workshop in September 2021. The workshop provided a virtual forum for discussing perspectives of key challenges and constraints limiting the operationalisation of public health pathogen genomics in Canada. Through discussion of shared technology or logistical challenges alongside complementary capabilities and interests, both independent and collaborative opportunities were identified that influence proposal development and preparation.

Recipients submitted regular reports on the project including performance and evaluation.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	0	0	6,000,000	186,392	186,392
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	6,000,000	186,392	186,392
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received in the fiscal year to respond to the global pandemic, and to improve genome sequencing in Canada. Portion of unused funds will be available for use in 2022-23 and 2023-24.					



## National Microbiology Laboratory – Wastewater Innovative Technologies

**Start date:** 2020-21

**End date:** 2022-23

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through estimates

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental result:**

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

**Link to the department's Program Inventory:**

- Laboratory Science Leadership and Services
- Emergency Preparedness and Response

**Purpose and objectives of transfer payment program**

The purpose of the grant is to implement and extend wastewater testing capacity for SARS-CoV-2 surveillance. Wastewater-based surveillance of infectious diseases is beyond the standard complement of program funding for PHAC. The grant will provide funding for partners in the wastewater surveillance network to collect and test samples (within communities or at PHAC) for pathogens such as SARS-CoV-2. Wastewater testing can provide an early warning signal to inform public health action.

**Results achieved**

Timely creation of the network infrastructure to fully implement wastewater-based surveillance of SARS-CoV-2 could not be completed in the 2021-22 fiscal year so applicants were not sought. The funding will be carried over and the work will continue in future years.

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

## Engagement of applicants and recipients in 2021-22

Timely creation of the network infrastructure to fully implement wastewater surveillance could not be completed in the 2021-22 fiscal year so applicants were not sought. The funding will be carried over and the work will continue in future years.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	600,000	0	0
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	600,000	0	0
<b>Explanation of variances</b>	Not Applicable					

## Nutrition North Canada

**Start Date:** 2016-17

**End Date:** Ongoing

**Type of transfer payment:** Contribution (as part of the Horizontal Initiative led by CIRNAC)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

The program is intended to support culturally appropriate retail and community-based nutrition education initiatives to influence healthy eating in isolated northern communities, as part of [Nutrition North Canada](#)<sup>liv</sup> (NNC) program led by Crown-Indigenous Relations and Northern Affairs Canada.

The objective of the program is to increase knowledge of healthy eating, support skills in the selection and preparation of healthy store-bought and traditional or country food, and build on existing community-based activities with an increased focus on working with stores.

### **Results achieved**

- PHAC continued to support NNC by providing funding for culturally-appropriate community-based nutrition education initiatives to 10 isolated northern communities that are outside of the mandate of Indigenous Services Canada's First Nations and Inuit Health Branch;
- In 2020-21, funding recipients delivered 714 educational activities to more than 2,000 participants. These included cooking programs focused on the development of food skills, gardening and local harvesting, choosing healthy options and increasing awareness of nutritional information, among other programs. Information sharing via social media and distribution of printed resources was popular this year as communities adapted to the challenges of the COVID-19 pandemic; and
- Funding recipients involved multiple population groups in various activities across the 10 communities, with approximately 14% involving children, 9% involving youth, 53% involving adults and 24% involving older adults. Participation was lower than previous years due to the impacts of the COVID-19 pandemic on community activities.

Progress continues to be made towards strengthening the nutritional choices and overall health within these 10 communities as 90% of funding recipients reported that community members gained knowledge and skills related to healthy eating as a result of these educational activities during this very challenging year.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2021-22

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

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	0	0	0	0	0
Total contributions	471,000	324,659	335,000	335,000	335,000	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	471,000	324,659	335,000	335,000	335,000	0
Explanation of variances	Not Applicable					

## Optimizing External Evidence on Complex Scientific Public Health Issues

**Start Date:** 2021-22

**End Date:** 2023-24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated through COVID-19 response funding

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Communicable Diseases and Infection Control

### **Purpose and objectives of transfer payment program**

The purpose of the program is to develop evidence on complex public health issues, such as antimicrobial resistance and health data sharing, to support decision-making across Canada.

### **Results achieved**

- Formally launched two projects that were announced on the [Council of Canadian Academies \(CCA\) website](#)<sup>iv</sup>. These included Pull Incentives for High-Value Antimicrobials, and Socio-economic Impacts of Health Data Sharing in Canada;
- Assigned teams for each project to conduct background research and draft guidelines around possible composition of the assessment panels;
- Finalized the charge questions for two topics to be assessed; and
- Engaged CCA's Scientific Advisory Committee and the Board of Directors in the proposal process, including the review of the proposals, panel composition guidelines and the review of panel candidates, including chairs.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

### **Engagement of applicants and recipients in 2021-22**

Recipients were engaged through targeted solicitations.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	0	0	500,000	232,920	232,920
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	500,000	232,920	232,920
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation to address the development of a new program to support the collection of evidence on complex public health issues across Canada.					

## Pan-Canadian Suicide Prevention Service

**Start Date:** 2020-21

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

The purpose of this program is to support the implementation and sustainability of a pan-Canadian suicide prevention service.

The objective of the suicide prevention service is to provide people across Canada with access to 24/7, 365 days/year bilingual crisis support from trained responders using the technology of their choice: voice, text, or chat. Chat modality may not be available until 2025.

### **Results achieved**

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

Performance indicators:

- Percentage of service responders trained on standard tools and resources; and
- Number of service interactions compiled by modality (i.e., call, text, and chat), region, gender, age range, and official language.<sup>6</sup>

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

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<sup>6</sup> Data will be collected where possible, but may not be available for all identity factors within each modality. As of early 2021, the service is available by phone (24/7) and by text (evenings). Data collection will become more robust over time once the service is fully operational. The service is being implemented using a phased-in approach; text and chat modalities will be available, 24/7, in English and French, by March 2025.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2021-22

Not Applicable

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	0	0	0	0	0
Total contributions	278,313	4,814,268	6,267,000	6,267,000	4,342,584	(1,924,416)
Total other types of transfer payments	0	0	0	0	0	0
Total program	278,313	4,814,268	6,267,000	6,267,000	4,342,584	(1,924,416)
Explanation of variances	Actual spending was lower than planned due to COVID-19 pandemic-related pressures on service delivery and adjustments to program design.					



## Pan-Canadian Vaccine Injury Support Program

**Start Date:** 2021-22

**End Date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Vaccination

### **Purpose and objectives of transfer payment program**

The [Pan-Canadian Vaccine Injury Support Program](#)<sup>lvi</sup> (VISP) ensures that all people in Canada who experience a serious and permanent injury as a result of receiving a Health Canada-authorized vaccine, administered in Canada on or after December 8, 2020, have fair and timely access to financial support.

### **Results achieved**

The VISP was launched on June 1, 2021. Individuals in Canada who meet the eligibility requirements can now apply to the program, which is administered independently by a third party.

All provinces and territories have opted into the pan-Canadian VISP with the exception of Québec, which will continue to administer its existing Vaccine Injury Compensation program with federal funding. A contribution agreement between PHAC and the Government of Québec was finalized in March 2022.

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

### **Engagement of applicants and recipients in 2021-22**

Following the open solicitation launched in late 2020-21, PHAC finalized a five-year contribution agreement with RCGT Consulting Inc. in June 2021 for the independent third-party administration of the VISP. Since then, PHAC has worked with the third-party administrator to provide policy guidance as needed on the design and implementation of the VISP.

Provinces and territories were given the option to opt into the pan-Canadian VISP or create their own vaccine injury support program with federal funding. All provinces and territories opted in with the exception of Québec, which continues to administer its existing program with federal funding.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	0	0	19,000,000	9,380,844	9,380,844
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	19,000,000	9,380,844	9,380,844
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funds received in the fiscal year to support the implementation of the VISIP to help Canadians who experience a serious and permanent injury as a result of receiving a Health Canada -authorized vaccine.					

## ParticipACTION

**Start Date:** 2018-19

**End Date:** 2022-23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's Program Inventory:**

- Chronic Diseases Prevention

**Purpose and objectives of transfer payment program**

Support [ParticipACTION's](#)<sup>viii</sup> "Let's Get Moving" initiative to encourage and support Canadians to get active and help promote healthier lifestyles among children, youth, and families across the country.

**Results achieved**

- Target populations participated in healthy living and chronic disease prevention interventions:  
ParticipACTION resumed the "Community Better Challenge" after a pause in 2020 due to the COVID-19 pandemic. While approximately the same number of community organizations participated in the Challenge in comparison to the pre-COVID-19 period, the number of Canadians reached was lower, given public health guidelines on social gatherings and concern over the pandemic. Overall, more than 375,000 Canadians and 1,336 community organizations participated in every province and territory, and almost 400 million physical activity minutes were tracked throughout June 2021. North Grenville, Ontario, was selected as Canada's Most Active Community.

The ParticipACTION app attracted nearly 100,000 new registered users in 2021-22 for a total of 278,000 registered users. The content embedded into the app provided motivation and ideas for physical activity among users, including five in-app challenges that significantly enhanced engagement.

- Project participants have the knowledge, skills or ability and environments are improved to support ongoing healthy behaviours:

The "Everything Gets Better" education campaign continued encouraging Canadians to think more broadly about the wide range of benefits of physical activity.

- Project participants have improved health behaviours:

The app supported its users in increasing physical activity. Overall, more than half of app-engaged users reported an increase (at least 10 minutes per week) in moderate to vigorous physical activity from week one to week four after they started using the app.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2023-24.

### Engagement of applicants and recipients in 2021-22

ParticipACTION progress reports were delivered quarterly and annually to PHAC. These were used to review the project's progress, including the budget and work plan activities. Revisions to plans were made as required based on these reports. Ad-hoc reports were produced in relation to the development of new or specific elements of the "Let's Get Moving" initiative to ensure activities remain within the approved scope of the project. Representatives from PHAC participated as observers on the ParticipACTION Advisory Network, which meets three times annually.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	7,000,000	5,785,000	5,000,000	5,000,000	4,770,000	(230,000)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	7,000,000	5,785,000	5,000,000	5,000,000	4,770,000	(230,000)
<b>Explanation of variances</b>	Not Applicable					

## Preventing Gender-Based Violence: the Health Perspective

**Start Date:** 2017-18

**End Date:** Ongoing

**Type of transfer payment:** Grant and Contribution (as part of the Horizontal Initiative led by Department for Women and Gender Equality)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

### Link to departmental results:

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

### Link to the department's Program Inventory:

- Health Promotion

### Purpose and objectives of transfer payment program

The [Preventing Gender-Based Violence: the Health Perspective Program](#)<sup>lviii</sup> invests in the delivery and testing of health promotion programs to prevent teen dating violence and child maltreatment, and equips health and social service professionals to respond safely and effectively to gender-based violence. This program is part of the [Government of Canada's Strategy to Prevent and Address Gender-Based Violence](#).<sup>lix</sup>

Program objectives include supporting the delivery and evaluation of diverse initiatives, developing and sharing knowledge of effective approaches to prevent child maltreatment and dating violence among teens/youth, as well as equipping health and allied professionals to recognize, prevent, and respond safely and effectively to gender-based violence.

### Results achieved

- Enhanced knowledge and awareness among program participants of skills, attitudes, and behaviours related to gender-based violence;
- Enhanced support was provided to professionals and organizations for those affected by or at risk of gender-based violence; and
- Experiences of youth and teen dating violence and child maltreatment decreased;
- Evidence from effective interventions to prevent youth and teen dating violence and child maltreatment continued to inform policies and programs.

Performance indicators:<sup>7</sup>

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;

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<sup>7</sup> Frequency of reporting varies depending on the indicator, data collection and methodology and results may not necessarily be reported annually. Some results may not be available until the Final Project Reports or until after project completion.

- Percentage of projects reporting increased knowledge and/or skills amongst participants;
- Percentage of projects reporting positive changes in behaviour amongst participants;
- Percentage of projects sustained through the post-PHAC funding period;
- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year;
- Percentage of stakeholders utilizing evidence; and
- Nature of incorporation of evidence into policies, programs and practices.

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

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

#### Engagement of applicants and recipients in 2021-22

Applicants were engaged through open, targeted, and directed calls for proposals. Recipients leading teen dating violence prevention projects participated in a facilitated community of practice that connects and supports funded projects.

#### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	0	500,000	0	0	(500,000)
Total contributions	0	7,920,393	8,575,000	8,325,004	8,289,124	(285,876)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	7,920,393	9,075,000	8,325,004	8,289,124	(785,876)
Explanation of variances	Not Applicable					

## Promoting Health Equity: Intersectoral Action on the Social Determinants of Health

**Start Date:** 2021-22

**End Date:** 2022-23

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Chronic Disease Prevention

### **Purpose and objectives of transfer payment program**

The Promoting Health Equity: Intersectoral Action on Social Determinants of Health umbrella program aims to foster the building blocks for collaborative action at the community and national levels, by strengthening capacity and building knowledge and tools that enable partners in multiple sectors to work together to advance health and well-being. The program has three funding components: community-based funding through the [Intersectoral Action Fund<sup>lx</sup>](#) (ISAF), directed funding with established national and international stakeholders, and funding with federal partners.

The objectives of the Intersectoral Action on Social Determinants of Health program include:

- Supporting action on social determinants of health by building capacity in communities to advance intersectoral action in ways that improve population health and reduce health inequities;
- Advancing action among multiple sectors on social determinants and health equity at the national and international levels; and
- Promoting a whole-of-government approach at the federal level, and identifying and implementing joint funding opportunities to address social determinants of health.

### **Results achieved**

In 2021-22, ISAF results included:

- Distribution of funding to 14 projects in diverse communities and settings across Canada, totalling \$2.8 million over a one-year period; and
- Distribution of \$100,000 in funding to the [International Union for Health Promotion and Education<sup>lxii</sup>](#) to support its role as the principal sponsor of the 24th World Conference on Health Promotion in Montreal, Québec, which took place from May 15<sup>th</sup> to 19<sup>th</sup>, 2022. The theme of the conference was “Promoting Policies for Health, Well-being and Equity”. This conference helped to promote PHAC as a global leader in the field of health promotion.

In 2021-22, funding was increased for the [National Collaborating Centre for Healthy Public Policy](#)<sup>lxii</sup> (NCCHPP) and the [National Collaborating Centre for Determinants of Health](#)<sup>lxiii</sup> (NCCDH). Funding amendments included \$250,000 allocated to undertake activities related to Health in All Policies as a key approach to support intersectoral action on social determinants of health. This supported the development of tailored training for public health decision-makers and practitioners, highlighting the implications of using an intersectional action approach in the Canadian context. It also helped advance the uptake of evidence on how to adapt and apply Health in All Policies tools and approaches in a Canadian context. Funding supported the NCCHPP's development of the Canadian Network on Health in All Policies.

The NCCDH funding amendment increased its budget for 2021-22, with a total of \$200,000 allocated to support the collection of information and share knowledge on successful interventions to improve health equity in pandemic planning, response, and recovery. Outputs included a glossary of Essential Health Equity Terms tailored to practitioners' needs, a curated resource list for intersectionality, and a concept document titled "Let's Talk Intersectionality", which aims to provide clarity on the concepts of intersectionality and its application in public health practice, programs, policies, and research.

#### **Findings of audits completed in 2021-22**

Completed: No audits were completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

#### **Engagement of applicants and recipients in 2021-22**

PHAC officials engaged with public health experts to identify community needs and to inform program design and the solicitation approach for the ISAF. Applicants for funding were sought through an open community-based solicitation process. PHAC used a comprehensive communications and outreach strategy, utilizing social media and drawing support from internal and external partners to reach diverse organizations within and outside of the health sector. Officials supported applicants through information sessions and correspondence.

PHAC officials engaged with the International Union for Health Promotion and Education through a directed solicitation. As a principal sponsor for the conference, PHAC officials also participated in the conference's Global Scientific and Global Organization Committees.



Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	2,872,101	2,806,566	2,806,566
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	2,872,101	2,806,566	2,806,566
<b>Explanation of variances</b>	Actual spending was higher than planned due to oversight of \$2.5 million not included in planned funding for this program but included with Promoting Health Equity: Mental Health of Black Canadians.					

## Promoting Health Equity: Mental Health of Black Canadians

**Start Date:** 2018-19

**End Date:** 2023-24

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Chronic Disease Prevention

### **Purpose and objectives of transfer payment program**

The [Promoting Health Equity: Mental Health of Black Canadians Fund](#)<sup>lxiv</sup> supports Black Canadians to develop more culturally focused knowledge, capacity, and programs to improve mental health in their communities. This program also:

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

PHAC has established a [Mental Health of Black Canadians working group](#)<sup>lxv</sup> (MHBC) comprised of eleven external experts and leaders of Black communities. These experts are comprised of mental health practitioners, academics, researchers, and individuals with lived experience. With the goal of shaping this initiative to meet the needs of Black communities, these experts have an ongoing role that includes providing advice and support to MHBC funded projects, providing guidance on capacity building and knowledge mobilization and strengthening evidence on the key determinants of health impacting Black communities.

### **Results achieved**

Seven projects were funded in 2021-22, totaling an investment of approximately \$2.9 million, of which three focused on Black LGBTQI+ communities. Funding recipients included community-based organizations, academic institutions, and partners from other sectors including health care, justice and education.

Results achieved through these investments included:

- Counselling for youth who want to talk to someone about sexual orientation or gender identity; and
- Development of an anti-oppressive and culturally appropriate toolkit for mental health promotion and equity.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2021-22

The Program engaged with MHBC working group members in the design of the solicitation approach launched in 2021, with a focus on identifying community needs and providing advice on the project selection process.

A targeted and open solicitation process was conducted to draw applications from across Canada to reach diverse experts and organizations that work in the health sector with a focus on Black Canadian communities. A comprehensive communications and outreach strategy was implemented, including a social media campaign and support from PHAC and other government departments. Officials supported applicants through targeted information sessions and correspondence.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	600,000	0	565,000	0	0	(565,000)
<b>Total contributions</b>	1,007,155	1,458,618	3,610,000	2,203,232	1,574,692	(2,035,308)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	1,607,155	1,458,618	4,175,000	2,203,232	1,574,692	(2,600,308)
<b>Explanation of variances</b>	Actual spending was lower than planned due to \$2.5 million planned spending for this program in 2021-22 that should have been allocated to Promoting Health Equity: Intersectoral Action on the Social Determinants of Health.					

## Public Health Scholarship and Capacity Building Initiative

**Start Date:** 2009

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020-21

### Link to departmental 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
- Result 2.1: Infectious diseases are prevented and controlled
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced
- Result 3.3: Public health risks associated with travel are reduced

### Link to the department's Program Inventory:

- Evidence for Health Promotion and Chronic Disease and Injury Prevention
- Laboratory Science Leadership and Services
- Emergency Preparedness and Response

### Purpose and objectives of transfer payment program

The purpose of the program is to increase public health capacity across Canada by enhancing knowledge mobilization in public health and by improving applied research regarding public health intervention and workforce skills in public health.

The objectives of the program include increasing the number and skills of public health professionals, contributing to applied public health interventions and intervention efficacy and enhancing relationships between university public health programs and public health organizations.

### Results achieved

In partnership with the Canadian Institutes of Health Research (CIHR), PHAC launched the renewed [Applied Public Health Chair<sup>lxvi</sup>](#) (program APHC) in winter 2021. The APHC program is a component of the Public Health Scholarship and Capacity Building Initiative<sup>lxvii</sup>.

The funding opportunity was aimed at mid-career applied public health researchers in Canada to undertake applied research programs tackling pressing public health challenges and to work with decision makers to help support evidence-informed decisions that improve health and health equity. Priority research areas included infectious diseases; healthy environments; sex, gender and healthy cities; upstream prevention in primary healthcare; HIV and Sexually Transmitted and Blood-Borne Infections (STBBI), and a general research pool.

In January 2022, seven new researchers were appointed, representing the third cohort of the APHC program.

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

**Engagement of applicants and recipients in 2021-22**

The Agency worked at arm’s length as funding for the program was transferred to CIHR, which is responsible for engaging target recipients. As part of the next round of the Applied Public Health Chair Program (2020) within the [Public Health Scholarship and Capacity Building Initiative<sup>lxviii</sup>](#), the Agency built new terms and conditions into its next memorandum of understanding. Through these terms, CIHR will consult directly with the Agency each year to determine public health gaps, direction, themes and priorities that will influence future research activities. The Agency and CIHR will collaborate to ensure that effective and relevant performance measurement and reporting on key results are built into program design and delivery. The CIHR Institute for Population and Public Health has well-established networks with academia and engages potential recipients through its own mechanisms.

**Financial information (dollars)**

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	1,260,000	0	0	(1,260,000)
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	1,260,000	0	0	(1,260,000)
<b>Explanation of variances</b>	Actual spending was lower than planned due to fund transfers to CIHR via Supplementary Estimates and reprioritizing of funding to support other emerging priorities.					

## Safe Voluntary Isolation Sites Program

**Start Date:** 2020-21

**End Date:** 2022-23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2006-07

**Link to departmental result:**

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

**Link to the department's Program Inventory:**

- Communicable Disease and Infection Control

**Purpose and objectives of transfer payment program**

The Safe Voluntary Isolation Sites Program aims to decrease community transmission of COVID-19 by providing accommodations for individuals who are unable to safely isolate in their normal place of residence.

**Results achieved**

- Increased the availability and accessibility of voluntary isolation sites;
- Ensured the safety of individuals making use of voluntary isolation sites; and
- Supported integration of voluntary isolation sites into relevant COVID-19 prevention and control efforts, as necessary.

**Performance Indicators:**

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

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: The next audit is scheduled for 2022-23.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: Not applicable.

**Engagement of applicants and recipients in 2021-22**

Targeted applicants were engaged through a continuous intake model. Recipients were invited to participate through an established Community of Practice that connects and supports funded projects.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	23,362,314	49,500,000	89,531,881	80,566,077	31,066,077
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	23,362,314	49,500,000	89,531,881	80,566,077	31,066,077
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received through the fiscal year to decrease community transmission of COVID-19 by addressing gaps identified for individuals who were unable to safely self-isolate due to housing conditions. Unused funds will be available for use in 2022-23.					

## Sero-Surveillance Consortium

**Start Date:** 2020-21

**End Date:** 2022-23

**Type of transfer payment:** Grants and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020

**Link to departmental results:**

- Result 1.2: Canadians have improved health behaviours
- Result 2.1: Infectious diseases are prevented and controlled
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively

**Link to the department's Program Inventory:**

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

**Purpose and objectives of transfer payment program**

The purpose of this program is to provide research bodies with the resources they need to gain a better understanding of COVID-19 and the degree of immunity to COVID-19 to inform Canadian and global public health science, policy and healthcare responses.

The Sero-Surveillance and Research Program was developed to administer the [COVID-19 Immunity Task Force](#)<sup>lxix</sup> (CITF), which was established by the Government of Canada in April 2020 with a three-year investment of \$300 million. The program coordinates national serological surveillance studies, vaccine surveillance studies and immune studies across Canada and in sub-populations with unique or high-risk profiles. PHAC manages the funding and administration of these studies through Grants and Contribution based on recommendations by the CITF Executive Committee. Guidance and harmonization of CITF activities are provided by a Secretariat and a Leadership Group that have representation from several provincial and territorial ministries of health, and experts from across Canada in serological surveillance, immunology, virology, infectious diseases, public health and clinical medicine.

**Results achieved**

To date, the CITF program has made commitments of \$175 million for 113 funded studies, each of which continue to contribute valuable information on the status of COVID-19 immunity in Canada, providing reliable estimates of potential immunity and vulnerabilities, producing information on vaccine safety and efficacy and offering insights on the virus itself. This new knowledge contributes to evidence-based decision making. These studies focused on priority areas of seroprevalence, immune science, immune testing, vaccine surveillance, boosters, pediatric vaccination and immunity synthesis.



### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2021-22

The CITF Secretariat's used targeted communications and outreach to engage applicants. The CITF website were used as the principal platform for information and of applications. Solicitation was facilitated through public health networks from within Canada and engaged a wide range of relevant stakeholders.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
Total grants	0	4,474,400	94,083,060	116,862,748	48,788,595	(45,294,465)
Total contributions	0	16,903,716	0	73,141,000	35,957,273	35,957,273
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	21,378,116	94,083,060	190,003,748	84,745,868	(9,337,192)
Explanation of variances	Actual spending was lower than planned due COVID-19 pandemic restrictions causing delays for many CITF-funded studies. The unused funding will be made available in 2023-24.					

## Strengthening the Baby-Friendly Initiative

**Start Date: 2018-19**

**End Date: 2022-23**

**Type of transfer payment:** Grant

This grant was funded as one of four priorities of the President and Chief Public Health Officer that could be advanced through short-term investments using surplus funds in the Agency

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program**

The purpose of this grant is to promote maternal and infant health in Canada by strengthening Canada's implementation of the Baby-Friendly Initiative, an evidence-based global initiative that has proven to be effective for increasing breastfeeding rates.

The program objectives are to:

- Modernize the Baby-Friendly Initiative in Canada to reflect updated guidance from the World Health Organization and input from Canadian stakeholders;
- Adapt, test and evaluate a national quality improvement initiative in order to develop a model to support facilities in achieving the "Baby-Friendly" designation; and
- Raise awareness of the Baby-Friendly Initiative in Canada.

**Results achieved**

- Revision and release of key guidance documents for the Baby-Friendly Initiative in Canada including new Implementation Guidelines and multiple companion documents and tools reflecting revised guidance from the WHO;
- Continued implementation of the [National Baby-Friendly Quality Improvement Collaborative Project](#)<sup>lxx</sup> in 25 health facilities, encouraging the use of best practices in maternity and newborn care to increase the number of facilities designated as "Baby-Friendly". An evaluation was conducted and a train-the-trainer mentorship model was launched with the aim of supporting sustainability following completion of the project and scaling-up;
- Continued efforts to raise awareness and promote the Baby-Friendly Initiative in Canada continued, including promotion of new resources, presentation of project learnings and sharing of best practices at the Breast-Feeding Community of Canada's [Baby-Friendly Initiative National Symposium](#)<sup>lxxi</sup> and other national conferences. Free public webinars were hosted on the new implementation guidelines and tools, as well as one highlighting the link between breastfeeding and mental health.

### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2025-26.

### Engagement of applicants and recipients in 2021-22

Routine engagement with the recipient continued in 2021-22. An annual progress report was provided by the recipient.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	398,800	337,800	0	234,100	234,100	234,100
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	398,800	337,800	0	234,100	234,100	234,100
<b>Explanation of variances</b>	Actual spending was higher than planned due to internal allocation of funds during the fiscal year to support and promote maternal and infant health in Canada by strengthening Canada's implementation of the Baby-Friendly Initiative.					

## Strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fund)

**Start Date:** 2017-18

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions (as part of the Horizontal initiative led by Health Canada)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

### Link to departmental results:

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

### Link to the department's Program Inventory:

- Communicable Diseases and Infection Control
- Health Promotion Program

### Purpose and objectives of transfer payment program

Led by Health Canada, the purpose of the [Canadian Drugs and Substances Strategy](#)<sup>lxixii</sup> (CDSS) is to reinstate harm reduction as a core pillar of Canada's drug and substance use policy, alongside prevention, treatment and enforcement. Using a strong, modern, evidence-based approach, the CDSS supports policy development and public health interventions to minimize harms from substance use for individuals, families and communities, to address the current opioid crisis and contribute to preventing the emergence of new crises.

As a partner department, PHAC receives contributions under the CDSS to support federal harm reduction efforts through [the Harm Reduction Fund](#)<sup>lxixiii</sup> (HRF), which is led by PHAC's Centre for Communicable Diseases and Infection Control (CCDIC). Through the HRF, PHAC complements provincial and territorial harm reduction strategies by investing \$7 million annually to support time-limited projects across Canada. The goal is to help reduce HIV and hepatitis C among those who share drug use equipment (i.e., injection and inhalation).

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

### Results achieved

The CCDIC led the solicitation process for 2022-27 project funding and has recommended 40 proposals for HRF. Through HRF, PHAC seeks to promote safer drug-use, encourage use of harm reduction facilities and services, and assist people who use drugs with access to testing, treatment and care. PHAC supports interventions that seek to address systemic barriers for people who use drugs by improving policies, practices, procedures, or behaviours that impede access to services and that result in increased risk of exposure to STBBI.

The committee identified projects following extensive review and deliberation. Committee members were drawn from the key population, community-based organizations, researchers and individuals with expertise in front-line prevention programs and service delivery. In order to achieve the program's objective of increasing access to health and social services for this key population, applicants were encouraged to tailor their proposed activities by taking into consideration the culture, values and practices of people who use and share inhalation or injection drug-use equipment.

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2022-23.

#### Engagement of applicants and recipients in 2021-22

Federal-Provincial-Territorial (FPT) engagement took place through a number of mechanisms, including the FPT Committee on Problematic Substance Use and Harms that is co-chaired by Health Canada and the Province of British Columbia. The Controlled Substances Directorate within Health Canada provides secretariat support for the CDSS.

As part of the CCDIC's role in this work, the Centre engaged with targeted organizations and provided support to HRF applicants and recipients throughout the process. The CCDIC was responsible for engaging with external reviewers and ensuring targeted groups were represented during the review process (Indigenous-led projects were reviewed by Indigenous-led review committees). Applicants were invited to submit letters of intent and were notified of the results by email following assessments by review committees and review by provincial and territorial officials.

#### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	100,000	100,000	3,500,000	0	0	(3,500,000)
<b>Total contributions</b>	6,621,303	5,558,407	3,500,000	6,007,067	5,559,472	2,059,472
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	6,721,303	5,658,407	7,000,000	6,007,067	5,559,472	(1,440,528)
<b>Explanation of variances</b>	Actual spending was lower than planned due to COVID-19 pandemic impacting program uptake. Unused funding was reallocated to the HIV and hepatitis C Community Action Fund in support of harm reduction projects under these programs.					

## Support for Canadians Impacted by Autism Spectrum Disorder Initiative

**Start Date:** 2018-19

**End Date:** 2023-24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program**

Budget 2018 announced \$20 million over five years to PHAC for two new initiatives to support the needs of Canadians living with Autism Spectrum Disorder (ASD) and their families:

- \$9.1 million was allocated for community-based projects that support innovative program models, help reduce stigma, and support the integration of health, social and educational programs to better serve the complex needs of families; and
- \$10.9 million was allocated for the creation of [the Autism and/or Intellectual Disability National Resource and Exchange Network](#)<sup>lxxiv</sup> (AIDE) to help connect people with autism and their families to information, resources and employment.

Budget 2021 provided \$15.4 million over two years (less \$8 million of existing departmental resources), starting in 2021-22 to support the development of a [National Autism Strategy](#)<sup>lxxv</sup>.

### **Results achieved**

Projects funded at the national and regional levels resulted in program participants gaining knowledge, resources and support on autism spectrum disorder.

Performance indicators:

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

### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2022-23.

## Engagement of applicants and recipients in 2021-22

Two solicitations have been posted. The first solicitation launched in 2018, and allocated \$4.2 million to eight projects focused on providing supports for Canadians with ASD transitioning from youth to adulthood. The second solicitation launched in April 2021 to support community-based projects that will be undertaken over a one-year period (2022-23) to address the impact of COVID-19 on Canadians living with ASD. Funding also supports an agreement with the [Canadian Academy of Health Sciences](#) to undertake an assessment on autism to inform the development of the National Autism Strategy as well as funding for AIDE Canada, which provides on-line and in-person knowledge, tools and resources to support Canadians living with ASD, their families and caregivers.

### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	5,376,399	5,048,138	3,991,997	4,681,997	2,953,436	(1,038,561)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	5,376,399	5,048,138	3,991,997	4,681,997	2,953,436	(1,038,561)
<b>Explanation of variances</b>	Actual spending was lower than planned due to the impact of the COVID-19 pandemic on the launch of the second solicitation process, changing the timeline of the implementation of some agreements to 2022-23. A portion of unused amount will be available for use in 2022-23.					

## Supporting the Health of Survivors of Family Violence

**Start Date:** 2015-16

**End Date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:**

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

**Link to the department's Program Inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program**

The [Supporting the Health of Survivors of Family Violence](#)<sup>lxxvi</sup> program invests in the delivery and testing of health promotion programs for survivors and equips health and allied professionals to respond safely and effectively to family violence, including intimate partner violence, child maltreatment and elder abuse.

The objectives of the program include developing and sharing knowledge of effective approaches to support the health of survivors of family violence through community programs and equipping health and allied professionals to respond safely and effectively to family violence.

**Results achieved**

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

**Performance indicators:**<sup>8</sup>

- Number of population health interventions developed and/or adapted;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of projects reporting increased knowledge and/or skills amongst participants;
- Percentage of projects reporting positive changes in behaviour amongst participants;
- Percentage of projects reporting improved well-being amongst participants;
- Percentage of projects sustained post-PHAC funding;

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<sup>8</sup> Frequency of reporting varies depending on the indicator, data collection and methodology and results may not necessarily be reported annually. Some results may not be available until the Final Project Reports or until after project completion.



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

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

**Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

**Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

**Engagement of applicants and recipients in 2021-22**

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

**Financial information (dollars)**

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	5,300,000	101,929	101,929	(5,198,071)
<b>Total contributions</b>	5,723,343	4,371,865	950,000	3,005,586	2,307,727	1,357,727
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	5,723,343	4,371,865	6,250,000	3,107,515	2,409,656	(3,840,344)
<b>Explanation of variances</b>	Actual spending was lower than planned primarily due to the impact of the COVID-19 pandemic on the program's open solicitation process. Unused funding was reallocated internally to emerging priorities.					

## Supporting the Mental Health of those Most Affected by the COVID-19 Pandemic

**Start Date:** 2021-22

**End Date:** 2023-24

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program**

Through Budget 2021, the Government of Canada provided \$100 million over three years starting in 2021-22, to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the COVID-19 pandemic including youth, older adults, First Nations, Inuit and Métis, and Black and other racialized Canadians.

The objectives of the program are to:

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

**Results achieved**

During this initial year of the program and the beginning of the reporting cycle, multiple solicitation streams were launched and infrastructure to implement this funding was put in place, allowing recruitment, training and work planning to begin. Outcomes will be measured and reported in future years of this program.

Performance indicators:

- Number of health interventions developed or adapted;
- Percentage of funded interventions that focus on the COVID-19 and recovery context;
- Number of participants/individuals reached;
- Percentage of participants facing conditions of risk;
- Percentage of projects reporting increased knowledge and/or skills among participants;
- Percentage of projects reporting positive change in behaviour among participants;
- Percentage of projects reporting improved well-being among participants;

- Percentage of stakeholders using health promotion evidence;
- Percentage of participants accessing resources; and
- Percentage of participants who state their mental health is better as a result of programming.

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The next evaluation is scheduled for 2024-25.

#### **General recipient groups:**

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

#### **Engagement of applicants and recipients in 2021-22**

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

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	8,000,000	0	0
<b>Total contributions</b>	0	0	0	39,320,657	390,054	390,054
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	47,320,657	390,054	390,054
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received through the fiscal year via Supplementary Estimates to enhance support for positive mental health for children, youth, their caregivers, and communities. Portion of unused amount will be available for use in 2023-24.					

## Vaccine Community Innovation Challenge

**Start Date:** 2021-22

**End Date:** 2021-22

**Type of transfer payment:** Grants

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's Program Inventory:**

- Vaccination

### **Purpose and objectives of transfer payment program**

The [Vaccine Community Innovation Challenge](#)<sup>lxvii</sup> is a funding program to support creative and innovative projects from community voices to promote vaccine confidence and adherence to COVID-19 public health measures. Its focus is on groups that experience health and social inequities and may include Indigenous peoples, low-income Canadians, people with disabilities, and Black and other racialized Canadians, among others.

The program applied the prizes/challenges funding model outlined in Treasury Board of Canada Secretariat's generic terms and conditions. Through an open, time-limited and innovative approach, the program invited Canadians to submit a design for an outreach campaign promoting vaccine confidence in diverse and underserved communities.

The objective of this program is to deliver grants to groups and individuals to promote vaccine confidence and adherence to public health measures in communities that are underserved or have been more greatly impacted by the pandemic and provide them with messaging that is targeted, informed and culturally sensitive.

### **Results achieved**

The call for proposals was launched on March 8, 2021 and closed on April 15, 2021. The program was advertised broadly in multiple languages through various networks. The program received 299 proposals from a diverse range of groups across 11 provinces and territories including community organizations, ethnic groups, Indigenous communities, faith-based organizations, official language minority communities and women's organizations.

Given the public health objective to increase vaccination, and the number of qualified proposals received, the program's funding was increased from \$600,000 to \$1.5 million.

The Vaccine Community Innovation Challenge successfully complemented and built upon efforts underway to strengthen Canadians confidence in vaccination against COVID-19 through public engagement that was community based and culturally sensitive. Projects were designed, developed and implemented by and for communities and used their own voices, languages and styles of

communication to share knowledge and engage their communities on the importance of vaccination against COVID-19.

The Fraser Northwest Division of Family Practice<sup>lxviii</sup> was awarded a grand prize of \$100,000 for best demonstrating attainment of the program's objectives. Their project leveraged trust in family physicians by working with ethnic communities in the greater Vancouver region. Examples of other projects funded under the program can be found on the [Vaccine Community Innovation Challenge: Overview and funding recipients](#) webpage.

Overall results of the program included:

- Successful launch of a mass, community-based engagement campaign;
- Finalized funding agreements for 133 projects in 2021-22;
- Building of community-based information sharing networks;
- Support of Canada's COVID-19 response through funding for priority populations, including those disproportionately impacted by the pandemic; and
- Successful message outreach by funding recipients to their communities through culturally sensitive messaging from trusted sources to build confidence in COVID-19 vaccination.

#### **Findings of audits completed in 2021-22**

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### **Findings of evaluations completed in 2021-22**

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

#### **Engagement of applicants and recipients in 2021-22**

Applicants were engaged through solicitations focused on encouraging community-based groups to apply. Outreach to spread the word regarding the challenge was carried out through various channels and through numerous networks. Outreach materials included posters in multiple languages. Officials supported applicants through information sessions and engagement. In addition, external experts in behavioural insights supported funding recipients in integrating these principles into their projects. A Behavioural Insights Reference Guide was included in the application package to support applicants and a webinar was made available to all funding recipients. Finally, those managing the top 20 projects were offered one-on-one coaching with external experts to discuss the integration of behavioural insights into the development and implementation of projects.

Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	1,734,100	1,453,743	1,453,743
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	1,734,100	1,453,743	1,453,743
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received in the fiscal year to support the development of a new program for the promotion of vaccine confidence and adherence to COVID-19 public health measures.					

## Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)

**Start Date:** April 2021

**End Date:** March 2023

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021-22

### Link to 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

### Link to the department's Program Inventory:

- Communicable Disease and Infection Control
- Vaccination

### Purpose and objectives of transfer payment program

Vaccine safety surveillance is an essential component of an effective immunization program spanning all phases of the vaccine product life cycle from development to market authorization, administration and post-marketing surveillance. PHAC and Health Canada coordinate post-marketing vaccine safety surveillance nationally, while provinces and territories coordinate surveillance of adverse events following immunization (AEFIs) occurring within their jurisdiction in collaboration with local partners.

This enhanced post-market safety surveillance project aims to bolster Canadian scientific and testing capacity for Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT), following the launch of the COVID-19 vaccination campaign. VITT is a rare, but potentially serious AEFI that has been observed following immunization with viral vector COVID-19 vaccines.

The objectives of this program are to provide confirmatory testing for VITT; and report results in aggregate to PHAC and provincial and territorial partners.

### Results achieved

Rapid laboratory confirmation of suspected VITT cases contributed to increasing vaccine safety in Canada and increasing the public's confidence in Canada's vaccine safety system, combating vaccine hesitancy and ensuring continued progress in rolling out the COVID-19 vaccination campaign across the country.

In providing funding to support McMaster University's Platelet Immunology Laboratory to increase capacity for the rapid diagnosis of suspected VITT cases, this project helped increase vaccine safety in Canada. It also contributed to bolstering the public's confidence in Canada's vaccine safety system, combatting vaccine hesitancy and ensuring continued progress in rolling out the COVID-19 vaccination campaign across the country.



In 2021-22, PHACs investment in McMaster University's Platelet Immunology Laboratory:

- Met the increased demand for testing (through expanded testing capacity);
- Provided provinces and territories with access to the confirmatory test for VITT which enhanced the existing vaccine safety surveillance and enabled the rapid diagnosis of suspected VITT cases across Canada;
- Ensured the rapid results and expert advice were provided to physicians and allied health teams related to diagnostic testing and their interpretation; and
- Regularly reported results of testing from the reference laboratory in aggregate to PHAC and provincial and territorial partners.

#### Findings of audits completed in 2021-22

Completed: No audit was completed in 2021-22.

Planned: Not applicable.

#### Findings of evaluations completed in 2021-22

Completed: No evaluation was completed in 2021-22.

Planned: The timing and need for an evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

#### Engagement of applicants and recipients in 2021-22

Not Applicable

#### Financial information (dollars)

Type of transfer payment	2019–20 Actual spending	2020–21 Actual spending	2021–22 Planned spending	2021–22 Total authorities available for use	2021–22 Actual spending (authorities used)	Variance (2021–22 actual minus 2021–22 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	0	0	1,490,068	1,489,584	1,489,584
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	0	0	1,490,068	1,489,584	1,489,584
<b>Explanation of variances</b>	Actual spending was higher than planned due to additional funding received in the fiscal year to help the development of a new program to support rapid diagnosis of suspected Vaccine-Induced Immune Thrombotic Thrombocytopenia cases.					

## Gender-based Analysis Plus

### Section 1: Institutional GBA Plus Capacity

#### Governance structures

In 2021-22, PHAC continued to implement a Sex and Gender-based Analysis Plus<sup>9</sup> (SGBA Plus) Action Plan and advanced priority areas that were endorsed by PHAC's senior management:

- Increasing awareness and building capacity;
- Strengthening governance and accountability; and
- Integrating non-stigmatizing and inclusive language into the Agency's products.

PHAC continued to integrate SGBA Plus into decision-making related to programs and operations through routine discussion of SGBA Plus at senior management committee meetings and consideration of SGBA Plus and health equity in the development of Memoranda to Cabinet, Budget Proposals, and Treasury Board Submissions. In addition, PHAC continued to integrate SGBA Plus, health equity, diversity, and inclusion considerations into COVID-19 guidance documents and the pandemic response.

Accountability mechanisms included an internal SGBA Plus attestation process, which ensured the quality and accuracy of the SGBA Plus analyses carried out for Cabinet documents, with emphasis placed on integrating relevant health equity, diversity and inclusion considerations throughout policies and programs.

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

PHAC's SGBA Plus Responsibility Centre worked with its Health Portfolio counterparts to renew the [Health Portfolio Sex and Gender-Based Plus Policy](#)<sup>lxxxix</sup> (HP SGBA Plus) to advance the application of equity, diversity and inclusion considerations into all aspects of the Agency's work using an intersectional lens. The Agency also continued to implement the policy direction to [Modernize the Government of Canada's Sex and Gender Information Practices](#)<sup>lxxx</sup>, which aims to modernize how the Government of Canada handles information on sex and gender.

PHAC's internal SGBA Plus network of experts continued to support implementation of the SGBA Plus action plan, including the Health Portfolio SGBA Plus Policy and the implementation of the policy direction to Modernize the Government of Canada's Sex and Gender Information Practices across the organization.

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<sup>9</sup> The Health Portfolio has added 'sex' to Gender-based Analysis Plus to highlight the biological (sex-based) factors that need to be considered in the health context. Both terms refer to the same analysis.

## **Human resources:**

In 2021-22, approximately nine full-time equivalents (FTEs) were dedicated to SGBA Plus implementation in the Agency, including:

- Five FTEs within the Responsibility Centre dedicated to advancing SGBA Plus capacity and practice;
- Time dedicated from a combination of the SGBA Plus Champion and program area SGBA Plus representatives from across the Agency; and
- Efforts of about 80 members of the PHAC SGBA Plus Network, totalling approximately four FTEs.

## **Major initiatives undertaken in 2021-22 and/or progress made on ongoing initiatives:**

PHAC continued to advance on its SGBA Plus plans and priorities with a primary focus on strengthening capacity building and the integration of SGBA Plus into various elements of program delivery.

### **Capacity Building:**

Through the Agency's SGBA Plus Responsibility Centre, the Agency has implemented awareness efforts and capacity building activities to raise awareness and strengthen the integration of SGBA Plus in the Agency's work.

In 2021-22, PHAC increased equity, diversity and inclusion in governance and accountability through a renewed and revitalized Health Portfolio (HP) SGBA Plus Policy by embedding SGBA Plus in the performance objectives of all executives, and ensuring that SGBA plus considerations were part of corporate reporting. In 2022, the HP SGBA Plus Policy was renewed, and represented a transformational shift from the last update in 2015. The updated Policy emphasises equity, diversity and inclusion considerations along with the importance of engaging with diverse partners in all activities. It also sets out roles and responsibilities across organizations; in particular, the policy clarifies the roles and responsibilities of all employees at PHAC to implement SGBA Plus in their work. The guiding principles were revised, including new principles of accessibility, anti-racism, culturally relevant approaches, equity, inclusiveness, One Health and respect.

From April 1, 2021 to March 31, 2022, the team delivered 44 SGBA Plus presentations and training sessions to various audiences, reaching close to 1,000 employees, including regional offices, Communities of Practice, and various senior management committees. In addition to tailored SGBA Plus presentations and trainings, SGBA Plus tools and resources adapted to the public health context were developed for PHAC employees.

The Agency's SGBA Plus Champion continued to strengthen the culture of SGBA Plus across the organization through sessions with both employees and managers. In 2021-22, the PHAC SGBA Plus Network was renewed to strengthen the Agency's SGBA Plus capacity, knowledge and information sharing and engagement. The renewed network has 80 members with representation from every centre in the Agency. Network members act as representatives within their Centre and Branch to promote the application of SGBA Plus in PHAC programs, policies, and initiatives to advance health equity, diversity, and inclusion.

## Section 2: Gender and Diversity Impacts by Program

### Definitions

**Target Population** : See [Finance Canada definition of Target Group<sup>xxxxi</sup>](#) in the User Instructions for the GBA Plus Departmental Summary)

#### **Gender Scale:**

- First group: Predominantly men (e.g., 80% or more men)
- Second group: 60%– 79% men
- Third group: Broadly gender-balanced
- Fourth group: 60%– 79% women
- Fifth group: Predominantly women (e.g., 80% or more women)

#### **Income Level Scale:**

- First group: Strongly benefits low income individuals (Strongly progressive)
- Second group: Somewhat benefits low income individuals (Somewhat progressive)
- Third group: No significant distributional impacts
- Fourth group: Somewhat benefits high income individuals (Somewhat regressive)
- Fifth group: Strongly benefits high income individuals (Strongly regressive)

#### **Age Group Scale :**

- First group: Primarily benefits youth, children and/or future generations
- Second group: No significant inter-generational impacts or impacts generation between youth and seniors
- Third group: Primarily benefits seniors or the baby boom generation

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Health Promotion Program - [Community Action Program for Children \(CAPC\)](#)/[Canada Prenatal Nutrition Program \(CPNP\)](#)

**Target Population:** Children, families, general public, older adults, Indigenous peoples, low-income individuals and/or families and 2SLGBTQI+ communities

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>				X		<b>Women</b>
<b>By income level</b>	<b>Low</b>	X					<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>	X			<b>Senior</b>

### Other key program impacts on gender and diversity:<sup>10</sup>

In 2018, a survey was conducted to examine outcomes experienced by participants in CAPC, and results were disaggregated by sex (8495 respondents stated they were female, 831 stated they were male and 22 chose the “other” response category).<sup>11</sup> Results disaggregated by sex are as follows:

- 66% of female respondents and 68% of male respondents faced conditions of risk;
- 84% of female respondents and 81% of male respondents reported gaining knowledge and skills as a result of attending the program;
- 80% of female respondents and 70% of male respondents reported improved health behaviours as a result of attending the program;
- 84% of female respondents and 78% of male respondents reported experiencing improved protective factors as a result of the program; and
- 86% of female respondents and 83% of male respondents reported that their health and well-being improved as a result of attending the program.

Additional relevant program data includes:

- Based on data collected in 2019-2020, 84% of parent/caregiver participants in CAPC were female and 16% were male;
- Based on a survey collected in 2018, the socio-demographic profile of CAPC participants is as follows: 58% of participants live in low income households, 25% are lone parents, 18% are

<sup>10</sup> Note: the COVID-19 Pandemic impacted programming towards the end of the reporting period including project closures. Data presented is the most recent available.

<sup>11</sup> Results are not disaggregated by participants that chose the “other” response category due to small sample size.

recent immigrants, 17% are Indigenous, 13% have less than a high school education, and 1% are teenage parents;

- Based on data collected in 2019-20, 85% of participants in CPNP were prenatal or postnatal women, 9% were fathers/male caregivers and 6% were other caregivers (e.g., grandparents, child care providers);
- Based on a survey collected in 2018, the socio-demographic profile of CPNP participants is as follows: 74% of participants live in low income households, 28% are lone parents, 26% are recent immigrants, 24% are Indigenous, 21% have less than a high school education, and 7% are teenage parents.

**Supplementary Information Sources:**

[Evaluation of PHAC's CAPC and CPNP 2015-16 to 2019-2020.](#)

**SGBA Plus Data Collection Plan:**

The program plans to continue to collect CAPC and CPNP participant level data every five years. The next iteration of the survey will collect data on the demographic characteristics of the participants reached by the program and outcomes experienced. For CAPC, the program plans to disaggregate data related to the outcomes of the program by sex, income and ethnicity and for CPNP by income and ethnicity.

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Health Promotion Program - [Dementia Community Investment](#) (DCI)

**Target Population:** Children, people living with dementia, families, caregivers, general public, older adults, Indigenous People, low-income individuals and/or families, 2SLGBTQI+ communities

### SGBA Plus Data Collection Plan:

Projects funded through the DCI were asked to incorporate the consideration of sex and gender and other identity factors into their proposals and were encouraged to report on these considerations in their annual reporting to PHAC when applicable. Many projects have highlighted challenges in collecting and reporting on disaggregated data due to limited self-reporting. The DCI continues to work to improve disaggregated data at the project level by updating project reporting templates and instructions.

### Key Program impacts on Gender and diversity:

Statistics	Observed Results*	Data Source	Comment
% of community-based intervention projects that identify Indigenous communities as a specific target population	7/21 = 33%	Annual Reports	
% of community-based intervention projects that identify 2SLGBTQI+ as a specific target population	1/21 = 5%	Annual Reports	

\* Observed results reflect those projects that have explicitly identified these target populations and do not necessarily reflect all projects that have actually reached these target populations.

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Health Promotion Program - [Preventing Gender-Based Violence: The Health Perspective](#) and [Supporting the Health of Survivors of Family Violence](#)

**Target Population:** Children, families, survivors, general public, older adults, Indigenous Peoples, low-income individuals and families, and 2SLGBTQI+ communities

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			X			<b>Women</b>
<b>By income level</b>	<b>Low</b>		X				<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		X		<b>Senior</b>

### Key Program impacts on Gender and diversity:

#### Preventing Gender-based Violence: The Health Perspective Program (25 Intervention Research Projects)

**By Gender:** 92% engage women; 92% engage men; and 28% specifically engage gender diverse individuals\*

**By Income Level:** 8% use strategies to engage participants living in low income situations and 92% are universal programs\*

**By Age Group:** 92% engage children and youth and 12% engage adults\*

#### Supporting the Health of Survivors of Family Violence Program (seven Intervention Research Projects)

**By Gender:** 100% engage women, 86% engage men and none specifically engage gender diverse individuals\*

**By Income Level:** 29% use strategies to engage participants living in low income situations and 100% are universal programs\*

**By Age Group:** 71% engage children and youth and 43% engage adults\*



Statistics	Observed Results*	Data Source	Comment
% of intervention research projects + capacity projects that identify Indigenous communities in their priority populations	12/45 projects   27%*	Annual reports	
% of intervention research projects + capacity projects that identify 2SLGBTQI+ communities in their priority populations	6/45 projects   13%*	Annual reports	

\*NOTE: As funded projects were designed to determine the effectiveness of programs/interventions and not to support ongoing programming, the number of participants in each project varies. In some cases the sample size is too small to disaggregate by gender. For this reason, it was determined that more meaningful data was collected when projects depicted and disaggregated the information as they saw fit within their project’s context.

**Other Key Program impacts on gender and diversity:**

Based on extensive stakeholder engagement, available evidence, and SGBA Plus analysis of current investments, new targeted and directed solicitations are being developed to address priorities, gaps and opportunities, including 2SLGBTQI+ communities and elder abuse. Targeted solicitations have been successful in the past. For example, a targeted solicitation launched in 2018 resulted in the identification of five multi-year projects to increase capacity for practitioners and service providers to respond safely and effectively to the unique experiences of family and gender-based violence in 2SLGBTQI+ communities.

Calls for proposals managed through these two programs included a health equity lens as a key requirement. Applicants were asked to demonstrate understanding and consideration of the disproportionate effects of family and gender-based violence among population groups in Canada. Proposals were then evaluated on how considerations of sex and gender, ethnic/cultural backgrounds, migration histories, geographic locations, sexual orientation and socioeconomic status, would be taken into consideration in the intervention design/adaptation, implementation, and research/evaluation of the proposed project.

Two communities of practice were funded to connect and enhance family violence and teen/youth dating violence projects support the consideration of gender and diversity and other aspects of health equity. For example, the teen/youth dating violence community of practice has working groups designed to build capacity to more effectively engage youth, Indigenous communities, and 2SLGBTQI+ communities.



### **SGBA Plus Data Collection Plan:**

Disaggregation of project data was determined by each project. Most interventions engage a small number of participants, making disaggregation of findings inappropriate. In projects engaging vulnerable populations and implementing trauma-informed principles in all aspects of intervention design, delivery, and research, disaggregation of data was not deemed appropriate to protect confidentiality and ensure participants' safety and data quality. The Family and Gender Based Violence team continues to work with funded projects to enhance research capacity and support SGBA Plus where possible. The two communities of practice will also work to enhance research capacity, including data collection and analysis.

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Health Promotion Program - [Mental Health Promotion Innovation Fund](#) (MFI-IF)

**Target Population:** Children, families, general public, older adults, Indigenous peoples, low-income individuals and/or families and 2SLGBTQI+ communities

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low		X				High

		First group	Second group	Third group	
By age group	Youth	X			Senior

### Key Program impacts on Gender and diversity:

Statistics	Observed Results*	Data Source	Comment
% of intervention research projects reaching indigenous children, youth and families	50% (10/20)	Project Annual Reporting Tool (2021-22)	
% of intervention research projects reaching 2SLGBTQI+ children, youth and their families.	45% (9/20)	Project Annual Reporting Tool (2021-22)	
% of intervention research projects reaching children, youth and families who are visible minorities	50% (10/20)	Project Annual Reporting Tool (2021-22)	
% of intervention research projects reaching children, youth and families who are official language minorities	15% (3/20)	Project Annual Reporting Tool (2021-22)	

% of intervention research projects reaching children, youth and families who are newcomers (including refugees)	50% (10/20)	Project Annual Reporting Tool (2021-22)	
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\* 2021-22 or most recent

**Other Key Program impacts on gender and diversity:**

The MHP-IF projects were provided with specific resources to report on their work and approaches to advance health equity. This included the MHP-IF’s Health Equity Indicator Tool, which equips projects with the tools to identify which project components explicitly address health equity and possible gaps and strengthen organizational capacity to integrate, monitor and assess health equity impacts.

**SGBA Plus Data Collection Plan:**

The MHP-IF program applies equity analysis to core elements of program design and implementation. For example, the 2021 Invitation to Submit a Funding Request built specific equity and cultural safety considerations into the process in order to support priority audiences, including First Nations, Inuit and Métis, 2SLGBTQI+, and newcomers and refugees. The MHP-IF also requires that all funded projects make specific efforts to address systemic health inequalities. Funded projects must demonstrate consideration for health inequalities at the population level and aim to improve health equity at various stages of the project; including design, adaptation, implementation, scaling, and evaluation. In addition, projects complete annual reporting which includes the collection of basic information for the distribution of benefits of funded interventions by age group and by priority group, where appropriate (e.g., First Nations, Métis and Inuit, Newcomers, 2SLGBTQI+, Official language minorities and visible minorities).

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Health Promotion Program - [Pan-Canadian Suicide Prevention Service](#)

**Target Population:** Children, families, survivors, general public, older adults, Indigenous Peoples, low-income individuals and/or families, 2SLGBTQI+ communities.

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			X			<b>Women</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		X		<b>Senior</b>

### Key Program impacts on Gender and diversity:

Statistics	Observed Results*	Data Source	Comment
Total number of interactions	Total interactions: 88,888	Monthly and annual reports from the funding recipient	
Number of service interactions by modality	Voice: 74,663 Text <sup>12</sup> : 14,225	Monthly and annual reports from the funding recipient	Number of Voice interactions reflects English and French interactions. Number of Text interactions reflects interactions in English only <sup>13</sup>
Number of service interactions by Official Language	English: 87,808 French <sup>14</sup> : 1,080	Monthly and annual reports from the funding recipient	Number of interactions in English include voice and text interactions Number of interactions in French include voice interactions only

\* 2021-22 or most recent

### Other Key Program impacts on gender and diversity:

The pan-Canadian suicide prevention service experienced an increase in demand for the service at the start of the COVID-19 pandemic, and this demand continued through 2021-22. Additional funding provided by PHAC in July 2021 assisted in responding to the increased number of interactions and reduced wait times.

<sup>12</sup> Text service is available in English only, from 4 p.m. to midnight Eastern Time.

<sup>13</sup> Text service in French became available in June 2022 and will be displayed in future reports.

<sup>14</sup> Callers with a Québec-based area code are automatically routed to Québec's provincial suicide prevention service and are not included in this data.



**SGBA Plus Data Collection Plan:**

Future reporting will include disaggregation by region, gender, age range, and by modality (voice, text and chat).

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Chronic Disease Prevention

**Target Population:** All Canadians and populations that face health inequalities and are at greater risk of chronic disease.

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>				X		<b>Women</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		X		<b>Senior</b>

### Key Program impacts on Gender and diversity:

Statistics	Observed Results*	Data Source	Comment
Gender distribution of project participants	61% female; 37% male; 2% gender diverse	Annual and final project reports	Analyses conducted in 2021-22. Reflects participation in project activities implemented in 2020-2021. Gender distribution was available for 73% of funded projects
Age group distribution of project participants	59% children and youth; 34% adults; 7% older adults	Annual and final project reports	Analyses conducted in 2021-22. Reflects participation in project activities implemented in 2020-2021. Age group distribution was available for 73% of funded projects. Percentage for children and youth may be inflated because interventions targeting this age group reflected mostly school-based approaches
Province and territory distribution of project participants	Alberta 5%, British Columbia 22%, Manitoba 3%, New Brunswick 9%, Newfoundland and Labrador 3%, Northwest Territories and Nunavut 1%, Nova Scotia 3%, Ontario 41%, Prince Edward Island 0% Québec 13%, Saskatchewan <1%, Yukon 0%	Annual and final project reports	Analyses conducted in 2021-22. Reflects participation in project activities implemented in 2020-2021. Provincial and territorial distribution was available for only 22% of funded projects

Rural and urban areas distribution of project participants	20% rural areas and 80% urban areas	Annual and final project reports	-Analyses conducted in 2021-22. -Reflects participation in project activities implemented in 2020-2021. -Rural and urban area distribution was available for only 22% of funded projects.
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\* 2021-22 or most recent

**Other Key Program impacts on gender and diversity:**

The results observed in the table above are indicative of an over representation of female participants as well as children and youth. Given the limited data availability regarding geographical location, it is too early to draw conclusions; however, as more projects report by postal code, the program will be able to identify trends as to participation and impacts based on geography, and urban/rural areas.

Given that only a small number of projects reported disaggregated outcomes for knowledge, skills, social environments, health behaviours and health status, data is not presented in this report.

**SGBA Plus Data Collection Plan:**

Collecting additional equity factors such as employment status, education level, income/income range, immigration status, and sexual orientation is optional for [Healthy Canadians and Communities Fund \(HCCF\)](#) projects. However, administrators of projects are encouraged to collect this information if appropriate and relevant to support a more comprehensive analysis and understanding of health and social inequities affecting project participants.

The HCCF completed an analysis of priority populations using the Health Inequalities Data Tool. Over winter 2022, a contract was established to validate the priority populations for the HCCF through a literature review and focus group with key stakeholders. Additional stakeholder consultations were undertaken, such as with FPT tables and an Expert Review Committee, to confirm priority populations and sub-populations for the program in future. Additional adjustments were made to program materials in 2021-22 to reflect priority populations and ensure organizations apply SGBA Plus in the development of their applications and delivery of projects. Impacts of the SGBA Plus analysis included greater understanding of priority populations and intersectionality as it relates to chronic disease.

Funded organizations are requested to provide the number of individuals reached by gender (female, male, or another gender), age groups (children and youth, adults, older adults) and geographical location (the first three digits of postal codes). They are also encouraged to disaggregate any outcome related to knowledge, skills, social environments, health behaviours, and health status according to gender and age groups. Disaggregated outcomes are reported upon availability of data and on a voluntary basis as this was not a program requirement when most funded organizations started their projects. As of 2021-22, funded organizations must report this information in a more systematic manner and this reporting requirement is now embedded in contribution agreements.



## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Evidence for Health Promotion, and Chronic Disease and Injury Prevention Program - Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations

**Target Population:** Indigenous populations across Canada

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low			X			High

		First group	Second group	Third group	
By age group	Youth		X		Senior

### SGBA Plus Data Collection Plan:

As part of the solicitation process, initiatives funded through this program were required to integrate SGBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the three projects established its own activities, each of them will report on different SGBA Plus indicators. Some examples of information being captured for analysis as part of this program include sex, age, urban vs. rural status, level of education, employment status, food security, access to clean water, access to health and social services and general health status including diagnosed mental health conditions.

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Evidence for Health Promotion, and Chronic Disease and Injury Prevention Program - Public Health Surveillance and Data funding

**Target Population:** Canadians with Dementia; Dementia Caregivers

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			X			<b>Women</b>
<b>By income level</b>	<b>Low</b>			X			<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>			X	<b>Senior</b>

### SGBA Plus Data Collection Plan:

As part of the solicitation process, initiatives funded through this program were required to integrate SGBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. As each of the four projects involves different activities, each will report on different SGBA Plus indicators. Examples of information captured for analysis as part of this program include sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions, access to social supports, primary language spoken, and ethnicity and religion.

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Evidence for Health Promotion, and Chronic Disease and Injury Prevention Program – Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease

**Target Population:** Key populations (2SLGBTQI+; homeless; ethnic minorities; older adults (i.e., 65 and over); rural and remote populations; low socio-economic populations; other populations where data are limited)

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			X			<b>Women</b>
<b>By income level</b>	<b>Low</b>			X			<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		X		<b>Senior</b>

### SGBA Plus Data Collection Plan:

As part of the solicitation process, initiatives funded through this program were required to integrate SGBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the 12 projects established its own activities, each of them will report on different SGBA Plus indicators. Some examples of information being captured for analysis in this program include sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions, visible minority and immigration status.

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program Name:** Evidence for Health Promotion, and Chronic Disease and Injury Prevention Program - Métis Nation Health Data

**Target Population:** Métis Nations

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			X			<b>Women</b>
<b>By income level</b>	<b>Low</b>			X			<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		X		<b>Senior</b>

### Key Program impacts on Gender and diversity:

Not Available

### SGBA Plus Data Collection Plan:

The six projects funded under this program are required to report annually on a common set of indicators that were co-developed and agreed to by the Métis Nation during the submission process. Although none of these indicators specifically include SGBA Plus information, there is a range of data being captured by the recipients in either surveys or surveillance systems. Given that recipients are at different stages with their data capture and analysis activities, each Métis Nation established its own activities aimed at increasing its capacity to gather and analyze relevant data to better understand the health status of its citizens. In conducting their surveillance activities, types of information being captured for analysis in this program include sex, age, urban vs. rural status, level of education, employment status, food security, access to health services, general health status, Indigenous identities, cultural practices and historical events impacting individuals.

## Core Responsibility: Infectious Disease Prevention and Control

**Program Name:** Laboratory Leadership and Services

**Target Population:** Scientific researchers, health care professionals, provincial and territorial governments

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low			X			High

		First group	Second group	Third group	
By age group	Youth		X		Senior

### Other Key Program impacts on gender and diversity:

In general, laboratory services involved testing samples from clients who were not required to submit patient information and/or gender metrics for privacy reasons. Where possible, research and testing activities considered SGBA Plus implications on a project-by-project basis. Some positive impacts were achieved in 2021-22 in terms of providing equitable access to laboratory testing in remote regions during the COVID-19 response. For example, since the onset of the pandemic, National Microbiology Laboratory Branch (NMLB) endeavoured to increase access to COVID-19 diagnostic testing for areas of greatest need such as northern, remote, and isolated communities. Historically, remote communities have experienced obstacles and challenges with equitable access to health care services. Unfortunately, they often waited weeks for test results, leading to delays in diagnosis and treatment. This led to difficulties in contact tracing and corresponding public health actions to stop transmission. NMLB assisted with the provision of 2.4 million COVID-19 tests, 708 testing devices/instruments for COVID-19, and training and support for COVID-19 testing to 400 northern, remote, and isolated communities.

### Other SGBA Plus Data Collection Plan:

In general, laboratory services involve testing samples from clients who are not required to submit patient information and/or gender metrics for privacy reasons. The NMLB will continue to work closely with provincial and territorial partners to provide diagnostic tools and guidance relevant for all Canadians and will facilitate discussions on equitable access to diagnostic approaches. Where possible, research activities consider SGBA Plus implications on a project-by-project basis. Going forward, NMLB will establish a SGBA Plus Branch Strategy that will increase awareness of the renewed Health Portfolio SGBA Plus Policy and equip Branch programs to advance health equity, diversity, and inclusion in Branch activities. The SGBA Plus Branch strategy will seek to increase employees' SGBA Plus capacity through the uptake of SGBA Plus training and use of SGBA Plus tools and resources tailored to the public health context. NMLB will implement tools to track research activities that undertake SGBA Plus analysis.

## Core Responsibility: Infectious Disease Prevention and Control

**Program Name:** Communicable Diseases and Infection Control

**Target Population:** Health care professionals, general public, provincial and territorial governments, and non-governmental organizations

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low			X			High

		First group	Second group	Third group	
By age group	Youth		X		Senior

### Other Key Program impacts on gender and diversity:

The 2017-2022 funding period for the Community Action Fund (CAF) and the Harm Reduction Fund (HRF) have been completed, and CCDIC is compiling final reports submitted by funded organizations. Once the data is cleaned, assembled, and validated in the coming months, gender and diversity analysis will be undertaken with particular focus on results that describe the impacts of the funded projects on targeted populations.

In 2021-22, CCDIC completed the solicitation for the new 2022-2027 CAF and HRF funding cycle. Project selection was achieved following a thorough review process guided by the considerations of a select committee. Members of the review committee included individuals from key populations, people living with HIV, researchers and front-line workers, who were selected to ensure representation and balance on the basis of region, gender, age, population, expertise and experience. By doing so, CCDIC ensured that projects funded under CAF and HRF considered intersecting identities<sup>15</sup> for their target population(s), as well as the impact of COVID-19 on the health inequities experienced, allowing for more tailored approaches and greater impact.

Findings from the four national surveys conducted by CCDIC between November 2020 and January 2022 provided a better understanding of the impact of the COVID-19 pandemic on access to and delivery of STBBI prevention, testing, treatment, and harm reduction services. The first survey targeted community-based organizations and local public health units providing STBBI-related services in Canada and examined the impact of COVID-19 on their ability to provide STBBI-related services. Findings can be found in the [National Survey Report](#)<sup>lxxxii</sup> published on Canada.ca. This was followed by three surveys of priority populations who are at higher risk for STBBI and COVID-19, specifically African, Caribbean and

<sup>15</sup> An individual's identity consists of multiple, intersecting factors such as race, ethnicity, age, socioeconomic status, immigration status, and sexual orientation.

Black people, Indigenous peoples, and people who use drugs and/or alcohol who are living in Canada. Preliminary findings from these surveys<sup>16</sup> were published on PHAC's Public Health Infobase; full reports, and associated infographics will be published on Canada.ca in the coming months.

By exploring the impacts of the public health measures in place to mitigate COVID-19 transmission on priority populations, we are better equipped to inform policy and programs, provide public health guidance and improve knowledge mobilization.

The objective of the [Blood Safety Contribution Program \(BSCP\)](#) is to support provincial and territorial transfusion and/or transplantation adverse event surveillance activities on which recipients have to report as part of the Contribution Agreement. Based on the nature of the program, data on the impacts of BSCP on gender and diversity are not collected.

### **Supplementary Information Sources:**

[Survey on the impact of COVID-19 on the delivery of STBBI prevention, testing and treatment including harm reduction services in Canada](#)<sup>lxxxiii</sup>

[COVID-19 impact on access to STBBI-related health services for African, Caribbean and Black \(ACB\) people in Canada](#)<sup>lxxxiv</sup>

[How has COVID-19 impacted access to STBBI-related health services, including harm reduction services, for people who use drugs or alcohol in Canada?](#)<sup>lxxxv</sup>

### **SGBA Plus Data Collection Plan:**

A continuous improvement approach is applied in the areas of surveillance and data collection. To better reflect the impacts of its programs on gender and diversity, the CCDIC is in the process of developing an SGBA Plus Data Collection Plan to facilitate and streamline collection of data. Additionally, plans are in place to update collection and reporting on SGBA Plus and social determinants of health data during the 2022-23 PIP Amendment process. The related identity factors include gender, sex, age groups, race, ethnicity, income, geography, employment, and level of education.

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<sup>16</sup> The survey among First Nations, Inuit and Metis peoples was completed in early 2022. Data are in the process of being validated and analyzed. Findings will be shared at a later date (TBD).

## Core Responsibility: Infectious Disease Prevention and Control

**Program Name:** Communicable Disease and Infection Control - Safe Voluntary Isolations Sites Program (SVISP)

**Target Population:** Individuals who are unable to safely isolate in their normal place of residence.

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low	X					High
By Household Occupancy (avg.)	1 person			X			More than 5 persons

		First group	Second group	Third group	
By age group	Youth		X		Senior

### Key Program impacts on Gender and diversity:

Statistics	Observed Results*	Data Source	Comment
Annual income (below \$50,000)	84%	SVISP Monthly Site User Survey	
Age (40 and under)	66%	SVISP Monthly Site User Survey	
Household occupancy (3 or more people)	63%	SVISP Monthly Site User Survey	
Self-identified as Indigenous (status, non-status, treaty or non-treaty), Inuit, Métis, or having Indigenous ancestry	30%	SVISP Monthly Site User Survey	

\*Percentage of site users at the program's isolation sites from September 2020 to July 2022.

### SGBA Plus Data Collection Plan:

SVISP site operators collect site user demographics including gender, age, income, household size and ethnicity. They submit their disaggregated data to the program on a monthly basis via an electronic survey. As the program is in its final year of operation, and planning to sunset on March 31, 2023, no further amendments to the scope of data collected are planned.



## Core Responsibility: Infectious Disease Prevention and Control

**Program Name:** Vaccination - Immunization Partnership Fund (IPF)

**Target Population:** All Canadians, with specific focus on Indigenous peoples; ethnic, linguistic, cultural, or religious minorities; children and youth; newcomers; and individuals of particular socio-economic status, particularly underprivileged communities.

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low		X				High

		First group	Second group	Third group	
By age group	Youth	X			Senior

### Key Program impacts on Gender and diversity:

The IPF aimed to protect the health of all Canadians from vaccine-preventable diseases, through innovative local, regional, and national community-focused projects. This initiative aligned with Canada's [Gender Results Framework for Poverty Reduction, Health and Well-Being](#) by aiming to increase access and demand for all vaccines including seasonal influenza. The IPF was a gender-balanced initiative that aimed to provide direct benefits to Canadians disproportionately impacted by the COVID-19 pandemic, and who face inequitable burdens to maintaining routine immunizations. Children and youth, ethnocultural minority and racialized communities, healthcare providers and marginalized Canadians all received support through equity-based initiatives that were considerate of cultural needs.

Vaccine hesitancy remains a complex problem. Exposure to misinformation and mistrust in government and healthcare systems are top predictors for hesitancy. The IPF supported community leaders in becoming vaccine advocates, and facilitated efforts among partners to promote immunization programming that meets diverse community needs. Preliminary analysis from April-December 2021 progress reports demonstrated that IPF recipients were able to apply several successful approaches that to increase programmatic reach and impact. These included use of community ambassadors and leveraging local expertise and leadership; increasing vaccine accessibility and "meeting people where they're at"; outreach through mobile and pop-up clinics; maximizing partnerships; using social media and gamification techniques; and remaining adaptable. All thematic information has been recorded and shared throughout PHAC, informing IPF program planning.

Annual performance reports completed by funding recipients and delivered to PHAC provided the richest data on reach and impact to inform and improve SGBA Plus analyses. The analysis of these reports is ongoing, and will be complete by the end of summer 2022.

Key indicators from this report include (but are not limited to):

- Quantitative: number of individuals vaccinated. Disaggregated (where possible) by sociodemographic indicators such as sex, gender, ethnicity, citizenship status, age, etc.
- Quantitative: number of people in Canada accessing COVID-19 information, tools and resources on vaccination. Disaggregated (where possible) by sociodemographic indicators such as sex, gender, ethnicity, citizenship status, age, etc.
- Qualitative: How the project is advancing health equity and reducing barriers
- Qualitative: How the project is improving cultural safety surrounding COVID-19 vaccinations

#### **SGBA Plus Data Collection Plan:**

Throughout the 2021-22 fiscal year, the IPF leveraged multiple points for administrative data collection to monitor program impact and complete program SGBA Plus analyses. Data collection points include progress reporting for two intervals (from April-September 31, 2021 or from project start to December 31, 2021 (project start date: dependent); and from January-March 31, 2022), as well as annual performance reporting (April 2021-March 2022). The mid-year progress report solicits updates to project activities, as well as a summary of successes to date. Recipients are encouraged to break down findings when possible by socio-demographics.

The annual year-end performance reports completed by funding recipients provide the richest data on reach and impact to inform and improve SGBA Plus analyses. The analysis of these reports was completed by the end of summer 2022.

Beyond progress reporting, all projects in which full proposals were submitted to the IPF in the 2021-22 fiscal year were required to demonstrate how it intends to improve health equity. Health equity and understanding of cultural safety principles were also assessment criteria for selection from the 2021 Open Solicitation letter of intent process.

## Core Responsibility: Infectious Disease Prevention and Control

**Program Name:** Foodborne and Zoonotic Disease

**Target Population:** Health care professionals, general public, provincial and territorial governments

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low			X			High

		First group	Second group	Third group	
By age group	Youth		X		Senior

### Key Program impacts on Gender and diversity:

Since launching in 2017, the [Infectious Disease and Climate Change Fund](#) (IDCCF) has invested in 33 projects that support surveillance and monitoring, health professional education and public awareness activities related to climate-driven infectious diseases in Canada.

In 2021-22, a number of funded projects continued to advance activities that align with SGBA Plus considerations. For example:

- Expanding an awareness campaign of tick-borne diseases among youth/Scouts across Canada;
- Continuing to raise awareness of the impacts of climate change and health among youth across Canada through a [poster contest](#) open to all grade six students;
- Exploring potential risks that invasive mosquitoes pose to the community and within underserved populations, such as migrant workers; and
- Launching multiple Indigenous-led projects to build capacity and establish surveillance and monitoring strategies, and to develop culturally relevant education, training and awareness materials related to ticks, Lyme disease or food-borne illness.

Statistics	Observed Results	Data Source	Comment
% distribution of project participants by province and territory	National 27% Alberta 0%, British Columbia 6%, Manitoba 6%, New Brunswick 9%, Newfoundland and Labrador 6%, Northwest Territories and Nunavut 0%, Nova Scotia 3%, Ontario 21%, Prince Edward Island 0%	Program tracking of funding recipients	Distribution % for Provinces and Territories was available for the 33 funded projects of the Infectious Disease and Climate Change Fund  Projects that are national in scope engage/target participants from all provinces and territories

	Québec 12%, Saskatchewan 9%, Yukon 0%.		
% of projects reaching women, children and youth	18% (6/33 projects)	Program tracking of funding recipients as well as project annual and final reports	Represents projects that directly engage/target women, children and youth such as Scouts Canada, Society of Obstetricians and Gynaecologists of Canada, the Canadian Public Health Association's poster contest for grade six students or engaging youth in citizen science activities.
% of projects reaching indigenous children, youth and families	a) 24% (8/33 projects)	a) Program tracking of funding recipients as well as project annual and final reports  b) Lyme disease and tick bite prevention messaging	a) Majority of projects are indigenous-led targeting indigenous people and communities  b) Five national awareness-building materials (wallet card, poster, pamphlet, post card, and pet poster) on Lyme disease and tick bite prevention are now available in three Indigenous languages: Mi'kmaq, Mohawk, and Ojibwe  The languages were chosen by cross-referencing Lyme disease risk areas against Indigenous dialects most commonly spoken in those areas according to Statistics Canada census data. This was done in collaboration with Indigenous Services Canada to determine the selected dialects based on their experience producing awareness resources for Indigenous communities
% of projects reaching children, youth and families who are official language minorities		Lyme disease and tick bite prevention messaging	Expanded reach by offering five awareness resources in seven non-official languages, ensuring that the public has access to PHAC's Lyme disease and tick bite prevention messaging in their chosen language. In addition to English and French, PHAC Lyme disease awareness resources can now be downloaded in Arabic, Cantonese, Mandarin, Spanish, Italian, Punjabi, and Tagalog to improve the

			accessibility of tick-bite prevention information for the public
% of projects reaching children, youth and families who are newcomers (including migrant workers and/or refugees)	6% (2/33 projects)	Program tracking of funding recipients as well as project annual and final reports	Projects include the investigation of potential risks of infectious diseases to underserved populations, such as migrant workers
% of projects with indirect impacts to women, children, youth, indigenous people, etc.	58% (19/33 projects)	Program tracking of funding recipients as well as project annual and final reports	The majority of projects are funded to investigate, explore, raise awareness and build capacity and training among health professionals and providers, which will indirectly impact vulnerable populations such as women, children, youth, indigenous people and communities, etc.

**SGBA Plus Data Collection Plan:**

The Infectious Disease and Climate Change (IDCC) Program and Fund within the Centre for Food-borne, Environmental and Zoonotic Infectious Diseases (CFEZID) incorporates SGBA Plus considerations into program implementation, rollout and design.

In 2021-22, the IDCC Program integrated SGBA Plus considerations into new solicitation documents such as the funding application form as well as the application guide. The application guide provides an overview of SGBA Plus requirements and outlines the expectation that considerations must be given to gender as well as other identity factors such as age, education, language, geographic area, culture and income. Applicants are expected to incorporate these considerations into their funding requests. To ensure organizations factor in these considerations, a new question was created on the application form where applicants are required to demonstrate consideration for SGBA Plus when describing the target audience of their project. Applicants must include a rationale as to why this target audience is chosen, the specific impacts to this group and also must explain how they have considered populations in situations of vulnerability and SGBA Plus considerations. When evaluated by review panel members, this question is given a score out of 10 (the higher the score, the more the applicant demonstrated consideration for these factors).

As a next step, the IDCC Program will work towards fully integrating SGBA Plus metrics into project reporting tools/templates. This information is currently not collected for current funded projects. As such, the program will begin to phase in SGBA Plus metrics into current reporting tools for 2022-23 and target full integration as new projects are set to begin in spring 2023.

## Core Responsibility: Health Security

**Program Name:** Emergency Preparedness and Response

**Target Population:** All Canadians, public health and emergency management professionals working at PHAC and territories.

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low			X			High

		First group	Second group	Third group	
By age group	Youth		X		Senior

### Other Key Program impacts on gender and diversity:

The Emergency Preparedness and Response Program aimed to have a broad impact on all sections of the population as events and emergencies such as COVID-19 impacted all Canadians. The program included key SGBA Plus considerations where possible. For example, the [National Emergency Strategic Stockpile](#) (NESS) acquired products in various sizes or considered alternatives for certain populations (e.g., pregnant people, people with underlying health conditions) that may have contraindications to certain medical countermeasures (e.g., vaccines and therapeutics).

Similarly, the Training and Development Unit within PHAC's Emergency Management Branch developed and delivered training to public health professionals at the Agency, built understanding and offered opportunities to apply principles of SGBA Plus to surveillance and outbreak related data questions. This was especially important for federal public health employees that were deployed to the front lines to respond to emergencies, as this reinforced the need to keep gender, sex, ethnicity and varied human demographic needs in front as they assessed impact and took measures to address urgent public health issues.

Additionally, the program incorporated SGBA Plus principles into modern Public Health Emergency Management training for Agency professionals. This included flagging considerations regarding intersectional social determinants of health that may result in some populations having more or less capacity to prepare for emergencies and respond to them in their communities.

Finally, the program examined ways to incorporate SGBA Plus considerations into emergency protocols and plans, so that equity considerations are taken into account early in an emergency response situation. This strengthened the program's equity based approach for future responses and will assist in actions targeted towards diverse populations.

**SGBA Plus Data Collection Plan:**

The Program incorporates SGBA Plus in its personal protective equipment (PPE) procurement, emergency response planning and training activities. Collection of disaggregated SGBA Plus data on impacts is limited due to the nature and scope of its work. The Program indirectly impacts the Canadian population through mechanisms such as emergency preparedness training for PHAC employees and development of emergency plans and protocols. Additionally, NESS does not actively deploy resources, but rather supports the population at the request of other jurisdictions, such as provinces and territories, and therefore does not provide a direct service allowing for SGBA Plus data collection. However, given that health equity is a priority in emergency preparedness and response, it is being integrated and monitored in secondary ways. The program collaborates with the SGBA Plus focal point to identify areas for strengthened SGBA Plus application, including in the areas of emergency planning, training, response, and procurement. The program will collect data on the number of emergency response situations that have included equity considerations and the number of emergency plans and protocols that have integrated equity considerations. It also includes equity, diversity, and inclusion in its training and procurement activities and reports on SGBA Plus impacts in those areas.

## Core Responsibility: Health Security

**Program Name:** Biosecurity Program

**Target Population:** Science and technology industry, health care and/or social assistance sectors, colleges and universities.

**Distribution of Benefits:** N/A

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low			X			High

		First group	Second group	Third group	
By age group	Youth		X		Senior

### Key Program impacts on Gender and diversity:

The Biosecurity Program upheld Canada's standards for the safe and secure use of pathogens and toxins by administering and enforcing the *Human Pathogens and Toxins Act* (HPTA) and the Human Pathogens and Toxins Regulations (HPTR), as well as certain provisions of the *Health of Animals Act* (HAA) and Health of Animals Regulations (HAR). To achieve this, the Biosecurity Program regulated parties working with pathogens and toxins, and monitors biosecurity risks. The impacts of the program were measured on a broad scale to protect all Canadians and aimed to ensure maximum reach. The Biosecurity program, therefore, did not collect/analyze SGBA Plus information, given the unique nature of the work and focus on keeping all Canadians safe from risks posed by human and terrestrial animal pathogens and toxins. Despite this broader lens, there were specific situations where the program employed gender-based analysis. For instance, when developing Pathogen Risk Assessments and Pathogen Safety Data Sheets, specific health risks were identified with respect to certain sub-populations. This enabled parties working with pathogens and toxins in laboratory environments to perform their duties safely and promoted awareness of particular health risks.

### Other Key Program impacts on gender and diversity:

Not Applicable

### Supplementary Information Sources:

Not Applicable

### SGBA Plus Data Collection Plan:

The Biosecurity Program does not collect/analyze SGBA Plus information, given the unique nature of the work and focus on keeping all Canadians safe from risks posed by human and terrestrial animal pathogens and toxins. As mentioned above, the Biosecurity Program regulates parties, such as researchers, laboratories, and organizations working with pathogens and toxins, and monitors biosecurity risks. It does this in order to prevent the unintentional or deliberate release of these agents into the community at large, thereby protecting all Canadians. The regulatory nature of the work does not lend itself to the collection of any SGBA Plus data.



## Core Responsibility: Health Security

**Program Name:** Border and Travel

**Target Population:** All Canadians and travellers to Canada

### Distribution of Benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			X			Women
By income level	Low			X			High


		First group	Second group	Third group	
By age group	Youth		X		Senior

### Other Key Program impacts on gender and diversity:

Emergency orders issued under section 58 of the *Quarantine Act* are not subject to the Cabinet Directive on Regulation and the requirements for SGBA Plus analysis; nonetheless, SGBA Plus considerations inform the development and implementation of COVID-19 border measures. The Agency also provides specialized training on gender and diversity considerations to frontline staff at the border and at designated quarantine facilities, including training on bias (launched in September 2021), security awareness, and de-escalation.

Key disparate impacts for which focused border measure exemptions that have been legally enabled at various points during the existence of COVID-19 border measures included disparate impacts due to age, ability/dependency and geographical location, as well as due to social, cultural or economic status.

- **Sex and Gender** – For example, security vulnerability in Designated Quarantine Facilities (DQF) was mitigated by controlled and monitored entry/exit, enhanced security in hallways and public areas, as well as private secured spaces with landline telephones for accommodated travellers; and nursing assessments in DQF include consideration of sex and gender determinants of health.
- **Age** – For example, an exemption for travellers less than five years of age from border testing; and an exemption for unaccompanied minors from the former requirement to stay in Government-Authorized Accommodation (GAA) pending receipt of a negative on-arrival test.
- **Ability/Dependency** – For example, an exemption from the former requirement to stay in GAA pending receipt of a negative on-arrival test for dependent adults; exemptions from prohibition of entry and for limited release from quarantine for travellers who must provide support/care to another person; and exemptions from the requirement to use the ArriveCAN mobile application due to cognitive or physical impairments.
- **Geographical Location** – For example, exemptions for persons in certain remote locations from the prohibitions of entry or quarantine who need to cross the Canada-United States land border to access essential services/necessities of life or to fulfill child custody obligations.
- **Social, Cultural or Economic Status** – For example, self-administered testing instructions were available in multiple languages (written and video); alternative border testing protocols for seasonal agricultural temporary foreign workers; and, to the extent possible, tailored



accommodations for families/caregivers who were subject to the former requirement to stay in GAA or DQF.

**SGBA Plus Data Collection Plan:**

Data collected from travellers by the ArriveCAN app (led by the Canada Border Services Agency) was disaggregated by date of birth (age), country issuing the travel document, Indian Status, and – for foreign nationals, whether the reason for travel is for work, employment, study, compassionate entry, family reunification or essential reasons. Data on immigration status, age and gender was collected at federal DQFs to the extent possible.

During 2021-22:

- The median age of DQF occupants was 35; and
- 49.5% of DQF occupants identified as male, 38.2% identified as female, 0.2% identified as another gender, and 12.1% were not identified by gender.

The potential for further disaggregated data collection is being explored within the context of the ongoing emergency response to the COVID-19 pandemic and the development and evolution of supporting data systems,

## Highlights of SGBA Plus Results Reporting Capacity by Program

### Health Promotion

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

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

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

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

### Chronic Disease Prevention

#### Healthy Canadians and Communities Fund

Recipients integrated SGBA Plus throughout the planning, design, implementation, monitoring, evaluation and reporting phases of their projects. As well, in parallel to the implementation of the Policy on Results (2016), a general enhancement of evaluation methods and practices was implemented in

2016, including more precise data collection and analysis related to health equity, health inequality, and SGBA Plus. This has allowed projects, to the extent possible, to adhere to the SGBA Plus and Gender Inclusive Services (GIS) Policy (Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices).

### **Mental Health of Black Canadians**

Health equity in project data collection and reporting contributed to building the evidence base about health inequities for Black Canadians. PHAC required Mental Health of Black Canadians (MHBC) projects to describe how health equity is considered in design, recruitment, and implementation and to include health equity-based reporting as part of project results. Projects measured and reported on the equity factors that made the most sense for the context of their project. In particular, PHAC strongly recommended that projects include age range, gender, and socio-economic status in data collection, analysis and reporting strategies, as evidence indicated that these factors have particular importance on health outcomes and participation in interventions. Where projects focused on populations that include gender diverse groups, data collection that allowed for analysis and reporting for transgendered or other gender identities was included, given the unique challenges faced by these groups. Other equity factors such as immigration status, ethnicity and sexual orientation were considered on a case-by-case basis.

### **Evidence for Health Promotion, and Chronic Disease and Injury Prevention**

As part of the solicitation process, initiatives funded through this program were required to integrate SGBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects were expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the 12 projects established its own activities, each of them reported on different SGBA Plus indicators. Some examples of information captured for analysis in this program included: sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions and visible minority and immigration status.

**Métis Nation Health Data:** The six projects funded under this program were required to report annually on a common set of indicators that were co-developed and agreed to by the Métis Nation during the Treasury Board Submission process. Although none of these indicators specifically included SGBA Plus information, there was a range of data captured by the recipients in either surveys or surveillance systems. Given that recipients were at different stages with their data collection and analysis activities, each Nation established its own activities aimed at increasing its capacity to gather and analyze Métis-relevant data to better understand the health status of its citizens. In conducting surveillance activities, the types of information being captured for analysis in this program included: sex, age, urban vs. rural status, level of education, employment status, food security, access to health services, general health status, Indigenous identities, cultural practices and historical events impacting individuals.

### **Laboratory Science Leadership and Services**

In 2021-22, NMLB continued to support increased access to COVID-19 diagnostic testing for Northern, Remote, and Isolated (NRI) communities, which are home to many First Nations, Métis, and Inuit Peoples.

Early on in the COVID-19 pandemic, access to COVID-19 testing in these communities was recognized as a critical gap. SGBA Plus analysis highlighted that the health needs of these communities were often underserved, which resulted in disproportional health impacts in the event of an outbreak, as well as extreme difficulty in controlling outbreaks and managing transmission.

Using a community-led and community-owned approach, scientists and experts at the NMLB supported NRI communities by providing point-of-care diagnostic testing devices, training and capacity building sessions, quality oversight, and ongoing logistical support for community outbreak response efforts.

In addition, by increasing local diagnostic capacity and reducing reliance on out-of-jurisdiction support, NRI communities were able to take ownership of their own health, supporting self-determination in a culturally appropriate way.

### **Communicable Disease and Infection Control (CCDIC)**

CCDIC continued contributing to strengthening intersectoral connections to reduce the burden of STBBIs on Canadians by working closely with key partners, including community-based organizations and health care providers. The Community Action Fund and Harm Reduction Fund transfer programs worked closely with key community stakeholders and project teams to ensure that disaggregated gender and diversity data were integrated into funded projects. To improve data collection, CCDIC collaborated with provincial/territorial public health authorities to modify some of the routinely collected surveillance data elements and add new elements to strengthen results.

### **Vaccination**

PHAC funded numerous projects through the Immunization Partnership Fund to promote COVID-19 vaccine acceptance and uptake in priority populations, and monitored and reported on the ability of those projects to reach these populations. All contribution agreement recipients were provided with a performance measurement guide, which was used to provide PHAC with reports on their respective projects, including annual and final reports.

### **Foodborne and Zoonotic Disease**

The Infectious Disease and Climate Change (IDCC) Program and Fund within the Centre for Food-borne, Environmental and Zoonotic Infectious Diseases Program incorporated SGBA Plus considerations into program implementation, rollout and design.

In 2021-22, the IDCC Program integrated SGBA Plus considerations into new solicitation documents such as the funding application form as well as the application guide. The application guide provided an overview of SGBA Plus requirements and outlined the expectation that considerations must be given to gender as well as other identity factors such as age, education, language, geographic area, culture and income. Applicants were expected to incorporate these considerations into their funding requests. To ensure organizations factored in these considerations, a new question was created on the application form where applicants were required to demonstrate consideration for SGBA Plus when describing the target audience of their project. Applicants were to include a rationale as to why the target audience was chosen, the specific impacts to this group, and explain how they have considered vulnerable populations and SGBA Plus considerations. When evaluated by review panel members, this question was given a score out of 10 (the higher the score, the more the applicant demonstrated consideration for these factors).

As a next step, the IDCC Program will work towards fully integrating SGBA Plus metrics into project reporting tools and templates. This information is currently not collected for funded projects. As such, the program will begin to phase in SGBA Plus metrics into reporting tools for 2022/23 and target full integration as new projects are set to begin in spring 2023.

### **Emergency Preparedness and Response**

When procuring medical supplies and equipment for use in the healthcare sector, SGBA Plus was considered. The NESS continued to consider SGBA Plus, as appropriate, in decisions about the type and mix of medical supplies that were required to support public health emergency management. For example, through the NESS, products were acquired in various sizes or alternatives considered if certain populations (e.g., pregnant people, people with underlying health conditions) had contraindications to certain medical countermeasures (e.g., vaccines and therapeutics).

As part of the Emergency Management Branch, the Training and Development Unit (TDU) developed and delivered training to build competencies in understanding and applying principles of SGBA Plus to common surveillance and outbreak related data questions. In this context, the relevance of collecting information on gender, sex, ethnicity and other human demographic differences was discussed and practical solutions explored in a public health context. In fiscal year 2022-23:


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

### **Biosecurity**

The Biosecurity Program's components were designed to prevent laboratory accidents or the deliberate release of pathogens or toxins into the environment and deter bioweapons development. Therefore, PHAC measured program impacts on a broad national scale and devised its implementation strategy accordingly. Although the program did not collect gender or demographic data, specific health risks for particular populations were considered in the development of technical documents, including Pathogen Risk Assessments and Pathogen Safety Data Sheets, to enable those stakeholders to perform their duties effectively in a laboratory setting. Further, the Biosecurity Program employed gender inclusive language in the development of biosafety and biosecurity resources, and ensured a non-binary gender specification option was made available when requesting demographic information from individuals. Additionally, in accordance with the [Cabinet Directive on Regulation](#), PHAC undertook an assessment of social and economic impacts of each regulatory proposal on diverse groups of Canadians, in line with the Government of Canada's commitment to implementing SGBA Plus.

### **Border and Travel Health**

Periodic collection of gendered data on users' experience with travel.gc.ca continued to inform on-going evolution and refinement of web content related to travel health including information on requirements for international travellers entering Canada and recommendations for outbound travellers. For example, under the Quarantine Act, all passengers to Canada were required to report public health risks such as illnesses upon entry to a border services officer, and were referred to a PHAC officer for a health-related screening/assessment. Disaggregated data (e.g., gender) will continue to be collected from travelers at ports of entry through the Quarantine Case Management System to manage health cases. Given that



certain diseases have risk factors that are sex-specific (e.g., pregnancy risks associated with the Zika virus), this data was required for case management. In fiscal year 2022-23, the Agency will begin updating its SGBA Plus with respect to COVID-19 border measures. Formal integration of SGBA Plus considerations into the border policy process will be incorporated where applicable and feasible in the implementation of new border measures on an ongoing basis for the duration of the pandemic.

### **Internal Services**

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

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

## Response to parliamentary committees and external audits

### Response to parliamentary committees

There were no parliamentary committee reports requiring a response in 2021–22.

### Response to audits conducted by the Office of the Auditor General of Canada (including audits conducted by the Commissioner of the Environment and Sustainable Development)

2021 Report 10 of the Auditor General of Canada to the Parliament of Canada: [Securing Personal Protective Equipment and Medical Devices](#).<sup>lxxxvi</sup>

The Office of the Auditor General (OAG) conducted an audit on personal protective equipment and medical devices, which limit the spread of COVID-19, protect frontline workers, and improve survival of those severely affected. The OAG carried out an audit of Health Canada, PHAC, and Public Services and Procurement Canada (PSPC) to determine whether Health Canada and PHAC helped meet the needs of provincial and territorial governments for selected personal protective equipment and medical devices before and during the COVID-19 pandemic, and whether PSPC provided adequate procurement support.

Overall, the audit noted that PHAC, Health Canada and PSPC helped to meet the needs of provincial and territorial governments for personal protective equipment and medical devices during the pandemic with some areas for improvement.

#### Recommendations:

The OAG made two recommendations to the Agency. The OAG recommended that the Public Health Agency of Canada should develop and implement a comprehensive National Emergency Strategic Stockpile management plan and enforce the terms and conditions in its contracts with third party warehousing and logistics service providers as appropriate.

#### Public Health Agency of Canada's Response:

PHAC has accepted the two recommendations made by the OAG and prepared an action plan in response. The Agency is working on a comprehensive management plan with associated performance measures and targets for the National Emergency Strategic Stockpile to support responses to future public health emergencies. Secondly, PHAC continues to work closely with its third party warehousing and logistics service providers for the provision of timely, accurate, and complete data to help control personal protective equipment and medical devices. The report was tabled on May 26, 2021.

The 2021 Report 15 of the Auditor General of Canada to the Parliament of Canada: [Audit of Enforcement of Quarantine and COVID-19 Testing Orders](#)<sup>lxxxvii</sup>

The objective of the OAG's audit was to determine whether PHAC administered quarantine requirements for incoming travellers to limit the introduction and spread of the virus that causes COVID-19 and its variants in Canada.

Overall, the OAG found that PHAC improved its administration of the 14-day quarantine orders since they last examined its performance in this area in the [Audit of Pandemic Preparedness, Surveillance, and](#)



[Border Control Measures](#).<sup>lxxxviii</sup> However, the OAG found that the Agency did not adequately administer additional border control measures imposed to limit the introduction of the virus and its variants into Canada.

**Recommendations:**

The OAG made two recommendations to the Agency. The OAG recommended that the Public Health Agency of Canada should:

- Improve its enforcement of emergency orders imposed to limit the spread of the virus that causes COVID-19 by improving its automated tracking and data quality and implement gender-based analysis plus considerations; and
- Better use of information on the outcomes of its referrals for follow-up to assess whether its enforcement approach is working to limit the importation of the virus.

**Agency Response:**

PHAC has accepted the two recommendations made by the OAG and prepared an action plan in response. The Agency has:

- Initiated an assessment of its information technology (IT) systems and data requirements for border measures and implemented an automated process in June 2021 to obtain better check-in and check-out data;
- Started to update its SGBA Plus analysis and to incorporate its results in the implementation of future border measures; and
- Continues to have regular meetings and discussions with the law enforcement community regarding the enforcement of the Quarantine Act.

The report was tabled on December 9, 2021.

[Environmental Petitions Annual Report](#)<sup>lxxxix</sup>

This year's Annual Report of the Commissioner of the Environment and Sustainable Development indicates that 12 petitions addressing a wide range of issues were received between July 1, 2020 and June 30, 2021, among which two of these were directed to PHAC for information regarding concerns related to acid mine drainage and federal funding of the Ontario Line.

There were no recommendations in this report for PHAC.

The report was tabled on December 9, 2021.

[Response to audits conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages](#)

There were no audits in 2021–22 requiring a response.

## United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals

### Public Health Agency of Canada

UN Sustainable Development Goals (SDGs)	2021–22 Planned initiatives	Associated domestic targets or “ambitions” and/or global targets	2021–22 Results
<p>SDG 3: Ensure healthy lives and promote well-being for all at all ages.</p>	<p><a href="#">HIV and Hepatitis C Community Action Fund<sup>xc</sup></a> (CAF)</p> <p><a href="#">Healthy Canadians and Communities Fund<sup>xci</sup></a> (HCCF)</p> <p><a href="#">Mental Health Promotion Innovation Fund<sup>xcii</sup></a></p> <p><a href="#">Promoting Health Equity: Mental Health of Black Canadians Fund<sup>xciii</sup></a></p> <p><a href="#">Immunization Partnership Fund<sup>xciiv</sup></a> (IPF)</p> <p><a href="#">Government of Canada’s Five-year Action Plan on STBBI<sup>xcv</sup></a></p> <p><a href="#">Dementia Community Investment<sup>xcvi</sup></a></p> <p><a href="#">Dementia Strategic Fund<sup>xcvii</sup></a></p> <p>Placement of Public Health Officers</p>	<p>This Strategy contributes to:</p> <p>Global target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> <ul style="list-style-type: none"> <li>3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations</li> </ul> <p>Global target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>Global target 3.5: Strengthen the prevention and treatment of substance abuse, including</p>	<p>HIV and Hepatitis C Community Action Fund (CAF):</p> <ul style="list-style-type: none"> <li>For 2022-2027, 133 proposals were recommended for funding</li> <li>To increase access to health and social services for key populations, the CAF supports initiatives that aim to eliminate homophobia, transphobia, racism, sexism, ableism and other forms of stigma and discrimination associated with STBBI.</li> </ul> <p>Healthy Canadians and Communities Fund:</p> <ul style="list-style-type: none"> <li>HCCF funded 41 projects, including nine newly funded projects that aimed to design an intervention, eleven newly funded implementation projects, as well as six projects that</li> </ul>

		<p>narcotic drug abuse and harmful use of alcohol</p> <p>Global target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p> <p>Canadian Indicator Framework target “Life expectancy, total and health-adjusted”</p> <p>The Dementia Community Investment and Dementia Strategic Fund contribute multiple indicators to the Canadian Indicator Framework ambition of “Canadians have healthy and satisfying lives.” Additionally, these programs contribute to the Canadian Indicator Framework ambition of “Canada prevents causes of premature death”, specifically the following two indicators: incidence of selected diseases, and mortality rate for selected causes of death</p>	<p>came to an end during the year. The remainder are ongoing projects</p> <ul style="list-style-type: none"> <li>• More than 195,000 Canadians participated in project activities in 2021-22. In total, over four million Canadians have been reached by the HCCF since 2014</li> <li>• More than half of project participants increased their capacity for healthy behaviours in 2021-22</li> <li>• Several HCCF funded projects contributed to creating physical and social environments that are supportive of healthy living</li> <li>• Improvement in participant’s health behaviours reflected a success rate of approximately 40%</li> <li>• Funded projects also contributed to improving the health of participants</li> </ul> <p>Mental Health Promotion Innovation Fund:</p> <ul style="list-style-type: none"> <li>• Population health interventions</li> </ul>
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			<p>promoted mental health through the reduction of risk factors, the promotion of protective factors and by addressing the underlying determinants of health across settings and populations</p> <ul style="list-style-type: none"> <li>• Population health interventions promoted multi-level and multi-sectoral partnerships to effect upstream change within priority determinants of mental health</li> <li>• Successfully tested population health interventions are scaled-up to benefit more people and foster sustainable policy and program development in the field of mental health promotion for diverse population and communities</li> <li>• Stakeholders continued to access and use knowledge products, intervention research evidence, and synthesized learnings to advance</li> </ul>
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			<p>population health policy and practice to promote mental health and wellbeing</p> <p>Promoting Health Equity: Mental Health of Black Canadians:</p> <ul style="list-style-type: none"> <li>• Target populations participated in healthy living and chronic disease prevention interventions</li> <li>• Social environments are improved to support ongoing healthy behaviours</li> <li>• Project participants have the knowledge, skills, or ability to support ongoing healthy behaviours</li> <li>• Project participants have improved health</li> <li>• Innovative interventions and new models of public health are identified and shared</li> </ul> <p>Immunization Partnership Fund:</p> <ul style="list-style-type: none"> <li>• PHAC funds numerous projects through the Immunization Partnership Fund (IPF) to promote COVID-19 vaccine acceptance and uptake in priority populations, and</li> </ul>
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			<p>monitors and reports on the ability of those projects to reach these populations</p> <p>Dementia Community Investment:</p> <ul style="list-style-type: none"> <li>• Program participants gained resources, knowledge, and/or skills to provide enhanced support to people living with dementia and to support their own well-being</li> <li>• Program participants had improved health behaviours.</li> </ul> <p>In addition, through the Dementia Strategic Fund and Public Health Surveillance and Data funding program:</p> <ul style="list-style-type: none"> <li>• Evidence is accessed by stakeholders</li> <li>• Evidence is used by stakeholders</li> <li>• Evidence-informed public health action is implemented across sectors to improve the health of Canadians</li> </ul> <p>The Dementia Community Investment and Dementia Strategic Fund contribute to two indicators: Incidence</p>
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			<p>of selected diseases, and Mortality rate for selected causes of death</p> <p>Public Health Officers and field epidemiologists mobilized within Canada or around the world, supporting public health organizations as they responded to urgent public health events</p>
SDG 5: Achieve gender equality and empower all women and girls	<p><a href="#">The Pan - Canadian Health Inequalities Reporting Initiative and Data Tool</a><sup>xcviii</sup></p>	<p>This Strategy contributes to:</p> <p>Global target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation.</p>	<p>The Health Inequalities Data Tool supports Canada’s domestic and international commitments to measure and monitor health inequalities. This tool contains data on indicators of health outcomes and health determinants, stratified by a range of social and economic characteristics meaningful to health equity. It identifies where health inequalities exist across different groups at national and provincial/territorial levels, and the magnitude of inequalities</p>
SDG 6: Ensure availability and sustainable management of water and sanitation for all	<p>Implementation of the “Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations”</p> <p>The Travelling Public Program oversees water</p>	<p>This Strategy contributes to:</p> <p>Global target 6.1: By 2030, achieve universal and equitable access to</p>	<p>Conducted 108 inspections and 291 water sampling activities on passenger conveyances and in their ancillary services against the</p>

	<p>quality on conveyances through the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations (Potable Water Regulations) including conducting inspections and assessments on international and interprovincial airplanes, trains, cruise ships, ferries and buses to protect the health and safety of the travelling public, ensuring that critical violations are mitigated in a timely manner</p>	<p>safe and affordable drinking water for all</p>	<p>requirements of the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations and recommending preventative corrective measures for 84 critical violations (i.e., contaminated water samples) in order to protect the public against the potential presence of disease-causing microorganisms</p>
<p>SDG 10: Reduce inequality within and among countries</p>	<p>The Promoting Health Equity: Mental Health of Black Canadians Fund</p>	<p>This Strategy contributes to:</p> <p>Global target 10.3: Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard</p> <p>Canadian Indicator Framework target “Canadians live free of discrimination and inequalities are reduced.”</p>	<p>Target populations participated in healthy living and chronic disease prevention interventions</p> <ul style="list-style-type: none"> <li>• Social environments are improved to support ongoing healthy behaviours</li> <li>• Project participants have the knowledge, skills, or ability to support ongoing healthy behaviours;</li> <li>• Project participants have improved health; and</li> <li>• Innovative interventions and new models of public health are identified and shared.</li> </ul>



<p>SDG 13: Take urgent action to combat climate change and its impacts</p>	<p>Active emergency networks (e.g., Eastern Border Health Initiative, Great Lakes Border Health Initiative)</p>	<p>This Strategy contributes to:</p> <p>Global target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries</p> <p>Global target 13.2: Integrate climate change measures into national policies, strategies and planning</p> <p>Canadian Indicator Framework target: Not Applicable</p> <ul style="list-style-type: none"> <li>• PHAC continues to support the Pan-Canadian Framework on Clean Growth and Climate Change (PCF), as part of Canada’s plan to meet its Paris Agreement commitments, stimulate Canada’s economy, and build climate resilience across the country</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid and accurate detection of infectious diseases and their causes is a core public health function</li> <li>• During an outbreak, public health stakeholders require the tools, expertise, and protocols to rapidly respond to, and contain, infectious disease from spreading</li> <li>• PHAC ensured that these resources were available to facilitate early detection of active COVID-19 infections among international travellers arriving at Canada’s borders, in a coordinated, timely, and effective response in partnership with key stakeholders</li> </ul>
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## Endnotes

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