

PUBLIC HEALTH AGENCY OF CANADA 2023-24 DEPARTMENTAL PLAN SUPPLEMENTARY INFORMATION TABLES





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Plan Ministériel 2023-2024 de l'Agence de la santé publique du Canada : Tableaux de renseignements supplémentaires

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Contents

DETAILS	S ON TRANSFER PAYMENT PROGRAMS (TPPs)	. 1
TPPs	s with total planned spending of \$5 million or more	. 1
Α	boriginal Head Start in Urban and Northern Communities	. 1
	Addressing Posttraumatic Stress Disorder and Trauma in Those Most Affected By COVID-19	
С	Canada Prenatal Nutrition Program	. 6
С	Community Action Program for Children	. 8
С	Contribution Funding for the Centre for Aging and Brain Health Innovation	10
D	Dementia Strategic Fund and Enhanced Dementia Surveillance Program	13
D	Distress Centre	16
Н	lealthy Canadians and Communities Fund	18
Н	IIV and Hepatitis C Community Action Fund	21
Ir	mmunization Surveillance	24
Ir	ndigenous Early Learning and Child Care Transformation Initiative	27
N	lational Collaborating Centres for Public Health	30
N	lational Microbiology Laboratory – Integral Genomics Innovation Program	32
N	lational Microbiology Laboratory – Wastewater Innovative Technologies	35
Р	Pan-Canadian Vaccine Injury Support Program	37
Р	Preventing Gender-Based Violence: the Health Perspective	39
S	Sero-Surveillance Consortium	42
	strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fun	,
S	Supporting the Mental Health of those Most Affected by the COVID-19 Pandemic	46
Р	reventing and Addressing Family Violence: The Health Perspective	49
	s with total planned spending of less than \$5 million	
С	Canadian Immunization Research Network	55
С	COVID-19 Individual Risk Assessment Tool	58
D	Dementia Community Investment	60
E	merging Respiratory Illness Issues – Enhanced Respiratory Virus Surveillance	62
	etal Alcohol Spectrum Disorder National Strategic Projects Fund	
F	ramework for Diabetes in Canada	66
Н	lealthy Early Years – Official Languages in Minority Communities	68

	nfectious Diseases and Climate Change Fund - Adapting to the Impacts of Climate Change	
	ntegrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillandor Chronic Disease	
S	Scientific support to Canadian Task Force on Preventive Health Care	75
	ntegrated Strategy for Healthy Living and Chronic Disease – Pan-Canadian Joint Consortium for School Health	77
Ir	nternational Health Grants Program	80
M	Nental Health Promotion Innovation Fund	83
M	/létis Nation Health Data	86
N	lutrition North Canada	88
Р	Pan-Canadian Suicide Prevention Service	90
Р	Post COVID-19 Condition	92
Р	Promoting Health Equity: Mental Health of Black Canadians	95
Р	Public Health Scholarship and Capacity Building Initiative	98
S	Support for Canadians Impacted by Autism Spectrum Disorder Initiative 1	00
Т	ype 2 Diabetes Prevention Challenge1	02
GENDEF	R-BASED ANALYSIS PLUS 1	05
Institu	utional GBA Plus Capacity1	05
Highl	lights of GBA Plus Results Reporting Capacity by Program	07
	NATIONS 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT AND THE NABLE DEVELOPMENT GOALS	15
ENDNOT	TES1	20

DETAILS ON TRANSFER PAYMENT PROGRAMS (TPPs)

TPPs with total planned spending of \$5 million or more

Aboriginal Head Start in Urban and Northern Communities

Start date: 1995-96

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018-19

Link to departmental result:

• 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

To support Indigenous organizations to provide culturally appropriate early childhood development programs for First Nations, Inuit, and Métis children and their families who live off reserve in urban and northern communities.

Expected results

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

Performance indicators:

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

Fiscal year of last completed evaluation

2022-23

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2027-28

General targeted recipient groups

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

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	31,120,993	31,399,393	31,399,393	31,399,393
Total other types of transfer payments	0	0	0	0
Total program	31,120,993	31,399,393	31,399,393	31,399,393

Addressing Posttraumatic Stress Disorder and Trauma in Those Most Affected By COVID-19

Start date: 2021-22

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

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 Posttraumatic Stress Disorder (PTSD) and trauma in health care workers, frontline and essential workers and others affected by the COVID-19 pandemic. This investment 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.

Expected results

- Interventions to address PTSD and trauma are developed or adapted and delivered to support mental health in the COVID-19 and recovery context;
- Frontline and essential workers and others at risk of, or experiencing pandemic-related PTSD and trauma access programming;
- Intervention participants, including service providers, gain knowledge and skills, and adopt behaviours, to maintain and improve mental health and well-being;

- Stakeholders access and use evidence-based knowledge products to promote mental health and prevent mental illness; and
- Participants have improved mental health.

Performance Indicators:

- Number of health interventions developed or adapted;
- Percentage of funded interventions that focus on recovery from COVID-19 impacts;
- 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.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

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

Initiatives to engage applicants and recipients

Outreach to experts, researchers and service providers took place in 2021 to inform the design of calls for proposals. Applicants are engaged through targeted calls for proposals.

Recipients are engaged through knowledge exchange events, project monitoring and evaluation activities, site visits and stakeholder meetings.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	35,583,337	11,051,540	0	0
Total other types of transfer payments	0	0	0	0
Total program	35,583,337	11,051,540	0	0

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)ⁱ is intended to improve the health of pregnant individuals and their infants who face risks. Funded community-level projects are aimed at increasing healthy birth weights, promoting and supporting healthy nutrition during pregnancy and postpartum, promoting and supporting chestfeeding, 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 pregnant individuals and new parents facing conditions of risk.

Expected results

- Pregnant and postnatal individuals and their families facing conditions of risk participate in CPNP;
- Organizations from various sectors collaborate with CPNP projects to support the needs of participants; and
- Program participants gain knowledge and build skills to support the health and well-being of pregnant and postnatal individuals, children and families.

Performance indicators:

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

Fiscal year of last completed evaluation

2020-21

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2025-26

General targeted recipient groups

- Non-profit organizations;
- · Municipalities and local organizations; and
- Indigenous organizations.

Initiatives to engage applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for pregnant and parenting individuals, their infants, and families in situations of vulnerability across Canada.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	27,189,000	27,189,000	27,189,000	27,189,000
Total other types of transfer payments	0	0	0	0
Total program	27,189,000	27,189,000	27,189,000	27,189,000

Community Action Program for Children

Start date: 1994-95

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2017-18

Link to departmental result:

• 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 Childrenⁱⁱ (CAPC) aims to promote the health and development of children aged 0-6 years living in situations of vulnerability. 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.

Expected results

- Parents/caregivers and their children facing conditions of risk participate in CAPC activities:
- Organizations from various sectors collaborate with CAPC projects to support the needs of participants; and
- Parents/caregivers and their children gain knowledge and build skills to support parental, child, and family health.

Performance indicators:

- Number of CAPC program participants (parents/caregivers and children 0–6 years);
- Percentage of CAPC projects that leverage multi-sectoral collaborations (i.e., more than three types of partners) to support the health needs of women, children 0–6 years, and families living in vulnerable situations; and
- Parents/caregivers participants report gaining knowledge and skill development to support parental, child, and family health (as a result of program participation).

Fiscal year of last completed evaluation

2020-21

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2025-26

General targeted recipient groups

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

Initiatives to engage applicants and recipients

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for children 0–6 years and families living in vulnerable situations across Canada.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	53,400,000	53,400,000	53,400,000	53,400,000
Total other types of transfer payments	0	0	0	0
Total program	53,400,000	53,400,000	53,400,000	53,400,000

Contribution Funding for the Centre for Aging and Brain Health Innovation

Start date: 2022-23

End date: 2024-25

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 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

Health Promotion

Purpose and objectives of transfer payment program

This funding program will help innovators accelerate the development, dissemination, scalability, and promotion of promising aging and brain health innovations. The Centre for Aging and Brain Health Innovation (CABHI) supports innovators through an integrated suite of programs to help accelerate the innovation-to-commercialization process. CABHI does this by providing financial support for innovation projects, facilitating co-development with end-users (e.g., patients, caregivers, and healthcare providers) and offering tailored services for innovators (e.g., scientific advice, training in innovation and health systems, and developing procurement options and marketing plans).

Expected results

- Increased and accelerated development, validation and scaling of solutions that enable older adults and people living with brain health issues, including dementia, to live in the setting of their choice and remain active in their communities;
- Improved products, programs and services that support dementia prevention and enhance the quality of life of people living with dementia and caregivers;
- Expanded delivery of high-quality, accessible virtual care for physical, mental, and cognitive health services and supports; and
- Enhanced knowledge mobilization related to aging and brain health.

Performance indicators: 1

- Number of projects approved and launched;
- Number of people reached via new knowledge exchange and implementation activities;
- Number of individuals engaged in testing/validation of CABHI's new products, practices or services;
- Number of unique members within CABHI's Lived Experience Advisory Panel;
- Number of solutions introduced into practice, brought to market or adopted by care provider organizations;
- Number of solutions adopted and/or procured beyond CABHI-funded projects;
- Number of jobs created not including CABHI personnel; and
- Amount (in dollars) of secured investments (public and private) by CABHI-funded innovators/companies.

Fiscal year of last completed evaluation

2019-20

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

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

General targeted recipient groups

The sole recipient of this contribution funding is CABHI.

CABHI will further distribute payments to ultimate recipients for undertaking activities within the funded project. In such cases, CABHI will have full independence and responsibility in the selection of ultimate recipients and will not act as an agent of the government. Examples of ultimate recipients include researchers, clinicians, health care delivery organizations, and companies.

Initiatives to engage applicants and recipients

PHAC will consult with CABHI regularly, through regular calls between CABHI and program officers, in addition to monitoring progress through regular reporting.

¹ Results for these performance indicators are expected to be available by March 31, 2024.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	8,000,000	11,000,000	11,000,000	0
Total other types of transfer payments	0	0	0	0
Total program	8,000,000	11,000,000	11,000,000	0

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 National Dementia Strategy.iv

It is estimated that almost 475,000 Canadians were living with diagnosed dementia in 2019-20 About two-thirds of them are women. 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 monitoring supports the enhancement and expansion of data to support the National Dementia Strategy.

Expected results

- Targeted populations gain resources, knowledge and/or skills;
- Targeted populations have improved health behaviours;
- · Results and information are accessed by stakeholders;
- Results and information are 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 results and information from monitoring; and
- Percentage stakeholders reporting overall satisfaction with results and information.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

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

Initiatives to engage applicants and recipients

Awareness raising:

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

Dementia guidance:

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

Public health surveillance and data:

Recipients of funding for public health surveillance and data activities under the Enhanced Dementia Surveillance Initiative^{vi} are engaged through a mix of directed and targeted solicitation. Funded recipients are expected to generate evidence that may be used by decision-makers, public health, and care planners at the federal, provincial/territorial, and regional 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 are used to share learnings from funded projects including knowledge sharing sessions facilitated by PHAC among funded recipients (e.g., key learnings, examining synergies). Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually, until their close.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	13,349,185	8,843,988	0	0
Total other types of transfer payments	0	0	0	0
Total program	13,349,185	8,843,988	0	0

Distress Centre

Start date: 2020-21

End date: March 31, 2024

Type of transfer payment: Grant and 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 bolster the capacity of distress centres in addressing pressures and service demands related to the COVID-19 pandemic.

Expected results

Distress centres have improved capacity to meet the increasing demand for crisis support during the pandemic, including through:

- Hiring of new staff, including support for recruitment, onboarding and training of responders and increases to staff time;
- Managing increased demand for service delivery during the COVID-19 pandemic, including supporting changes to service delivery; and
- New or adapted resources for responders and distress centres.

Performance indicators:

- Number of distress centres that received funding support during the pandemic; and
- Number of curated and/or developed resources for distress centres to help meet the needs of priority populations during the pandemic.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Canadian not-for-profit voluntary organizations and corporations;
- For-profit organizations; organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities/councils, schools, post-secondary institutions, hospitals); and
- Indigenous organizations working with First Nations, Inuit, or Métis peoples.

Initiatives to engage applicants and recipients

Not applicable

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	13,000,000	22,000,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	13,000,000	22,000,000	0	0

Healthy Canadians and Communities Fund

Start date: 2005-06

End date: Ongoing

Type of transfer payment: Grant and Contribution

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^{vii} (HCCF) focuses on promoting healthy living among people living in Canada who face health inequalities and are at greater risk of developing chronic diseases including diabetes, cardiovascular disease, and cancer. The HCCF supports interventions that address behavioural risk factors for chronic diseases, including physical inactivity, unhealthy eating, and tobacco use. The program also aims to create physical and social environments that are known to support better health among people living in Canada.

HCCF priorities include investing in interventions that address health inequalities among priority populations, encouraging the participation of multiple sectors in chronic disease prevention, and uncovering new ways to address risk factors for chronic disease. The HCCF will also continue to explore new approaches to support Canadians in leading healthier lives.

Expected results

- Target populations participate in healthy living and chronic disease prevention interventions;
- Project participants have increased capabilities to support ongoing healthy behaviours;
- Environments are improved to support ongoing healthy behaviours;
- Project participants have improved health behaviours; and
- Project participants have improved health.

Performance indicators:

- Percentage of project participants that improve their health status;
- Percentage of project participants that improve their health behaviours;
- Percentage of built environment-dedicated projects demonstrating improvement in the environment to support healthy behaviour;

- Percentage of project participants who report social environments are improved to support ongoing healthy behaviour and/or well-being;
- Percentage of project participants with increased knowledge of chronic disease or risk/protective factors;
- Percentage of project participants demonstrating improved skills/ability to support healthy behaviour;
- Number of individuals participating in interventions cumulative reach; and
- · Percentage of target population participating.

Fiscal year of last completed evaluation

2019-20

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2025-26

General targeted recipient groups

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

Initiatives to engage applicants and recipients

Open solicitations are posted on PHAC's website and promoted on social media, as well as targeted and directed solicitations are utilized to attract potential applicants. Stakeholders are engaged based on a continuous multi-year strategy to inform program and solicitation priorities. A variety of forums will be used to share learnings from funded projects (e.g., key insights and evaluation results).

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	2,749,000	2,749,000	2,749,000	2,749,000
Total contributions	19,697,000	19,697,000	19,697,000	19,697,000
Total other types of transfer payments	0	0	0	0
Total program	22,446,000	22,446,000	22,446,000	22,446,000

HIV and Hepatitis C Community Action Fund

Start date: 2005-07

End date: Ongoing

Type of transfer payment: Grant and Contribution

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 this 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^{viii} (CAF) support community innovation in STBBI prevention and link key populations to testing, treatment and care in the context of mitigating 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^{ix} and the Government of Canada Five Year Action Plan on STBBI,* CAF seeks to ensure that:

- Community-based efforts are in place to reach key populations, including those unaware of their health C status, and link them to testing, prevention, treatment and care;
- Communities design and implement evidence-based frontline 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.

Expected results

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

- Increase the knowledge of effective evidence-based HIV, hepatitis C or other sexually transmitted infections (STI) prevention measures among key populations and target audiences;
- Strengthen the 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.

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 evidencebased 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.

Fiscal year of last completed evaluation

2018-19

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

- Canadian not-for-profit organizations; and
- Corporations, societies and coalitions.

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	10,209,000	8,084,000	8,084,000	8,084,000
Total contributions	28,024,689	18,335,000	18,335,000	18,335,000
Total other types of transfer payments	0	0	0	0
Total program	38,233,689	26,419,000	26,419,000	26,419,000

Immunization Surveillance

Start date: August 16, 2022

End date: Ongoing

Type of transfer payment: Grant and 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:

Vaccination

Purpose and objectives of transfer payment program

The purpose of this program is to protect the health of Canadians and support public health action by enhancing the evidence base on vaccine coverage, safety and effectiveness to inform the implementation of programs and targeting of interventions.

Objectives:

- Bolster Canadian scientific capacity and preparedness by supporting researchers in the testing and studying of new or emerging adverse events following immunization, identified through vaccine safety monitoring and reporting activities;
- Support provincial and territorial partners to enhance their data collection, reporting, and analysis related to vaccine safety and coverage; and
- Establish and leverage new evidence sources to complement existing surveillance systems and fill gaps by:
 - Supporting the development and testing of new approaches, methodologies and/or tools;
 - Building capacity in organizations across Canada to explore innovative surveillance approaches to advance understanding of how vaccine coverage and perception of effectiveness may differ across specific populations (e.g., Indigenous, 2SLGBTQI+, low socio-economic status, English/French minority languages communities, racialized communities); and
 - Generating surveillance information, establishing diverse data sources and other surveillance-related evidence not easily captured by governments.

Expected results

Funding to date has supported two projects led by McMaster University's Platelet Immunology Laboratory^{xi} for Vaccine-Induced Immune Thrombotic Thrombocytopenia, and the Canadian Cardiovascular Society^{xii} study of Myocarditis and/or Pericarditis following mRNA COVID-19 Vaccination to enhance COVID-19 vaccine safety surveillance.

It is anticipated that funding will improve Canadian evidence to advance understanding of new or emerging adverse events following immunization; enhance capacity within Canada to monitor vaccine safety and coverage, particularly within specific underserved populations; and give PHAC a greater ability to mobilize external resources quickly and effectively to address emerging vaccine safety issues or other immunization surveillance evidence gaps.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

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

General targeted recipient groups

The program responds to specific emerging priorities identified through immunization surveillance activities and is therefore highly specialized, with a limited number of potential applicants. Consequently, in the short term, the majority of solicitations are expected to continue to be either directed or targeted in nature. This may include eligible Canadian recipients from:

- Academia and public institutions: organizations that are involved provide education or develop educational materials or tools;
- Not- for-profit and for-profit organizations including voluntary organizations, and corporations, unincorporated groups, societies and coalitions; and
- Provincial, territorial, local governments and their agencies, organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, post-secondary institutions).

Initiatives to engage applicants and recipients

PHAC will explore opportunities to engage program applicants and recipients on their experience and feedback with the program to inform design/delivery and evaluation of the program, including on measurement and reporting on results.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	500,000	12,435,000	4,800,000	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	500,000	12,435,000	4,800,000	0

Indigenous Early Learning and Child Care Transformation Initiative

Start date: 2018-19

End date: Ongoing

Type of transfer payment: Contribution²

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 Indigenous Early Learning and Child Care (IELCC) Transformation Initiative supports the implementation of the co-developed Indigenous Early Learning and Child Care Framework. **iii 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 and PHAC are key partners.

Expected results

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

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

² As part of Horizontal Initiative led by Employment and Social Development Canada.

Targets will be determined with Indigenous partners.

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

Performance indicators:

- Number of participants reached;
- Percentage of AHSUNC sites offering activities (e.g., elder participation, storytelling, traditional ceremonies) 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.

Fiscal year of last completed evaluation

2022-23³

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2023-244

General targeted recipient groups

 Existing AHSUNC recipients alongside First Nations, Métis, and Inuit) providers of IELCC.

Initiatives to engage applicants and recipients

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

In implementing this framework through horizontal collaboration, PHAC works with the National Aboriginal Head Start Council, AHSUNC's Indigenous governing body, and regional AHSUNC bodies to support their involvement in existing IELCC processes to contribute to holistic,

³ AHSUNC program evaluation.

⁴ IELCC Horizontal Evaluation led by ESDC.

Indigenous-led decision outcomes, including the development of funding allocation methodologies, results-based frameworks, and future priority setting.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	27,241,990	29,487,839	32,236,524	26,379,875
Total other types of transfer payments	0	0	0	0
Total program	27,241,990	29,487,839	32,236,524	26,379,875

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

The National Collaborating Centres (NCC) for Public Health^{xiv} 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 this program is to promote evidence-informed decision-making by public health practitioners and policy makers across Canada. The NCC synthesizes and shares knowledge in ways that are useful and accessible to public health stakeholders.

Expected results

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

Performance indicators:

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

Fiscal year of last completed evaluation

2018-19

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

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

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	9,042,000	5,842,000	5,842,000	5,842,000
Total other types of transfer payments	0	0	0	0
Total program	9,042,000	5,842,000	5,842,000	5,842,000

National Microbiology Laboratory – Integral Genomics Innovation Program

Start date: 2021-22

End date: 2023-24

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

Link to the department's Program Inventory:

Laboratory Science Leadership and Services

Purpose and objectives of transfer payment program

The purpose of this 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 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 for the detection and tracking of evolution within high consequence pathogens (e.g., COVID-19, tuberculosis, and antimicrobial resistance). The Integral-Innovation Program will improve the timely availability of genomic information on emerging 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 availability of analysis-ready genomics (sequences plus contextual data) within a province/territory;
- Improve the completeness, quality and maintainability of contextual data supporting genomics to better enable use of genomics in effective public health responses;
- Improve the bidirectional relationship between laboratory generated sequences and health authority data to enable genomic epidemiology analyses (e.g., vaccine effectiveness by variant);
- Facilitate the timely dissemination, exchange, and application of analysis-ready information with public health partners; and
- Contribute to a coherent and effective genomic surveillance network across Canada.

Expected results

- Reduction of turnaround time from sample collection to availability of analysis-ready data:
- Increase in production capacity of provincial and territorial laboratories; and
- Streamlining and modernization of sharing and integrating data across an established national network.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

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

Initiatives to engage applicants and recipients

The department will continue to consult with the CPHLN, a small and well-defined community of public health laboratory stakeholders, through:

- CPHLN Laboratory Directors Council;
- Stakeholder discussions via the COVID-19 Technical Advisory Committee;xvi
- The Canadian COVID-19 Genomics Network;xvii and
- Direct one-on-one consultation with several representative members of CPHLN.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	4,500,000	0	0
Total contributions	9,941,667	5,000,000	2,980,000	0
Total other types of transfer payments	0	0	0	0
Total program	9,941,667	9,500,000	2,980,000	0

National Microbiology Laboratory – Wastewater Innovative Technologies

Start date: 2020-21

End date: 2024-25

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:

Laboratory Science Leadership and Services

Purpose and objectives of transfer payment program

The purpose of this program is to implement and expand wastewater testing capacity for SARS-CoV-2 (the virus that causes COVID-19) surveillance. Wastewater-based surveillance of infectious diseases is beyond the standard complement of program funding for PHAC. The contribution 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.

Expected results

- Increased capacity for conducting wastewater surveillance across Canada;
- Increased availability of data and its interpretation for public health action and to Canadians;
- Facilitation of further analysis, such as trend analysis and predictive modelling; and
- Expansion of wastewater testing to additional sites that will serve to broaden the pan-Canadian wastewater surveillance network.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

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

General targeted recipient groups

- · Academia and public institutions; and
- Government.

Initiatives to engage applicants and recipients

Provincial and territorial governments and academic applicants are engaged through existing public health governance tables and bilateral discussions to support at risk locations and respond to public health needs specific to a province, territory, and/or region.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	5,262,000	6,588,000	2,980,000	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	5,262,000	6,588,000	2,980,000	0

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^{xviii} (VISP) ensures that all people in Canada who experience a serious and permanent injury as a result of receiving a Health Canada-authorized vaccine, administered in Canada on or after December 8, 2020, have fair and timely access to financial support.

A third-party administrator was selected via an open solicitation to administer the VISP (with the exception of Québec). Québec is continuing to deliver its longstanding Vaccine Injury Compensation program, xix with federal funding.

Expected results

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

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- For-profit organizations;
- · Not-for-profit organizations and charities; and
- Government.

Initiatives to engage applicants and recipients

In December 2020, provinces and territories were asked to confirm their intentions to either participate in the newly announced VISP or create their own program with federal funding. Québec was the only jurisdiction to request federal funding for the continued delivery of its existing vaccine injury compensation program.

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

PHAC meets regularly with the third-party funding recipients for the national program and with Québec program counterparts to discuss operational and inform future policy considerations of the VISP.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	28,619,156	19,000,000	9,000,000	9,000,000
Total other types of transfer payments	0	0	0	0
Total program	28,619,156	19,000,000	9,000,000	9,000,000

Preventing Gender-Based Violence: the Health Perspective

Start date: 2017-18

End date: Ongoing

Type of transfer payment: Grant and Contribution⁵

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^{xx} 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.^{xxi}

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.

Expected results

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

 $^{^{\}rm 5}$ As part of the Horizontal Initiative led by Department for Women and Gender Equality.

Performance indicators:

- 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 among participants;
- Percentage of projects reporting positive changes in behaviour among 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.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

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

General targeted recipient groups

- Non-profit organizations
- Not-for-profit organizations and corporations;
- For profit organizations:
- Unincorporated groups, societies, and coalitions; provincial/territorial, regional and municipal governments and agencies; organizations and institutions supported by provincial/territorial governments (e.g., regional health authorities, schools, postsecondary institutions); and
- Indigenous organizations.

Initiatives to engage applicants and recipients

PHAC will continue to engage with key stakeholders and experts in the field to seek their input to help inform the proposed focus and approach to the solicitation on preventing teen dating violence and promoting healthy relationships among youth.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	1,869,882	1,788,462	1,860,954	2,366,613
Total contributions	8,925,000	10,450,000	10,450,000	12,300,000
Total other types of transfer payments	0	0	0	0
Total program	10,794,882	12,238,462	12,310,954	14,666,613

Sero-Surveillance Consortium

Start date: 2020-21

End date: 2022-23

Type of transfer payment: Grant 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 health care responses.

The Sero-Surveillance and Research Program was developed to administer the COVID-19 Immunity Task Force^{xxii} (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 immunity 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 Contributions 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.

Expected results

- Enhanced knowledge of COVID-19 transmission;
- Knowledge of the status of COVID-19 immunity in Canada;
- · Information on vaccine safety and efficacy; and
- Improved capabilities to respond to the evolving COVID-19 pandemic.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

• Other government departments, universities, hospitals, NGOs, experts in public health, and provincial/territorial and local public health officials and organizations

Initiatives to engage applicants and recipients

The CITF Secretariat will continue to target communications, outreach actions, and CITF website as the principal platform to provide information and share applications. Additionally, engagement with a wider range of relevant stakeholders will be used to direct solicitation via public health networks from within Canada.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	75,285,542	52,000,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	75,285,542	52,000,000	0	0

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

Start date: 2017-18

End date: Ongoing

Type of transfer payment: Grant and Contribution⁶

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^{xxiii} (CDSS) is to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities.

As a partner department, PHAC receives contributions under the CDSS to support federal harm reduction efforts through the Harm Reduction Fund^{xxiv} (HRF). 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).

Expected results

Reduce risk-taking behaviours among those who use drugs or substances.

Fiscal year of last completed evaluation

Not applicable		

 $^{^{\}rm 6}$ As part of the Horizontal initiative led by Health Canada.

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

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

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	3,500,000	3,500,000	3,500,000	3,500,000
Total contributions	3,500,000	3,500,000	3,500,000	3,500,000
Total other types of transfer payments	0	0	0	0
Total program	7,000,000	7,000,000	7,000,000	7,000,000

Supporting the Mental Health of those Most Affected by the COVID-19 Pandemic

Start date: 2021-22

End date: 2023-24

Type of transfer payment: Grant and 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 objectives of this 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.

Expected results

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

Performance indicators:

- Number of health interventions developed or adapted;
- Percentage of funded interventions that focus on the COVID-19 and recovery context;
- Number of participants/individuals reached;
- Percentage of participants facing conditions of risk;
- Percentage of projects reporting increased knowledge and/or skills among participants;

- Percentage of projects reporting positive change in behaviour among participants;
- Percentage of projects reporting improved 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.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

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

Initiatives to engage applicants and recipients

PHAC will continue to engage with experts, service providers and other stakeholders to better understand the impacts of the pandemic on mental health; and to understand community needs, organizational capacity and promising interventions.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	9,800,000	11,000,000	0	0
Total contributions	33,803,972	36,301,503	4,800,000	0
Total other types of transfer payments	0	0	0	0
Total program	43,603,972	47,301,503	4,800,000	0

Preventing and Addressing Family Violence: The Health Perspective

Start date: 2015-16

End date: Ongoing

Type of transfer payment: Grant and 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

Link to the department's Program Inventory:

Health Promotion

Purpose and objectives of transfer payment program

The Preventing and Addressing Family Violence: The Health Perspectivexx program invests in the delivery and testing of health promotion programs and interventions that prevent family violence and improve health outcomes for survivors of family violence including intimate partner violence, child maltreatment and elder abuse.

The objectives of the program include increasing the evidence base and uptake of health promotion programs and interventions that are effective in preventing and addressing family violence and its health impacts using trauma and violence-informed approaches.

Expected results

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

Performance indicators:

- 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 among participants;
- Percentage of projects reporting positive changes in behaviour among participants;
- Percentage of projects reporting improved well-being among participants;
- Percentage of projects sustained post-PHAC funding;

- Number and type of evidence products (e.g., surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks) 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.

Fiscal year of last completed evaluation

2019-20

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

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

Initiatives to engage applicants and recipients

PHAC officials will continue to engage with academics, national and regional organizations and other relevant stakeholders to better understand family violence impacts, community needs, and promising public health interventions for 2SLGBTQI+ populations and older adults, as well as identify strategies for strengthening capacity to understand the epidemiology of child maltreatment and child welfare services.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	5,300,000	5,300,000	5,300,000	5,300,000
Total contributions	950,000	950,000	950,000	950,000
Total other types of transfer payments	0	0	0	0
Total program	6,250,000	6,250,000	6,250,000	6,250,000

TPPs with total planned spending of less than \$5 million

Blood Safety

Start date: 1998-99

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2004-05

Link to departmental result:

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 Blood Safety Contribution Programxxvi (BSCP) supports the development and/or enhancement of provincial and territorial systems that monitor adverse events associated with the transfusion of blood/blood products and the transplantation of cells, tissues, and organs (CTOs). The recipients of BSCP funding include provincial and territorial governments, transfusion and transplantation centres, agencies or groups designated by provincial and territorial Ministries of Health to undertake surveillance for blood/tissue/organ-associated adverse events, and Canadian not-for profit organizations that support transfusion and transplantation adverse event surveillance activities. Recipients of the funding then transfer information to PHAC via BSCP's Transfusion Error Surveillance System (TESS), Transfusion-Transmitted Injuries Surveillance System (TTISS) and Cells, Tissues and Organs Surveillance System (CTOSS). This information is prepared, analyzed and reported at a national level and is made available to recipients and other stakeholders of the transfusion and transplantation system. This information is used to identify adverse event and error trends, to benchmark provincial/territorial adverse events against national-level data, and to make international comparisons. The surveillance information has also contributed to the development of transfusion guidelines to improve transfusion practices.

BSCP projects establish systems to monitor adverse events associated with transfusion and transplantation that could involve infectious diseases. As the need and use of blood, blood products, and CTOs continue to increase in Canada, there is an elevated risk of adverse events. Monitoring adverse events will allow for more timely response in the event of a new or previously unknown blood and/or CTO safety issue.

In partnership with Canadian sentinel hospitals, the Centre for Communicable Diseases 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 both the use of these data to inform public health and policy action as well as PHAC's ongoing commitment to improving data quality and defining and setting surveillance standards.

Expected results

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

Fiscal year of last completed evaluation

2022-23

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2027-28

General targeted recipient groups

- 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/blood products/cells/tissue/organ-associated adverse events; and
- Canadian not-for-profit organizations that support transfusion and/or transplantation adverse event surveillance activities in provinces and territories.

Initiatives to engage applicants and recipients

PHAC will be working with its federal partners, such as the Marketed Health Product Directorate and Inspectorate at Health Canada to define PHAC's roles, responsibilities, and priorities in monitoring, collecting, and reporting adverse events and errors associated with transfusion and transplantation activities. External partners will then be consulted to determine appropriate measures to improve the current blood/blood product and CTO safety landscape in Canada.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	2,150,000	2,190,000	2,190,000	2,190,000
Total other types of transfer payments	0	0	0	0
Total program	2,150,000	2,190,000	2,190,000	2,190,000

Canadian Immunization Research Network

Start date: 2014

End date: March 2024

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:

Vaccination

Purpose and objectives of transfer payment program

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

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.

Expected results

This current phase of CIRN plans to:

- Support infrastructure to facilitate collaborative research among vaccine and immunization researchers, clinicians, public health professionals and policy makers to develop methodologies to test vaccines, evaluate immunization programs, improve coverage rates, train researchers, and improve knowledge exchange; and
- Support a rapid response research capacity.

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

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

Results expected from the supplemental funding provided to CIRN include:

- Research in COVID-19 vaccine clinical trials readiness, vaccine safety and effectiveness, population prioritization and modelling;
- · Research in vaccine acceptance and uptake; and
- Coordinated data collection and information sharing.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

CIRN is a collaborative national research network that brings together more than 150 investigators from 56 Canadian institutions. CIRN comprises eight subnetworks built to provide research capacity that is responsive and scalable to undertake research during an infectious disease crisis, such as a pandemic, and to provide Canadian vaccine-related research for public health decision-making.

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	500,000	500,000	3,500,000	3,500,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	500,000	500,000	3,500,000	3,500,000

COVID-19 Individual Risk Assessment Tool

Start Date: June 25, 2021

End Date: March 31, 2024

Type of transfer payment: Contribution

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)^{xxviii}, while retaining the more comprehensive tool (My COVID-19 Visit Risk Decision Aid)^{xxix} 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.

Expected results

Provide people in Canada with an accessible and interactive online decision tool that helps them assess their risk for COVID-19 and provides them with educational information aligned with PHAC's recommendations for public health measures. This will be achieved through:

- Developing the My COVID-19 Visit Risk Calculator;
- Revising content of the tools (both decision aid and calculator) to ensure the tools align
 with national COVID-19 public health measures guidance and recommendations, as well
 as official language and accessibility needs;
- Ongoing updates and enhancements to both tools based on the best available evidence, and consultation with NIA's expert advisory group; and
- Developing and ongoing implementation of seasonal public awareness campaigns to increase the profile and uptake of the tools. As of November 25, 2022, there have been 1,420,408 visits to the tools and 40 mentions of the tools in the media.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

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

General targeted recipient groups

Academia and public institutions.

Initiatives to engage applicants and recipients

Recipients are engaged through performance measurement and evaluation processes. In addition, PHAC will continue to engage directly with the recipients to ensure alignment of messaging and content with PHAC's COVID-19 Guidance^{xxx} and new evidence as it becomes available.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	250,000	250,000	250,000	0
Total other types of transfer payments	0	0	0	0
Total program	250,000	250,000	250,000	0

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 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, xxxi 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.

Expected results

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

Performance indicators: 7

- 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

⁷ Results for these performance indicators are expected to be available by March 31, 2024.

• Percentage of participants who report improved well-being of the people they care for.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2023-24

General targeted recipient groups

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

Initiatives to engage applicants and recipients

Recipients will be engaged through an open solicitation posted on PHAC's website and shared with stakeholders. DCI projects are expected to develop, test, and scale-up resources, tools and supports to build capacity in communities to improve the well-being of people living with dementia and their families, friends, and caregivers.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	4,400,000	3,400,000	3,400,000	3,400,000
Total other types of transfer payments	0	0	0	0
Total program	4,400,000	3,400,000	3,400,000	3,400,000

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

The purpose of this program is to support studies to advance our understanding of 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.

Expected results

PERC data will be used to support the national public health response to COVID-19 via various internal stakeholder presentations on severe outcome surveillance in pediatric populations in regards to risk factors, emergency department visits, length of stays, hospitalizations, ICU admissions, deaths, presentation of symptoms and more.

Work related to enhanced monitoring and reporting of RSV will:

- Enable PHAC to monitor illness, track trends, identify emerging issues and inform interventions by public health stakeholders;
- Facilitate the monitoring and reporting of non-influenza/non-COVID-19 hospitalizations in a population where RSV is known to have a significant burden;
- Contribute to a baseline understanding of the burden of this disease in the pediatric population; and
- Contribute to the body of knowledge on RSV in the pediatric population in Canada.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- PERC is a network of health care professionals that was formed in 1995 to conduct multi-centre research projects. Currently PERC has 15 sites situated across Canada within teaching or pediatric hospitals; and
- The Immunization Monitoring Program Active research network is administered by the Canadian Paediatric Society, which is a not-for-profit organization.

Initiatives to engage applicants and recipients

Applicants and recipients will be engaged through a number of federal/provincial/territorial mechanisms such as the Surveillance Expert Working Group Representatives from all provinces and territories meet monthly to discuss prevention and control of respiratory diseases such as influenza, RSV and COVID-19 and can be used as a platform for information and engagement.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	500,000	500,000	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	0	500,000	500,000	0

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 program will support partnerships with community-based organizations, research institutions, and provincial and territorial governments to support projects that promote: national education and awareness; prevention of alcohol use in pregnancy; improvement of health and social outcomes for those affected by Fetal Alcohol Spectrum Disorder (FASD), and research into the social determinants of health that impact alcohol consumption and FASD. 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.

Expected results

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

Participation and feedback from participants during webinars or training will be used to adapt, guide and promote further webinars and training.

Performance indicators:

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

Fiscal year of last completed evaluation

2022-23

Decision following the results of last evaluation

Pending

Fiscal year of next planned evaluation

2027-28

General targeted recipient groups

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

Initiatives to engage applicants and recipients

Solicitations under the FASD National Strategic Projects Fund^{xxxii} are posted on PHAC's Grant and contribution funding opportunities page.^{xxxiii} Recipients are also engaged through open, targeted or directed solicitations. Recipients participate in an annual meeting to share results and connect funded projects.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	1,499,000	1,499,000	1,499,000	1,499,000
Total other types of transfer payments	0	0	0	0
Total program	1,499,000	1,499,000	1,499,000	1,499,000

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.

Expected results

- Target populations are engaged; and
- Target populations have increased knowledge to support ongoing healthy behaviours;

Performance indicators:

- Number of individuals participating in engagement, including gender, age, and first three digits of postal code;
- Percentage of target populations participating in engagement;
- Percentage of target populations demonstrating increased knowledge of chronic disease or risk/protective factors;
- Percentage of project participants demonstrating improved skills/ability to support healthy behaviour;
- Number of individuals participating in interventions cumulative reach; and
- Percentage of target population participating.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

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

General targeted recipient groups

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

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	250,000	593,510	593,510	593,510
Total other types of transfer payments	0	0	0	0
Total program	250,000	593,510	593,510	593,510

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 program 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.**

Expected results

- Families in OLMCs in situations of vulnerability will have access to programs and supports that will allow them to gain the knowledge and skills they need to improve their family health practices; and
- Families in OLMCs in situations of vulnerability have improved well-being as a result of access to programming in the official language of their choice.

Performance indicators:

- Number of projects funded by the Healthy Early Years^{xxxv} (HEY) program;
- Number of parents, caregivers and children participating in the HEY program;
- Program participants gain knowledge and skills to improve their family and support health behaviours; and
- Program participants (parents/caregivers) experience improved health and well-being.

Fiscal year of last completed evaluation

2022-23

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2027-28

General targeted recipient groups

- Not-for-profit organizations
- Not-for profit corporations
- Unincorporated groups, societies, and coalitions.

Initiatives to engage applicants and recipients

PHAC will continue to engage with potential applicants, as well as ongoing exchanges and site visits/meetings with the successful recipients.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	1,890,000	1,890,000	1,890,000	1,890,000
Total other types of transfer payments	0	0	0	0
Total program	1,890,000	1,890,000	1,890,000	1,890,000

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

Start date: 2016-17

End date: 2027-28

Type of transfer payment: Grant and Contribution⁸

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^{xxxvi} (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^{xxxvii} 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. This 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.

⁸ As part of the Horizontal Initiative led by Environment and Climate Change Canada.

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.

Expected results

The fund will support the Horizontal Management Framework for Clean Growth and Climate Change^{xxxviii} by reducing the risks associated with climate-driven infectious diseases through:

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

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2025-26

General targeted recipient groups

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

Initiatives to engage applicants and recipients

Applicants and recipients are engaged through solicitation evaluation processes as well as ongoing monitoring of funding agreements, reporting and performance measurement and biannual check-in discussions

PHAC will also continue to work with the Métis Nation to address the health effects of climate change through the ongoing support as contribution agreements come to a close in 2023-24.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	500,000	593,058	400,000	400,000
Total contributions	1,700,000	1,994,200	1,600,000	1,600,000
Total other types of transfer payments	0	0	0	0
Total program	2,200,000	2,587,258	2,000,000	2,000,000

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

Start date: 2005-06

End date: Ongoing

Type of transfer payment: Grant and Contribution

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

The purpose of this program is to 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.

Expected results

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

Fiscal year of last completed evaluation

2014-15

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2026-27

General targeted recipient groups

- Canadian not-for-profit organizations and corporations;
- For-profit organizations;
- Unincorporated groups, societies and coalitions;
- Provincial, territorial, regional, and municipal governments;

- Agencies, organizations, and institutions supported by provincial and territorial governments (e.g., regional health authorities/Councils, schools, post-secondary institutions, hospitals); and
- Individuals deemed capable of conducting population health activities.

Initiatives to engage applicants and recipients

The Enhanced Surveillance for Chronic Disease Program^{xxxix} launched an open solicitation, which closed December 8, 2022. Funding for successful applications will be allotted for 2024-25 for a three-year period. Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually, until they close.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	395,000	395,000	395,000	395,000
Total contributions	2,334,000	2,334,000	2,334,000	2,334,000
Total other types of transfer payments	0	0	0	0
Total program	2,729,000	2,729,000	2,729,000	2,729,000

Scientific support to Canadian Task Force on Preventive Health Care

Start date: 2012-13

End date: Ongoing

Type of transfer payment: Grant and Contribution

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.

Expected results

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

Fiscal year of last completed evaluation

2022-23

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2026-27

General targeted recipient groups

Canadian Task Force on Preventive Health Care.

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	46,000	46,000	46,000	46,000
Total contributions	171,000	171,000	171,000	171,000
Total other types of transfer payments	0	0	0	0
Total program	217,000	217,000	217,000	217,000

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

Start date: 2005-06

End date: Ongoing

Type of transfer payment: Grant

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^{xl} (JCSH) grant 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 grant supports the JCSH Secretariat, which facilitates collaboration among provincial and territorial members to promote wellness and achievement in Canada's schoolaged children and youth by way of a Comprehensive School Health^{xli} 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.

The JCSH grant is also used to fund the School Health Grant for Youth Program^{xiii} which is a funding opportunity for Canadian youth aged 13-19 and enrolled in grades 9-12 to apply for small grants (\$1,500, \$2,500, or \$3,500) to develop and implement initiatives to promote healthy living in their school. Youth-led projects must align with one or more of the following JCSH and PHAC priorities: substance use and related harms, mental health and well-being, healthy eating and nutrition, and physical activity.

Expected results

JCSH Grant:

- Maintain the JCSH, which consists of federal, provincial, and territorial (F/P/T)
 representatives from ministries responsible for health and education to support the
 health and learning of students in school settings using a Comprehensive School Health
 approach;
- Strengthen collaboration among F/P/T ministries responsible for health and education; and

 Increase the capacity of ministries responsible for health and education to work together more effectively and efficiently.

School Health Grant for Youth Program:

- Encourage healthy living in Canadian youth through youth-driven and youth-inspired projects;
- Help youth who participate in grant project activities to gain knowledge, tools and resources to support healthy living;
- Enable youth to define their own goals, develop projects or initiatives that appeal to their peers, and address health issues within their particular school context and environment; and
- Empower youth to put their ideas into action while gaining valuable life skills such as leadership, project planning and giving back to the community.

Fiscal year of last completed evaluation

2015-16

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2025-26

General targeted recipient groups

- Canadian not-for-profit organizations and corporations, for-profit organizations;
- Unincorporated groups; societies and coalitions; provincial, territorial, regional, and municipal governments;
- Agencies, organizations, and institutions supported by provincial and territorial governments (e.g., regional health authorities/Councils, schools, post-secondary institutions, hospitals);
- Individuals deemed capable of conducting population health activities; and
- Canadian citizens or permanent residents in Canada aged 13-19. (This is applicable to the School Health Grant for Youth funding only).

Initiatives to engage applicants and recipients

Applicants are engaged through targeted solicitation processes. Applications are solicited as key points throughout the academic year, to align with students' availability in a school setting.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	250,000	250,000	250,000	250,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	250,000	250,000	250,000	250,000

International Health Grants Program

Start date: 2008-09

End date: Ongoing

Type of transfer payment: Grant and Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2013 – ongoing⁹

Link to departmental result:

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

Link to the department's Program Inventory:

- Chronic Disease Prevention
- Evidence for Health Promotion
- Chronic Disease and Injury Prevention
- 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 the Health Portfolio's^{xiiii} international engagement to advance Canada's health priorities at home and abroad through knowledge transfer and capacity building; strengthen relationships with international partners; and promote increased awareness and understanding of current and emerging global health issues to inform policy and program development.

Objectives:

- Identify, assess, and promote approaches, models, and best practices that respond to Canada's global health priorities and international commitments;
- Increase knowledge on current and emerging global health issues to inform policy and program development and contribute to improving health outcomes within and outside Canada;

⁹ Terms and Conditions were updated in 2013.

- Increase collaboration and strengthen relationships with key partners and stakeholders on global health issues of importance to the Health Portfolio;
- Support Canada's participation in select multilateral organizations in line with Canada's international health commitments and obligations;
- Strengthen Canada's leadership on global health and ensure that Canada's priorities are reflected in the international health agenda; and
- Enhance global health capacity/participation in areas directly related to Government of Canada foreign policy objectives.

Expected results

Immediate Results:

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

Intermediate & Long-Term Results:

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

Fiscal year of last completed evaluation

2022-23

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

IHGP will be evaluated as part of four separate evaluations:

- 2023-24 (Sexually Transmitted and Blood-Borne Infections)
- 2025-26 (Healthy Canadians and Communities Fund)
- 2025-26 (Health Portfolio's Tobacco and Vaping Activities)
- 2027-28 (Foodborne and Waterborne Enteric Diseases)

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

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

General targeted recipient groups

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

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

Initiatives to engage applicants and recipients

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

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	2,282,923	1,347,119	1,180,000	1,180,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	2,282,923	1,347,119	1,180,000	1,180,000

Mental Health Promotion Innovation Fund

Start date: 2019-20

End date: Ongoing

Type of transfer payment: Grant and 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

Link to the department's Program Inventory:

Health Promotion

Purpose and objectives of transfer payment program

The Mental Health Promotion Innovation Fund^{xliv} 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. The program uses a multi-phased approach to fund the testing and delivery of innovative, community-based interventions that aim to promote health equity, build protective factors and address the underlying determinants of health at the population level. Knowledge gained from the evaluation of each community-based intervention is then applied to public health policy and practice to accelerate change for positive mental health in Canada.

Expected results

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

Fiscal year of last completed evaluation

2019-20

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

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

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	2,070,000	2,070,000	2,070,000	2,070,000
Total contributions	2,877,000	2,877,000	2,877,000	2,877,000
Total other types of transfer payments	0	0	0	0
Total program	4,947,000	4,947,000	4,947,000	4,947,000

Métis Nation Health Data

Start date: 2019-20

End date: 2023-24

Type of transfer payment: Grant

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 program will support the Métis Nation in building capacity for sustainable health data monitoring and reporting 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.

Expected results

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

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2026-27

General targeted recipient groups

- Directed to Métis National Council;
- Four Governing Members (ON, SK, AB, and BC); and
- Manitoba Métis Federation.

Initiatives to engage applicants and recipients

Recipients are responsible for submitting progress reports annually.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	1,200,000	1,200,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	1,200,000	1,200,000	0	0

Nutrition North Canada

Start date: 2016-17

End date: Ongoing

Type of transfer payment: Contribution¹⁰

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

This program supports culturally appropriate retail and community-based nutrition education initiatives to influence healthy eating in isolated northern communities, as part of the Nutrition North Canada^{xlv} program led by Crown-Indigenous Relations and Northern Affairs Canada^{xlvi} (CIRNAC).

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.

Expected results

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

Fiscal year of last completed evaluation

Not applicable

 $^{^{\}rm 10}$ As part of the Horizontal Initiative led by CIRNAC.

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

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

Initiatives to engage applicants and recipients

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

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	335,000	335,000	335,000	335,000
Total other types of transfer payments	0	0	0	0
Total program	335,000	335,000	335,000	335,000

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.

Expected results

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

Performance indicators:

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

¹¹ Data will be collected where possible, but may not be available for all identity factors within each modality. The service is available in English and French 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 will be available, 24/7, in English and French, by November 2023.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

- Canadian not-for-profit organizations and corporations;
- For-profit organizations; organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities/councils, schools, post-secondary institutions, hospitals); and
- Indigenous organizations working with First Nations, Inuit, or Métis peoples, including Modern Treaty Rights Holders.

Initiatives to engage applicants and recipients

Not applicable

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	4,267,000	4,267,000	4,267,000	4,267,000
Total other types of transfer payments	0	0	0	0
Total program	4,267,000	4,267,000	4,267,000	4,267,000

Post COVID-19 Condition

Start date: 2022-23

End date: 2024-25

Type of transfer payment: Grant

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018

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

The evidence-based guidelines for post COVID-19 condition (PCC) aim to develop, disseminate and evaluate six comprehensive, evidence-based guidelines on topics covering the full cycle of the condition. For example, topics could include identification and prevention, assessment, management (including self-management), follow-up, monitoring and discharge of patients.

Objectives:

- Develop six evidence-based guidelines on PCC;
- Raise awareness about these guidelines and promote their uptake; and
- Ensure effectiveness of these guidelines on the ultimate beneficiaries.

Expected results

- Health practitioners have and use the information needed to manage clinical care;
- Decision makers have and use the information needed to develop medical and public health advice, policies, and programs; and
- Residents of Canada have and use the information needed to manage their own health, and that of their families.

Performance indicators:

- Six comprehensive, evidence-based guidelines on PCC are developed;
- Educational materials and events are developed and delivered;
- Target audiences find the materials and tools easy to understand, accessible, and usable;

- Target audiences intend to adopt the recommendations;
- Target audiences indicate using the recommendations;
- Successful publication and execution of the evaluation plan; and
- Successful effectiveness, which will be determined by improvements in priority process outcomes and patient-important health outcomes that will be identified as part of the guidelines development process.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

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

General targeted recipient groups

Academia and public institutions.

Initiatives to engage applicants and recipients

Recipients will continue to be engaged through a targeted solicitation. PHAC will participate in discussions regarding the scope of the project (e.g., determining the topics for which guidelines will be developed; identifying and involving experts from across relevant disciplines to ensure the breadth and depth of the analysis and the credibility of the guideline-development process). PHAC will also validate scientific methods (e.g., to ensure a standard, transparent approach is used to gather, synthesize, and evaluate evidence, and to develop the guidelines) and provide scientific support as needed.

Recipients will be responsible for submitting progress reports on a quarterly basis, until project close. PHAC will use these to monitor project progress, including workplan activities and budgets.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	1,000,000	4,000,000	4,000,000	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	1,000,000	4,000,000	4,000,000	0

Promoting Health Equity: Mental Health of Black Canadians

Start date: 2018-19

End date: 2023-24

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: Mental Health of Black Canadians Fund^{xlvii} supports Black Canadians to develop more culturally focused knowledge, capacity, and programs to improve mental health in their communities. The objectives of the fund are to:

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

PHAC has established a Mental Health of Black Canadians (MHBC) Working Group^{xlviii} which includes mental health practitioners, academics, researchers, and individuals with lived experience from Black communities across Canada. The Working Group plays a leadership and advisory role, including providing strategic advice on project funding 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.

Expected results

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

Performance indicators:

- Number of partnerships brokered;
- Number of evidence products developed per fiscal year;
- Number of individuals participating in interventions cumulative reach;
- Percentage of participants who report social environments are improved to support ongoing healthy behaviour;
- Percentage of project participants demonstrating knowledge of mental health;
- Percentage of project participants demonstrating skills/ability to support healthy behaviour;
- Percentage of project participants who improve health status; and
- Percentage of projects documenting intervention learnings.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

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

Initiatives to engage applicants and recipients

The MHBC initiative continues to engage funding recipients through bimonthly virtual capacity building meetings. This is an opportunity to bring together funded projects to share information and discuss common issues and experiences related to project implementation.

To ensure that evidence and lessons learned are broadly shared, and to strengthen networks within and across Black communities, MHBC is funding a Knowledge Mobilization Network. XIX The objectives of this network, led by TAIBU Community Health Centre, I are to:

- Facilitate knowledge translation and exchange of project learnings;
- Support community-based project capacity through building collaborative relationships;
- Enhance research capacity in the area of mental health and its determinants for Black Canadians; and
- Create opportunities for Black communities to sustain the momentum from the MHBC initiative beyond the federal funding period.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	65,000	0	0	0
Total contributions	1,460,000	1,640,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	1,525,000	1,640,000	0	0

Public Health Scholarship and Capacity Building Initiative

Start date: 2006

End date: Ongoing

Type of transfer payment: Grant

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 support inclusive and equitable applied research programs that tackle pressing public health challenges, and to integrate applied public health research from various sectors and communities into Canadian decision-making processes to help support evidence-informed decisions that improve health and health equity.

Expected results

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

Fiscal year of last completed evaluation

2016-17

Decision following the results of last evaluation

Continuation

Fiscal year of next planned evaluation

2024-25

General targeted recipient groups

• Independent, mid-career population and public health researchers appointed at an eligible institution.

Initiatives to engage applicants and recipients

The Agency works at arm's length as funding for the Program is transferred to CIHR. CIHR is responsible for engaging target recipients. Since the renewal of the Applied Public Health Chairs Program^[i] in 2020, the Agency has built new terms and conditions into its next memorandum of understanding, whereby CIHR will consult directly with the Agency for each launch 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. CIHR Institute for Population and Public Health^[ii] has well-established networks with academia and engages potential recipients through its own mechanisms.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	460,000	460,000	460,000	893,333
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	460,000	460,000	460,000	893,333

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

This program supports the needs of Canadians living with Autism Spectrum Disorder (ASD) and their families by funding community-based projects to 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. Also, the program will help connect people with autism and their families to online resources, an inventory of services, employment opportunities and local programming through the Autism and/or Intellectual Disability Knowledge Exchange Network (AIDE Canada)^{IIII}

Expected results

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

Program participants gaining knowledge, resources and support on ASD.

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).

Fiscal year of last completed evaluation

2022-23

Decision following the results of last evaluation

Pending

Fiscal year of next planned evaluation

2027-28

General targeted recipient groups

Canadian organizations that are:

- Not-for-profit organizations and corporations;
- For-profit organizations, provided they partner with a not-for-profit organization;
- Unincorporated groups, societies and coalitions;
- Provincial/territorial/regional/municipal governments and agencies; and
- Organizations and institutions supported by provincial/territorial governments (e.g., regional health authorities, schools, post-secondary institutions).

Initiatives to engage applicants and recipients

Recipients will continue to be engaged through a targeted solicitation.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	0	0	0
Total contributions	5,055,933	776,780	0	0
Total other types of transfer payments	0	0	0	0
Total program	5,055,933	776,780	0	0

Type 2 Diabetes Prevention Challenge

Start date: 2021-22

End date: 2023-24

Type of transfer payment: Grant and 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

In partnership with Impact Canada, IV PHAC is delivering the Type 2 Diabetes (T2D) Prevention Challenge to support innovators in developing and implementing community co-designed approaches that address the barriers and determinants of health that lead to an increased risk for T2D for communities in Canada.

This challenge is delivered through a Grand Challenge^{IVI} model, which uses open and thematic competitions to fund a broad range of potential innovations on a prospective basis and focuses on rigorous evaluations of effectiveness. Delivery will be in three stages:

- Stage 1: Challenge Launch and Proposed Concept Application Intake;
- Stage 2: Concept Development; and
- Stage 3: Implementation and Evidence Generation.

Expected results

The T2D Prevention Challenge seeks to:

- Promote community innovation by attracting a broad cohort of innovators to implement new concepts for T2D prevention;
- Generate new partnership models that build on the strengths of communities;
- Develop multiple options for reduced T2D risk that match the diversity of communities across Canada; and
- Find additional opportunities to understand and measure how people are at risk of T2D.

Performance indicators:

- Percentage of project participants that improve health status;
- Percentage of project participants that improve health behaviours;

- Percentage of built environment-dedicated projects demonstrating improvement in the environment to support healthy behaviour;
- Percentage of project participants who report social environments are improved to support ongoing healthy behaviour and/or well-being;
- Percentage of project participants demonstrating improved knowledge of chronic disease or risk/protective factors;
- Percentage of project participants demonstrating improved skills/ability to support healthy behaviour:
- Number of individuals participating in interventions cumulative reach; and
- Percentage of target population participating.

Fiscal year of last completed evaluation

Not applicable

Decision following the results of last evaluation

Not applicable

Fiscal year of next planned evaluation

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

General targeted recipient groups

- Not-for-profit organizations;
- Businesses or other for-profit organizations:
- Indigenous organizations and groups located in Canada;
- Post-secondary/academic institutions;
- Individuals, groups, societies, or coalitions (non-incorporated); and
- Municipalities or local/regional governments located in Canada.

Initiatives to engage applicants and recipients

The T2D Prevention Challenge is an open call for proposals posted on the Impact Canada website, along with applicant guide and detailed information to attract potential applicants. Stakeholders have been engaged to inform the design and development of the challenge. They also have opportunities to stay informed about the challenge through a variety of forums (e.g., newsletter, webinar).

Non-financial resources and supports will be provided to innovators at each stage of the Challenge to accelerate progress in helping prevent T2D for communities in Canada. These could include, but are not limited to, tools and supports related to networking, business development, evaluation, and engagement.

Type of transfer payment	2022–23 forecast spending	2023–24 planned spending	2024–25 planned spending	2025-26 planned spending
Total grants	0	4,935,000	0	1,026,048
Total contributions	0	0	0	1,500,000
Total other types of transfer payments	0	0	0	0
Total program	0	4,935,000	0	2,526,048

GENDER-BASED ANALYSIS PLUS

Institutional GBA Plus Capacity

Governance structures

PHAC is committed to using an intersectional approach to systematically integrate health equity into all policies, programs, research, evaluation, monitoring and reporting, and other initiatives through the application of Sex- and Gender-Based Analysis Plus (SGBA Plus).¹²

In 2023-24, PHAC's SGBA Plus focal point, alongside program areas, will advance the implementation strategy for the PHAC SGBA Plus Action Plan Framework in the following four priority areas:

- Enhance SGBA Plus accountability in planning, reporting, and decision-making processes;
- Promote and enable the collection and use of disaggregated data and scientific evidence for intersectional analyses;
- Strengthen awareness, understanding, and capacity for SGBA Plus through tailored training and tools; and
- Develop strategic partnerships, and collaborations to enhance equity-informed policy and culturally relevant policies and programming.

PHAC will continue to integrate Equity, Diversity, and Inclusion (EDI) considerations into decision-making related to programs and operations through the discussion of SGBA Plus at various governance committees, and demonstrate progress on its priorities through annual reporting to the Agency's Executive Committee.

Institutional Leadership

PHAC's SGBA Plus focal point will actively engage program areas to strengthen the integration of EDI and intersectionality across the Agency by:

- Developing branch-specific SGBA Plus integration plans with activities, expected outcomes, and their associated performance indicators;
- Establishing and maintaining accountability for advancing SGBA Plus in decision-making among senior management, by including an SGBA Plus commitment in all Executive Performance Agreements for 2023-24;
- Identifying challenges and opportunities to enhance the collection of socio-demographic and socio-economic data;

¹² "GBA Plus" is used throughout the entire Government of Canada, while "SGBA Plus" is used within the Health Portfolio to emphasize the role that biological sex plays in influencing health outcomes.

- Working to ensure that all employees include SGBA Plus into their learning plans for 2023-24; and
- Developing and maintaining collaborative partnerships with diverse stakeholders to increase knowledge and capacity to develop and tailor equity-informed policies and programs.

PHAC's SGBA Plus focal point will continue to provide leadership by developing evidence synthesis products to support intersectional analyses; enhancing SGBA Plus capacity by expanding offerings of SGBA Plus training and resources; and monitoring the progress of the policy's implementation. The SGBA Plus focal point will also enhance their expertise in EDI, and the application of SGBA Plus by establishing ongoing partnerships with scientific researchers and experts.

PHAC's SGBA Plus focal point will continue to ensure the integration of SGBA Plus and EDI considerations, and the use of inclusive, non-stigmatizing language during the development of Memoranda to Cabinet, Budget Proposals, and Treasury Board Submissions. Accountability mechanisms, include an internal SGBA Plus attestation process, which will ensure the quality and accuracy of the SGBA Plus analyses carried out for Cabinet documents, by placing an emphasis on intersectionality, and integrating relevant health equity, diversity, and inclusion considerations throughout policies and programs. The Agency will also continue to implement the Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices, which aims to modernize how the Government of Canada handles information on sex and gender.

A senior leader will continue to fulfill the role of PHAC SGBA Plus Champion, helping to raise awareness and support the integration of SGBA Plus into the organization's functions and programs.

Capacity Building

For 2023-24, the Agency's focal point will implement a number of awareness raising and capacity building activities to strengthen the integration of SGBA Plus into the Agency's work through tools, training, and presentations tailored to the public health context. In addition, the focal point will develop SGBA Plus and health equity learning roadmaps that are aligned with public health competencies.

The focal point will continue to strengthen the Agency's SGBA Plus culture through tailored presentations to employees and managers. Further, the renewed intra-departmental SGBA Plus Network will advance and continually improve the implementation of SGBA Plus at PHAC through their strengthened expertise from formal and applied learnings.

Human Resources

In 2023-24 approximately nine Full-Time Equivalents (FTEs) will be dedicated to SGBA Plus implementation in the Agency:

- Seven FTEs within the SGBA Plus Focal Point dedicated to advancing SGBA Plus capacity and practice; and
- SGBA Plus Champion and PHAC SGBA Plus Network members' time amounting to two FTEs in total.

Highlights of GBA Plus Results Reporting Capacity by Program

Core Responsibility: Health Promotion and Chronic Disease Prevention

Program Name: Health Promotion

Community Action Program for Children (CAPC)/Canada Prenatal Nutrition Program (CPNP)

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.

Dementia Community Investment (DCI)

Projects funded through the DCI are asked to incorporate the consideration of sex and gender and other identity factors into their proposals and are encouraged to report on these considerations in their annual reporting to PHAC when applicable. The DCI continues to work to improve disaggregated data at the project level by updating project reporting templates and instructions

Dementia Strategic Fund (DSF)

Canada's national dementia strategy, A Dementia Strategy for Canada: Together We Aspire, wiii emphasizes health equity by focusing on populations who have been identified as being likely to be at higher risk and/or face barriers to equitable care. Organizations applying for funding through the DSF are asked to incorporate the consideration of sex and gender and other identity factors into their proposals and recipients are expected to report on these considerations in their reporting to PHAC. Projects must report annually in a quantitative manner on how many participants they have reached by gender, and as many of the following factors that are applicable including indigeneity, ethnicity, language, race, culture, religion, education, sexual orientation, disability, income, and age. They must also describe how their project has applied an SGBA Plus and equity lens to identify and/or address the diverse needs of project audiences. This data enables the DSF to monitor impacts by gender and diversity, and how projects are succeeding in contributing to more equitable outcomes across diverse groups.

New Brunswick Healthy Seniors Pilot Project

Understanding the gendered impacts of aging is a key goal of the New Brunswick Healthy Seniors Pilot Project. SGBA Plus has been a mandatory component for every call for projects. All applications are required to complete SGBA Plus training and submit a copy of their training certificate as part of the application package. Project applications have a specific section devoted to SGBA Plus, ensuring that all applicants incorporate SGBA Plus analysis into their project design. Expert reviewers who provide a score and qualitative feedback about the quality evaluate this section as part of the competitive review process. SGBA Plus is implemented across the Government of New Brunswick 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 the Healthy Seniors Pilot Project reporting, all projects are required to report on lessons learned related to SGBA Plus, and collect information on diversity, gender, rurality, ethnicity, and language. To date, projects have identified adjustments in recruitment processes and program design to ensure participation of diverse populations.

Preventing Gender-Based Violence: The Health Perspective and Supporting the Health of Survivors of Family Violence

The Family and Gender-Based Violence team continues to work with funded projects to enhance research capacity and support SGBA Plus where possible, but there are limitations to the extent to which data can be disaggregated. Most interventions engage a small number of participants, making disaggregation of findings inappropriate. However, the two communities of practice will work to enhance research capacity, including data collection and analysis.

Mental Health Promotion Innovation Fund (MHP-IF)

The MHP-IF program applies equity analysis to core elements of program design and implementation. For example, the invitation to submit funding requests 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, recipients must 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).

Pan-Canadian Suicide Prevention Service

Future reporting will include disaggregation by region, gender, age range, and by modality (voice, text and chat).

Program Name: Chronic Disease Prevention

Heathy Canadians and Communities Fund (HCCF)

Organizations funded through the HCCF are required to provide the number of individuals reached by gender (female, male, or other gender), age groups (children and youth, adults, older adults), and geographical location (the first three digits of postal codes). Funded projects 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, newly funded organizations must report this information in a more systemic manner and this reporting requirement is now embedded in contribution agreements.

Collecting additional identity factors such as employment status, education level, income range, immigration status, and sexual orientation is optional for 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 will continue to strengthen its approach to SGBA Plus in 2023-24 by taking steps to enable organizations to collect more fulsome health equity data. This will involve a scoping review of literature to identify best practices and engaging organizations voluntarily in a participatory planning process to identify and overcome some of their key challenges.

Promoting Health Equity: Mental Health of Black Canadians (MHBC) Fund

The MHBC initiative applies an equity lens and analysis to all elements of program design, implementation and evaluation. All funded projects must describe how their project design, recruitment and implementation considers health equity, and include health equity-based reporting as part of their project results. Projects are taking into account diverse needs and perspectives and in doing so, will be able to adjust and tailor project activities to meet the needs of diverse sub-groups. PHAC will use this information to reflect on the design and delivery of the program, lessons learned regarding approaches to addressing underlying health determinants, and potential implications for program delivery in other contexts. Results from the MHBC projects will help to inform program and policy decisions by documenting what interventions worked, for whom they worked, and in what context. This information will also help service providers and others to adapt activities to best meet the needs of diverse Black communities in Canada.

Program Name: Evidence for Health Promotion, and Chronic Disease and Injury Prevention

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

As part of the solicitation process, initiatives funded through this program are required to integrate SGBA Plus considerations into their proposals, which are 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.

Public Health Surveillance and Data funding

As part of the solicitation process, initiatives funded through this program are required to integrate SGBA Plus considerations into their proposals, which are 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.

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

As part of the solicitation process, initiatives funded through this program are required to integrate SGBA Plus considerations into their proposals, which are 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.

Métis Nation Health Data

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

In general, PHAC's laboratory services involve testing pathogen samples from clients, such as provincial and territorial partners, who do not submit patient information and metrics for privacy reasons. As a result, NMLB is not in a position to collect and review disaggregated data. However, to support the generation of SGBA Plus knowledge and evidence, NMLB will be encouraging research activities to consider SGBA Plus implications on a project-by-project basis. This encouragement will be a part of a broader branch-wide action plan to support SGBA Plus implementation across all activities.

The plan will seek to enhance, strengthen, and expand the NMLB's application of SGBA Plus through strengthening SGBA Plus governance and accountability. This includes the generation of inclusive scientific knowledge and capacity and enhancing the Branch's internal capacity and expertise. Examples of other specific activities will include enhancing SGBA Plus oversight and accountability within the Branch's governance structure and the development of an SGBA Plus science tool to increase internal capacity and expertise on SGBA Plus, as well as supporting its incorporation in NMLB's work.

Program Name: Communicable Diseases and Infection Control

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. The related identity factors include gender, sex, age groups, race, ethnicity, income, geography, employment, and level of education.

Program Name: Vaccination

Immunization Surveillance

The Immunization Surveillance Program incorporates SGBA Plus considerations by conducting vaccine safety epidemiological investigations to understand the gender-based differential risk of adverse events following immunization. The program will continue to integrate sex and gender-based analyses where possible in the testing, design, methods and analysis, and interpretation of findings.

As a continuation of the efforts to expand the Immunization Surveillance Program's capacities to report on impacts by gender and diversity, this funding program will enhance capacity within Canada to monitor vaccine safety and coverage, particularly within specific underserved populations (e.g., Indigenous, 2SLGBTQI+, low socio-economic status, English/French minority languages communities, racialized communities) This will support the inclusion of sex, gender, and other intersecting identify factors where possible as well as their integration throughout the project lifecycle.

Pan-Canadian Vaccine Injury Support Program (VISP)

The VISP does not collect sufficient data to enable it to monitor and/or report program impacts by gender and diversity. Eligibility for the VISP is dependent on an individual being vaccinated and experiencing a serious and permanent injury, which by virtue requires an individual to seek medical care. As a result, disaggregated SGBA Plus data would not necessarily identify accessibility issues associated with the program. PHAC will continue to do targeted outreach to ensure that healthcare providers supporting individuals who have experienced a serious and permanent vaccine injury are aware of the VISP.

PHAC will continue to monitor the implementation of the VISP to ensure that desired results are being achieved and to identify areas where additional targeted efforts to raise awareness of the program are needed.

Program Name: Foodborne and Zoonotic Disease

The Infectious Disease and Climate Change (IDCC) Program incorporates SGBA Plus considerations into program implementation, roll-out and design. In 2023-24, the IDCC Program will fully integrate SGBA Plus considerations into new solicitation documents such as the funding application form as well as the application guide. The application guide provides potential applicants with 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. Additionally, the IDCC Program will continue to work towards fully integrating SGBA Plus metrics into project reporting tools/templates.

Core Responsibility: Health Security

Program Name: Emergency Preparedness and Response

Though the collection of disaggregated SGBA Plus data on impacts is limited due to the nature and scope of work, the program will continue to incorporate SGBA Plus in its activities, including emergency response planning, training activities and medical asset procurement. For example, its training programs will continue to build competencies to understand and apply principles of SGBA Plus during applied public health response; NESS will continue to consider the availability of alternative products if certain populations (e.g., pregnant or immunocompromised individuals) have contraindications to certain vaccines and therapeutics.

Program Name: Biosecurity

The objective of the Biosecurity program is to reduce the risks associated with the use of pathogens and toxins by preventing their accidental or deliberate release from a regulated environment. The regulatory nature and specific operating context of the program does not lend itself to the collection of SGBA Plus data, and comprehensive data on gender and other intersecting factors are not needed for measuring results of the program. Moreover, a recent assessment carried out by the Agency determined that program activities were not expected to affect gender or other identity groups differently.

However, PHAC will continue to ensure that specific health risks to particular populations (e.g., children, older adults, pregnant women) are considered in the development of publications that describe the hazardous properties of a human pathogen and/or provide guidance and advice, on the safe use and secure containment of these agents.

Additionally, an SGBA Plus lens will continue to be applied to all regulatory amendment initiatives conducted by the program. In 2023-24, as part of the legislative renewal of the Human Pathogens and Toxins Act^{IX} and the Human Pathogens and Toxins Regulations, IXI PHAC will undertake an assessment of the social and economic impacts of proposed amendments on diverse groups of Canadians.

Finally, in recognition of the changing Canadian biomanufacturing footprint, PHAC will be undertaking an assessment of SGBA Plus influencing factors in facilities and organizations handling human pathogens and toxins.

Program Name: Border and Travel Health

With respect to health policy advice related to borders and travel, there is significant reliance on publicly available disaggregated data and information, such as from Statistics Canada and other credible sources.

The program will use online intercept surveys to collect gendered data on the percentage of travellers who visit the Government of Canada's Travel and Tourism^{|xii|} site seeking health advice. This will inform a future approach to develop tailored health recommendations under the Quarantine Act.

Certain clients for border and travel health services are corporate entities and the data collected as part of delivery of these services cannot be disaggregated at this time. The program will continue to explore potential ways to collect gendered data, where feasible, through the

evolution of supporting data systems that were put in place during COVID-19 to inform and ntegrate SGBA Plus.			

UNITED NATIONS 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT AND THE SUSTAINABLE DEVELOPMENT GOALS

UN Sustainable Development Goals (SDGs)	Planned initiatives	Associated domestic "ambitions" or targets and/or global targets
healthy lives and promote well- being for all at all ages	Healthy Canadians and Communities Fund Contributes to the achievement of SDG 3 by supporting projects that improve health behaviours (e.g., physical activity, healthy eating, and decreased tobacco use) to help Canadians lead healthy lives and promote their well- being. National Suicide Prevention Action Plan	These strategies contribute to: Canadian Ambition 3.1 – 3.4: Canadians adopt health behaviours including increased consumption of fruits and vegetables, decreased prevalence of vaping among youth, decreased percentage of population that is overweight or obese and
	contributes to the achievement of SDG 3 by helping to reduce suicide rates and improve mental well-being based on best practices and innovation in suicide prevention and life promotion. Advancing the implementation of A Dementia Strategy for Canada: Together	decreased prevalence of harmful alcohol use; Canadian Ambition 3.5 – 3.7: Canadians have healthy and satisfying lives including overall health, mental health and social well-being;
	We Aspirelx with support of the Dementia Strategic Fundlx contributes to the achievement of SDG 3 by supporting activities aimed at preventing dementia, advancing therapies, finding a cure, and improving the quality of life of people living with dementia and their caregivers.	Canadian Ambition 3.8 – 3.13: Canada prevents causes of premature death including increased vaccination rates for selected diseases, decreased incidence of selected diseases, decreased mortality rate for selected causes of death,
	Community Action Program for Children ^{xvii} contributes to the achievement of SDG 3 by promoting the health and well-being of children (birth to six years) and their families. Canada Prenatal Nutrition Program ^{xviii}	decreased incidence of Tuberculosis in Inuit Nunangat, decreased incidence of opioid and stimulant overdose related harms and decreased prevalence of cigarette smoking;
	contributes to the achievement of SDG 3 by taking steps to support the health and well-being of pregnant people living in vulnerable situations and their infants. Framework for Diabetes in Canadalxix and the implementation of the Type 2 Diabetes Prevention Challenge	Global Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births;

UN Sustainable Associated domestic Planned initiatives **Development** "ambitions" or targets and/or Goals (SDGs) global targets contributes to the achievement of SDG 3 Global Target 3.3: By 2030, end the epidemics of AIDS. by promoting innovative approaches to tuberculosis, malaria and addressing barriers that lead to an neglected tropical diseases and increased risk of developing T2D in combat hepatitis, waterborne Canada. diseases and other communicable Mental Health Promotion Innovation diseases: Fund contributes to the achievement of Global Target 3.4: By 2030, SDG 3 by supporting the delivery of innovative, community-based programs in reduce by one third premature mortality from non-communicable mental health promotion that aim to diseases through prevention and address health equity. treatment and promote mental health and well-being; Government of Canada's Action Plan on STBBI^{lxxii} and the Pan-Canadian STBBI Global Target 3.5: Strengthen the Framework for Action xxiii contributes to prevention and treatment of the achievement of SDG 3 by increasing substance abuse, including knowledge and reducing barriers to narcotic drug abuse and harmful accessing health services, including use of alcohol; testing, prevention and treatment for STBBI through a number of activities. Global Target 3.b: Support the research and development of Expanding the Canadian Nosocomial vaccines and medicines for the Infection Surveillance Program^{lxxiv} in communicable and nonhospitals and long-term care facilities communicable diseases that contributes to the achievement of SDG 3 primarily affect developing by strengthening infection prevention and countries, provide access to control measures and reducing affordable essential medicines transmission of disease in Canadian and vaccines, in accordance with acute care hospitals and in long-term the Doha Declaration on the care settings through surveillance and TRIPS Agreement and Public Health, which affirms the right of reporting. developing countries to use to the Expanding the Canadian Integrated full the provisions in the Program for Antimicrobial Resistance Agreement on Trade-Related Surveillance contributes to the Aspects of Intellectual Property Rights regarding flexibilities to achievement of SDG 3 by generating protect public health, and, in AMR and AMU data from animal species particular, provide access to to improve the detection of AMR threats medicines for all; and in the food chain. Immunization Partnership Fundlixvi Global Target 3.d: Strengthen the capacity of all countries, in contributes to the achievement of SDG 3 particular developing countries, for by providing funding to assist priority

populations and others disproportionately early warning, risk reduction and

UN Sustainable Development Goals (SDGs)	Planned initiatives	Associated domestic "ambitions" or targets and/or global targets
	impacted by COVID-19 to increase vaccine acceptance and uptake for all vaccines.	management of national and global health risks.
SDG 5: Achieve gender equality and empower all women and girls	•	This strategy contributes to: Global Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation.
SDG 6: Ensure availability and sustainable management of water and sanitation for all	Implementation of the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations Ixxviii contributes to the achievement of SDG 6. The Travelling Public Program IXXIX oversees water quality on conveyances through the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations (Potable Water Regulations) including conducting inspections and assessments on international and interprovincial airplanes, trains, cruise ships, ferries and buses to protect the health and safety of the travelling public, ensuring that critical violations are mitigated in a timely manner.	This strategy contributes to: Canadian Ambition 6.1 – 6.4: Canadians have access to drinking water and use it in a sustainable manner; and Global Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.
SDG 10: Reduce inequality within and among countries	Continuates to the achievement of SDO 10	discrimination and inequalities are reduced; and

UN Sustainable Development Goals (SDGs)	Planned initiatives	Associated domestic "ambitions" or targets and/or global targets
	relevant knowledge, capacity and programs that address mental health and its determinants.	inequalities of outcomes, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.
SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable	Implementing the Age-Friendly Communities model contributes to the achievement of SDG 11 by helping to ensure policies, services and structures related to the physical and social environment are designed to help seniors age actively."	This strategy contributes to: Canadian Ambition 11.3 – 11.7: Canadians live in healthy, accessible, and sustainable cities and communities; and Global Target 11.7: By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.
SDG 13: Take urgent action to combat climate change and its impacts	Implementation of the Pan-Canadian Framework on Clean Growth and Climate Change Ixxxiii and the National Adaptation Action Plan Ixxxiv contributes to the achievement of SDG 13 by providing advice, analysis, and direction to support the advancement of a climate change adaptation policy and activities in Canada. PHAC continues to support the Pan-Canadian Framework on Clean Growth and Climate Change, as part of Canada's plan to meet its Paris Agreement commitments, stimulate Canada's economy, and build climate resilience across the country. Infectious Disease and Climate Change Program and Fund Ixxvv contributes to the achievement of SDG 13 by addressing the impact of climate change on human health in Canada.	These strategies contribute to: Global Target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries; and Global Target 13.2: Integrate climate change measures into national policies, strategies, and planning.

UN Sustainable Development Goals (SDGs)	Planned initiatives	Associated domestic "ambitions" or targets and/or global targets
Strengthen the means of implementation	and partnership across all relevant One Health sectors.	This strategy contributes to: Global Target 17.17: Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.

For questions related to this Supplementary Information Table, please contact the SDG Unit at Employment and Social Development Canada (ESDC): Programme2030-2030Agenda@canada.gc.ca.

ENDNOTES

- ⁱ Canada Prenatal Nutrition Program, https://www.canada.ca/en/public-health/services/health-promotion/childhood adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp.html
- ii Community Action Program for Children (CAPC), https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/community-action-program-children-capc.html
- iii Centre for Aging and Brain Health Innovation, https://www.cabhi.com/
- ^{iv} A Dementia Strategy for Canada: Together We Aspire: In Brief, https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy-brief.html
- V Dementia: Tips on how you can help, https://www.canada.ca/en/public-health/services/diseases/dementia/tips-how-you-can-help.html?utm_campaign=hc-sc-dementia-phase-2-22-23&utm_medium=sem&utm_source=bing&utm_content=ad-text-en&utm_term=dementia%20resources%20canada&adv=2223-370850&id_campaign=698038748&id_source=1249045852056246&id_content=78065528826842&gclid=07b8a5249f3a1ef69a2ac6f37f575b86&gclsrc=3p.ds&
- vi Enhanced Dementia Surveillance Initiative, https://www.canada.ca/en/public-health/services/diseases/dementia/what-canadas-doing/enhanced-dementia-surveillance-initiative.html
- vii Overview: Healthy Canadians and Communities Fund, https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/healthy-canadians-communities-fund-overview.html
- viii Applying for funding under the HIV and Hepatitis C Community Action Fund (CAF), https://www.canada.ca/en/public-health/services/funding-opportunities/sexually-transmitted-blood-borne-infections/applying-funding-hiv-hepatitis-c-community-action-fund.html
- ix Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBBI framework for action, https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html
- * Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections, https://www.canada.ca/en/public-health/services/reportspublications/accelerating-our-response-five-year-action-plan-sexually-transmitted-blood-borneinfections.html
- xi Platelet Immunology Laboratory, https://transfusionresearch.healthsci.mcmaster.ca/platelet-immunology-lab/home/#:~:text=The%20McMaster%20Platelet%20Immunology%20Laboratory,TTP)%2C%20and%2 0Vaccine%2DInduced
- xii Canadian Cardiovascular Society, https://ccs.ca/
- xiii Indigenous Early Learning and Child Care Framework, https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning/2018-framework.html
- xiv National Collaborating Centres for Public Health, https://nccph.ca/
- xv The Canadian Public Health Laboratory Network, https://nccid.ca/cphln/
- xvi Technical Advisory Committee, https://www.phn-rsp.ca/en/about/covid-19-response.html#:~:text=and%20Isolated%20Communities-,Technical%20Advisory%20Committee,-The%20TAC%20is
- xvii Canadian COVID-19 Genomics Network, https://genomecanada.ca/challenge-areas/cancogen/
- xviii Vaccine Injury Support Program, https://vaccineinjurysupport.ca/en
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