Supplementary Information Tables: 2012–13 Departmental Performance Report[1]

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Details on Transfer Payment Programs

[1] The Public Health Agency of Canada (Agency) restructured its Program Alignment Architecture (PAA) during the 2013–14 Management, Resources and Results Structure (MRRS) Amendment Process. Changes to the Strategic Outcome and PAA were approved by Treasury Board on February 22, 2013. For the purposes of this Departmental Performance Report, the Agency is reporting on its performance based on the 2013–14 MRRS.

Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

Name of Transfer Payment Program: AHSUNC (Voted)

Start date: 1995–96

End date: Ongoing

Description: This program builds capacity by providing funding to Aboriginal community organizations to deliver comprehensive, culturally appropriate, early childhood development programs for Aboriginal preschool children and their families living off reserve and in urban and northern communities across Canada. It engages stakeholders and supports knowledge development and exchange on promising public health practices for Aboriginal preschoolers through training, meetings and workshops. The primary goal of the program is to mitigate inequities in health and developmental outcomes for Aboriginal children in urban and northern settings by supporting early intervention strategies that cultivate a positive sense of self, a desire for learning, and opportunities to develop successfully as young people. Funded projects offer programming focused on: health promotion; nutrition; culture and language; parent and family involvement; social support; and educational activities. The program responds to a gap in culturally appropriate programming for Aboriginal children and families living in urban and northern communities. Research confirms that early childhood development programs can provide long-term benefits such as lower costs for remedial and special education, increased levels of high school completion and better employment outcomes.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:

In an effort to promote supportive environments for Aboriginal children and their families the AHSUNC program provided services to approximately 4,800 children at 131 sites across the country; 55% of sites have a waiting list. The program reaches approximately 8% of eligible Aboriginal children 3–5 years living off reserve. The program has had a positive effect on school readiness skills, specifically in improving children's language, motor and academic skills. Performance results have also demonstrated effectiveness in improving cultural literacy and enhanced exposure to Aboriginal languages and cultures. Moreover, the program demonstrated positive effects on health by promoting behaviours such as children's access to daily physical activity and health services. AHSUNC sites integrated physical activity regularly in their weekly and daily programming (94%), facilitated immunization (79%), and facilitated access to dental professionals (81%), speech therapists (53%), nutritionists (56%), hearing tests (35%), vision testing (33%), and child psychologists (18%). In some communities, the program has become so integrated in the lives of participating Aboriginal children and their families that project sites have taken on a community hub function.

Program: Health Promotion and Disease Prevention **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants						
Total Contributions	33.1	31.8	32.1	31.5	31.5	0.6
Total Other types of transfer payments						
Total Program	33.1	31.8	32.1	31.5	31.5	0.6

Comments on variances: Not applicable (N/A)

Audits completed or planned: N/A

Evaluations completed or planned: The *Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program* was completed in 2011–12. The next evaluation is scheduled to be completed in 2016–17.

Engagement of applicants and recipients: Recipients are engaged through targeted solicitations. Funded recipients deliver comprehensive, culturally appropriate, locally controlled and designed early childhood development programs for Aboriginal pre-school children and their families living in urban and northern communities across Canada. They also support knowledge development and exchange at the community, provincial/territorial (P/T), and national levels through training, meeting and exchange opportunities.

Assessed Contribution to the Pan American Health Organization (ACPAHO)

Name of Transfer Payment Program: ACPAHO (Voted)

Start date: July 2008

End date: Ongoing

Description: Payment of Canada's annual membership fees to the Pan American Health Organization (PAHO). The PAHO serves as the regional office for the Americas of the World Health Organization (WHO) and functions as the health agency of the Inter-American System and the Organization of American States. PAHO's purpose is to strengthen national and local health systems, and to improve the health of the people of the Americas, in collaboration with Ministries of Health, other government and international agencies, non-governmental organizations, universities, etc. The ACPAHO allows for full participation as a member of this international organization to fund Canada's share of the cost of operations of the organization as determined by the governing body, in accordance with its founding treaty and financial rules and regulations. Canada's participation in PAHO furthers the Health Portfolio's broad global health objectives and promotes the following results aimed at: protecting the health of Canadians by enhancing regional health security multilaterally and bilaterally; advancing Canada's influence and interests in the region; and contributing to the reduction of health disparities leading to greater economic stability to align with Canada's foreign policy objectives for the Americas.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:
Canada's membership supports the Government of Canada's (GC) *Americas Strategy* which seeks to strengthen Canada's multilateral and bilateral relationships in the hemisphere within the health sector. In 2012, Canada provided technical assistance thirteen times on health issues such as: regulation of tobacco products; health statistics; human resources for health; and implementation of *International Health Regulations* and control of non-communicable diseases. Further, Canada began a three-year term on PAHO's Executive Committee in September 2012 which provides an opportunity to advance key regional governance and public health priorities. Canada's participation in the PAHO Governing Body meeting provides an opportunity to exercise an oversight role by strengthening management and administration of PHAO to influence decisions and strengthen governance and accountability pertaining to PAHO; and to work towards greater alignment between PAHO's regional strategies and those of the WHO by achieving complementary objectives, reporting requirements, and outcomes.

The Canada-PAHO Biennial Work Plan (BWP) is a fund of approximately $400K U.S. (2012–13) that is allocated from the ACPAHO and managed by PAHO. The BWP facilitates policy, regulatory and technical cooperation in the region, while contributing to improving the health status of citizens in member states, including Canada. Projects supported in 2012–13 related to the following issues:

- Capacity building in mental health and substance use reduction in the region and among indigenous peoples;
- Strengthening the health sector capacity to detect, treat, and prevent intra-family violence as a gender-based cross cutting theme within the broader cooperation of strengthening primary health care and mental health, substance use reduction services;
- Capacity building in telehealth/telemedicine for remote areas;
- Strengthening national regulatory authorities in selected countries of the hemisphere in pharmaceutical products and medical devices through Health Canada's (HC) International Regulatory Forum;
- Strengthening national regulatory authorities in selected countries of the hemisphere in food safety measures; and
- Capacity building in health human resources planning for systems strengthening including policy development, needs-based planning, and in selected countries, strengthening capacity of culturally-sensitive Indigenous health human resources.

Program: Public Health Infrastructure **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grant			0.0			
Total Contributions			0.0	11.8	11.7	(11.7)
Total Program	0.0	0.0	0.0	11.8	11.7	(11.7)

Comments on variances: Total Authorities and Actual Spending are higher than Planned Spending due to the transfer of responsibility for this program from Health Canada to the Agency effective July 1, 2012.

Audits completed or planned: In Fall 2011, the Office of the Auditor General (OAG) of Canada initiated a performance audit of GC official development assistance spending through multilateral organizations covering the fiscal year 2010–11. The ACPAHO was reviewed as part of this audit as these resources are reported to Parliament as official development assistance.

Evaluations completed or planned: An evaluation covering the period 2008–09 to 2012–13 has been undertaken and will be completed in 2013–14.

Engagement of applicants and recipients: As a member of PAHO, Canada sits on the Directing Council as a voting member, thereby influencing the direction of the PAHO's work as well as the use of its budgets.

Canada Prenatal Nutrition Program (CPNP)

Name of Transfer Payment Program: CPNP (Voted)

Start date: 1994–95

End date: Ongoing

Description: This program builds capacity by providing funding to community organizations to deliver and enable access to programs that promote the health of vulnerable pregnant women and their infants. The program also supports knowledge development and exchange on promising public health practices related to maternal infant health for vulnerable families, community-based organizations and practitioners. The goal of the program is to mitigate inequities in health for pregnant women and infants who face challenging life circumstances such as low socio-economic status, lack of food security, social and geographic isolation. Evidence shows that maternal nutrition, social and emotional support can affect both prenatal and infant health, as well as longer term physical, cognitive and emotional functioning in adulthood. This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. Programming delivered across the country includes: nutrition counselling, prenatal vitamins, food and food coupons, parenting classes, education on prenatal health, infant care, child development, healthy living, and social supports.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:

CPNP provided services to approximately 59,000 participants (including pregnant women and parents/caregivers) in 2012–13. CPNP participants face various conditions of risk, for example: over 80% of participants had monthly household incomes of $1,900 or less; nearly 10% reported no income at all; 80% were pregnant; 12% were less than 20 years of age; 36% were single parents; and 22% were Aboriginal.

CPNP demonstrated a positive impact on health behaviours including: improved use of vitamin mineral supplements during pregnancy; reduced alcohol consumption; reduced smoking; and increased initiation and duration of breastfeeding. CPNP has also demonstrated a positive impact on birth outcomes, including lower rates of infants born with low birth weight and pre-term births.

Program: Health Promotion and Disease Prevention **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants						
Total Contributions	27.0	26.3	27.2	26.4	26.4	0.8
Total Other types of transfer payments						
Total Program	27.0	26.3	27.2	26.4	26.4	0.8

Comments on variances: N/A

Audits completed or planned: N/A

Evaluations completed or planned: The *Summative Evaluation of the Canada Prenatal Nutrition Program 2004–09* was completed in 2010–11. The program will undergo its next evaluation in 2016–17.

Engagement of applicants and recipients: Recipient organizations are engaged though monitoring and program support in areas that include knowledge development and exchange. Recipient engagement in national strategic projects on emerging issues is supported through the CAPC/CPNP National Projects Fund, which includes training opportunities, the development of a national network of community-based children's programs and a shared knowledge base.

Canadian Diabetes Strategy (CDS)

Name of Transfer Payment Program: CDS (Voted)

Start date: 2005–06

End date: Ongoing

Description: Chronic disease is one of the leading causes of death and reduced quality of life in Canada today and the risk factors that lead to these prevalent chronic diseases are becoming more common. CDS responds to the rising incidence of diabetes due to an increasingly inactive and overweight Canadian population by sharing evidence-based knowledge and supporting

interventions targeted at preventing and early detection of diabetes based on a common risk factor approach. CDS also supports federal leadership by facilitating multisectoral partnerships amongst governments, non-governmental organizations and the private sector to ensure that resources are deployed to maximum effect.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:

Seven community-based and non-profit organizations received funding from the federal stream and 33 from the regional stream of the CDS in 2012. These organizations serve at risk and underserved populations by supporting interventions targeted at prevention and early detection and management of complications resulting from diabetes. For example, the Canadian Association of Wound Care created and implemented a Canadian network of volunteer diabetes foot ulcer prevention peer educators who developed an outreach action plan to connect, educate, and support people living with diabetes. The Canadian Ethnocultural Council developed and implemented community guides containing diabetes resources designed for ethno-cultural organizations which serve high risk populations across Canada. The Regina Foodbank provided diabetes screening clinics and information on healthy living for low-income Foodbank clients.

Additionally, the Agency continued to invest in the development of CANRISK, a diabetes risk questionnaire that supports diabetes awareness and detection. It provides a score that predicts the risk of diabetes or pre-diabetes based on established risk factors including Body Mass Index, ethnicity and family history. For example, a CANRISK on-line app was created, and new partnerships to disseminate CANRISK were developed, including with pharmacies, to help Canadians understand their risk and to support them in taking action to prevent diabetes.

Program: Health Promotion and Disease Prevention **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants			1.2	0.0	0.0	1.2
Total Contributions	4.1	3.9	5.1	4.8	4.8	0.3
Total Other types of transfer payments						
Total Program	4.1	3.9	6.3	4.8	4.8	1.5

Comments on variances: The CDS provided funding via transfers to support various Agency and Health Portfolio-related priorities that are consistent with the authorities of the IS including: $417K for the MS Monitoring System; and $177K to the Canadian Institutes of Health Research (CIHR) to support research into healthy living, childhood obesity and chronic disease prevention. Additionally, there was modest program underspending due to the introduction of the new multi-sectoral funding approach that required recipients to develop collaborative partnerships. In some instances, partnership development took longer than anticipated due to the complexity of the proposed projects and the need to identify appropriate partners.

Audits completed or planned: An *OAG Audit on Promoting Diabetes Prevention and Control* was completed in 2012–13 as a chapter within the *2013 Spring Report of the Auditor General of Canada*.

Evaluations completed or planned: An evaluation on the CDS for the period 2004–09 was completed in 2008–09 as part of the *Promotion of Population Health Grant and Contribution Programs: Summary of Program Evaluations, 2004–09*. A *Formative Evaluation for Diabetes Community-based Programming* was completed in 2008–09. Evaluations of the grants and contributions components of Chronic Diseases Prevention and Mitigation, including the *Integrated Strategy on Healthy Living and Chronic Disease*, are planned for 2014–15.

Engagement of applicants and recipients: Funding opportunities are made available through the *Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease*, which engages multiple sectors of society to leverage knowledge, expertise, reach and resources, to work towards the common shared goal of producing better health outcomes for Canadians.

Community Action Program for Children (CAPC)

Name of Transfer Payment Program: CAPC (Voted)

Start date: 1993–94

End date: Ongoing

Description: This program builds capacity by providing funding to community organizations to deliver and enable access to programming that promotes the healthy development of vulnerable children (0–6 years) and their families. It supports knowledge development and exchange on promising public health practices for vulnerable families, community-based organizations, and practitioners. The goal of the program is to mitigate inequities in health for vulnerable children and families facing challenging life circumstances such as low socio-economic status, or social and geographic isolation. Compelling evidence shows that risk factors affecting the health and development of children can be mitigated over the life-course by investing in early intervention services that address the needs of the whole family. This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living and social supports.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:

CAPC provided services to over 218,000 participants including children and families living in conditions of risk. CAPC contributed to participant health and social development, which is associated with positive child development health outcomes, enhanced community capacity and parental improvement.

CAPC participants face various conditions of risk including: 61% of the participants reported living with low income; 27% had less than high school education; 32% were single parents; 14% were recent immigrants; 14% were families with special need children; and 20% were Aboriginal.

Program: Health Promotion and Disease Prevention **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants						
Total Contributions	54.7	54.7	53.4	55.1	55.1	(1.7)
Total Other types of transfer payments						
Total Program	54.7	54.7	53.4	55.1	55.1	(1.7)

Comments on variances: N/A

Audits completed or planned: N/A

Evaluations completed or planned: The *Summative Evaluation of the Community Action Program for Children: 2004–09* was completed in 2009–10. The program will undergo its next evaluation in 2016–17.

Engagement of applicants and recipients: Recipient organizations are engaged though monitoring and program support in areas that include knowledge development and exchange. Recipient engagement in national strategic projects on emerging issues is supported through the CAPC/CPNP National Projects Fund, which includes training opportunities, the development of a national network of community-based children's programs, and a shared knowledge base.

Federal Initiative to Address HIV/AIDS in Canada (FI)

Name of Transfer Payment Program: FI (Voted)

Start date: January 2005

End date: Ongoing

Description: Contributions towards the FI.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:
Three invitations to submit applications were launched in 2010–11, and 116 new projects were funded in 2011–12 and 2012–13. They focused on: public health interventions and outcomes; integrated HIV, Hepatitis C, sexually transmitted infections (STI) prevention and control; and the determinants of health. In 2012–13, analysis of multi-year program and project data, participant level study, and other program information showed important progress against three major outcomes.

Increased Knowledge and Awareness
Trends over a three-year period (2011 to 2013) showed that approximately 70,000 individuals increased their knowledge of HIV transmission and risk factors as a result of participating in activities funded by the AIDS Community Action Program (ACAP), with participants reporting an increase in knowledge from 37% to 56% within that time period. Data also confirms an increase in knowledge among youth and people from countries where HIV is endemic. Data for a four-year

period (2008–09 to 2011–12) show that over 84,000 individuals were reached by nationally funded awareness activities.

An innovative project used the diabetes prevention model to bring elders and youth together to address HIV and Hepatitis C-related stigma among community leaders. When epidemiological surveillance showed an increase in HIV and Hepatitis C rates in smaller Saskatchewan communities, ACAP supported the expansion of community-based activities to effectively deliver prevention services in key rural and remote communities. ACAP supported culturally relevant interventions to increase awareness of HIV, sexual health, and sexually transmitted infections among Aboriginal youth attending camps focussing on cultural rights of passage into adulthood.

Individual and Organizational Capacity

Data shows that activities funded through ACAP contributed to decreased practice of higher risk behaviours among target populations and increased practice of protective behaviours. Approximately 27,000 individuals, over a three-year period (2011–13), reported intending to adopt practices that may reduce the transmission of HIV.

Community-based organizational capacity to measure project outcomes increased from 60% to 84% over a three-year time period (2011 to 2013) in most regions. In Ontario, funded organizations that reported measuring outcomes specific to knowledge and behaviour change, increased from 49% to 59% over the same time period.

Special emphasis was placed on building the capacity of organizations to access funding and evaluate the outcomes of their activities. The Agency hosted teleconferences to share best practices among funding recipients, provided project evaluation guidance and piloted a Project Evaluation Guide with the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund. Improvements in the quality of evaluation reporting were noted when contribution agreements under this Fund were extended in 2012–13.

Engagement and collaboration on approaches to address HIV and AIDS

A positive trend over a three-year period shows an increase in the number of projects with a regional scope where partnerships were developed with Aboriginal organizations, from 37% of projects in 2009–10 to 71% of projects in 2011–12. Projects with a national scope, funded under the Knowledge Exchange Fund and the National Voluntary Sector Fund, also report successful engagement and collaboration in 2012–13. Consultations identified new directions for future knowledge translation, skills building, and delivery including HIV and aging; test counselling; models of successful prevention programming; regional networks inclusive of HIV and Hepatitis C expertise; and increased adaptions to local realities. A two-day national dialogue to explore integrated HIV prevention and treatment was held in 2012–13, and was supported by extensive engagement in priority setting and planning. Results include: high levels of effectiveness with measures for increased networking and overall relevance ranging from 88% to 100%; a participant survey response rate of 79%; and supporing qualitative data. National organizations also reported: engaging stakeholders in the development and delivery of a communications strategy for the World AIDS Day 2012 awareness campaign; efforts to increase awareness of lessons learned in the global response to HIV and AIDS with the African Black Diaspora Global Network, the International Indigenous Working Group on HIV and AIDS, and the Canadian HIV and AIDS Black African Caribbean Network; and coordinating an interdisciplinary network to promote and undertake collaborative research on HIV, disabilities, and rehabilitation. The Agency also

supported increased engagement and leadership at the global level for HIV drug resistance surveillance and monitoring. This work assisted in the development of knowledge about drug resistance, trends and methods to prevent it.

Program: Health Promotion and Disease Prevention **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants	0.0	0.2	7.4	0.5	0.5	6.9
Total Contributions	19.9	21.9	16.8	22.9	22.9	(6.1)
Total Other types of transfer payments						
Total Program	19.9	22.1	24.2	23.4	23.4	0.8

Comments on variances: Funds were transferred to HC in support of the Canadian Aboriginal Aids Network collaboration with the International Indigenous Working Group on HIV/AIDS. Additional funds were transferred from Hepatitis C, CHVI, and Blood Safety programs, and expended against projects with shared outcomes. The variances are attributable to revised timeframes for program and project activities, including activities to support the development of new HIV/AIDS and Hepatitis C Community Action Fund.

Audit completed or planned: Audits of organizations planned under the Agency's *Annual Recipient Audit Plan 2012–13* were deferred by the Centre for Grants and Contributions until 2013–14 due to operational demands.

Evaluation completed or planned: An evaluation of the FI is underway and will be completed in 2013–14.

Engagement of applicants and recipients: Senior departmental officials engaged with national non-governmental organizations to develop the principles and components for a new integrated approach to HIV and Hepatitis C community funding to be implemented over the next three years.

Healthy Living Fund (HLF)

Name of Transfer Payment Program: HLF (Voted)

Start date: June 2005

End date: Ongoing

Description: The HLF supports healthy living and chronic disease prevention activities, focused on common risk factors, by funding and engaging multiple sectors, and by building partnerships between and collaborating with governments, non-governmental organizations and other sectors, including the private sector. It also focuses on informing policy and program decision-making through knowledge development, dissemination and exchange.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:

In order to promote supportive environments for physical activity and healthy eating, the Agency engaged multiple sectors including governments, non-government organizations, and the private sector. Selected projects include:

- The Agency partnered with the Boys and Girls Clubs of Canada, with matched funding from Sun Life Financial to expand the *Get BUSY Program*, which offers a range of physical activity opportunities and promotes healthy eating choices among children ages 8 to 12 in the after school time period. In addition, a collaboration with AIR MILES for Social Change and the YMCA was established to encourage children and their families to get active and stay active over the long term;
- Physical and Health Education Canada received about $991K under the National Stream of the HLF to enhance the range, quality, and availability of physical activity programs in the after-school period in order to increase physical activity levels among Canada's children and youth. This project developed and launched five active after-school pilots and leveraged them to include nine additional pilots in nine provinces and three territories in order to implement culturally relevant, high quality, physical activity programs in First Nations, Inuit, and Métis communities;
- Several projects were funded under the Regional Stream of the HLF. For example, Manitoba's Recreation Connections, Inc. developed and implemented a multi-sectoral initiative aimed to increase community capacity for children's physical activity and healthy eating in the after-school period, improved access to physical activity opportunities and facilities, and promoted policy development and inter-sectoral collaboration to promote active and safe routes to school; and
- Seven projects received a total of $1M in federal funding to support key intermediary groups — specifically health professionals and educators, as well as those who work with First Nations, Inuit and Métis populations — and appropriate tools and messaging to communicate the importance of a healthy and active lifestyle that included increased levels of physical activity. For example, the Active Living Alliance for Canadians with a Disability developed and disseminated disability-related resources (e.g., tip sheets) for health and education intermediaries to enable a broad range of disabled individuals to participate in physical activity. In addition, Saint Elizabeth Health Care, Ontario developed and delivered healthy living messages for community health and recreation workers and encouraged the integration of physical activity guidelines in their community-based programs for First Nations, Inuit, and Métis people across Canada.

Program: Health Promotion and Disease Prevention **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants						
Total Contributions	4.0	0.0	5.2	3.4	3.4	1.8
Total Other types of transfer payments						
Total Program	4.0	0.0	5.2	3.4	3.4	1.8

Comments on variances: The HLF underwent a permanent funding level reduction of $250K, but continued to provide funding via transfers to support various Agency and Health Portfolio-related priorities consistent with the authorities of the Integrated Strategy including $780K to the CIHR for research into healthy living, childhood obesity, and chronic disease prevention as well as advancing knowledge related to food and health. Additionally there was modest program underspending due to the introduction of a new multi-sectoral funding approach that required recipients to develop collaborative partnerships. In some instances, partnership development took longer than anticipated due to the complexity of the proposed projects and the need to identify appropriate partners.

Audits completed or planned: N/A

Evaluations completed or planned: A *Formative Evaluation of the Integrated Strategy on Healthy Living and Chronic Disease Healthy Living - Program Component* was completed in 2008–09. Evaluations of the grants and contributions components of HLF will be included as part of the evaluation of the *Healthy Living and Chronic Disease Strategy* planned for 2014–15.

Engagement of applicants and recipients: Funding opportunities are made available through the *Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease*, which engages multiple sectors of society to leverage knowledge, expertise, reach and resources, to work towards the common shared goal of producing better health outcomes for Canadians.

Innovation Strategy (IS)

Name of Transfer Payment Program: IS (Voted)

Start date: 2009–10

End date: Ongoing

Description: This program enables the development, implementation and evaluation of innovative public health interventions to reduce health inequalities and their underlying factors by providing project funding support to external organizations in a variety of sectors such as health and education. It focuses on priority public health issues such as mental health promotion and achieving healthier weights. The program fills a need by stakeholders such as public health practitioners, decision makers, researchers and policy makers for evidence about innovative public health interventions which directly benefit Canadians and their families, particularly those at greater risk of poor health outcomes (e.g., northern, remote, and rural populations). Evidence is developed, synthesized and shared with stakeholders in public health and other related sectors at the community, P/T, and national levels in order to influence the development and design of policies and programs. This program is necessary because it enables stakeholders to implement evidence-based and innovative public health interventions that fit local needs. The goals of the program are to stimulate action in priority areas and equip policy makers and practitioners to apply best practices.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:

In 2012–13, the IS invested in 20 projects to promote healthier weights and improve mental health and wellbeing.

A total of nine interventions to promote mental health and wellbeing are currently being implemented and evaluated with projects focused on three thematic areas: addressing family dynamics and parenting competence; supporting school based interventions; and seeking increased community/cultural adaptation. Since the beginning of project funding in 2010, these projects have reached close to 60,000 individuals at risk, over 5,000 practitioners, professionals and policy makers and over 90,000 people from the general public. These projects have increased their reach from approximately 60 to over 230 communities across the country. Projects will continue to measure their impact on social emotional competencies, positive relationships, pro-social behaviour, and community engagement.

In the past year, new and existing inter-sectoral collaborations have been developed and strengthened respectively, resulting in a total of 212 collaborative partnerships across sectors such as: health; social services; education; Aboriginal organizations; academia/research; justice; and law enforcement. These partnerships and collaborations resulted in tangible impacts such as the project with the Centre for Mental Health and Addiction in Ontario which played a lead role in the Provincial Ministry of Education's funded *Safe Schools Toolkit*. The evidence-based material is now available to all boards of education in Ontario, and its publication has led to numerous requests for presentations at ministry-related conferences and workshops, and for workshops within individual school boards.

A total of 11 innovative interventions to achieve healthier weights are being implemented and are focused on: strengthening factors that enable children and youth to achieve healthier weights; building healthier conditions for rural, remote, northern and underserved communities; and creating supportive workplaces for Canadians to achieve healthy weights. These projects address issues including: food security; access to healthy foods; early childhood development; and the promotion of healthier weights in vulnerable and marginalized populations. The projects will also contribute to Health Portfolio efforts related to *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*.

Program: Health Promotion and Disease Prevention **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants	0.3	0.9	7.3	0.0	0.0	7.3
Total Contributions	8.2	13.4	3.8	8.9	8.9	(5.1)
Total Other types of transfer payments						
Total Program	8.5	14.3	11.1	8.9	8.9	2.2

Comments on variances: In 2012–13, several new, complex, multi-year projects were identified for funding but delays in project start dates due to longer than expected approvals and negotiations resulted in lower actual expenditures from the planned forecast.

Audits completed or planned: N/A

Evaluations completed or planned: The *Population Health Fund Evaluation* covering the period of 2005–08 was completed in 2009–10. The program will undergo its next evaluation in 2014–15.

Engagement of applicants and recipients: Open and targeted calls for proposals are utilized to solicit proposals from potential applicants. Various approaches are used to engage applicants and optimize the quality of submitted proposals, including those to develop information events, tools and resources. The IS places a high priority on and supports the systematic collection of learnings and the sharing of this information between funded recipients, the Agency, and other partners to influence future program and policy design.

National Collaborating Centres for Public Health (NCCPH)

Name of Transfer Payment Program: NCCPH (Voted)

Start date: 2004–05

End date: Ongoing

Description: Contributions to persons and agencies to support health promotion projects in community health resource development, training/skill development, and research. The focus of the NCCPH program is to strengthen public health capacity, translate health knowledge and research, and promote and support the use of knowledge and evidence by public health practitioners in Canada through collaboration with P/T and local governments, academia, public health practitioners and non-governmental organizations.

Strategic Outcome: Protecting Canadians and empowering them to improve their health.

Results Achieved:

The NCCPH are recognized as national and international players in the areas of knowledge generation and mobilization. They have increased public health capacity by engaging public health practitioners at multiple levels through on-line training modules, webinars, Web site resources, workshops, outreach programs, conferences, network development and broad dissemination of knowledge products. The NCCPH maintained and established new partnerships and collaborative activities with Health Portfolio partners, public health practitioners, and other external organizations through forums, consultations and workshop activities. They continued to develop and disseminate methods and tools through their Web site, webinars, fireside chats and workshops, to support practitioners and decision-makers to apply new knowledge in their respective environments. The NCCPH continued to work with the Canadian Public Health Association and the Canadian Institutes of Health Research to build public health capacity within the public health system.

Program: Public Health Infrastructure **($M)**						
	Actual Spending 2010–11	**Actual Spending 2011–12**	**Planned Spending 2012–13**	**Total Authorities 2012–13**	**Actual Spending 2012–13**	**Variance**
Total Grants						
Total Contributions	8.6	9.8	8.3	8.9	8.9	(0.6)
Total Other types of transfer payments						
Total Program	8.6	9.8	8.3	8.9	8.9	(0.6)

Comments on variances: Surplus funding was reallocated within the Public Health Scholarship G&C program.

Audits completed or planned: N/A

Evaluations completed or planned: An evaluation of the NCCPH Program is underway and will be completed in fiscal year 2013–14.

Engagement of applicants and recipients: The program did not issue solicitations in 2012–13 as the five-year contribution agreements with the NCCPH are still in place, and available funds are fully committed.

Greening Government Operations

The Greening Government Operations table applies to departments and agencies bound by the *Federal Sustainable Development Act*, the *Policy on Green Procurement*, or the *Policy Framework for Offsetting Greenhouse Gas Emissions from Major International Events*.

Green Building Targets

8.1 As of April 1, 2012, and pursuant to departmental strategic frameworks, new construction and build-to-lease projects, and major renovation projects, will achieve an industry-recognized level of high environmental performance.*		
Performance Measure	RPP	DPR
Target Status	**ON TRACK**	
Number of completed new construction, build-to-lease and major renovation projects in the given fiscal year, as per departmental strategic framework	1	1
Number of completed new construction, build-to-lease and major renovation projects that have achieved an industry-recognized level of high environmental performance in the given fiscal year, as per departmental strategic framework	1	0
Existence of strategic framework	Yes (January, 2012)	

Strategies / Comments

i. **Minimum level of environmental performance:** Three Green Globes for project value between $1M and $10M, Leadership in Energy and Environmental Design (LEED) Silver (New Construction) for project value over $10M, and Labs21 for laboratories only.

ii. **Appropriate threshold (dollar value or floor area):** Projects over $1M and floor area greater than 1,000m^2.

iii. **Applicable building types:** Temperature controlled offices and laboratories in urban and non-urban centres where a benchmark is available. All mobile laboratories, hospitals and airport quarantine services are excluded.

iv. **Rationale for target status:** During 2012–13, the JC Wilt Infectious Disease Research Centre in Manitoba was under construction and in 2013–14 is targeting LEED-NC Silver certification now that substantial completion has been reached.

***** This will be demonstrated by achieving Leadership in Energy and Environmental Design New Construction Silver, Green Globes Design three Globes, or equivalent.

8.2 As of April 1, 2012, and pursuant to departmental strategic frameworks, existing Crown buildings over 1,000m^2 will be assessed for environmental performance using an industry-recognized assessment tool.*			
Performance Measure		RPP	DPR
Target Status		**ON TRACK**	
Number of buildings over 1,000m^2, as per departmental strategic framework		3	2
Percentage of buildings over 1,000m^2 that have been assessed using an industry-recognized assessment tool, as per departmental strategic framework	FY 2011–12	0	0
	FY 2012–13	100%	0
	FY 2013–14	100%	
Existence of strategic framework		Yes (January, 2012)	

Strategies / Comments

i. **Minimum level of assessment:** Building Owners and Managers Association Building Environmental Standards (BOMA BESt) Level 1 certification for laboratories, and BOMA BESt Level 2 certification for office facilities. The Agency has committed to voluntarily participate in Labs21 for its laboratories.

ii. **Appropriate threshold (floor area):** Buildings with floor area greater than 1,000m^2.

iii. **Applicable building types:** Temperature controlled offices and laboratories in urban and non-urban centres where a benchmark is available. All mobile laboratories, hospitals and airport quarantine services are excluded.

iv. **Rationale for target status:** In 2012–13, the Canadian Science Centre for Human and Animal Health (CSCHAH) engaged an external firm with the intent of exceeding the minimum set criteria of BOMA BESt Level 1 certification.

v. **Adjustments to Strategic Framework:** The Agency has responsibility for the following two laboratory facilities: the Canadian Science Centre for Human and Animal Health [containing the Agency's National Microbiology Laboratory (NML)]; and the Laboratory for Food-Borne Zoonoses in addition to JC Wilt, the Crown-owned building under major construction, which will be ready for occupancy in 2013-14.

* Assessment tools include: BOMA BESt; and Green Globes or equivalent.

8.3 As of April 1, 2012, and pursuant to departmental strategic frameworks, new lease or lease renewal projects over 1,000m^2, where the Crown is the major lessee, will be assessed for environmental performance using an industry-recognized assessment tool.

Performance Measure	RPP	DPR
Target Status	**NOT APPLICABLE**	
Number of completed lease and lease renewal projects over 1,000m^2 in the given fiscal year, as per departmental strategic framework	Not Applicable	Not Applicable
Number of completed lease and lease renewal projects over 1,000m^2 that were assessed using an industry-recognized assessment tool in the given fiscal year, as per departmental strategic framework	Not Applicable	Not Applicable
Existence of strategic framework	Yes (January, 2012)	

Strategies / Comments

i This target is not directly applicable to the Agency as Public Works and Government Services Canada (PWGSC) negotiates leases on behalf of the Agency.

ii As the client, the Agency can only request inclusion of this target in its lease requirements and adherence to the FSDS green building targets pursuant to *PWGSC's Strategic Framework* and its *Departmental Sustainable Development Strategy (DSDS).*

8.4 As of April 1, 2012, and pursuant to departmental strategic frameworks, fit-up and refit projects will achieve an industry-recognized level of high environmental performance.*

Performance Measure	RPP	DPR
Target Status	**ACHIEVED**	
Number of completed fit-up and refit projects in the given fiscal year, as per departmental strategic framework	0	0
Number of completed fit-up and refit projects that have achieved an industry-recognized level of high environmental performance in the given fiscal year, as per departmental strategic framework	0	0
Existence of strategic framework	Yes (January, 2012)	

Strategies / Comments

i. **Minimum level of assessment:** BOMA BESt Level 1 certification for laboratories and BOMA BESt

Level 2 certification for office facilities, the Agency has committed to voluntarily participate in Labs21 for its laboratories.

ii. **Appropriate threshold (floor area):** Buildings with floor area greater than 1,000m^2.

iii. **Applicable building types:** Heated offices and laboratories in urban and non-urban centres where a benchmark is available. All mobile laboratories, hospitals and airport quarantine services are excluded.

iv. **Rationale for target status:** The Agency did not have any fit-up or refit projects this fiscal year.

* This will be demonstrated by achieving LEED Commercial Interior Silver, Green Globes Fit-Up 3 Globes, or equivalent.

Greenhouse Gas Emissions Target

This table is not applicable as the Agency is not included in Annex 4 of the Federal Sustainable Development Strategy Guideline for Target 8.5.

Surplus Electronic and Electrical Equipment Target

8.6 By March 31, 2014, each department will reuse or recycle all surplus electronic and electrical equipment (EEE) in an environmentally sound and secure manner.			
Performance Measure		RPP	DPR
Target Status		**ACHIEVED**	
Existence of implementation plan for the disposal of all departmentally-generated EEE		No	Yes January 2013
Total number of departmental locations with EEE implementation plan fully implemented, expressed as a percentage of all locations, by the end of the given fiscal year	FY 2011–12	23%	0%
	FY 2012–13	60%	100%
	FY 2013–14	100%	

Strategies / Comments

i. **Definition of Location**: Any building that is occupied by at least one Agency employee and one Agency EEE asset. It excludes facilities such as warehouses airports, quarantine services and mobile laboratories. The Agency has 39 locations.

ii. **Rationale for target status:** Under the Health Portfolio Shared Services Partnership (SSP), Standard Operating Procedures for the Management of Surplus EEE under the EEE Implementation Plan have been developed to meet the needs of the Agency and HC and are in place at 100% of locations across the country. The procedures are continuously monitored to enhance operational efficiency.

iii. **Roles and responsibilities:** HC will be responsible for data collection, tracking, and monitoring surplus electronic and electrical equipment on behalf of the Agency in accordance with the SSP.

Printing Unit Reduction Target

8.7 By March 31, 2013, each department will achieve an 8:1 average ratio of office work station to printing units. Departments will apply target where building occupancy levels, security considerations, and space configuration allow.			
Performance Measure		RPP	DPR
Target Status		**ACHIEVED**	
Ratio of departmental office work stations to printing units in fiscal year 2010–11, where building occupancy levels, security considerations and space configuration allow		1.8:1	3.77:1
Ratio of departmental office work stations to printing units at the end of the given fiscal year, where building occupancy levels, security considerations and space configuration allow	FY 2011–12	4:1	4.05:1
	FY 2012–13	8:1	11.24:1
	FY 2013–14	12:1	

Strategies / Comments

i. **Definition:** desktop printers, network printers, photocopiers and multifunctional devices

ii. **Scope:** All employees and devices. The Agency will exceed the Federal target of 8:1 to obtain an overall minimum average of 12:1 throughout the organization, allocated as follows:
   a. 12 workstations for one black and white printing device (12:1); and
   b. 50 workstations for one colour printing device (50:1).
   c. **Target exclusions and exemptions:** specialty devices such as label makers, plotters, scanners, etc.; select employees as a result of approved Duty to Accommodate and teleworking agreements; floors/buildings with fewer than 12 and/or 50 workstations; floors/buildings where space configuration does not allow for an 12:1 or 50:1 ratio to be achieved; and security considerations under specific conditions (emergencies and business continuity planning).

iii. Rationale for target status: Agency has achieved a 11.24:1 ratio of work stations to printing units.

iv. Progress Achieved in 2012-13: As of March 31, 2013, there were 2,843 workstations within the Agency with an average printer to workstation ratio of 11.24:1. An additional 252 workstations and/or laboratory facilities have been given time-limited exemptions due to operational requirements. The total number of workstations is 3095.

Paper Consumption Target

8.8 By March 31, 2014, each department will reduce internal paper consumption per office employee by 20%. Each department will establish a baseline between 2005–06 and 2011–12, and applicable scope.			
Performance Measure		RPP	DPR
Target Status		**ON TRACK TO ACHIEVE**	
Number of sheets of internal office paper purchased or consumed per office employee in the baseline year selected, as per departmental scope		5,900 sheets per FTE	
Cumulative reduction (or increase) in paper consumption, per office employee in the given fiscal year, expressed as a percentage, relative to baseline year selected	FY 2011–12	-0%	0%
	FY 2012–13	-10%	Data not available
	FY 2013–14	-20%	

Strategies / Comments

i. Through the Green Printer Initiative, all employee computer print settings were defaulted to black and white, double-sided and secure print has been enabled on all multi-functional devices. This alteration is expected to produce significant reductions in paper consumption.

ii. As a result of organizational changes through the SSP, the original methodology used by the Agency to track paper consumption is no longer possible. HC is now responsible for data collection, tracking, and monitoring of this target on behalf of the Agency.
iii. Rationale for target status: Agency is on track to achieve a 20% reduction in paper consumption.
iv. By reducing paper consumption, the environmental benefits will be witnessed throughout the lifecycle process of paper. For example, decreased paper usage will result in reduced transportation needs in addition to less recycling and disposition of paper products.

Green Meetings Target

8.9 By March 31, 2012, each department will adopt a guide for greening meetings.		
Performance Measure	RPP	DPR
Target Status	**ACHIEVED**	
Presence of a green meeting guide	Yes	

Strategies / Comments

i. The Agency adopted a *Green Meeting* Guide (GMG) following senior executive endorsement; it is posted on the Agency Sustainable Development intranet site for employee use.
ii. Evidence that the GMG has been adopted: GMG 2011.

Green Procurement Targets

8.10 As of April 1, 2011, each department will establish at least three SMART green procurement targets to reduce environmental impacts.		
8.10.1 As of April 1, 2011, office computers will have a minimum average of a four-year life in the Agency.		
Performance Measure	RPP	DPR
Target Status	**NOT APPLICABLE**	
Average life of office computers in the Agency in fiscal year 2010–11	4 years	
Progress against measure in the given fiscal year	4 years	Not Applicable

Strategies / Comments

i. Through the June 2012 Order-in-Council that created the SSP, the function of asset management now resides within HC. The Agency confirmed that the data was unavailable.

8.10.2 As of April 1, 2011, at least 90% of new purchases and leases of printers and multi-functional devices will have environmental features.		
Performance Measure	RPP	DPR
Target Status	**ACHIEVED**	
Percentage of newly purchased and leased printers and multi-functional devices (MFDs) with environmental features in the 2010–11 fiscal year	100%	
Progress against measure in the given fiscal year	90%	100%

Strategies / Comments

i. All printers and multi-functional devices were procured with ENERGY STAR® certification and sleep mode functions enabled.
ii. This target complies with Environment Canada's SMART criteria.
Specific: This target is understandable and communicates a clear and well defined requirement for new purchases and leases of printers and multi-functional devices.

Measurable: Requests for printing devices were monitored to allow for reporting on compliance with this target.
Achievable: As all requests for printing devices were reviewed through a corporate approval process to ensure compliance with the target.
Relevant: Through the Printer Reduction Initiative, the Agency will have the ability to refine its printing fleet to ensure the most efficient and high-performing devices remain within the organization. Printing devices that have exceeded their use or no longer perform to quality standards will be removed.
Timebound: This target is in force as of April 1, 2011.

iii. This target has maintained ongoing compliance throughout 2012–13.

8.10.3 By March 31, 2017, the Agency will remove all stand-alone facsimile machines from its facilities through the integration into multi-functional devices (MFDs).

Performance Measure		RPP	DPR
Target Status		**ON TRACK TO ACHIEVE**	
Baseline in 2012–13: Percentage of integrated facsimile machines into MFDs across the Agency Number of unique fax numbers		17.5% 223	
Percentage of integrated facsimile machines into multi-functional devices across the Agency, relative to baseline year selected	FY 2012–13	20%	17.5%
	FY 2013–14	40%	
	FY 2014–15	60%	
	FY 2015–16	80%	
	FY 2016–17	100%	

Strategies / Comments

i In 2012–13, the Agency conducted an environmental scan which identified 234 unique fax numbers. However, as 11 fax machines were approved under permanent exemption to this target, the total number of unique fax numbers is reduced to 223.

ii This year, 35 stand-alone fax machines have been permanently removed from the Agency through integration into MFDs.

iii The progress being reported is the percentage of integrated fax machines against the total number of unique fax numbers.

iv This target complies with Environment Canada's SMART criteria:
Specific: The target is clear, well-defined, and understandable. The context is explained and there is no ambiguity in direction to reduce the number of standalone devices by increasing the use of multi-functional devices.
Measurable: This target is measured through an environmental scan of the number of standalone fax machines in the Agency in addition to monitoring the number of multi-functional devices being brought into the Agency with built-in facsimile machines.
Achievable: As the Agency's printing devices reach the end of their lifecycle or leasing arrangement, the Agency will obtain new devices through a minimum of a three-year leasing agreement, unless a specific exemption is granted to purchase as an asset.
Relevant: This will not only demonstrate immediate financial savings, but will also allow the Agency to operate a more efficient printing environment for the management, repair and disposal of its fleet.
Timebound: This target requires a five year implementation period to account for all current printers on lease. In order to avoid contract cancellation penalties, as devices come to the end of their lease, leases will be cancelled for machines that are not multi-functional, including facsimile capability, and the machine will be removed and replaced with an upgraded device.

8.11 As of April 1, 2011, each department will establish SMART targets for training, employee performance evaluations, and management processes and controls, as they pertain to procurement decision-making.		
Training for Select Employees **8.11.1** As of March 31, 2012, a minimum of 80% of materiel managers, procurement personnel and acquisition cardholders will have taken an Agency recognized training course on green procurement.		
Performance Measure	RPP	DPR
Target Status	**ACHIEVED**	
Baselines established in 2009–10:		
% of Asset and Materiel Management employees with Canadian School of Public Service (CSPS) C215 certification	Not Applicable	
% of Asset and Materiel Management contracting specialists with CSPS C215 certification	Not Applicable	
% of Acquisition Card Holders with Agency Mandatory Procurement Training	83%	
Progress against measure in the given fiscal year:		
% of Asset and Materiel Management employees with CSPS C215 certification	Not Applicable	Not Applicable
% of Asset and Materiel Management contracting specialists with CSPS C215 certification	Not Applicable	Not Applicable
% of Acquisition Card Holders with Agency Mandatory Procurement Training	100%	100%
Strategies / Comments i. This target complies with Environment Canada's SMART criteria. ii. Through the June 2012 Order-in-Council that created the SSP, the function of asset management now resides within HC.		
Employee performance evaluations for managers and functional heads of procurement and materiel management **8.11.2** As of April 1, 2011, 100% of all identified managers and functional heads of procurement will have environmental considerations clauses incorporated into their performance evaluations.		
Performance Measure	RPP	DPR
Target Status	**NOT APPLICABLE**	
Baselines established in 2009–10: % of all managers and function heads (three employees) of procurement and materials with environmental consideration clauses incorporated into their performance evaluations	100%	
Progress against measure in the given fiscal year	100%	Not Applicable
Strategies / Comments i. This target complies with Environment Canada's SMART criteria. ii. Through the June 2012 Order-in-Council that created the SSP, the function of asset management now resides within HC.		

Management processes and controls **8.11.3** By March 31, 2014, decrease the quantity of “unknown attributes” associated with the financial system’s Green Procurement field in contracts by at least 10% below 2009–10 baseline levels.			
Performance Measure		RPP	DPR
Target Status		**ON TRACK TO ACHIEVE**	
% of contracts and services with “unknown attributes"		3,171 of 4,853 contracts = 65%	
Progress against measure in the given fiscal year	FY 2010–11	-2%	+ 29%
	FY 2011–12	-2%	-7%
	FY 2012–13	-3%	-2%
	FY 2013–14	-3%	

Strategies / Comments

i. This target complies with Environment Canada’s SMART criteria:
Specific: The target is clear, well-defined, and understandable. The context is explained and there is no ambiguity in direction to reduce the number of "unknown attribute" responses against the Green Procurement field.
Measurable: Through the Agency's financial system, reports will be generated to measure the number of unknown attributes to assess if the number has been reduced by 10% below 2009–10 baselines levels.
Achievable: Through training and awareness sessions, emphasis is being placed on employees conducting additional research into the products they are purchasing to avoid using the "unknown attributes" drop-down option.
Relevant: This target is applicable to all contracting requirements throughout the Agency in order to demonstrate trends for green procurement practices over time.
Timebound: This target is to be completed by March 31, 2014.

ii. Goods and services include, but are not limited to, the procurement of: IT hardware; vehicles; furniture; IT services; professional services; and acquisition cards.

Reporting on the Purchases of Offset Credits

Mandatory reporting on the purchase of greenhouse gas emission offset credits, as per the *Policy Framework for Offsetting Greenhouse Gas Emissions from Major International Events*.		
Performance Measure	RPP	DPR
Target Status	Not Applicable	
Quantity of emissions offset in the given fiscal year	Not Applicable	Not Applicable

Strategies / Comments

- The Agency did not seek to purchase greenhouse gas emission offset credits in 2012–13.

Voluntary Reporting on the Agency’s Departmental Sustainable Development Strategy

As of April 1, 2011, a Sustainable Development Advocate will be appointed to promote and be a leader for sustainable development and Strategic Environmental Assessments (SEA) in the Agency		
Performance Measure	RPP	DPR
Progress against measure in the given fiscal year	**ACHIEVED**	
Sustainable Development Advocate is appointed	Yes	Yes

Strategies / Comments

i. The Sustainable Development Advocate for the Agency is the Acting Assistant Deputy Minister of the Strategic Policy, Planning and International Affairs Branch.
ii. The Advocate's leadership is vital in moving the Agency towards the integration of sustainable development principles and DSDS commitments into the policies, programs and activities of the Agency.

As of April 1, 2011, the Agency will implement management elements to increase compliance rates to a minimum of 90% through compliance with SEA Preliminary Scans for Memoranda to Cabinet and Treasury Board Submissions		
Performance Measure	RPP	DPR
Target Status	**ACHIEVED**	
Baselines established in 2009–10:		
% of annual departmental compliance with the Cabinet Directive for SEA Preliminary Scan for Memoranda to Cabinet	8.4%	
% of annual departmental compliance with the Cabinet Directive for SEA Detailed Assessment for Memoranda to Cabinet	Not Applicable	
% of annual departmental compliance with the Cabinet Directive for SEA Preliminary Scan for Treasury Board Submissions	19%	
% of annual departmental compliance with the Cabinet Directive for SEA Detailed Assessment for Treasury Board Submissions	Not Applicable	
Progress against measure in the given fiscal year:		
% of annual departmental compliance with the Cabinet Directive for SEA Preliminary Scan for Memoranda to Cabinet	90%	100%
% of annual departmental compliance with the Cabinet Directive for SEA Detailed Assessment for Memoranda to Cabinet	Not Applicable	
% of annual departmental compliance with the Cabinet Directive for SEA Preliminary Scan for Treasury Board Submissions	90%	100%
% of annual departmental compliance with the Cabinet Directive for SEA Detailed Assessment for Treasury Board Submissions	Not Applicable	

Strategies / Comments

- In its *DSDS*, the Agency committed to implementing management processes to increase compliance rates with the *Cabinet Directive* to a minimum of 90% for SEA Preliminary Scans for Memoranda to Cabinet and Treasury Board Submissions.
- The Agency achieved a 100% compliance rate with the Cabinet Directive in fiscal year 2012–13.

By March 31, 2014, the Agency will expand its National Dead Battery Recycling Program to all 13 major Agency buildings from Vancouver to Halifax			
Performance Measure		RPP	DPR
Target Status		**EXCEEDED**	
# of major Agency buildings		13	
# of major Agency buildings with a fully-implemented Dead Battery Program	FY 2011–12	9	12
	FY 2012–13	9	17
	FY 2013–14	13	

Strategies / Comments

i. Batteries including lead-acid, lithium, nickel-cadmium, silver oxide and mercury pose a higher threat to human and environmental health as they contain heavy metals, many of which are toxic substances scheduled under the *Canadian Environmental Protection Act*, 1999. Improper disposal of large numbers of batteries also pose a safety risk, since batteries are prone to react and overheat.
ii. In 2012–13, the Agency exceeded its commitment by adding the program in an additional five locations.

By March 31, 2014, the Agency will reduce its CO_2 levels from phantom energy use by 100% and verify its success through its 5th and 6th *National Energy Reduction Initiative (NERI)*			
Performance Measure		RPP	DPR
Target Status		**EXCEEDED**	
Baselines established in 2010–11 # of avoidable CO_2 tonnes per year by the Agency		866.95 tonnes/year	
Progress against measure in the given fiscal year: # of reduced avoidable CO_2 tonnes per year by the Agency	FY 2011–12	-700.95 tonnes/year	-619.54 tonnes/year
	FY 2012–13	-800.00 tonnes/year	-833.46 tonnes/year
	FY 2013–14	-866.95 tonnes/year	

Strategies / Comments

- The Agency's 2012–13 *NERI* demonstrated successes and savings in phantom energy and CO_2 reductions.
- The results of this assessment indicate the utility of installing SmartBars in Agency workstations in tandem with the computer automatic shutdown scripts.

As of March 31, 2012, all Agency workstations will be controlled and operated by a SmartBar device			
Performance Measure		RPP	DPR
Target Status		**ACHIEVED**	
Baseline 2011–12 % of workstations controlled and operated by a SmartBar		100%	
% of SmartBars installed in the Agency	FY 2011–12	100%	100%

Strategies / Comments

- This target was achieved in 2011–12.

Horizontal Initiatives

Federal Initiative to Address HIV/AIDS in Canada (FI)

Name of horizontal initiative: FI

Name of lead department: Public Health Agency of Canada (the Agency)

Lead department PAA Programs: Public Health Infrastructure, Health Promotion and Disease Prevention

Start date: January 13, 2005

End date: Ongoing

Total federal funding allocation (from start to end date): Ongoing

Description of the horizontal initiative (including funding agreement): The FI strengthens domestic action on HIV/AIDS, builds a coordinated GC approach, and supports global health responses to HIV/AIDS. It focuses on prevention and access to diagnosis, care, treatment and support for those populations most affected by HIV/AIDS in Canada—people living with HIV/AIDS, men who have sex with men, Aboriginal people, people who use drugs, people in prisons, youth, women, and people from countries where HIV is endemic. The FI also supports and strengthens multi-sector partnerships to address the determinants of health. It supports collaborative efforts to address factors which can increase the transmission and acquisition of HIV including sexually transmitted infections (STIs) and also addresses co-infection issues with other infectious diseases (e.g., Hepatitis C and tuberculosis) from the perspective of disease progression and morbidity in people living with HIV/AIDS. People living with and vulnerable to HIV/AIDS are active partners in FI policies and programs.

Shared outcome(s):

First-level outcomes:

- Increased knowledge and awareness of the nature of HIV/AIDS and ways to address the disease;
- Increased individual and organizational capacity;
- Increased Canadian engagement and leadership in the global context; and
- Enhanced engagement and collaboration on approaches to address HIV/AIDS.

Second-level outcomes:

- Reduced stigma, discrimination, and other barriers;
- Improved access to more effective prevention, care, treatment and support;
- Internationally informed federal response; and
- Increased coherence of the federal response.

Ultimate outcomes:

- Prevent the acquisition and transmission of new infections;
- Improved quality of life for those at risk and living with HIV/AIDS;
- Contribute to the global effort to reduce the spread of HIV/AIDS and mitigate its impact; and
- Contribute to the strategic outcomes of partner departments.

Governance structure(s):

The Responsibility Centre Committee (RCC) is the governance body for the FI. It is composed of directors from the nine Responsibility Centres that receive funding through the FI. Led by the Agency, the RCC promotes policy and program coherence among the participating departments and agencies and meets evaluation and reporting requirements.

The Agency is the federal lead for issues related to HIV/AIDS in Canada and is responsible for overall coordination, communications, reporting, evaluation, national and regional programs, policy development, surveillance, laboratory science and leadership on international health policy, program and technical issues.

HC supports community-based HIV/AIDS education, capacity-building, and prevention for First Nations on-reserve and Inuit communities south of the 60th degree parallel.

As the GC's agency for health research, the Canadian Institutes of Health Research (CIHR) set priorities for and administer the extramural research program.

Correctional Service Canada (CSC), an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of HIV/AIDS) to offenders sentenced to two years or more.

Performance highlights:

In 2012–13, federal partners strengthened their response to HIV/AIDS and other infectious diseases with collaborations on intervention research, and the use of performance, evaluation and survey information. As a result, programs to prevent and control HIV and AIDS, other sexually transmitted and blood borne infections (STBBI), and tuberculosis (TB) among First Nations, Inuit and Métis and other key priority populations were strengthened. For example, uptake of voluntary HIV testing for people in federal prisons is increasing. AIDS 2012 (Washington) and other key forums demonstrated leadership by engaging stakeholders to advance policy priorities and technical responses to communicable diseases and broader public health issues. The coherence of activities to prevent and control HIV/AIDS and related communicable diseases through community funding programs was increased with the development of the holistic and integrated HIV/AIDS and Hepatitis C Community Action fund, and planned transitional activities to support the implementation of the new fund. Complementing Canada's increased HIV/AIDS research capacity, 2012–13 evaluations of research programs shows increased co-ordination among the national research community and with research stakeholders.

Federal partner: The Agency

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	3.1	5.7	ER 1.1 ER 1.2	RA 1.1 RA 1.2

Health Promotion and Disease Prevention	Infectious and Communicable Diseases	Ongoing	4.9	2.8	ER 2.1 ER 2.2	RA 2.1 RA 2.2
	Healthy Communities	Ongoing	37.4	32.0	ER 3.1 ER 3.2 ER 3.3	RA 3.1 RA 3.2 RA 3.3
Total Agency			45.4	40.5		

Comments on variances: The variance between Total Agency Planned and Actual Spending is due to savings achieved through reduced spending on management and administration, travel, and professional services, as well as administrative efficiencies in delivering grants and contributions programs. Actual Spending for Public Health Laboratory Systems is higher than Planned Spending due to a reallocation from the other two programs.

Expected results and results achieved for 2012–13:

ER 1.1: Public health decisions and interventions are supported by timely, reliable and accredited reference service testing that accurately captures all the circulating HIV strains in Canada and directs attention to new outbreaks of HIV. This ensures effective identification and testing for emerging strains of HIV; enhance quality, reliability and comparability of HIV testing.
RA 1.1: Trends in performance data suggest a steady improvement in the quality of serology (blood) reference test services, as indicated by the rate at which test samples were processed within optimal turn-around times. This rate improved by 32% over a three-year period (2010 to 2013). However, the rate at which molecular and point-of-care tests were turned around within set times, declined over the same period, as a result of the reallocation of resources to the evaluation of new technologies. Work continues with provinces and test manufacturers to improve performance in these areas.

ER 1.2: Use of laboratory-generated knowledge is increased to: develop diagnostic, prognostic and drug resistance testing standards; provide quality assurance and performance standardization services for regional laboratories; determine changes in the patterns of HIV transmission; and reduce transmission of HIV from mothers to their infants through the identification of optimal and affordable antiviral therapies. Laboratory research expertise and knowledge platforms are consolidated to develop a hub for global leadership in HIV research and viral diagnostics, outbreak response, and genetic linkages to risk of disease.
RA 1.2: There have been consistent levels of interest in the key publication *HIV-1 Strain and Primary Drug Resistance in Canada* over the past three years (2010 to 2013). The pages were viewed 291 times in 2012–13 alone. The number of citations attributed to peer reviewed publications has increased steadily since 2008, with 414 citations occurring in 2012 alone. These results demonstrate the ongoing usefulness and relevance of laboratory-generated knowledge on testing standards, transmission patterns including mother-to-child transmission, drug resistance, antiviral therapies and related strategies for the prevention and control of HIV/AIDS.

ER 2.1: Increased knowledge and awareness of risk behaviours to inform and guide the development of policies, prevention and care programs for key priority populations including populations in the North by pursuing the implementation of behavioural surveillance of Aboriginal populations (e.g., Yukon).

RA 2.1: The Agency advanced disease and population-specific behavioural surveillance by piloting a study of A-Track (focusing on Aboriginal peoples) in the Regina area. The lessons learned through this pilot will be integrated into broader behavioral surveillance studies for the North.

ER 2.2: Enhance national public health surveillance to address HIV and AIDS among specific ethno-cultural populations (people from countries where HIV is endemic) to contribute to existing surveillance prevention and other programmatic efforts for diseases related to migration by initiating work with federal and provincial partners on the surveillance of people from HIV endemic countries.
RA 2.2: The Agency worked to advanced disease and population specific behavioural surveillance work for E-track (focusing on persons originating from HIV endemic countries) by working with stakeholders to enhance the behavioural survey used to gather information. This will lead to a more robust set of data to inform an evidence basis to address HIV/AIDS among specific ethno-cultural populations. In addition, an *Epi Update on transmission of HIV among populations from countries where HIV is endemic* was published in 2012, and technical support was provided to subsequent research endeavours.

ER 3.1: Expanded evidence base, knowledge and awareness of the nature and methods to address HIV and AIDS in key priority populations, to help inform ongoing research, policy initiatives and priorities; facilitate knowledge transfer and exchange on the evidence linking communicable diseases and the determinants of health; and help identify promising and innovative community-based practices. Timely, reliable, and evidence-informed clinical recommendations for health care providers and public health professionals guide individual and population-based approaches for the detection and management of HIV infection and other related sexually transmitted infections (STIs) This includes upstream scientific evidence with respect to emerging HIV prevention technologies, HIV acquisition and transmission risk, and risks associated with co-infection, as well as primary care information and capacity for the screening, testing, treatment, and management of STIs.
RA 3.1: The Agency conducted public opinion research to assess changes in attitudes and knowledge of HIV/AIDS and Hepatitis C in the Canadian population, including among Aboriginal people, youth and foreign-born individuals. The *2012 HIV/AIDS Attitudinal Tracking Survey* report was published online and was accessed over 1,300 times. Results were also shared with key stakeholders via webinars (reaching 152 participants) and through electronic dissemination to more than 600 stakeholders, including community-based organizations, professional associations, public health organizations, and provinces and territories. Data on the use and uptake of the *Population-Specific HIV/AIDS Status Reports* indicates that the Agency and its products are reaching upwards of 65% of its target audiences. The Agency and its partners are using these findings to improve public awareness strategies for the prevention and control of communicable diseases among vulnerable populations, including Aboriginal people.

The *Agency's Population-Specific HIV/AIDS Status Report: People from Countries where HIV is Endemic* was used to inform discussions at the 2012 International AIDS Conference (in Washington) satellite session on migrant health, co-hosted by the Agency, the European Centres for Disease Prevention and Control, the United States (U.S.) Centers for Disease Control, and informed discussions at a key European conference on migration health in Portugal, increasing the knowledge base to help prevent and control HIV and related infections in migrant populations in Canada and globally.

During Sexual and Reproductive Health Week (February 10–16), the Agency partnered with the Canadian Federation for Sexual Health which saw its social media reach to public health stakeholders and young Canadians around STI prevention and control increase 170% over the previous year. The campaign's partnership with key national organizations representing HIV, health professionals, Aboriginal youth and marginalized youth resulted in 6,000 print awareness tools being disseminated to public health and community-based stakeholders across Canada, and a doubling of visits to the campaign Web site over the previous year.

A Questions and Answers document on sexual health education for youth with physical disabilities was published in 2012, the third in a series of evidence-informed resources on key issues and conditions of vulnerability to STBBIs experienced by specific populations. A 2012 evaluation of previous Questions and Answers documents indicates that they are being used by over 50% of their target audiences to raise awareness among students and staff; to support student counseling and strategies to prevent bullying, and to guide policy development. Over 11,700 copies were distributed.

The Agency's sexually transmitted infections booklet for youth continued to be one of the most requested reference documents with 97,633 printed copies requested and over 900 downloads.

The *HIV Screening and Testing Guide* was produced and disseminated to help reduce the number of people who are unaware of their HIV status, and reduce barriers to testing and routinize HIV testing as part of regular health care for Canadians. The technical document, *HIV Transmission Risk: A Summary of the Evidence*, intended for use by health authorities and professional organizations, was produced and shared in order to inform the development of policies, programs, and guidelines aimed at preventing HIV transmission. Between February 2012 and the end of fiscal year, the document was sent to 918 stakeholders, downloaded 85 times, and sent to 48 additional stakeholders by request.

ER 3.2: Enhanced engagement and collaboration on approaches to address HIV and AIDS with respect to GC policy and program development (domestic and international), and common communicable diseases prevention and control goals of First Nations, Inuit, and Métis.
RA 3.2: The Agency supported increased engagement and leadership at the global level for HIV drug resistance surveillance and monitoring. The Agency and HC collaborated to sponsor the Pre-Conference Indigenous Session at the *2012 International AIDS Conference*. The Agency also collaborated with several international partners to organize and host three sessions at the conference, showcasing promising practices on monitoring HIV among migrant populations and on migrant-sensitive HIV prevention and treatment programs and services. Another session on *HIV Prevention in Concentrated Epidemics* featured promising interventions and strategies that have been used to address key affected subpopulations:

- Performance data shows that activities funded through ACAP contributed to decreased practices of higher risk behaviours among target populations and increased practices of protective behaviours. Between 2009 and 2012, approximately 27,000 individuals reported intending to adopt practices that may reduce the transmission of HIV, and between 2010 and 2012, the percentage of target populations who reported this intention, increased from 20% to 29%.
- Ensure stakeholders have the tools and training required to use community-based social marketing to engage target communities and promote changes that affect access to diagnosis, treatment and care, and increase support for and adoption of safer practices.
- Identify the number of individuals who report intention to adopt practices that may reduce the transmission of HIV.

ER 3.3: Increased individual and organizational capacity to address HIV and AIDS. Renew community funding programs to address the linkages between HIV, AIDS, Hepatitis C and other related communicable disease.

- Renew community funding programs to address the linkages between HIV, AIDS, Hepatitis C and other related communicable disease.
- Ensure stakeholders have the tools and training required to use community-based social marketing to engage target communities and promote changes that affect access to diagnosis, treatment and care, and increase support for and adoption of safer practices.
- Identify the number of individuals who report intention to adopt practices that may reduce the transmission of HIV.

RA 3.3:

- Senior Agency officials engaged with national non-governmental HIV/AIDS organizations to develop the principles and proposed approach for an integrated, holistic HIV/AIDS and Hepatitis C Community Action Fund, and transitional activities to support its implementation by 2017.
- Performance data shows that activities funded through ACAP contributed to reduced practices of higher risky behaviours among target populations and increased practices of protective behaviours. Approximately 27,000 individuals, over a three-year period (2009–12), reported their intention to adopt practices that may reduce the transmission of HIV. Between 2010 and 2012, the percentage of target populations who reported this intention increased from 20% to 29%.

Federal partner: Health Canada (HC)

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Internal Services	Governance and Management Support Services	Ongoing	1.1	0.7	ER 4.1	RA 4.1
First Nations and Inuit Primary Health Care	Bloodborne Diseases and Sexually Transmitted Infections — HIV/AIDS	Ongoing	4.5	4.7	ER 5.1 ER 5.2	RA 5.1 RA 5.2
Total HC			5.6	5.4		

Comments on variances: The variance is attributable to: (a) activities that were prioritized and implemented using fewer resources; (b) reallocation within HC; and (c) the Agency transferring some funds to HC in support of the Canadian Aboriginal AIDS Network in collaboration with the International Indigenous Working Group on HIV/AIDS.

Expected results and results achieved for 2012–13:

ER 4.1: Increased Canadian engagement and leadership in the global context through exchanging best practices with global partners. This will inform global and domestic policy discussion on HIV and AIDS in three global fora and promote policy coherence across the federal government's global activities on HIV and AIDS.
RA 4.1: Canadian priorities on HIV/AIDS at PAHO Executive Committee were advanced. The Minister and senior officials were engaged at the XIX International AIDS Conference where Canadian expertise and best practices were shared through events on mental health and on the impact of HIV on Indigenous communities. Discussions with Health Portfolio partners and UNAIDS on the renewal of the *2006–2011 UNAIDS Partnership Arrangement* were advanced; Health Portfolio policy advice was provided at UNAIDS Programme Coordinating Board meeting; three working papers on priority issues for the Health Portfolio were developed; and the Consultative Group on Global HIV/AIDS Issues was convened and provided strategic advice for Canadian interventions in global fora.

ER 5.1: Increased knowledge and awareness among First Nations, Inuit and/or Métis youth on the nature of HIV and AIDS and ways to address the disease. Determine effective evaluation approaches for sexual health promotion tools, evaluate the pilot Youth Messaging Initiative; and identify best practices related to wellness-type service delivery models in the provision of more holistic and comprehensive health services (HIV and other communicable diseases as well as mental health and substance abuse) to those at greatest risk.
RA 5.1: Performance data over four years (2008 to 2011–12) identified that over 28,700 individuals from target audiences were reached with HC products designed to educate, create awareness and build capacity for First Nations and Inuit communities south of the 60th parallel. Funded communities, undertaking public education and awareness, hosted a total of 2,798 events, reaching 152,632 First Nations and Inuit individuals over the four-year period. Both the regional health survey and public opinion research show positive trends in STI and HIV testing rates over time for the surveyed populations.

HC conducted a formative evaluation of the pilot Youth Messaging Initiative (YMI), in collaboration with the Agency. The formative evaluation consisted of two distinct phases: 1) the evaluation of the YMI; and 2) the development of an evaluation framework to guide future evaluations of youth sexual health promotion tools. The formative evaluation has shown that the YMI met its objective of establishing a strong partnership between federal departments, the Agency and HC, Aboriginal organizations, and youth council members in planning and developing YMI funded projects either through their involvement on the YMI Steering Committee and/or through their direct involvement in individual projects. The evaluation has also shown that all of the funded projects addressed themes of sexual health through the use of either video or print materials. Aboriginal youth were a core feature of this initiative and helped to define it, setting it apart from other national projects of this nature. The results of the evaluation will be used to inform future policy/program options and directions.

Best practices for holistic and comprehensive service delivery models to address HIV, other communicable diseases, and mental health, and substance abuse were considered in the development of a national approach to address STBBI, with a focus on HIV/AIDS, in First Nations communities. This approach continues to be developed by HC in collaboration with internal and external partners. A draft of the approach will be completed by the end of 2013–14.

ER 5.2: Enhanced engagement and collaboration on approaches to address HIV/AIDS through ongoing support to the International Indigenous Working Group on HIV/AIDS.

RA 5.2: In 2012–13, program leads in HC and the Agency jointly supported Canadian International AIDS Network and International Indigenous Working Group on HIV/AIDS activities, and increased the visibility of Aboriginal HIV and AIDS issues at the international level through participation in the *Indigenous Pre-Conference of the International AIDS Conference 2012 Washington*, as well as in the conference itself.

Federal partner: Canadian Institutes of Health Research (CIHR)

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Health and Health Services Advances	HIV and AIDS Research Initiative	Ongoing	21.0	22.5	ER 6.1 ER 6.2 ER 6.3	RA 6.1 RA 6.2 RA 6.3
Total CIHR			**21.0**	**22.5**		

Comments on variances: In addition to providing leadership in the area of research for the FI, CIHR also administers research funding under the *Canadian HIV Vaccine Initiative* (CHVI). In 2012–13, CIHR was able to reallocate funding from CHVI research programs to FI research programs. In addition, CIHR contributed funding from its base budget to strategic HIV programs resulting in the total variance of $1.5M in 2012–13. This funding enabled the launch of the *Catalyst Grants: Innovation in HIV Vaccine and HIV Cure Research program*, the funding of cure-related projects as well as small increases to funding available through other HIV-related funding programs.

Expected results and results achieved for 2012–13:

ER 6.1: Increased knowledge and awareness of the nature of HIV and ways to address the disease through the development and administration of diverse HIV research funding programs. The funding programs will support biomedical, clinical and social science contributing to the development and evaluation of drugs, programs and services for people living with and at risk for HIV/AIDS. In 2012–13, new funding and funding programs will focus on the eradication of HIV, strengthening Canada's network of clinical investigators and addressing co-morbidities for people living with HIV in Canada.

RA 6.1: On behalf of the FI, CIHR invested a total of $21.2M in HIV/AIDS research and research capacity-building in 2012–13. This funding supported biomedical and clinical research; research on health systems and services and social, cultural and environmental determinants of health, as well as the CIHR Canadian HIV Trials Network (CTN) and the CIHR HIV/AIDS Community-Based Research (CBR) Program.

The CIHR HIV/AIDS Research Initiative developed and launched a range of funding opportunities and continued support for multi-year projects previously successful in CIHR competitions. New research and knowledge translation programs launched by the CIHR HIV/AIDS Research Initiative in 2012–13 include:

- Operating Grants: Priority Announcements (2);
- Community-based Research Operating Grants;
- Community-based Research Catalyst Grants;
- Planning Grants: Priority Announcement (3);

- Dissemination Events: Priority Announcement (3);
- Knowledge Synthesis Grants: Priority Announcement;
- Catalyst Grants: Innovation in HIV Vaccine and HIV Cure Research;
- Team Grant: HIV Cure Research; and
- Team Grant: Health Challenges in Chronic Inflammation Initiative.

The Team Grant: HIV Cure Research was a significant initiative launched in partnership with the Canadian Foundation for AIDS Research (CANFAR) and International AIDS Society (IAS) in 2012–13. This $10M initiative is aligned with the international scientific strategy – *Towards an HIV Cure* – and will contribute to the global search for a safe and effective cure for HIV. CIHR and CANFAR partnered to strengthen prospective applications to the initiative with an Application Development Workshop in February 2013. The workshop included over 40 participants and provided opportunities for networking, information-sharing, and research team formation.

In 2012–13, further progress was made on the CIHR HIV Comorbidity Research Agenda, and the related Team Grant: HIV Comorbidity Competition launched in 2011–12. The resulting multi-year research investments, approved in 2012 –13, focus on: improving the health of people living with HIV in Canada; HIV and aging; and HIV, mental health, and neurological conditions. The Agenda continues to be supported by a wide range of partners, including four national AIDS service organizations. Also furthering the Agenda was a team grant for an additional HIV team that was successful in a major research competition.

Funding programs launched or funded in 2012–13 that integrate research, knowledge translation and capacity building objectives include those launched under the Community-Based Research Program, and two large, flagship programs, the CIHR Clinical Trials Network in HIV/AIDS Program and the Centres for Population Health and Health Services Research Development in HIV/AIDS (Centres) program. In 2012–13, program-level evaluations of the Clinical Trials Network (CTN) and the Centre's programs concluded that they were meeting their objectives and provided suggestions for future program enhancements.

ER 6.2: A strong and diverse HIV research community with the capacity to advance HIV research from biomedical science to community-based projects through support for training and salary award programs as well as multi-disciplinary research networks.
RA 6.2: The CIHR HIV/AIDS Research Initiative continues to build a strong and diverse research community by providing a range of capacity-building funding opportunities. The following funding opportunities focused on building capacity were launched by the Initiative in 2012–13.

- New Investigator Awards Priority Announcement;
- Fellowship Awards Priority Announcement;
- Doctoral Research Awards Priority Announcement;
- CBR Masters Awards; and
- CBR Doctoral Awards.

In 2011, the HIV/AIDS CBR Collaborative Centres funding opportunity was launched — in partnership with the CIHR Institute of Aboriginal Peoples' Health - to foster the national coordination of HIV/AIDS CBR capacity building efforts. In 2012–13, two centres were funded for a total investment of $3M over five years. The centres, one of which focuses on Aboriginal communities, are building HIV/AIDS CBR capacity across Canada, creating new and maintaining

existing partnerships between community and academia, and fostering the development of new HIV/AIDS CBR projects and applications for funding.

The evaluations conducted in 2012–13 of the CTN and the Centre's program provided evidence of the capacity-building outcomes of these funding programs. For example, the mid-term evaluation of the Centre's program suggested that the program is helping to build long-term HIV/AIDS research capacity, with almost two-thirds of Centre learners indicating that their participation has oriented their career interests, more than they would have been otherwise, towards health services and policy research or population health research in HIV/AIDS. Similarly, the evaluation of the Network program found that the funded network — the CTN — is delivering a successful Postdoctoral Fellowship Award Program. The program has doubled the funding available to support postdoctoral fellows and is successfully training the next generation of clinical investigators. The majority of the 59 individuals who have received a CTN Postdoctoral Fellowship Award are still involved in academia, fellowships or student positions and former trainees are becoming leaders in the network. The evaluations also indicated that both of these programs are contributing to the training and mentoring of community members in the area of research.

ER 6.3: Enhanced coordination and strategic alignment of HIV research with national and international health research priorities and initiatives through the leadership and involvement of CIHR and Canadian researchers. Better coordination and strengthened partnerships will enhance resources for priority topics and help ensure effective application of new knowledge.
RA 6.3: In the area of addressing priorities and enhancing coordination at the national level, highlights of results achieved in 2012–13 include:

- Work by CIHR and key stakeholders in Saskatchewan with local and national partners to develop two important workshops that provided information and built capacity for the research response to HIV in the province.
- Program evaluations conducted in 2012–13 that provided strong evidence asserting that CIHR programs are fostering a collaborative approach to HIV research across Canada. The evaluation of the Centres' program indicates that about three-quarters of survey respondents agree that the program is creating a more nationally coordinated research community. The evaluation of the CIHR Clinical Trials Network in HIV/AIDS program, which funds the CTN, indicates there is a very high rate of collaboration between CTN investigators as demonstrated by the inter-institutional publication rate being higher for the CTN than the top 10 countries contributing publications in the field of HIV/AIDS.

In the area of alignment and coordination internationally, 2012–13 highlights include:

- The launch of the $10M Team Grant: HIV Cure Research program which includes the IAS as a partner and is closely aligned with the IAS-led Towards an HIV Cure global scientific strategy.
- Partnering on the organization and funding of the AIDS 2012 Satellite Session: Addressing Mental Disorders: The Missing Link to Effective HIV Prevention, Care, Treatment and Support. Given its alignment with CIHR priorities and its Comorbidity Research Agenda, CIHR supported the organization of the satellite session that was led by the U.S. Health and Human Services Office of Global Affairs and the U.S. National Institute of Mental Health. HC was the GC lead. Other supporting organizations included: U.S. Agency for International Development; the New York and New Jersey AIDS Education and Training Center; UNAIDS;

and WHO.

Federal partner: Correctional Services Canada (CSC)

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Custody	Institutional Health Services Public Health Services	Ongoing	4.2	4.1	ER 7.1 ER 7.2	RA 7.1 RA 7.2
Total CSC			4.2	4.1		

Comments on variances: N/A

Expected results and results achieved for 2012–13:

ER 7.1: Increased knowledge and awareness of the nature of HIV and AIDS and ways to address the disease, as achieved through: research and surveillance studies undertaken; tools and knowledge products developed and disseminated through publications, presentations and workshops; and as indicated by the percentage of federal offenders completing HIV and AIDS awareness programming.
RA 7.1: During 2012–13, surveillance activities were used to monitor testing uptake, determine HIV prevalence, and guide policy and program development.

Knowledge was shared with service providers through the issuance of the *Infectious Diseases Surveillance in Canadian Federal Penitentiaries 2007-2008 Pre-Release Report*, and presentations such as at the University of Ottawa Epidemiological rounds.

A variety of awareness programs were delivered to federal offenders. The Reception Awareness Program, offered to all newly-admitted inmates, was attended by 2,387 offenders. In addition, 238 inmates completed the Peer Education Course which trains offenders to provide peer support and information to other offenders. A key indicator of HIV prevention in CSC, including knowledge and awareness, is the increased uptake of voluntary HIV testing on admission and throughout incarceration. In 2012–13, over 7,400 inmates in CSC were tested for HIV.

ER 7.2: Enhanced engagement and collaboration on approaches to address HIV and AIDS and sexually transmitted and bloodborne infections through the F/P/T Heads of Corrections Working Group on Health and CSC's Community Consultation Committee on Public Health. The emphasis will be on developing and strengthening partnerships with: provincial and territorial governments; federal departments at national and regional levels; the Council of Chief Medical Officers of Health; and community partners.
RA 7.2: Throughout 2012–13, CSC enhanced engagement and collaboration on approaches to address HIV/AIDS and STBBI. Meetings of the F/P/T Heads of Corrections Working Group on Health were held to address common issues, including prevention and management of HIV. The Community Consultation Committee on Public Health met to identify issues for future engagement. In 2012, CSC gained representation on the F/P/T Council of Chief Medical Officers of Health. Monthly teleconferences and biannual face-to-face meetings were held to address public health issues, including HIV. In February 2013, CSC held a two-day meeting with Aboriginal service organizations which identified several opportunities for collaboration and

partnerships to enhance the dissemination of disease prevention information to Aboriginal offenders.

Results to be achieved by non-federal partners: N/A

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Preparedness for Avian and Pandemic Influenza (AI/PI) Initiative

Name of horizontal initiative: AI/PI Initiative

Name of lead department: The Agency

Lead department PAA Program: Public Health Infrastructure, Health Promotion and Disease Prevention, Health Security

Start date: June 21, 2006

End date: Ongoing

Total federal funding allocation (from start to end date): Ongoing

Description of the horizontal initiative (including funding agreement): This initiative is directed at mitigating Canada's risk from two major, inter-related animal and public health threats: the potential spread of avian influenza (AI) virus (i.e., H5N1) to wild birds and domestic fowl in Canada; and the potential for a human-adapted strain to arise resulting in human-to-human transmission potentially triggering a human influenza pandemic. A coordinated and comprehensive plan to address AI/PI was maintained.

The bulk of the initiative is ongoing. Activities have been launched in the areas of: vaccines and antivirals; surge capacity; prevention and early warning; emergency preparedness; critical science and regulation; risk communication; and inter-jurisdictional collaboration. To enhance the federal capacity to address an on-reserve pandemic, efforts have been made to increase surveillance and risk assessment capacity to fill gaps in planning and preparedness.

Shared outcome(s):

Immediate outcomes:

- Strengthened Canadian capacity to prevent and respond to pandemics; and
- Increased internal and external awareness, knowledge and engagement with stakeholders.

Intermediate outcomes:

- Increased prevention, preparedness and control of challenges and emergencies related to AI/PI; and
- Strengthened public health capacity.

Long-term and strategic outcomes:

- Increased/reinforced public confidence in Canada's public health system; and
- Minimization of serious illness, overall deaths, and societal disruption as a result of an influenza pandemic.

Governance structure(s):

In January 2008, the Agency, HC, and the Canadian Food Inspection Agency (CFIA) finalized the *Avian and Pandemic Influenza Preparedness Interdepartmental/Agency Governance Agreement*. The primary scope of the Agreement is the management of specific horizontal issues and/or initiatives relating to AI/PI preparedness.

The Agreement is supported by a structure that falls within the auspices of the Deputy Minister's Committee on Avian and Pandemic Influenza Planning. Implementation of the Agreement is led

by the Avian and Pandemic Influenza Assistant Deputy Ministers (API ADM) Governance Committee focusing on implementation of the initiatives. The API ADM Governance Committee provides strategic direction and oversight monitoring.

An Avian and Pandemic Influenza Operations Directors General Committee supports the API ADM Governance Committee, makes recommendations to it and oversees the coordination of deliverables.

Performance highlights:

The Agency worked collaboratively with its federal partners (HC and CFIA) to expand activities in AI/PI preparedness. This was accomplished through:

- The review and revision of the Canadian Pandemic Influenza Plan which is intended to be an evergreen document that will be continually reviewed and revised based on evolving information and experiences;
- Monitoring and reporting vaccine safety in a timely manner;
- National capacity and capability to identify novel pathogens; and
- Federally-funded laboratory personnel hosted in provincial public health jurisdictions.

Federal partner: The Agency

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Public Health Infrastructure	Public Health Capacity Building	Ongoing	6.8	5.3	ER 1.1 ER 1.2	RA 1.1 RA 1.2
	Public Health Information and Networks	Ongoing	1.8	0.9	Not Applicable	Not Applicable
	Public Health Laboratory Systems	Ongoing	17.8	11.9	ER 2.1 ER 2.2 ER 2.3 ER 2.4	RA 2.1 RA 2.2 RA 2.3 RA 2.4
Health Promotion and Disease Prevention	Infectious Disease Prevention and Control	Ongoing	17.2	5.8	ER 3.1 ER 3.2	RA 3.1 RA 3.2
Health Security	Emergency Preparedness and Response	Ongoing	10.7	29.5	ER 4.1 ER 4.2 ER 4.3 ER 4.4 ER 4.5	RA 4.1 RA 4.2 RA 4.3 RA 4.4 RA 4.5
Total Agency			54.3	53.4		

Comments on variances: N/A

Expected results and results achieved for 2012–13:

ER 1.1: Canada has the public health capacity (including infrastructure, technical expertise, training and stakeholder communications strategies) to prepare and respond to pandemic

influenza.
RA 1.1: The Laboratory Liaison Technical Officer (LLTO) program built public health capacity by providing federally-funded laboratory personnel hosted in provincial public health jurisdictions. LLTOs are dedicated to enhancing pandemic influenza and outbreak preparedness and response by strengthening inter-jurisdictional communication and collaboration, and supporting provincial participation in key national laboratory-based surveillance and microbiology reference service programs and initiatives. Currently, LLTOs are located in four provincial jurisdictions (British Columbia, Saskatchewan, Manitoba, New Brunswick), with plans to staff AB and ON later in 2013–14.

The Canadian Public Health Laboratory Network (CPHLN) coordinated monthly teleconferences and an annual meeting of federal and provincial public health laboratory representatives to foster national laboratory preparedness and response. The LLTOs continued to support communication of information and data between provincial public health laboratories and the NML.

ER 1.2: The work of public health officers at placement sites improves their skills and increases local and regional public health organizations' capacity to respond to health emergencies, while enhancing collaborative working relationships between stakeholders and the Agency.

RA 1.2: While at their placement sites, all public health officers (PHOs) reported access to training and professional development that enhanced their skills. Through placements, the jurisdictions' ability to respond to public health issues was also strengthened as 75% of placement sites reported that PHOs contributed to non-routine public health issues over the course of their placements including but not limited to outbreaks. The rotation of PHOs to new placement sites enhanced the reach of the program.

ER 2.1: Canada conducts relevant research to better understand influenza pathogenesis (how the virus produces disease), further interrogate the virus (antiviral susceptibility, vaccine effectiveness), develop possible vaccine candidates, and epidemiology (how the virus spreads) to mitigate impact and improve capacity against future pandemic influenza viruses.
RA 2.1: Clinical trials were initiated with 50 volunteers receiving immunizations. Preliminary data indicates that priming the elderly's immune system with a DNA vaccine prior to receiving the traditional seasonal influenza vaccine results in increased immunity. As a result of this promising data, the clinical trial was extended for an additional year.

ER 2.2: Construction of the 5,300-m^2 new laboratory is completed; increased high importance research capacity.
RA 2.2: The new laboratory is 95% complete. While commissioning has taken longer than originally anticipated, the building is now expected to be ready for occupancy in 2013–14.

ER 2.3: Canada is able to identify, mitigate and control of disease transmission at the initial outbreak stage in order to reduce the potential impact of influenza epidemics and pandemics.
RA 2.3: The Agency's National Microbiology Laboratory (NML) maintains the capability to rapidly identify pathogens during the initial outbreak. Once it has identified a pathogen, NML has the ability to create and disseminate kits and protocols for the provincial public health labs, thus allowing for national capacity and capability to identify the novel pathogen.

ER 2.4: Canada is able to prepare for and anticipate risks associated with novel influenza strains.
RA 2.4: The NML is capable of working with certified influenza strains as the lead influenza reference centre for Canada. This capability was further refined this year with additional labs capable of working with influenza strains. Each province now maintains at least one laboratory

capable of working with influenza strains. Twenty-four labs are currently participating in the NML influenza virus proficiency testing program as well as in the influenza polymerase chain reaction proficiency panel.

ER 3.1: Respiratory and vaccine preventable diseases and vaccine safety are monitored and reported in a timely manner.
RA 3.1: Vaccine preventable diseases successfully monitored and reported to PAHO on a weekly basis are: measles; rubella; congenital rubella syndrome; and acute flaccid paralysis (polio). Vaccine preventable diseases monitored annually and reported to F/P/T stakeholders, including the National Advisory Committee on Immunization for the updated release of the *Canadian Immunization Guide*, include: diphtheria; tetanus; pertussis; haemophilus influenza; invasive meningococcal disease; invasive pneumococcal disease; varicella; mumps; and polio. Influenza and other respiratory infectious diseases are monitored weekly and reported both nationally via the FluWatch Web site and internationally to the WHO. Quarterly summaries of Adverse Events Following Immunization reports received are prepared and distributed to key F/P/T stakeholders.

ER 3.2: Predictive and assessment models used for pandemic preparedness are developed and established.
RA 3.2: Pandemic influenza models have been developed to support decision-making regarding the renewal of the NAS, and the impact of demographic variables on the transmission of pandemic influenza in remote and isolated communities. More specifically, a dynamic, compartment model for pandemic influenza in Canada was structured by age and underlying chronic health conditions to calculate the potential demand for antivirals to treat persons with pandemic influenza infections under a wide-range of scenarios that explicitly incorporate variability in transmission dynamics, disease severity, and intervention strategies. Current and future work will also include new statistical models and methods in the risk assessment framework with respect to emerging pandemics**.**

ER 4.1: Canada has access to a supply of pandemic influenza vaccine.
RA 4.1: Canada continues to have rapid access, if needed, to a domestically-produced pandemic vaccine for all Canadians, and to a back-up supply of foreign-produced vaccine through contracts previously awarded. In 2012–13, the GC finalized a contract amendment requiring its domestic manufacturer to increase its capacity to fill vaccine into vials by November 2014 in order to further enhance rapid access to pandemic vaccine, if needed.

ER 4.2: Canada has access to a supply of antivirals.
RA 4.2: Canada continues to have access to a supply of antivirals for pandemic influenza in the National Antiviral Stockpile (NAS), held by provinces and territories, and in the federally held National Emergency Stockpile System (NESS).

ER 4.3: Canada has the capacity to carry out public health interventions including emergency response and a maintained state of readiness of the Health Portfolio's Emergency Operations Centre.

RA 4.3: The Health Portfolio Emergency Operations Centre has a surveillance and response capability on a 24/7 basis. During a pandemic situation the *International Health Regulations* National Focal Point information office would be able to link Canada with the WHO. The Agency's border health services maintains a 24/7 response capacity at six quarantine stations

(Vancouver, Calgary, Toronto, Ottawa, Montreal, and Halifax) to prevent the import and export of communicable diseases including pandemic influenza.

ER 4.4: Canada has access to a rapid response research mechanism for pandemic influenza research questions.
RA 4.4: Funding for the PHAC/CIHR Influenza Research Network (PCIRN) was renewed for another three years (2013–16) so that the network can continue to deliver valuable relevant research related to: rapid vaccine trials; rapid program implementation; vaccine coverage; vaccine safety; vaccine effectiveness; laboratory support; information technology support; and curriculum and knowledge translation**.**

ER 4.5: The National Antiviral Stockpile is maintained and plans are established for the replacement of antiviral stocks as they reach the end of their shelf-life.
RA 4.5: The GC has made funding available to support P/Ts in maintaining their National Antiviral Stockpile (NAS). Further considerations for the long-term sustainability of national antiviral stockpiles are under review by the F/P/T decision-makers.

Federal partner: HC

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Health Products	Regulatory activities related to pandemic influenza vaccine	Ongoing	1.2	1.1	ER 5.1	RA 5.1
	Resources for review and approval of antiviral drug submissions for treatment of pandemic influenza	Ongoing	0.2	0.2	ER 6.1	RA 6.1
	Establishment of a crisis risk management unit for monitoring and post-market assessment of therapeutic products	Ongoing	0.3	0.1	ER 7.1	RA 7.1
Health Infrastructure Support for First Nations and Inuit	Strengthen federal public health capacity through Governance and Infrastructure Support to a First Nations and Inuit Health System	Ongoing	0.7	0.7	ER 8.1	RA 8.1
	First Nations and Inuit emergency preparedness,	Ongoing	0.3	0.3	ER 9.1	RA 9.1

	planning, training and integration					
Specialized Health Services	Public health emergency preparedness and response (EPR) on conveyances	Ongoing	0.2	0.1	ER 10.1	RA 10.1
Total HC			3.0	2.6		

Note: Totals may not add due to rounding.

Comments on variances: The $0.4M surplus is due to: delays in consultation of the policy development on vaccines development guidance; a lower priority placed on staffing pandemic influenza positions in the absence of a pandemic during the spring and summer in 2012-13; and implementation of cost-saving efficiencies as part of Economic Action Plan 2012.

Expected results and results achieved for 2012–13:

ER 5.1: Policies, guidance and protocols are relevant for pandemic influenza; coordinated communications among jurisdictions with stakeholders and the public.
RA 5.1: A Pandemic Influenza Working Group was established which initiated a review of draft guidance that outlines regulatory considerations for the development of vaccines. A number of teleconferences were held with international regulatory authorities to address urgent vaccine quality and supply issues helping to refine processes and strengthen relationships. HC's Vaccines Clinical Division actively participates in the drafting of WHO guidelines for vaccine adjuvants.

The *Expedited Pandemic Influenza Drug Review (EPIDR) Protocol*, an internal protocol for AIDS and Viral Diseases type submission reviews, was updated and submitted to management recommending implementation**.**

ER 6.1: Provision of timely, appropriate choice antivirals and vaccines that meet the highest standards of safety, quality and efficacy.
RA 6.1: Four meetings were held dealing with viral vaccines (pre-clinical trial and pre-New Drug submissions). There were seven seasonal influenza vaccines authorized. Two New Drug Submissions as well as 16 Supplemental New Drug Submissions (SNDS) related to viral vaccines were authorized.

ISO 17025 accreditation for the influenza vaccine potency assay was received in the first quarter of 2013–14. This assay will be used to monitor the quality of pandemic influenza vaccines. The development of an alternative assay to measure contaminants in the pandemic vaccine was initiated.

In collaboration with the CFIA, a universal antibody against all strains of the H3 and H1 subtype of influenza virus was developed. This tool can be used for pandemic flu vaccine preparation, vaccine quality studies and flu strain subtyping. In collaboration with the National Research Council Canada (NRC) and Chinese National Institutes for Food and Drug Control (NIFDC), HC developed a novel stability-indicating assay for the potency determination of influenza vaccines. HC provided the WHO Influenza Reference Centre (Australia) with in-house developed reagents, assay protocols, and technical assistance.

ER 7.1: Timely and effective post-market monitoring and assessment of health products.
RA 7.1: Surveillance of preventive and therapeutic products that may be used in case of an

influenza pandemic was ongoing in 2012–13.

ER 8.1: Enhanced collaboration with Aboriginal Affairs and Northern Development Canada (AANDC) and the Agency as well as provincial/territorial partners on joint emergency preparedness and response (EPR) activities, including strengthening, testing and revising on-reserve First Nation pandemic plans. Strengthened links with key stakeholders to facilitate the integration of pandemic plans into all-hazards EPR plans.
RA 8.1: National and regional Communicable Disease Emergencies' (CDE) staff continued to work closely with federal, provincial, regional and First Nations' partners to integrate the needs of First Nation communities into pandemic planning activities. HC updated its CDE Operational Response structure, which would be implemented in the event of a public health event [e.g., H7N9 and MERS-CoV (Middle East Respiratory Syndrome-Coronavirus)]. The Operational Response structure is a temporary organizational structure aligned with the Agency's Emergency Operations Centre and is activated to respond to CDEs. It was highly effective during H1N1; however, roles and responsibilities within HC, AANDC and the Agency have been clarified. The CDE team is a member of the F/P/T Sharing of Health Professional Task Group with a mandate to develop and implement an operational inter-jurisdictional framework, based on the F/P/T Memorandum of Understanding (MOU) on Mutual Aid, to facilitate the movement of health professionals between jurisdictions during a public health emergency. As well, the national CDE team's meetings with AANDC enabled a consolidation of efforts to help communities integrate their community-level pandemic plans into the community all-hazards emergency plans to support planning, response and resource utilization.

ER 9.1: Continue to support the testing and revision of community pandemic plans based on H1N1 lessons learned.
RA 9.1: The national and regional CDE staff created guidelines which reflected best practices and H1N1 experiences, to support the development, strengthening, and implementation of plans at the community-level. These guidelines were disseminated to the regions in 2012–13 to help regions and communities update their pandemic plans, and advance planning activities.

ER 10.1: Coordination of policy and programs (including the emergency call system) for emergency preparedness and response related to pandemic influenza, quarantineable events and public health emergencies of international concern for conveyances, goods, cargo, and ancillary services.
RA 10.1: An emergency call system was available to the conveyance industry, federal departments/agencies and international partners on a 24/7 basis to support response to public health events of international concern related to conveyance, goods, cargo and ancillary services. Staff received marine training to support safe boarding of vessels at sea, and a draft guidance document, *Extraordinary Use New Drugs*, was developed based on external consultations.

Federal partner: CFIA

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Animal Health and Zoonotics Program / Internal Services		Ongoing	20.3	12.0	ER 11.1 ER 11.2 ER 11.3 ER 11.4 ER 11.5 ER 11.6 ER 11.7 ER 11.8 ER 11.9	RA 11.1 RA 11.2 RA 11.3 RA 11.4 RA 11.5 RA 11.6 RA 11.7 RA 11.8 RA 11.9
Total CFIA			20.3	12.0		

Comments on variances: The CFIA has completed delivering the AI/PI program for the seventh year. Over the years, most of the program's activities have been integrated into the CFIA's ongoing work. Due to operational needs, the CFIA reallocated resources from AI to other CFIA priorities, such as operating costs associated with laboratories, and additional inspection-related activities which are not reflected in the direct financial tracking of AI-related activities.

Expected results and results achieved for 2012–13:

ER 11.1: Increased human resource capacity to support risk mitigation procedures (such as enhanced screening of live birds or poultry products) at Canada's ports of entry.
RA 11.1: The CFIA and the Canada Border Services Agency (CBSA) are working together to update the CBSA automated system that supports Advance Commercial Information. It is a risk management tool used by CBSA Targeters at marine ports as well as by AirCargo Targeters. National commercial and traveller stream border lookouts for AI are in place for continuous monitoring of shipments of live birds, hatching eggs and poultry products at ports of entry from affected countries. Bio-containment training related to poultry was given to 62 inspectors to support risk mitigation procedures.

ER 11.2: Enhanced stakeholder and general public knowledge and awareness of the poultry industry service sector.
RA 11.2: Further stakeholder consultation occurred on the draft *Poultry Service Industry Biosecurity Guide*, through regional meetings across the country supported by Growing Forward funds. The draft Guide was revised and presented for approval to the Avian Biosecurity Advisory Committee (ABAC) and released in 2012–13.

ER 11.3: Enhanced/integrated Canadian surveillance system to ensure timely identification of potential outbreaks and response to AI situations. Targeted wild bird surveillance plan for 2012 is currently being reviewed.
RA 11.3: Two key surveillance activities continued within the CFIA:

- First, active surveillance for notifiable avian influenza (NAI) continued as planned through the *Canadian Notifiable Avian Influenza Surveillance System*. A representative number of chicken and turkey farms were sampled. In addition, enhanced surveillance samples from 45 breeding flocks were also submitted. Results were monitored and analyzed.

- Second, Canadian wildlife surveillance also continued during the reporting period. In addition to characterizing any H5/H7 positive samples from a dead bird survey, the CFIA also surveyed approximately 951 live birds from Alberta, Saskatchewan and Manitoba. Twenty-five samples were positive for the AI Virus, of which one sample from Manitoba was positive for H7. This virus was fully characterized and was a low pathogenicity H7N3 virus closely related to the highly pathogenic outbreak strain in Mexico.

ER 11.4: During inter-pandemic periods, strengthen regulatory capacity, utilize performance measurement tools to identify areas for improvement, and continue proactive and coordinated risk communications related to biosecurity and disease prevention.
RA 11.4: The *Health of Animals Act and Regulations* were amended and came into force on January 1, 2013. The amendment related to the disease control zones and provides more flexibility in the creation, under current policies, of administrative zones within the Primary Control Zone, once a Ministerial declaration is made. The Hazard Specific Plan (HSP) for NAI was reviewed and updated to reflect these changes.

Under the umbrella of the broader Animal Health Awareness Campaign, information was shared with key stakeholders (including producers and industry associations) via the Web and by the distribution of biosecurity material such as: brochures; news releases; and posters. Risk communications activities using traditional and social media channels were undertaken with the amendment of the definition of the NAI. Media monitoring and risk communications related to AI prevention, preparedness, and response activities also continued.

ER 11.5: A trained, skilled and equipped workforce ready to respond to potential AI and animal disease outbreaks.
RA 11.5: Skill: Premises Investigation Questionnaires (PIQs) have been updated, translated and posted on the CFIA Intranet site to help field staff record information during disease investigations. The Canadian Emergency Response System was updated and translated.

Training: Incident Command Training was delivered to staff at the national level upon request. In 2013, an e-learning Incident Command System (ICS) course was made available on-line through the Canada School of Public Service.

In order to increase human resource surge capacity, the CFIA is continuing to explore and develop training opportunities for reservists. Where possible, reservists have been engaged in CFIA animal health exercises and drills. In 2012–13, three provincial/regional exercises were held. Functions tested included: farm gate biosecurity; regional simulation of the Emergency Response Team section chiefs and coordinators of the logistics section in a highly pathogenic AI H5N1 emergency; and meeting to identify gaps in the AI HSP and to examine the potential applicability of the plan to other animal diseases. The Quebec held an on-farm exercise in 2012–13 based on an NAI outbreak on a poultry farm to evaluate and train the area animal health response team in the use of the PIQ. Canadian veterinary reservists were deployed in this exercise.

Stockpile: The CFIA continued access to antivirals based on the MOU with the Agency.

ER 11.6: Improve, through investment in research, federal capacity for the control, risk assessment, diagnostics, modelling, and vaccine component of AI issues to enhance evidence-based decision-making on AI responses and the effectiveness of disease control measures to help mitigate risks to human health and economic loss.
RA 11.6: Vaccine: The Specialized Emergency Response Force on vaccination developed a procedure to store vaccine during an outbreak.

Risk Assessment: In 2012–13, scientific advice and nine risk assessments were completed or in-progress on AI risk issues, including those related to importation of live birds from various AI-infected countries, and those related to the importation of animal products that might contain the AI virus.

AI Research: Research projects included the evaluation of the efficacy of heat treatment at various temperatures on inactivation of the virus on various types of surfaces e.g., steel, glass, plastic and wood under conditions encountered in the field; characterization of H5N1 monoclonal antibodies for the diagnosis of highly pathogenic AI; development of a serological assay to differentiate infected from vaccinated animals; the molecular basis of AI virus virulence, and adaptation from natural reservoirs to domestic poultry; development of a multiplexed immunoassay for detection of antibodies against AI and Newcastle disease virus; and an inventory of current options for animal material disposal and decontamination of animal associated equipment and facilities.

ER 11.7: Continue to provide assistance to World Organization for Animal Health (OIE) Central Bureau in the Communications Department in an effort to promote the development and implementation of science-based standards. CFIA continues to support the OIE's mandate and efforts to assist member countries in the control and eradication of animal diseases, including zoonotics, through its annual contribution to the OIE. In addition, the CFIA continues to support the development of capacity to address emergence of risk at the animal level through the Canadian Chapter of Veterinarians Without Borders. Work continues to harmonize diagnostic approaches, response and market access related issues associated with AI.
RA 11.7: The CFIA continued to be engaged in the North American Plan for Animal and Pandemic Influenza (NAPAPI) by continuing to participate in the trilateral health and security working group (Canada, U.S., and Mexico).
The NAPAPI conducted exercises as follows:

- Tri-lateral (Canada, U.S., and Mexico) exercise of Health Security Working Group held in Canada in September 2012; and
- Tri-lateral (Canada, U.S., and Mexico) exercise of Senior Coordinating Body held in Washington in March 2013.

Mexico - CFIA and U.S. staff travelled to Mexico to help evaluate Mexico's operational procedures and provide Mexico with technical advice on the control and eradication process for HPAI. A separate forum attended by three CFIA veterinarians explored potential AI research projects with Canada, the U.S., and Mexico.
A PROCINORTE-sponsored workshop took place at the Southeast Poultry Regional Laboratory in the U.S. in November 2012. Scientists from the CFIA, the U.S., and Mexico attended the workshop whose primary goal was to investigate, identify, and develop potential research proposals to address the outbreak of H7N3 AI in Mexico.

The CFIA continued its annual contribution to the OIE, which supports science-based international standard setting for animal health which underpins trade in animal products.

The CFIA continued to support the Canadian Chapter of Veterinarians Without Borders. This organization works with governments, educational institutions, non-governmental organizations, local communities, farmers groups, and international agencies to tackle root causes of issues affecting public health, animal health, and ecosystem health in developing communities around the world.

ER 11.8: Maintaining, coordinating and managing the Canadian Animal Health Surveillance Network (CAHSN), an integrated network of federal, provincial and university labs. This network allows for rapid testing, detection and reporting of AI.
RA 11.8: The CFIA continued to improve its ability to characterize influenza A virus isolates through whole-genome sequencing and phylogenetic analysis. Examples for 2012–13 include the detection of H1N1 in one turkey flock in Ontario and in two turkey flocks in Manitoba.

Plans are underway to improve sequencing capabilities by acquiring a next generation sequencing platform, allowing the CFIA to look at emerging wild virus strains. This is a potentially important capability as it will enable the CFIA to look for variants possessing genetic signatures that have been associated with poultry adaptation and virulence within the viral population.

The CFIA continued to provide training both on-site and via teleconference to CAHSN laboratories on several diagnostic test protocols.

ER 11.9: Continued development of a viable response plan for AI and animal disease outbreaks, including human resource capacity and data management tools.
RA 11.9: Case plans are under development for identified gaps in approaches to ensuring adequate and efficient sourcing of human and material resources in the event of an emergency need requiring responders. This includes the development of national strategies for the national stockpile of emergency equipment, the deployment procedure for response staff, and the potential development of specially trained responders in each area for national deployment.

Work is in progress by animal health working groups to update emergency response procedures and relevant sections of the Terrestrial Animal Health Common Procedure Manual. Avian destruction procedures were reviewed and revised. During 2012–13, several avian-related sub-chapters were completed and posted on CFIA's internal Web site.

The Animal Health Functional Plan is being revised to reflect a common approach to emergency preparedness and response. Initial steps will be to create an amalgamation of the Terrestrial and Aquatic Functional Plans. These efforts will contribute to the development of responders to increase surge capacity.

An Operational Plan template for senior managers and Incident Command staff is under development. This Plan is to develop a guide for the deployment of human and other resources, and to maintain business continuity capabilities.

All Personal Protective Equipment stockpiles were evaluated for quality assurance parameters. An inventory of stockpiles that are now being stored in various locations in the regions is being developed. A database listing this equipment will be established to allow it to be shared at the time of an NAI or other disease outbreak.

Results to be achieved by non-federal partners: N/A

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Canadian HIV Vaccine Initiative (CHVI)

Name of horizontal initiative: CHVI

Name of lead department: The Agency

Lead department PAA Program: Health Promotion and Disease Prevention

Start date: February 20, 2007

End date: March 31, 2017

Total federal funding allocation (from start to end date): $111M

Description of the horizontal initiative (including funding agreement): The CHVI is a collaborative undertaking between the GC and the Bill & Melinda Gates Foundation (BMGF) to contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine. This collaboration, formalized by a MOU signed by both parties in August 2006 and renewed in July 2010, builds on the GC's commitment to a comprehensive, long-term approach to address HIV/AIDS. Participating federal departments and agencies are the Agency; HC; Industry Canada (IC); the Canadian International Development Agency [now part of Foreign Affairs, Trade and Development Canada (DFATD)]; and CIHR.

The CHVI's overall goals are to: advance the basic science of HIV vaccine discovery and social research in Canada and low-and-middle-income countries (LMICs); support the translation of basic science discoveries into clinical research with a focus on accelerating clinical trials in humans; address the enabling conditions to facilitate regulatory approval and community preparedness; improve the efficacy and effectiveness of HIV Prevention of Mother-to-Child Transmission (PMTCT) services in LMICs by determining innovative strategies and programmatic solutions related to enhancing the accessibility, quality, and uptake; and ensure horizontal collaboration within the CHVI and with domestic and international stakeholders.

Shared outcome(s):

Immediate outcomes

- Increased and improved collaboration and networking among researchers working in HIV vaccine discovery and social research in Canada and in LMICs;
- Greater capacity for vaccines research in Canada;
- Enhanced knowledge base;
- Increased readiness and capacity in Canada and LMICs; and
- An established and fully operational Alliance Coordinating Office.

Intermediate outcomes

- Strengthened contribution to global efforts to accelerate the development of safe effective, affordable, and globally accessible HIV vaccines;
- An increase in the number of women receiving a complete course of anti-retroviral prophylaxis to reduce the risk of PMMTCT; and
- A strong and vibrant CHVI Research and Development Alliance established.

Long-term outcomes

- The CHVI contributes to the global efforts to reduce the spread of HIV/AIDS particularly in LMICs.

Governance structure(s):

The Minister of Health, in consultation with the Ministers of Industry and International Development, is the lead for CHVI. An Advisory Board has been established and is responsible for making recommendations to responsible Ministers regarding projects to be funded, and to oversee the implementation of the MOU between the GC and the BMGF. The CHVI Secretariat, housed in the Agency, continues to provide a coordinating role to the GC and the BMGF.

Performance highlights:

In 2012–13, CHVI participating departments and agencies further strengthened global efforts in HIV vaccine related research by supporting global researchers, networks, and events to increase research capacity and collaborations; identify research gaps; and strengthen regulatory capacity of vaccine products and clinical trials. Further activities to reduce the spread of HIV/AIDS include technologies for prevention, treatment and diagnosis of HIV, and the development of tools and training materials for LMIC community-based interventions for PMTCT services including access and availability to treatment.

Federal partner: The Agency

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Health Promotion and Disease Prevention	Infectious Disease Prevention and Control	18.0	2.1	1.6	ER 1.1 ER 1.2 ER 1.3 ER 1.4	RA 1.1 RA 1.2 RA 1.3 RA 1.4
Total Agency		18.0	2.1	1.6		

Comments on variances: As a CHVI contribution agreement and some contracts did not take place, the funds were directed to other initiatives within the Agency. In addition, CHVI and FI funds were used to finance a WHO initiative, jointly with the FI, in support of common objectives.

Expected results and results achieved for 2012–13:

ER 1.1: Continue to support domestic and international efforts related to the research and development of an HIV vaccine.
RA 1.1:

- On-going and increased support to domestic and international stakeholders in addressing HIV vaccines policy issues, building capacity, promoting global harmonization of regulatory pathways, and improving preparedness.
- Support for national and international fora attended by researchers, funders, policy makers, community stakeholders, and advocates from around the world, highlighting recent developments in HIV vaccine research and promoting greater involvement and collaboration among stakeholders.

- Support education and training opportunities for young and early career investigators to advance HIV prevention research.

ER 1.2: Develop an approach to access the HIV Vaccine Translational Support Fund to provide researchers with financial and project management support for translating HIV vaccine candidates from pre-clinical development research to small scale human clinical trials.
RA 1.2: Engagement efforts with experts and CHVI partners have been initiated to identify options for the development of the HIV Vaccine Translational Support Fund.

ER 1.3: Support the continued work of the Alliance Coordinating Office (ACO) to establish a strong and vibrant network of HIV vaccine researchers and other vaccine researchers both in Canada and internationally.
RA 1.3:

- Developed a white paper to help guide Canada's research efforts and capitalize on opportunities for national coordination across the HIV vaccine community.
- Developed and delivered presentations to diverse national and international stakeholders to discuss scientific advances and gaps in HIV vaccine research.
- Developed a Web site, virtual community and promotional materials to increase awareness of the Alliance and provide opportunities for collaboration and information exchange.
- Supported scholarships and developed a new and early career investigator program to support the next generation of HIV vaccine researchers and raise the priority of vaccine research training nationally.

ER 1.4: Ensure effective communications, strategic planning, coordination, reporting and evaluation within the GC.
RA 1.4:

- Provided ongoing horizontal coordination and policy advice on CHVI-related issues to participating departments and the Bill & Melinda Gates Foundation.
- Prepared and disseminated communication products regarding the CHVI.

Federal partner: HC

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Internal Services	Governance and Management Support Services	1.0	0.1	0.0	ER 2.1	RA 2.1
Health Products	Regulatory Capacity Building Program for HIV Vaccines	4.0	0.8	0.8	ER 3.1	RA 3.1
Total HC		5.0	0.9	0.8		

Comments on variances: N/A

Expected results and results achieved for 2012–13:

ER 2.1: Increased regulatory convergence and exchange of domestic and international best practices, policies and protocols related to the regulation of vaccines, with a focus on HIV/AIDS vaccines.

RA 2.1:

HC/WHO Collaborating Center for Biological Standardization

- In 2012–13, HC co-hosted a workshop on Considerations for the Common Technical Document for Vaccines, and co-hosted a WHO Drafting Group Meeting on the Scientific and Regulatory Considerations on the Stability Evaluation of Vaccines under a Controlled Temperature Chain. Best practices were shared which will inform future discussions regarding standardization.

CHVI Workshops and Satellite Sessions

- In 2012–13, HC hosted a workshop on Effective Collaboration between National Regulatory Authorities and Research Ethics Committees for the Ethical Review of Clinical Trials. HC also participated in the AIDS Vaccine Satellite Session "The Role of the Canadian HIV Vaccine Initiative in Moving an HIV Vaccine from Pre-Clinical to Clinical Stages". Best practices were shared which will inform future discussions regarding standardization.

African Vaccines Regulatory Forum (AVAREF)

- HC actively supported AVAREF by advising on the development of the strategic plan, providing of technical and regulatory expertise, and leading the development of a virtual collaborative platform for AVAREF members and other African regulators.

ER 3.1: Increased regulatory readiness and strengthened capacity of regulatory authorities in LMICs in to the area of vaccine products and clinical trials through training and the establishment of a mentorship program.

RA 3.1:

Health Products and Food Branch (HPFB) International Regulatory Forum

- In 2012–13, HC hosted the fourth annual HPFB International Regulatory Forum which focused on vaccine regulation — specifically the screening, clinical and quality review, and lot release of vaccines. The reduction in individual presentation topics and a more targeted focus on vaccines with a streamlined approach allowed for HC presenters to elaborate on issues and how they were handled as well as provide an increased opportunity for participants from emerging regulatory agencies to discuss their challenges and experiences.

CHVI Regulatory Capacity Mentorship Program

- HC continued with its ongoing mentorship of the regulator in Malawi, including sponsorship of delegates to attend training at the 2012 HPFB International Regulatory Forum. HC also launched a mentorship program with the regulator in Nigeria and developed an action plan**.**

Federal partner: IC

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Commercialization and Research and Development Capacity in Targeted Canadian Industries	Healthy Communities	13.0	2.5	2.5	ER 4.1	RA 4.1
Total IC		13.0	2.5	2.5		

Comments on variances: N/A

Expected results and results achieved for 2012–13:

ER 4.1: New and innovative technologies for prevention, treatment and diagnosis of HIV in pre-commercial development are advanced at small and medium-sized enterprises operating in Canada.
RA 4.1: There were three new contribution agreements signed with Canadian small and medium enterprises to support research and development of an HIV vaccine and other technologies related to the prevention, treatment and diagnosis of HIV. Four contribution agreements detailing early stage technology development have been completed during that period, and one contribution agreement was terminated at the request of the company.

Federal partner: DFATD

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Global Engagement and Strategic Policy	International Development Assistance Program	60.0	13.3	13.3	ER 5.1 ER 5.2 ER 5.3 ER 5.4	RA 5.1 RA 5.2 RA 5.3 RA 5.4
Total DFATD		60.0	13.3	13.3		

Comments on variances: N/A

Expected results and results achieved for 2012–13:

ER 5.1: Increased capacity to conduct high-quality clinical trials of HIV vaccine and other related prevention technologies in LMICs through new teams of Canadian and LMICs researchers and research institutions.
RA 5.1: A six-year, $16M project spanning 2008–09 to 2013–14 is in place with the Global Health Research Initiative (GHRI). This project will strengthen the capacity of researchers and research institutions to conduct high quality clinical trials and build site capacity to conduct HIV vaccine clinical trials in low- and middle-income countries. In 2012–13, new collaborations were established between nine research teams, and synergies and complementarities within the

program, with other CHVI components, and other global efforts were strengthened. Two small team grants completed their activities which resulted in a stronger partnership between Canadian and African research partners.

ER 5.2: In collaboration with CIHR, increased capacity and greater involvement and collaboration amongst researchers working in HIV vaccine discovery and social research in Canada and in LMICs through the successful completion of the development stage of the Team Grant program to support collaborative teams of Canadian and LMIC researchers.
RA 5.2: A seven-year project in partnership with the CIHR ($17M) will strengthen the capacity of researchers, promote greater involvement and collaboration among researchers working in HIV vaccine discovery and social research in Canada and LMICs. In 2012–13, the project supported research capacity strengthening activities and on-going research in HIV vaccine clinical trials in LMICs. Grants were provided to Canadian and LMIC researchers in the amount of $1.1M.

ER 5.3: Increased number of women accessing high quality PMTCT services.
RA 5.3: An agreement is in place with the WHO for $20M over five years to enhance the availability, quality, and uptake of PMTCT services. WHO is implementing the project in Nigeria, Zimbabwe and Malawi.

All six research projects were launched in the three program countries; study protocols were finalized; standard operating procedures, including the adaptation of updated national recommendations for PMTCT were developed; local community structures were engaged; and formative research was underway that informed the development of study tools and training materials.

An agreement with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is in place for $10M over four years to identify community-based interventions with the most potential to enable scale-up of HIV PMTCT services in sub-Saharan Africa. This project aims to improve progress towards the elimination of pediatric AIDS and to complement ongoing facility-based efforts to improve PMTCT/MCH (Maternal and Child Health) services by focusing on community barriers. These interventions increase demand, uptake and retention of services. EGPAF is implementing the project in Zimbabwe, Uganda and Swaziland.

In 2012–13, the program was approved for implementation in all three countries. Start-up activities, such as the recruitment of staff, were completed and approval to carry out the formative and baseline research was received from all three countries.

ER 5.4: Increased capacity of regulatory authorities in LMICs, especially those where clinical trials are planned or ongoing, through training and networking initiatives.
RA 5.4: A four-year project in place with the World Health Organization ($2M, 2009–10 to 2012–13) is supporting capacity-building activities to improve regulatory capacity in LMICs, especially those where clinical trials are planned or ongoing. To date, this project has:

- Formalized the African Vaccine Regulatory Forum (AVAREF);
- Delivered clinical practices inspection courses and evaluation of clinical data courses to AVAREF country members;
- Developed a course on legislation that builds the capacity of the National Review Authorities to develop the legal framework for clinical trials. The course was delivered to 17 participants from 10 LMICs; and

- Strengthened monitoring practices, through the development of indicators, which support Research Ethical Committees in LMIC and research institutions to meet international ethics standards when conducting research with human participants.

Federal partner: CIHR

PAA Programs	Contributing activities/programs	Total allocation (from start to end date)	2012–13 ($M)			
			Planned spending	Actual spending	Expected results	Results achieved
Health and Health Services Advances	Institute Strategic Advances – HIV/AIDS	15.0	2.9	2.4	ER 6.1 ER 6.2 ER 6.3 ER 6.4	RA 6.1 RA 6.2 RA 6.3 RA 6.4
Total CIHR		15.0	2.9	2.4		

Comments on variances: There was a delay in funding some CHVI research programs. As a result, available funding was invested in HIV-related research programs such as those offered under the FI.

Expected results and results achieved for 2012–13:

ER 6.1: In collaboration with DFATD, increased research outcomes in discovery and social research in HIV vaccines through the successful implementation of CHVI Large Teams of Canadian and LMIC researchers.
RA 6.1: As part of a $17M partnership with DFATD, CIHR administered funding for five large teams of Canadian and LMIC researchers. The annual investment in the teams was $1.1M in 2012–13.

ER 6.2: Greater support for new ideas, concepts, approaches and technologies in HIV by developing and launching funding opportunities in basic vaccine research.
RA 6.2: Supported new discoveries in vaccine science and increased capacity with new and on-going funding awarded to researchers and teams of researchers working in HIV vaccine and social research in Canada as demonstrated by:

- New funding to Canadian researchers for two operating grants, one Operating Bridge Grant and 3 Catalyst Grants; and
- Ongoing support for operating grants and Emerging Team Grants undertaken by Canadian researchers.

ER 6.3: Increased cadre of young Canadian and LMIC vaccine researchers, through the development and launch of funding opportunities in vaccine research and ongoing support to funded CHVI large teams.

RA 6.3: Supported a cadre of Canadian vaccine researchers by:

- Launching a competition to support New Investigator Awards; and

- Participating in the CHVI Alliance Coordinating Office (ACO) New and Early Career Investigator Program: to support the work of CHVI-funded projects focused on building further capacity of CHVI researchers; to increase awareness of programs by providing CIHR information on funding programs; and lead webinars for New and Early Career Investigators.

ER 6.4: Enhanced linkages and efficiencies amongst researchers funded within this initiative by promotion of mechanisms for networking and information sharing (such as data sharing platforms and global intellectual property access mechanisms) to support the production of new knowledge and the translation of research findings into improvements in health and the health care system.
RA 6.4: Enhanced linkages and information sharing were promoted amongst researchers and with other sectors to support the production and application of knowledge by:

- Hosting a meeting of the five CIHR-DFATD funded large teams of Canadian and LMIC researchers prior to the AIDS Vaccine 2012 conference in 2012–13. The meeting improved dialogue, networking and communication across the different CHVI Teams; and identified opportunities to leverage and share existing platforms and resources. Representatives of all of the teams participated in the meeting.
- Contributing to the organization of, providing support for and participating in the Afri-Can Forum in Entebbe, Uganda in 2012–13. The Afri-Can forum brought together the five CIHR-DFATD funded large teams of Canadian and LMIC researchers and the seven clinical trial capacity building teams supported through the GHRI to promote inter-team communications and collaboration.

Results to be achieved by non-federal partners: N/A

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Internal Audits and Evaluations

Internal Audits (2012–13 Reporting Year)

The following table lists all key internal audits conducted in 2012–13. Complete Audit Reports are available online.

Name of Internal Audit	Internal Audit Type	Status	Completion Date
Audit of Immunization Program	Assurance	Completed	June 2012
Follow-up Audit of Quarantine, Migration and Travel Health and *International Health Regulations*	Assurance	Completed	October 2012
Audit of the Management of the Public Health Workforce Development Program	Assurance	Completed	January 2013
Follow-up Audit of IT Asset Management	Assurance	Completed	January 2013
Follow-up Audit of Information and Records Management	Assurance	Completed	January 2013
Audit of Financial Resources Management	Assurance	Completed	January 2013
Follow-up Audit of Emergency Preparedness and Response	Assurance	Completed	March 2013
Follow-up Audit of Laboratory Management	Assurance	Completed	March 2013
Follow-up Audit of Crisis Communications	Assurance	Completed	March 2013
Audit of Values and Ethics	Assurance	In Progress	June 2013

Evaluations (2012–13 Reporting Year)

The following table lists all key evaluations conducted in 2012–13. Complete Evaluation Reports are available online.

Name of Evaluation	Program	Status	Expected Completion Date
Evaluation of Public Health Surveillance	1.1.2 Public Health Information and Networks	Completed	January 2013
Evaluation of Community Associated Infections	1.2.1.2 Infectious and Communicable Diseases	Completed	February 2013
Evaluation of the Canadian Public Health Service	1.1.1 Public Health Capacity Building	In progress	June 2013

Name of Evaluation	Program	Status	Expected Completion Date
Evaluation of the International Health Grants Program	1.1.2 Public Health Information and Networks	In progress	June 2013
Evaluation of the FI	1.2.2.2 Healthy Communities	In progress	February 2014
Evaluation of the Fetal Alcohol Spectrum Disorder Initiative	1.2.2.1 Healthy Child Development	In progress	March 2014

Sources of Respendable and Non-Respendable Revenue

Respendable Revenue

Program	2010–11 Actual ($M)	2011–12 Actual ($M)	2012–13 ($M)			
			Main Estimates	Planned Revenue	Total Authorities	Actual
1.3 Health Security						
1.3.1 Emergency Preparedness and Response						
Sale to federal, provincial and territorial departments and agencies, airports and other federally regulated organizations of first aid kits to be used in disaster and emergency situations	0.1	0.1	0.1	0.1	0.1	0.0
Total Respendable Revenue	0.1	0.1	0.1	0.1	0.1	0.0

Non-Respendable Revenue

Program	2010–11 Actual ($M)	2011–12 Actual ($M)	2012–13 ($M)	
			Planned Revenue	Actual
1.3 Health Security				
1.3.1 Emergency Preparedness and Response				
Other - Miscellaneous	0.0	0.0	0.0	1.7
2.1 Internal Services				
2.1.1 Governance and Management Support				
Other - Miscellaneous	0.0	0.0	0.0	9.8
Total Non-Respendable Revenue	0.0	0.0	0.0	11.5

Status Report on Projects Operating with Specific Treasury Board Approval

Project	Original estimated total cost ($M)	Revised estimated total cost ($M)	Actual total cost ($M)	2012–13 ($M)				Expected date of close-out
				Main Estimates	Planned spending	Total authorities	Actual	
Program 1.1.3 Public Health Laboratory System								
JC Wilt Research Centre	42.1	42.1	37.8	10.4	10.4	11.1	8.1	2014
Program 1.3.3 Biosecurity								
Human Pathogens and Toxins Biosafety / Biosecurity Program	10.1	10.1	6.3	1.7	1.7	2.4	1.1	2016
Single Window	4.2	4.2	0.0	0.0	0.0	0.3	0.0	2017

Response to Parliamentary Committees and External Audits

Response to parliamentary committees

Standing Committee on Health

Focussing on the Brain: An Examination of Neurological Disease in Canada

On June 20, 2012, the Tenth Report of the Standing Committee on Health, *Focussing on the Brain: An Examination of Neurological Disease in Canada*, was tabled in the House of Commons. The report summarized the testimony heard from May 2010 to May 2012 and presented the Committee's findings and recommendations. It contained 12 recommendations on three themes: shifting focus towards the brain as a whole from disease-specific initiatives; promoting neurological research and surveillance in Canada; and improving the quality of life of those with neurological diseases and their caregivers through sharing information and knowledge translation. Four of the 12 recommendations were directed at the GC; four were directed specifically at the Agency focussed on expanding neurological disease surveillance activities and facilitating information sharing; and four were directed at CIHR focused on facilitating neurological disease research.

The *Government Response* was tabled in the House of Commons on October 18, 2012. The response emphasized that a key federal government role was to support research and knowledge development to fill gaps and build the evidence base to support all jurisdictions in determining how best to approach neurological diseases. The response pointed out that current GC investments are consistent with this role and provided examples that included investments in the *National Population Health Study of Neurological Conditions*, the *Canada Brain Research Fund*, and the *International Collaborative Research Strategy on Alzheimer's Disease*.

Chronic Diseases Related to Aging and Health Promotion and Disease Prevention

On May 18, 2012, the Eighth Report of the Standing Committee on Health, entitled *Chronic Diseases Related to Aging and Health Promotion and Disease Prevention* was tabled in the House of Commons. The report summarized the Committee's hearings from October 2011 to February 2012 and presented the Committee's findings and six recommendations. Three recommendations included engaging provinces and territories in discussion around a shift towards an interdisciplinary, multi-sectoral model of primary health care. Further recommendations called for a continued support to the research undertaken by CIHR on chronic diseases and for collaborative efforts in the promotion of healthy lifestyle choices for Canadians.

The *Government Response* was tabled in the House of Commons on August 22, 2012. The response reaffirmed the GC's commitment to working with provinces and territories to maintain a sustainable system to continue to deliver improved patient outcomes as illustrated by the increase in the Canada Health Transfer from $28 billion in 2012–13 to over $40B in 2020–21 as well as the investments in the First Nations and Inuit Home and Community Care Program for community-based services which help people living with disabilities, chronic or acute illnesses, and the elderly receive care in their home community. The response also indicated that CIHR's strategic plan, *2009/10 – 2013/14 Health Research Roadmap*, reflects the GC's commitment to support health research, including research into chronic diseases and health promotion. In terms of assisting Canadians in making healthy choices, the response highlighted *Canada's Food Guide*, initiatives to support healthy living (e.g., the *Children's Fitness Tax Credit*, the *Eat Well and Be Active Toolkit*), and many national disease and health promotion strategies (e.g., the *Integrated Strategy on Healthy Living and Chronic Disease*, the *Canadian Diabetes Strategy* and the *Aboriginal Diabetes Initiative*).

Response to the Auditor General (including to the Commissioner of the Environment and Sustainable Development)

2012 Fall Report of the Auditor General

Chapter 2 – Grant and Contribution Program Reforms

The overall objective of the audit was to determine if the government adequately implemented the *2008 GC Action Plan to Reform the Administration of Grant and Contribution Programs*. The Auditor General selected five federal organizations to assess the implementation of government commitments. These organizations were identified after considering the views of subject matter specialists, past audit coverage, and an analysis of grant and contribution expenditures.

The Agency received no recommendations. For more information on this audit, please visit the OAG Web site.

External audits conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages

None.