



## Supplementary Information Tables: 2013–14 Report on Plans and Priorities

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### Details on Transfer Payment Programs

This section provides details for each Transfer Payment Program (TPP).

Transfer Payment Program	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
<a href="#">Aboriginal Head Start in Urban and Northern Communities</a>	32.1	32.1	32.1	29.1
<a href="#">Assessed Contribution to the Pan American Health Organization (PAHO)</a>	0.5	12.5	12.5	12.5
<a href="#">Canada Prenatal Nutrition Program</a>	27.2	27.2	27.2	27.2
<a href="#">Canadian Diabetes Strategy</a>	6.1	6.3	6.3	6.3
<a href="#">Community Action Program for Children</a>	53.4	53.4	53.4	53.4
<a href="#">Federal Initiative to Address HIV/AIDS in Canada</a>	24.0	24.2	23.1	23.1
<a href="#">Healthy Living Fund</a>	4.8	5.4	5.4	5.4
<a href="#">Hepatitis C - Undertaking</a>	-	-	49.7	-
<a href="#">Innovation Strategy</a>	11.1	10.2	10.3	10.2
<a href="#">National Collaborating Centres for Public Health</a>	8.3	8.3	5.8	5.8
<a href="#">Disclosure of TPPs under \$5 Million</a>	30.4	30.7	29.3	29.0

Total	197.9	210.3	255.1	202.0
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## Aboriginal Head Start in Urban and Northern Communities

**Name of Transfer Payment Program:** Aboriginal Head Start in Urban and Northern Communities (AHSUNC) (Voted)

**Start Date:** 1995–96

**End Date:** Ongoing

**Fiscal Year for Terms and Conditions:** 2009–10

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

**Program:** Health Promotion and Disease Prevention

**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. Contributions under this TPP are not repayable.

**Expected Result:** Community-based organizations funded by AHSUNC promote supportive environments for Aboriginal children and families living in urban and northern communities.

Performance indicators include:

- Number of children and families participating in AHSUNC-funded projects; and
- Proportion of children and families participating in AHSUNC-funded projects relative to their representation in the general population.

(\$M)

	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
Total Contributions	32.1	32.1	32.1	29.1
Total Transfer Payments	32.1	32.1	32.1	29.1

**Fiscal Year of Last Completed Evaluation:** The [Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program](#) was completed in 2011-12.

**Decision following the Results of Last Evaluation:** Continuation

**Fiscal Year of Planned Completion of Next Evaluation:** An evaluation is scheduled to be completed in 2016-17.

**General Targeted Recipient Group:** Aboriginal community-based organizations serving First Nations, Métis and Inuit children and their families living in urban and northern communities across Canada.

**Initiatives to Engage 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 (PAHO)

**Name of Transfer Payment Program:** Assessed Contribution to the Pan American Health Organization (Voted)

**Start Date:** July 2008

**End Date:** Ongoing

**Fiscal Year for Terms and Conditions:** 2008-09

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

**Program:** Public Health Infrastructure

**Description:** Payment of Canada's annual membership fees to the Pan American Health Organization (PAHO). Contributions under this TPP are not repayable.

**Expected Results:** The Government of Canada's primary objective for engaging with PAHO is to protect the health of Canadians and contribute to the security of the Region. This is achieved through effective and timely management of health emergencies and outbreaks in the region; collaboration on the production and sharing of health information and public health intelligence; building capacity in the Region to ensure that international norms and standards are upheld (through the provision of training on food safety inspection systems for example) and, through comparative policy analysis and sharing of best practices.

Canada's influence and interests in the Americas region with respect to good governance, transparency and accountability are also advanced through our membership in PAHO, which provides a forum for the wider dissemination of Canadian-based values related to health and the provision of health-care, amongst others. Canada's membership in this multilateral organization also aligns with the Government of Canada's foreign policy objectives for the Americas which seek to strengthen our bilateral and multilateral relations in the region.

(\$M)

	Forecast Spending 2012-13	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
Total Contributions	0.5	12.5	12.5	12.5
Total Transfer Payments	0.5	12.5	12.5	12.5

**Fiscal Year of last Completed Evaluation:** N/A

**Decision following the Results of Last Evaluation:** N/A

**Fiscal Year of Planned Completion of Next Evaluation:** An evaluation of this contribution is currently being conducted in 2012-13.

**General Targeted Recipient Group:** PAHO is the sole recipient of membership fees under these terms and conditions.

**Initiatives to Engage Applicants and Recipients:** Meetings with the recipient; participation in PAHO governing bodies (planning and budgeting processes); technical and program cooperation in priority areas; knowledge transfer activities through Canada's participation in PAHO's technical advisory groups; review of annual reporting; monitoring performance and results.

## Canada Prenatal Nutrition Program

**Name of Transfer Payment Program:** Canada Prenatal Nutrition Program (CPNP) (Voted)

**Start Date:** 1994–95

**End Date:** Ongoing

**Fiscal year for Terms and Conditions:** 2009–10

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

**Program:** Health Promotion and Disease Prevention

**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 of and support 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. Contributions under this TPP are not repayable.

**Expected Results:** Community-based organizations funded by CPNP promote supportive environments for pregnant women, infants, and families living in conditions of risk.

Performance indicators include:

- Number of women participating in CPNP funded projects; and
- Proportion of pregnant and post-partum low income women and their infants participating in CPNP funded projects.

(\$M)

	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
Total Contributions	27.2	27.2	27.2	27.2
Total Transfer Payments	27.2	27.2	27.2	27.2

**Fiscal Year of last Completed Evaluation:** The [Summative Evaluation of the Canada Prenatal Nutrition Program 2004-09](#) was completed in January 2010.

**Decision following the Results of Last Evaluation:** Continuation

**Fiscal Year of Planned Completion of Next Evaluation:** The program will undergo its next evaluation in 2016–17.

**General Targeted Recipient Group:** Community-based organizations serving at-risk pregnant women and infants.

**Initiatives to Engage Applicants and Recipients:** Knowledge development and exchange, and engagement in strategic projects on emerging issues via CAPC/CPNP National Projects Fund. Partnerships and training opportunities.

## Canadian Diabetes Strategy

**Name of Transfer Payment Program:** Canadian Diabetes Strategy (CDS) (Voted)

**Start Date:** 2005–06

**End Date:** Ongoing

**Fiscal Year for Terms and Conditions:** 2009–10

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

**Program:** Health Promotion and Disease Prevention

**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. The Diabetes Program 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. The program also supports Federal leadership by facilitating multisectoral partnerships between governments, non-governmental organizations, as well as the private sector to ensure that resources are deployed to maximum effect. Contributions under this TPP are not repayable.

### Expected Results:

- Community-based and non-profit organizations have access to credible evidence-based information in support of at risk and underserved populations; and
- The Agency's evidence-based information is of a high quality, objective, and meets the needs of diabetes-related key stakeholders who design chronic disease policy initiatives and programs that support at risk and underserved populations.

Performance indicators include:

- Percentage of community-based and non-profit organizations who access diabetes knowledge products/interventions; and
- Level of usage\* of diabetes knowledge products/interventions.

\*A standard definition for "usage" for the Agency is not currently available, and in relation to this Expected Result, it was intentionally left broad in order to allow flexibility in the development of a measurement tool. This tool will build on some existing work (Skinner 2007) looking at measuring knowledge exchange outcomes, which view a similar concept of Uptake as "reflecting behavioural efforts to use the materials." This is consistent with the [Agency's Strategic Plan, 2007–2012](#), which notes: "The information that the Agency is collecting and managing must be translated into useful knowledge and shared for the benefit of decision-makers and stakeholders... Furthermore, the information that is gathered through PHAC's programs must be translated into useful knowledge that can be used by other programs and our partners and stakeholders across the country" (page 16). The target/tolerance of high / medium / low will be interpreted as an index of stakeholder ratings of several key aspects of "usage" through a survey tool to be developed at a later date.

(\$M)

	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
Total Grants	1.2	1.2	1.2	1.2
Total Contributions	4.9	5.1	5.1	5.1
Total Transfer Payments	6.1	6.3	6.3	6.3

**Fiscal Year of last Completed Evaluation:** An evaluation on the CDS for the period 2004–09 was completed in March 2009 as part of the [Promotion of Population Health Grant and Contribution Programs: Summary of Program](#)

[Evaluations, 2004-2009. A formative evaluation for Diabetes Community-based Programming](#) was completed in March 2009.

**Decision following the Results of Last Evaluation:** Continuation

**Fiscal Year of Planned Completion of Next Evaluation:** 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.

**General Targeted Recipient Group:** Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.

**Initiatives to Engage Applicants and Recipients:** Open G&C solicitations posted on the Agency's Web site, targeted G&C solicitations, recipient in person or teleconference meetings to promote collaboration, evaluation and knowledge synthesis, development of case studies to share learnings from funded projects.

## Community Action Program for Children

**Name of Transfer Payment Program:** Community Action Program for Children (CAPC) (Voted)

**Start Date:** 1993–94

**End Date:** Ongoing

**Fiscal Year for Terms and Conditions:** 2009–10

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

**Program:** Health Promotion and Disease Prevention

**Description:** This program builds capacity by providing funding to community organizations to deliver and enable access to programming that promotes the healthy development of at-risk children (0–6 years) and their families. The program also supports knowledge development and exchange on promising public health practices for at-risk families, community-based organizations and practitioners. The goal of the program is to mitigate health inequalities for at-risk children and families facing challenging life circumstances such as low socio-economic status, teenage parents, those facing situations of violence or neglect, social and geographic isolation, or tobacco or substance use/abuse. Special emphasis is given to the inclusion of Aboriginal children and families living in urban and rural communities. 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 at-risk 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. Contributions under this TPP are not repayable.

**Expected Result:** Community-based organizations funded by CAPC promote supportive environments for children and families living in conditions of risk.

Performance indicators include:

- Number of children and families participating in CAPC funded projects; and
- Proportion of low income families with children 0-6 participating in CAPC funded projects.

(\$M)

	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
Total Contributions	53.4	53.4	53.4	53.4
Total Transfer Payments	53.4	53.4	53.4	53.4

**Fiscal Year of last Completed Evaluation:** The [Summative Evaluation of the Community Action Program for Children: 2004-09](#) was completed in January 2010.

**Decision following the Results of Last Evaluation:** Continuation

**Fiscal Year of Planned Completion of Next Evaluation:** The program will undergo its next evaluation in 2016–17.

**General Targeted Recipient Group:** Community based organizations serving at-risk children (0–6) and their families.

**Initiatives to Engage Applicants and Recipients:** Knowledge development and exchange and engagement in national strategic projects on emerging issues via CAPC/CPNP National Projects Fund. Partnerships and training opportunities.

## Federal Initiative to Address HIV/AIDS in Canada

**Name of Transfer Payment Program:** Federal Initiative to Address HIV/AIDS in Canada (FI) (Voted)

**Start Date:** January 2005

**End Date:** Ongoing

**Fiscal Year for Terms and Conditions:** 2009–10

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

**Program:** Health Promotion and Disease Prevention

**Description:** Contributions towards the Federal Initiative to Address HIV/AIDS in Canada. Contributions under this TPP are not repayable.

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

- Increased knowledge and awareness of the nature of HIV and AIDS and ways to address the disease;
- Increased individual and organizational capacity to address HIV and AIDS;
- Enhanced engagement and collaboration on approaches to address HIV and AIDS;
- Reduced stigma, discrimination, and other barriers; and
- Improved access to more effective prevention, care, treatment, and support.

Performance indicators include:

- Total number of individuals by Target population and audiences reached and by type of activities funded by Federal Initiative;
- Total number of partnerships by type and their status;
- Total number of individuals by Target populations who have access to the services.

(\$M)

	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
Total Grants	7.4	7.4	7.4	7.4
Total Contributions	16.6	16.8	15.7	15.7
Total Transfer Payments	24.0	24.2	23.1	23.1

**Fiscal Year of last Completed Evaluation:** The [Federal Initiative to Address HIV/AIDS in Canada Implementation Evaluation Report](#) (2004–07) was completed in 2009-10.

**Decision following the Results of Last Evaluation:** Continuation

**Fiscal Year of Planned Completion of Next Evaluation:** 2013–14

**General Targeted Recipient Group:** Canadian not-for-profit voluntary organizations and corporations; for-profit organizations, unincorporated groups, societies and coalitions; P/T, regional and local governments and agencies; organizations and institutions supported by P/T governments.

**Initiatives to Engage Applicants and Recipients:** Applicants and recipients are engaged through performance measurement and evaluation processes, and periodic meetings with stakeholders involved in the prevention and control of communicable diseases.

## Healthy Living Fund

**Name of Transfer Payment Program:** Healthy Living Fund (HLF) (Voted)

**Start Date:** June 2005

**End Date:** Ongoing

**Fiscal Year for Terms and Conditions:** 2009–10

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

**Program:** Health Promotion and Disease Prevention

**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. Contributions under this TPP are not repayable.

**Expected Results:** Funds will be used to build public health capacity and develop supportive environments for physical activity and healthy eating. Projects will help to strengthen the evidence base, contribute to knowledge development and exchange and help in the formation of health promotion activities.

Performance indicators include:

- Percentage of Canadians who are physically active; and
- Percentage of Canadians who engage in healthy eating (fruit and vegetable consumption).

(\$M)

	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
Total Contributions	4.8	5.4	5.4	5.4
Total Transfer Payments	4.8	5.4	5.4	5.4

**Fiscal Year of last Completed Evaluation:** 2009-10

**Decision following the Results of Last Evaluation:** The HLF is relevant, necessary and generally well formulated.



**Fiscal Year of Planned Completion of Next Evaluation:** 2014-15

**General Targeted Recipient Group:** Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.

**Initiatives to Engage Applicants and Recipients:** Recipients are engaged through open, targeted and directed solicitations. Funded recipients engage at the community, P/T and national levels through training, meeting and exchange opportunities.

## Hepatitis C - Undertaking

**Name of Transfer Payment Program:** Hepatitis C Undertaking (Voted)

**Start Date:** April 2000

**End Date:** March 31, 2020

**Fiscal Year for Terms and Conditions:** 2014-15

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

**Program:** Health Promotion and Disease Prevention

**Description:** The Government of Canada is to transfer up to \$300M over 20 years to provinces and territories. Payments are provided every five years to ensure that persons infected with Hepatitis C through the blood system prior to January 1, 1986 and after July 1, 1990 have reasonable access to Hepatitis C related health care services. The final payment will occur in 2014-15. Contributions under this TPP are not repayable.

**Expected Result:** Improved access to current emerging antiviral drug therapies, other relevant drug therapies, immunization and health care services for the treatment of Hepatitis C infection and related medical conditions.

Performance indicator includes:

- Fiscal transfer completed.

(\$M)

	Forecast Spending 2012-13	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
Total Other Types of Transfer Payments	-	-	49.7	-
Total Transfer Payments	-	-	49.7	-

**Fiscal Year of last Completed Evaluation:** 2012-13

**Decision following the Results of Last Evaluation:** A formative evaluation of the first five years (2009) of the program recommended that future evaluations be subsumed within broader examinations of community-acquired infections. Program to sunset in 2020 following final payment in 2014-15.

**Fiscal Year of Planned Completion of Next Evaluation:** N/A

**General Targeted Recipient Group:** Provinces and Territories; for-profit organizations.

**Initiatives to Engage Applicants and Recipients:** No further payments are planned following the final payment in 2014-15.

## Innovation Strategy

**Name of Transfer Payment Program:** Innovation Strategy (IS) (Voted)

**Start Date:** 2009–10

**End Date:** Ongoing

**Fiscal Year for Terms and Conditions:** 2009–10

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

**Program:** Health Promotion and Disease Prevention

**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 on 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. Contributions under this TPP are not repayable.

**Expected Results:** To increase effective action to reduce health inequalities and their underlying causes by implementing innovative and promising population health practices.

Performance indicators include:

- Extent of design and implementation across Canada of innovative and promising interventions and practices;
- Extent of knowledge exchange regarding effective interventions to take action on priority health issues; and
- Increase in the number of intersectoral collaborations to address specific determinants of health and reduce health inequalities.

(\$M)

	Forecast Spending 2012–13	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
Total Grants	7.3	7.3	7.4	7.4
Total Contributions	3.8	2.9	2.9	2.8
Total Transfer Payments	11.1	10.2	10.3	10.2

**Fiscal Year of last Completed Evaluation:** The [Population Health Fund Evaluation 2008](#) covering the period of 2005–08 was completed in 2009.

**Decision following the Results of Last Evaluation:** Continuation

**Fiscal Year of Planned Completion of Next Evaluation:** 2014–15

**General Targeted Recipient Group:** Canadian not-for-profit voluntary organizations and corporations; unincorporated groups, societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments; and individuals deemed capable of conducting population health activities.

**Initiatives to Engage 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 information events and 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

**Name of Transfer Payment Program:** National Collaborating Centres for Public Health (NCCPH) (Voted)

**Start Date:** 2004–05

**End Date:** Ongoing

**Fiscal year for Terms and Conditions:** 2012-13

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

**Program:** Public Health Infrastructure

**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. Contributions under this TPP are not repayable.

**Expected Results:** Improved public health decision-making stemming from:

- Increased knowledge translation activities (including knowledge synthesis, translation, dissemination, exchange and mobilization) and the application of environmental scans and research findings by researchers and knowledge users;
- Methods and tools available to support practitioners and decision-makers to apply new knowledge in their respective environments;
- Increased availability of knowledge for decision-making and increased use of evidence to inform public health programs, policies and practices;
- Knowledge gap identification, acting as catalysts for new research; and
- Increased opportunities for collaboration and networking between Health Portfolio partners, National Collaborating Centres, public health practitioners, and other external organizations.

Performance indicators include:

- Percent increase (by fiscal year) of knowledge translation activities undertaken;
- Number and uptake of knowledge translation products and activities created and disseminated;
- Number of instances of individuals and organizations reporting that they have used NCC products to inform public health research, policy, programs or practice;
- Number of methods and tools developed and disseminated;
- Percent increase (by fiscal year) in the number of knowledge translation products and activities disseminated;
- Number of activities undertaken that identify research knowledge gaps;
- Number of established partnerships and collaborative activities, mechanisms and processes; and
- Number and type of organizations and individuals participating in established partnerships, and collaborative activities, mechanisms and processes.

(\$M)

	Forecast Spending 2012-13	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
Total Contributions	8.3	8.3	5.8	5.8
Total Transfer Payments	8.3	8.3	5.8	5.8

**Fiscal Year of last Completed Evaluation:** The [Formative Evaluation of the National Collaborating Centres for Public Health Program \(NCCPH\)](#) was completed in 2008-09.

**Decision following the Results of Last Evaluation:** Continuation

**Fiscal Year of Planned Completion of Next Evaluation:** An evaluation of Public Health Tools, including the National Collaborating Centres for Public Health, is planned for completion by 2013-14.

**General Targeted Recipient Group:** Six Centres focusing on thematic areas and priorities of public health located within host organizations in non-profit, academic and Provincial government settings.

**Initiatives to Engage Applicants and Recipients:** Program does not anticipate issuing further solicitations. Six Contribution Agreements are in place to 2014-15.

## Disclosure of TPPs under \$5 Million

Main Objective	End Date of TPP, if applicable	Type of TP	Planned Spending for 2013-14 (\$M)	Fiscal Year of Last Completed Evaluation	General Targeted Recipient Group
<b>Name of TPP: Blood Safety (Voted)</b>					
Support Provincial and Territorial (P/T) transfusion and/or transplantation adverse event surveillance activities.	Ongoing	Contribution	2.2	2009-10	P/T governments; transfusion and/or transplantation centres and agencies and/or groups designated by P/T Ministries of Health; and Canadian not-for-profit organizations who support transfusion adverse event surveillance activities.
<b>Name of TPP: Canadian Breast Cancer Initiative (Voted)</b>					
Support networks of community organizations to share best practices in breast cancer and women's health to ensure that information and supports are available to communities.	Ongoing	Grant and Contribution	0.6	2008-09	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.
<b>Name of TPP: Canadian HIV Vaccine Initiative (Voted)</b>					
Contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine.	March 31, 2017	Contribution	1.9	2010-11	Canadian not-for-profit voluntary organizations and corporations; P/T and local governments and agencies; organizations and institutions supported by P/T governments.

<b>Name of TPP: Federal Tobacco Control Strategy (Voted)</b>					
Support tobacco-related interventions to reduce tobacco use as a chronic disease risk factor.	March 31, 2017	Contribution	2.4	N/A	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.
<b>Name of TPP: Fetal Alcohol Spectrum Disorder (FASD) National Strategic Projects Fund (Voted)</b>					
Assist organizations that have the capacity to enhance and build on already existing FASD activities across the country, and to create new capacity where no previous capacity exists.	Ongoing	Contribution	1.5	2008-09	Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T and local governments and agencies; organizations and institutions supported by P/T governments.
<b>Name of TPP: Hepatitis C Prevention, Support and Research Program (Voted)</b>					
Projects funded at the national and regional levels will: contribute to prevention of Hepatitis C Virus (HCV) in Canada and around the world; support persons infected with, affected by, at risk of and/or vulnerable to HCV; provide a stronger evidence base for policy and programming decisions; and strengthen partners' capacity to address HCV in Canada.	Ongoing	Grant and Contribution	3.5	2006-07	Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T and local governments and agencies; organizations and institutions supported by P/T governments.

<b>Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Cancer (Voted)</b>					
Contribute to cancer prevention, particularly among vulnerable and underserved populations. By testing innovative models for increasing cancer prevention, projects identify best practices that can be replicated across the country.	Ongoing	Grant and Contribution	4.1	2009–10	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.
<b>Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Cardiovascular Disease Program (Voted)</b>					
Contribute to the reduction of the severity and burden of cardiovascular disease (CVD) by increasing access to information and knowledge for health professionals and the public about CVD prevention.	Ongoing	Grant and Contribution	1.4	2009–10	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.

<b>Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease (Voted)</b>					
Enhance capacity for public health chronic disease surveillance activities to expand data sources for chronic disease surveillance.	Ongoing	Grant and Contribution	2.4	2009–10	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.
<b>Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Joint Consortium for School Health (Voted)</b>					
Strengthen Federal leadership efforts to promote health and prevent chronic disease among school-aged children, and to better align policy and program contributions, both within the Federal Health Portfolio (Health Canada the Agency, Canadian Institutes of Health Research and related agencies) and throughout the Government of Canada.	Ongoing	Grant	0.3	N/A	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.



<b>Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices (Voted)</b>					
Build collaborative linkages, nationally and internationally, between researchers, policy-makers and practitioners for the purpose of increasing the adoption of effective practices.	Ongoing	Grant and Contribution	0.2	2009–10	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.
<b>Name of TPP: International Health Grants Program (Voted)</b>					
To facilitate the Health Portfolio's international collaboration and strengthen relationships with key international partners through the promotion of best practices and approaches that respond to Canada's global health priorities and international commitments, and increased knowledge of current and emerging global health issues to inform policy and program development.	Ongoing	Grants	2.7	2007-08	International entities (i.e., bilateral and multilateral international organizations and institutions with established relationships with Canada); Canadian not-for-profit organizations and institutions, including academic and research-based institutions.
<b>Name of TPP: National Projects Fund: Community Action Program for Children/Canada Prenatal Nutrition Program (CAPC/CPNP) (Voted)</b>					
Supports time-limited national initiatives that support vulnerable children, pregnant women and families through public health knowledge development, translation and exchange, and by supporting collective community action on public health issues.	Ongoing	Contribution	1.1	2009–10	Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T and local governments and agencies; organizations and institutions supported by P/T governments.

<b>Name of TPP: Neurological Diseases (Voted)</b>					
Improve current knowledge about the incidence, prevalence, co-morbidities, risk factors, and the impacts on the use of health services and the economy of neurological conditions in Canada.	March 31, 2014	Contribution	0.4	N/A	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.
<b>Name of TPP: Preparedness for Avian and Pandemic Influenza – Influenza Research Network (Voted)</b>					
Develop and test methodologies/methods related to the evaluation of influenza vaccines as they pertain to safety, immunogenicity and effectiveness, and program implementation and evaluation.	Ongoing	Grant	Nil	2010–11	Canadian not-for-profit voluntary organizations and corporations; P/T and local governments and agencies; organizations and institutions supported by P/T governments.
<b>Name of TPP: Preventative Public Health Systems and Adaptation to Climate Change (Voted)</b>					
To support the development of adaptation tools by academic institutions.	March 31, 2015	Contribution	0.1		Canadian not-for-profit voluntary organizations and corporations; P/T and local governments and agencies; organizations and institutions supported by P/T governments.

Name of TPP: Promoting Access to Automated External Defibrillators in Recreational Hockey Arenas Initiative (Voted)					
Support the installation of AEDs and the provision of associated user training in recreational hockey arenas across Canada with the objective of reducing deaths from sudden cardiac arrest in these venues, and enhancing the protection of the health and safety of Canadians.	March 31, 2016	Contribution	3.8	N/A	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.) and individuals deemed capable of conducting population health activities.
Name of TPP: Public Health Scholarship and Capacity Building Initiative (Voted)					
To increase the number and skills of public health professionals; To enhance relationships between university programs in public health and public health organizations; and, To develop public health training products and tools.	Ongoing	Grant and Contribution	2.1	2010–11	Canadian not-for-profit voluntary organizations and corporations, P/T and local governments and agencies, organizations and institutions supported by P/T governments (regional health authorities or districts, post-secondary institutions, etc.), and individuals, deemed capable of conducting public health activities to contribute to enhancing public health workforce development and strengthening the capacity and knowledge of the public health sector.

## Greening Government Operations

The Greening Government Operations (GGO) table has been created for departments to report against progress on Goal 8 of the [Federal Sustainable Development Strategy](#) (i.e., minimize the environmental footprint of government operations). In any given fiscal year departments are required only to complete the applicable portions of the table based on the provisions of the [Federal Sustainable Development Act](#).

[Green Building Targets](#)

[Greenhouse Gas Emissions Target](#)

[Surplus Electronic and Electrical Equipment Target](#)

[Printing Unit Reduction Target](#)

[Paper Consumption Target](#)

[Green Meetings Target](#)

[Green Procurement Targets](#)

[Reporting on the Purchase of Offset Credits](#)

[Voluntary Reporting on the Agency's Departmental Sustainable Developmental Strategy](#)

### 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		
Number of completed new construction, build-to-lease and major renovation projects in the given fiscal year, as per departmental strategic framework	0	
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	0	
Existence of strategic framework	Yes	

#### Strategies / Comments

- i. The Agency established a Green Building Strategic Framework (GBSF) to outline the conditions for buildings being assessed against this target as of April 1, 2012. The Agency will assess existing new construction and build-to-lease projects against the framework commencing in 2012–13.
- ii. In addition to achieving the minimum certification of 3 Green Globes for project dollar value between \$1M and \$10M and Leadership in Energy and Environmental Design (LEED) Silver (Core and Shell

- Development or New Construction) for project dollar value over \$10M, the Agency has committed to voluntarily participate in Labs21<sup>1</sup> for its laboratories.
- iii. All mobile laboratories, hospitals and airport quarantine services are excluded from certification.
  - iv. Where applicable, the Agency will adhere to its Green Move methodologies and will “reduce, reuse and recycle” laboratory and office materials and infrastructure.

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

#### Strategies / Comments

- i. The Agency footprint includes three Crown laboratory buildings: the Laboratory for Foodborne Zoonoses (LFZ), the Canadian Science Centre for Human and Animal Health (CSCHAH), and the JC Wilt Infectious Diseases Research Centre.
- ii. The Agency established a Green Building Strategic Framework (GBSF) to outline the conditions for buildings being assessed against this target as of April 1, 2012. The Agency will assess existing Crown buildings over 1,000m<sup>2</sup> against the framework commencing in 2012–13.
- iii. All mobile laboratories, hospitals and airport quarantine services are excluded from certification.
- iv. In addition to achieving the minimum certification of 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.

Where applicable, the Agency is adhering to its Green Move methodologies and is “reducing, reusing and recycling” laboratory and office materials and infrastructure.

8.3 As of April 1, 2012, and pursuant to departmental strategic frameworks, new lease or lease renewal projects over 1,000m <sup>2</sup> , where the Crown is the major lessee, will be assessed for environmental performance using an industry-recognized assessment tool. <sup>2</sup>			
Performance Measure		RPP	DPR
Target Status			

<sup>1</sup> Labs21 is a voluntary environmental building certification program developed specifically for laboratories, on par with LEED for office space. Its assessment areas include sustainable sites, water efficiency, energy and atmosphere, materials and resources and indoor environmental quality.

<sup>2</sup> Assessment tools include: BOMA BEST, an appropriately tailored BOMA International Green Lease Standard, or equivalent.

Number of completed lease and lease renewal projects over 1,000m <sup>2</sup> in the given fiscal year, as per departmental strategic framework	Not applicable	
Number of completed lease and lease renewal projects over 1,000m <sup>2</sup> that were assessed using an industry-recognized assessment tool in the given fiscal year, as per departmental strategic framework	Not applicable	
Existence of strategic framework	Not applicable	

#### Strategies / Comments

- i. This target is not applicable as Public Works and Government Services Canada and Health Canada negotiates all leases on behalf of the Agency. The current leased space portfolio was acquired by Public Works and Government Services Canada, which negotiates 19 of the 20 leases on behalf of the Agency; Health Canada negotiates the remainder.
- ii. As the client, the Agency can only request inclusion of this target in its lease requirements.

<b>8.4</b> 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.		
<b>Performance Measure</b>	<b>RPP</b>	<b>DPR</b>
Target Status		
Number of completed fit-up and refit projects in the given fiscal year, as per departmental strategic framework	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	
Existence of strategic framework	Yes	

#### Strategies / Comments

- i. The Agency established a Green Building Strategic Framework (GBSF) to outline the conditions for buildings being assessed against this target as of April 1, 2012. The Agency will assess fit-up and refit projects against the framework commencing in 2012–13.
- ii. In addition to achieving the minimum certification of 3 Green Globes for project dollar value between \$1M and \$10M and LEED Silver for project dollar value over \$10M, the Agency has committed to voluntarily participate in Labs21 for its laboratories.
- iii. All mobile laboratories, hospitals and airport quarantine services are excluded from certification.
- iv. Where applicable, the Agency will adhere to its Green Move methodologies and will “reduce, reuse and recycle” laboratory and office materials and infrastructure.
- v. The Agency does not have any fit-up or refit projects schedule for this fiscal year that meet the criteria established in the GBSF.

### 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			
Existence of implementation plan for the disposal of all departmentally-generated EEE		Yes	
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	2011–12	23%	0%
	2012–13	60%	
	2013–14	100%	

### Strategies / Comments

- i. **Definition of Location:** Any building that is occupied by at least one Agency employee and one EEE asset. It excludes facilities such as warehouses and mobile laboratories. The Agency has 65 locations.
- ii. **EEE Implementation Plan:** While an implementation plan was drafted for the disposal of the Agency's surplus EEE, changes in the internal service delivery model have led to opportunities, through an administrative and accountability arrangement known as the Shared Services Partnership, to partner with Health Canada on this initiative, resulting in the Agency's implementation being adjusted accordingly. The Agency remains committed to achieving the overarching target within established timelines, as per the mandatory implementation strategies listed in Theme IV of the Federal Sustainable Development Strategy and the plan will be hosted on the Agency's internal Web site.
- iii. **Roles and Responsibilities:** The Shared Services Partnership is the Office of Primary Interest in collaboration with the Agency's Sustainable Development Office (SDO) and other organizations that support both Health Canada and the Agency.
- iv. **Key Activities of the EEE Disposal Process:** The Agency, in collaboration with Health Canada, will enhance its system to track and report on EEE disposal based on key equipment types disposed of through all designated streams at all locations that have an EEE implementation plan fully implemented.
- v. **Reporting Requirements:** Changes in the internal service delivery model have led to opportunities, through an administrative and accountability arrangement known as the Shared Services Partnership, to partner with Health Canada on this initiative, resulting in Health Canada assuming responsibility for all reporting requirements for this target on the Agency's behalf. Health Canada will report on the total weights of e-waste disposed of, per disposal method.
- vi. **Mechanisms to Evaluate Progress:** The Agency will produce an annual, national EEE disposal report for senior management, which will be led by the Shared Services Partnership.
- vii. **Relationship between Agency Asset Management System and EEE Implementation Plan:** The Agency's asset management systems will be modified to enable tracking and reporting on compliance with implementation plans.

## Printing Unit Reduction Target

8.7 By March 31, 2013, each department will achieve an 8:1 average ratio of office employees to printing units. Departments will apply target where building occupancy levels, security considerations, and space configuration allow.			
Performance Measure		RPP	DPR
Target Status			

Ratio of departmental office employees to printing units in fiscal year 2010–11, where building occupancy levels, security considerations and space configuration allow ( <i>Optional</i> )		1.8:1 <sup>3</sup>	3.77:1 <sup>4</sup>
Ratio of departmental office employees to printing units at the end of the given fiscal year, where building occupancy levels, security considerations and space configuration allow	2011–12	4:1	4.05:1
	2012–13	8:1	
	2013–14	12:1	

### Strategies / Comments

- i. **Printing Unit Definition:** A printing unit is defined as all desktop printers, networked printers, facsimile machines, photocopiers and multi-functional devices (MFDs).
- ii. **Ratio Scope:** Based on industry best practices and recommendations from the Agency's 2009 Print Optimization Strategy Report, 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:
  - 12 workstations for a black and white printing device (12:1); and
  - 50 workstations for a colour printing device (50:1).
- iii. **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).
- iv. **Method Used for Determining Number of Organizational Printing Units:** Printing unit allocations were determined on a floor-by-floor basis by using the total number of workstations on each floor, divided by a ratio of 12. In order to account for regional buildings that have less than 12 or 50 workstations and remain within the minimum ratio, only whole numbers were used in the allocation of printing units. Where feasible, a floor requires a minimum of 12 workstations for a black and white printer and 50 workstations for a colour printer. Floors that have fewer than 12 workstations are granted an exemption for one colour unit only and floors that have fewer than 50 workstations are allocated a colour printer from the black and white allocation. For example, if there are 57 workstations on a floor, that floor will be entitled to four printers; three black and white and one colour. However, if there are four workstations on a floor, that floor will be entitled to one colour printer only.
- v. **Method for Determining Number of Office Employees:** Agency floor plans were used to assess the total number of workstations by floor. Using the number of workstations instead of employees is a stronger method as it is a more static and consistent variable.
- vi. **Number of office employees subject to the target:** 100% of employees that have not been granted a formal exemption.
- vii. **Opportunities for continuous improvement:** The Agency will be addressing its Green Printer Initiative through a phased approach: Phase I – National Capital Region; Phase II – the National Microbiology Laboratory; and Phase III – Regions. Through a phased approach, the Agency will address the lessons learned in Phase I and apply it to the remaining Phases to demonstrate continuous improvement. Additionally, as Crown asset printers reach the end of their lifecycle, the Agency will obtain new devices

<sup>3</sup> Ratio determined through an audit of the Agency's Print Optimization studies, which include select locations. This ratio will be updated as additional figures from across Canada are determined.

<sup>4</sup> Ratio based on the National Capital Region (NCR), which is comprised of 65.9% of the Agency's population. This ratio will be updated as each phase of the project is implemented.



- through a minimum of a three-year leasing agreement, unless a specific exemption is granted to purchase as an asset. 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.
- viii. **Reporting requirements to track the indicator:** The Agency's SDO will utilize pre-existing internal services processes and documents to track the indicator for reporting purposes.
  - ix. **Roles and responsibilities:** Through the Shared Services Partnership, the Agency will report against this commitment concerning printing device procurement, installation, maintenance and/or disposal have agreed upon the roles and responsibilities for Materiel and Asset Management, Communications, Finance, IT Desktop Support, IT Security and Sustainable Development through internal documents.
  - x. **Plans/strategies for departmental engagement and communication to ensure target is met:** An informal working group was created with representatives from all internal services organizations implicated in printing device procurement, installation, maintenance and/or disposal. A detailed Communications Plan with a suite of communications products was released to all Agency employees to communicate policies which are housed on the Sustainable Development Intranet Web site.

### Paper Consumption Target

<b>8.8</b> By March 31, 2014, each department will reduce internal paper consumption per office employee by 20%. Each department will establish a baseline between 2005-2006 and 2011-2012, and applicable scope.			
<b>Performance Measure</b>		<b>RPP</b>	<b>DPR</b>
Target Status			
Number of sheets of internal office paper purchased or consumed per office employee in the baseline year selected, as per departmental scope		Establish baseline by March 31, 2012	5,900 sheets per full-time employee <sup>5</sup>
Cumulative reduction (or increase) in paper consumption, expressed as a percentage, relative to baseline year selected	2011-12	0%	0%
	2012-13	-10%	
	2013-14	-20%	

#### Strategies / Comments

- i. **Scope of this target:** 100% of employees that are not required by law to maintain paper records.
- ii. **Method used for determining paper consumption:** In 2011-12, the Agency established a baseline through a detailed statistical analysis of data collected from 238 network printers via IP addresses which provided an average annual consumption of paper based on data from 2005-2011. Following the implementation of the Shared Services Partnership, the Agency will determine paper consumption based on the number of sheets of paper purchased commencing in 2013-14.
- iii. **Method used for determining number of office employees:** As employee numbers change on a daily basis, the Agency is using the total number of workstations available.
- iv. **Number of office employees subject to the target:** 100% of employees that are not required by law to maintain paper files.
- v. **Processes/reporting requirements to track the reduction of paper consumption:** Following the implementation of the Shared Services Partnership, Health Canada will prepare reports on behalf of the Agency to track the reduction of paper consumption.

<sup>5</sup> Baseline includes data from the National Capital Region (NCR) only. Once regional information is obtained, the baseline will be adjusted. On average, NCR accounts for approximately 65.9% of the Agency's population.

- vi. **Roles and responsibilities:** Through the Shared Services Partnership, Health Canada will be responsible for data collection, tracking, and monitoring. This function will be supported by the Agency's SDO for reporting purposes.
- vii. **Opportunities for continuous improvement:** Changes in the internal service delivery model have led to opportunities to partner with Health Canada through the Shared Services Partnership on this initiative, which will continue to demonstrate continuous improvements from past performance.
- viii. **Estimated environmental benefits incurred from reducing paper consumption:** 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.
- ix. **Additional information:** The Agency is piloting different electronic platforms in order to support an electronic working environment, which will immediately impact paper consumption. For example, enabling black and white, double-sided computer setting defaults and enabling secure print on all multi-functional devices will proactively control the release of print jobs to minimize unnecessary/unused printing.

### Green Meetings Target

8.9 By March 31, 2012, each department will adopt a guide for greening meetings.		
Performance Measure	RPP	DPR
Target Status		
Presence of a green meeting guide	Yes: Green Meeting Guide adopted on October 21, 2011	

#### Strategies / Comments

- i. **Definition of "adoption":** The Agency adopted a Green Meeting Guide (GMG) through senior executive endorsement and approval of the guide, along with it being posted to the Agency's Sustainable Development intranet Web site for employee use.
- ii. **Evidence that the green meeting guide has been adopted:** Green Meeting Guide 2011.
- iii. **Scope of the green meeting guide:** The Agency's GMG can be applied to all Agency meetings where participants are located outside of the host building from small half-day meetings to large international conferences.
- iv. **Reporting requirements to track the use of the green meeting guide:** Starting in 2012-13, the Agency will use Google Analytics to report on the employee usage of the GMG.
- v. **Roles and responsibilities:** The Agency's GMG assists all employees in considering environmental impacts with economic considerations at every stage of organizing a meeting, including: planning, communications, selecting event venues, accommodations, hospitality, procurement, and travel. By doing so, Agency staff can minimize their meeting's waste, water, energy consumption, and air emissions.
- vi. **Plans/strategies for departmental engagement/communication of the guide:** Through Agency-wide consultation in the drafting of the document, feedback was obtained from employees across the Agency, in varying roles and classifications to validate the Agency's GMG was dynamic in nature to meet varying and unique requirements. The GMG is posted to the Agency's Sustainable Development intranet Web site and an article was released in the Agency's internal corporate newsletter.
- vii. **Estimated environmental benefits incurred from the use of the green meeting guide:** Decreasing the amount of travel and associated greenhouse gas emissions for face-to-face meeting by encouraging electronic platforms such as: teleconferences; videoconferences; webinars; and SameTime Instant Meetings. Estimated environmental benefits incurred from the use of the Green Meeting Guide: Decreasing the amount of travel and associated greenhouse gas emissions for face-to-face meeting by encouraging electronic platforms such as: teleconferences; videoconferences; webinars; and SameTime Instant Meetings.

## Green Procurement Targets

<b>8.10</b> As of April 1, 2011, each department will establish at least 3 SMART green procurement targets to reduce environmental impacts.			
<b>8.10.1</b> As of April 1, 2013, at least 85% of copy paper purchases will contain a minimum of 30% post-consumer fibre content.			
<b>Performance Measure</b>		<b>RPP</b>	<b>DPR</b>
Target Status			
Baseline in 2013–14: Percentage of copy paper purchases with a minimum of 30% post-consumer fibre content		To be determined by March 31, 2014	
Progress against measure in the given fiscal year	2013–14	85%	
	2014–15	85%	
	2015–16	85%	
	2016–17	85%	

### Strategies / Comments

- i. This target complies with Environment Canada's SMART criteria.
  - **Specific:** This target is understandable and communicates a clear and well-defined requirement for all copy paper to contain a minimum amount of post-consumer fibre content.
  - **Measurable:** This target requires real property data to track the quantity and type of paper being procured.
  - **Achievable:** Through the Shared Services Partnership, national and centralized oversight for purchasing will be carried out by Health Canada on behalf of the Agency.
  - **Relevant:** Considering the potential environmental impacts of bleached virgin paper, post-consumer fibre content will decrease potential environmental impacts from day-to-day operations.
  - **Timebound:** This target is in force as of April 1, 2014.

<b>8.10</b> As of April 1, 2011, each department will establish at least 3 SMART green procurement targets to reduce environmental impacts.		
<b>8.10.2</b> As of April 1, 2011, at least 90% of new purchases and leases of printers and multi-functional devices will have environmental features.		
<b>Performance Measure</b>	<b>RPP</b>	<b>DPR</b>
Target Status		
Percentage of newly purchased and leased printers and multi-functional devices with environmental features in the 2010–11 fiscal year	100%	

Progress against measure in the given fiscal year	90% <sup>6</sup>	
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### Strategies / Comments

- i. 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:** As all requests for printing devices must go through the Agency's SDO for approval, this office will track all requests and maintain a spreadsheet to report on the compliance with this target.
  - **Achievable:** As all requests for printing devices must go through the Agency's SDO for approval, this office will review the makes and models being requested to validate environmental features such as Energy Star or sleep mode. Printing units will be audited on an annual basis to validate that organizations are remaining within their allocation. Through the Asset Inventory process, AMM will provide the SDO with a list of crown-owned printers currently deployed in the Agency, which will be monitored for compliance to the allocation. Through the Shared Services Partnership, Health Canada will provide the Agency's SDO with a list of crown-owned printers currently deployed in the Agency, which will be monitored for compliance to this allocation. Random internal and informal audits will be conducted by the Agency to identify printers being purchased on credit cards, with the results being reported to the SDO for action. Additionally, no purchased or leased printing units will be brought into the Agency without the written approval by the SDO or purchased printers will be removed by the SDO and leasing requests will be rejected through the Contract and Requisition Review System (CRRS).
  - **Relevant:** Through the Printer Reduction Initiative, the Agency will have the ability to refine its printing fleet to enable the most efficient and high-performing devices remain within the organization. Printing devices that no longer perform to quality standards will be removed.
  - **Timebound:** This target is in force as of April 1, 2011.

8.10 As of April 1, 2011, each department will establish at least 3 SMART green procurement targets to reduce environmental impacts.			
8.10.3 By March 31, 2017, the Agency will remove all standalone facsimile machines from its facilities through the integration into multi-functional devices.			
Performance Measure		RPP	DPR
Target Status			
Baseline in 2012-13: Percentage of integrated facsimile machines into multi-functional devices across the Agency		March 31, 2014	
Progress against measure in the given fiscal	2012-13	100% <sup>7</sup>	

<sup>6</sup> For this target, progress against measure in the given fiscal year may be lower than the established baseline to allow for surge capacity exceptions during security and emergency management events under specific conditions (i.e., H1N1, SARS).

<sup>7</sup> The target is established at 100% for leases expiring in 2012-13 and new leases issued where standalone fax machines are present. Full compliance (100%) with the overall target cannot occur until 2017, in order for all current leases to expire and be replaced.

year	2013–14	100% <sup>8</sup>	
	2014–15	100% <sup>9</sup>	
	2015–16	100% <sup>10</sup>	
	2016–17	100% <sup>11</sup>	

### 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 standalone devices by increasing the use of multi-functional devices.
  - **Measurable:** This target is measured through an inventory count 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. As leases expire over the next five years, the devices will only be approved to remain within the building
  - **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 By 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		
Baselines established in 2009–10:		

<sup>8</sup> The target is established at 100% for leases expiring in 2013–14 and new leases issued where standalone fax machines are present. Full compliance (100%) with the overall target cannot occur until 2017, in order for all current leases to expire and be replaced.

<sup>9</sup> The target is established at 100% for leases expiring in 2014–15 and new leases issued where standalone fax machines are present. Full compliance (100%) with the overall target cannot occur until 2017, in order for all current leases to expire and be replaced.

<sup>10</sup> The target is established at 100% for leases expiring in 2015–16 and new leases issued where standalone fax machines are present. Full compliance (100%) with the overall target cannot occur until 2017, in order for all current leases to expire and be replaced.

<sup>11</sup> The target is established at 100% full compliance with the overall target for all non-exempted standalone fax machines.

<ul style="list-style-type: none"> <li>• % of Asset and Materiel Management employees with Canadian School of Public Service (CSPS) C215 certification</li> <li>• % of Asset and Materiel Management contracting specialists with CSPS C215 certification</li> <li>• % of Acquisition Card Holders with Agency Mandatory Procurement Training</li> </ul>	Not Applicable <sup>12</sup>	
	Not Applicable <sup>13</sup>	
	83%	
Progress against measure in the given fiscal year:		
<ul style="list-style-type: none"> <li>• % of Asset and Materiel Management employees with Canadian School of Public Service (CSPS) C215 certification</li> <li>• % of Asset and Materiel Management contracting specialists with CSPS C215 certification</li> <li>• % of Acquisition Card Holders with Agency Mandatory Procurement Training<sup>16</sup></li> </ul>	Not Applicable <sup>14</sup>	
	Not Applicable <sup>15</sup>	
	100%	

### Strategies / Comments

- i. This target complies with Environment Canada's SMART criteria.
  - **Specific:** An Agency recognized training course on green procurement includes: The Canada School of Public Service C215 certification and the mandatory procurement training for Agency acquisition cardholders.
  - **Measurable:** As the CSPS cannot release data on employees who take the C215 course, data is maintained by Finance related to Agency employees who have taken the mandatory procurement training for Agency acquisition cardholders.
  - **Achievable:** Acquisition cards are not issued to any employee until after they have taken the mandatory procurement course, ensuring this target is achievable.
  - **Relevant:** The mandatory training is applicable to a specific set of employees based on their functions and responsibilities for contracting and procurement.
  - **Timebound:** This target is in force as of April 1, 2011.

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.

#### 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
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<sup>12</sup> Through the June 2012 Order in Council that created the Health Portfolio Shared Services Partnership, the responsibility of this target now falls solely under Health Canada as the Agency no longer has Asset and Materiel Management employees.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> An Agency-recognized training course on green procurement includes: The Canada School of Public Service C215 certification and/or the mandatory in-house procurement training for the Agency acquisition cardholders.

Target Status		
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	Not Applicable <sup>17</sup>	
Progress against measure in the given fiscal year	Not Applicable	

#### Strategies / Comments

- i. Through the June 2012 Order-in-Council that created the Health Portfolio Shared Services Partnership, the responsibility for this target now falls solely under Health Canada as the Agency no longer has procurement employees.

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.			
<b>Management processes and controls</b>			
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.			
<b>Performance Measure</b>		<b>RPP</b>	<b>DPR</b>
Target Status			
Baselines established in 2009–10: % of contracts and services with “unknown attributes”	3,171 of 4,853 contracts = 65%		
Cumulative reduction (or increase) in paper consumption, expressed as a percentage, relative to baseline year selected	2010–11	-2%	+ 29%
	2011–12	-2%	-7%
	2012–13	-3%	
	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 attribute” responses to assess if the number has been reduced by 10% below 2009–10 baseline 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 attribute” responses 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.

<sup>17</sup> Through the June 2012 Order in Council that created the Health Portfolio Shared Services Partnership, the responsibility of this target now falls solely under Health Canada as the Agency no longer has procurement employees.

## Reporting on the Purchases of Offset Credits

Mandatory reporting on the purchase of greenhouse gas emissions offset credits, as per the <i>Policy Framework for Offsetting Greenhouse Gas Emissions from Major International Events</i> , should be reported here.		
Performance Measure	RPP	DPR
Target Status	Not Applicable	
Quantity of emissions offset in the given fiscal year (Optional for all RPPs)	Not Applicable	Not Applicable

### Strategies / Comments

- i. The Agency does not plan to purchase greenhouse gas emissions offset credits in 2013-14.

## 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
Target Status		
Baselines established in 2011-12: Sustainable Development Advocate is appointed	Yes	
Progress against measure in the given fiscal year	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 Departmental Sustainable Development Strategy commitments into the policies, programs and activities of the Agency.
- iii. Advancing initiatives that touch on the three pillars of sustainable development is an opportunity to influence holistic, long-term positive health outcomes for Canadians, specifically through undertaking Strategic Environmental Assessments. The Sustainable Development Advocate commits to ensuring all SEA requirements are accomplished in accordance with the *Cabinet Directive on Environmental Assessment of Policy, Plan and Program Proposals*.

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		
Baselines established in 2009-10:		



% of annual departmental compliance with the Cabinet Directive for SEA Preliminary Scan for Memoranda to Cabinet	8.4% <sup>18</sup>	
% 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%	
% of annual departmental compliance with the Cabinet Directive for SEA Detailed Assessment for Memoranda to Cabinet	100%	
% of annual departmental compliance with the Cabinet Directive for SEA Preliminary Scan for Treasury Board Submissions	90%	
% of annual departmental compliance with the Cabinet Directive for SEA Detailed Assessment for Treasury Board Submissions	100%	

#### Strategies / Comments

- i. At the Agency, a SEA is the process of determining important environmental impacts as an outcome of policy, plan and program proposals. As a process, the Agency considers Preliminary Scans as a mandatory requirement for all policy, plan and program proposals in order to determine if a Detailed Assessment is required based on important environmental impacts. However, due to the scope of its mandate, the Agency has to date only completed Preliminary Scans as it does not develop policy, plan or program proposals that require important environmental impacts. The Preliminary Scan is the instrument that allows the Agency to identify requirements for Detailed Assessments.
- ii. The Agency has yet to complete a Detailed Assessment since its inception and is unlikely to be required to complete one in the future based on its mandate and business activities. Should one be required, reporting will occur. Until that point in time, baselines and progress are not applicable.

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

<sup>18</sup> In 2012-13, the Agency conducted an informal program file review and found that one of twelve Preliminary Scans were in compliance with the Cabinet Directive, requiring an update to the baseline 8.4%.

**Strategies / Comments**

- i. Batteries including lead-acid, lithium, nickel-cadmium, silver oxide and mercury batteries 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. The Agency is actively participating in sustainable development activities such as the controlled disposal of dead batteries through its recycling program, which will be expanded to all major Agency buildings.

By March 31, 2014, the Agency will reduce its CO <sub>2</sub> levels from phantom energy use by 100% and verify its success through its 5 <sup>th</sup> and 6 <sup>th</sup> National Energy Reduction Initiatives			
Performance Measure		RPP	DPR
Target Status			
Baselines established in 2010-11 Number of avoidable CO <sub>2</sub> tonnes per year by the Agency		866.95 tonnes/year	
Progress against measure in the given fiscal year: Number of reduced avoidable CO <sub>2</sub> tonnes per year by the Agency	2011-12	-700.95 tonnes/year	-619.54 tonnes/year
	2012-13	-800.00 tonnes/year	
	2013-14	-866.95 tonnes/year	

**Strategies / Comments**

- i. Volunteers from the Agency and Health Canada conducted the Agency's 1<sup>st</sup> National Energy Reduction Initiative (NERI) in May 2008, the 2<sup>nd</sup> NERI in November 2008, and the 3<sup>rd</sup> NERI in June 2010.
- ii. In the 4<sup>th</sup> NERI, before SmartBars were installed, the Agency consumed 870,435 kWh of phantom electricity at a cost of \$90,873.41. After the installation of SmartBars prior to the 5<sup>th</sup> NERI, the Agency reduced its consumption to only 150,257.76 kWh of electricity and decreased its CO<sub>2</sub> emissions by almost six times.
- iii. The Agency will complete its 7<sup>th</sup> NERI in 2013-14.

As of March 31, 2012, all Agency workstations will be controlled and operated by a SmartBar device			
Performance Measure		RPP	DPR
Target Status			
Baselines established in 2011-12 % of workstations controlled and operated by a SmartBar		100%	
% of SmartBars installed in the Agency	2011-12	100%	100%
	2012-13	100%	
	2013-14	100%	

**Strategies / Comments**

- i. The Agency procured 3,500 SmartBars or environmentally-friendly electrical power bars in 2011–12 to stop phantom energy (wasteful power consumed by appliances during off-hours) in workstations.
- ii. The Agency's 5<sup>th</sup> NERI demonstrated the highest successes and savings in phantom energy and CO2 reduction to date. The results of this assessment not only confirm the utility of installing SmartBars in all Agency workstations in tandem with computer automatic shutdown scripts, but demonstrate that a strategic but small front-end investment can produce big long-term results and savings.

## Horizontal Initiatives

[Federal Initiative to Address HIV/AIDS in Canada](#)

[Preparedness for Avian and Pandemic Influenza](#)

[Canadian HIV Vaccine Initiative](#)

### Federal Initiative to Address HIV/AIDS in Canada

**Name of Horizontal Initiative:** [Federal Initiative to Address HIV/AIDS in Canada \(FI\)](#)

**Name of Lead Department(s):** Public Health Agency of Canada (the Agency)

**Lead Department Programs:** Public Health Infrastructure, Health Promotion and Disease Prevention

**Start Date of the Horizontal Initiative:** January 13, 2005

**End Date of the Horizontal Initiative:** Ongoing

**Total Federal Funding Allocation (Start to End Date):** Ongoing

**Description of the Horizontal Initiative (Including Funding Agreement):** The FI strengthens domestic action on HIV and AIDS, builds a coordinated Government of Canada approach, and supports global health responses to HIV and AIDS. It focuses on prevention and access to diagnosis, care, treatment and support for those populations most affected by HIV and AIDS in Canada — people living with HIV and AIDS, gay men, Aboriginal people, people who use injection drugs, people in prison, 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 (STI) 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 and AIDS. People living with and vulnerable to HIV and AIDS are active partners in Federal Initiative policies and programs.

**Shared Outcome(s):**

First level outcomes

- Increased knowledge and awareness of the nature of HIV and 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 and 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 and AIDS;
- Contribute to the global effort to reduce the spread of HIV and 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 comprised of directors from the nine Responsibility Centres which receive funding through the FI. Led by the Agency, the RCC promotes policy and program coherence among the participating departments and agencies, and ensures that evaluation and reporting requirements are met.

The [Agency](#) is the Federal lead for issues related to HIV and AIDS in Canada responsible for overall coordination, communications, social marketing, reporting, evaluation, national and regional programs, policy development, surveillance and laboratory science, and leadership on international health policy and program issues.

[Health Canada \(HC\)](#) supports HIV and AIDS prevention, education, awareness building and community capacity building in First Nation communities south of the 60<sup>th</sup> parallel, as well as facilitating access to quality HIV/AIDS diagnosis, care, treatment, and social support services in these communities.

As the Government of Canada's agency for health research, the [Canadian Institutes of Health Research \(CIHR\)](#) sets priorities for and administers the extramural research program.

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

**Planning Highlights:** In 2013–14, Federal partners will develop integrated approaches to community acquired infections and related health factors such as co-morbidities, mental health, aging, chronic diseases, and other determinants of health. Programs will strengthen links with provinces and territories and other stakeholders on HIV and related programs among Aboriginal and Northern populations, including developing enhanced approaches to address HIV and AIDS. Programs will also strengthen intervention and implementation research and support new research initiatives to prevent transmission.

**Federal Partner:** The Agency

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	4.9	<a href="#">ER 1.1</a> <a href="#">ER 1.2</a>
Health Promotion and Disease Prevention	Infectious and Communicable Diseases	Ongoing	3.6	<a href="#">ER 2.1</a>
	Healthy Communities	Ongoing	33.3	<a href="#">ER 3.1</a> <a href="#">ER 3.2</a> <a href="#">ER 3.3</a>
<b>Total</b>		Ongoing	41.8	

### Expected Results for 2013–14:

**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.

**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.

**ER 2.1:** Engage and collaborate with provinces and territories through the Public Health Network, develop greater awareness of trends and a better understanding of factors associated with HIV and related STBBIs through targeted behavioral epidemiological surveys, and promote and integrate best practices to inform prevention and control efforts in HIV and related STBBI surveillance and guidance.

**ER 3.1:** Enhance public health and community capacity to prevent and control HIV and related STBBI, through strategic partnerships among stakeholders.

**ER 3.2:** Develop integrated approaches to HIV and related STBBIs and factors such as co-morbidities, mental health, aging, chronic diseases, and other determinants of health, including an integrated community funding model and a renewed stakeholder engagement strategy which expands the mandate of existing disease-specific engagement mechanisms.

**ER 3.3:** Improve information available to public health stakeholders by providing updated knowledge for effective interventions among vulnerable populations including HIV/AIDS population-specific status reports, Questions and Answers: Inclusive Practice in Sexual Health Education with Racial and Ethnic Minorities, Questions and Answers: STBBI in Middle-aged and Older Adults, and other targeted information products.

**Federal Partner:** Health Canada

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Internal Services	Governance and Management Support Services	Ongoing	1.1	<a href="#">ER 4.1</a>
First Nations and Inuit Primary Health Care	Bloodborne Diseases and Sexually Transmitted Infections — HIV/AIDS	Ongoing	4.5	<a href="#">ER 5.1</a>
<b>Total</b>		Ongoing	5.6	

**Expected Results for 2013–14:**

**ER 4.1:** In collaboration with other Government of Canada partners, the Health Portfolio will support Canada's engagement in the global response to HIV/AIDS to ensure Canada's international engagement is coherent and effective.

**ER 5.1:** Work will be initiated with First Nations leadership and other stakeholders to develop enhanced approaches to address HIV/AIDS in First Nation communities south of the 60th parallel. The expected result is a report setting forth directions for an enhanced national approach, ultimately leading to improved health outcomes.

Federal Partner: Canadian Institutes of Health Research

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Health and Health Services Advances	HIV and AIDS Research Initiative	Ongoing	20.7	<a href="#">ER 6.1</a> <a href="#">ER 6.2</a> <a href="#">ER 6.3</a>
<b>Total</b>		Ongoing	20.7	

**Expected Results for 2013–14:**

**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. In 2013–14, new funding and funding programs will focus on finding a cure for HIV, strengthening Canada’s network of clinical investigators and addressing social determinants of health and health services.

**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 multi-disciplinary research teams.

**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.

Federal Partner: Correctional Service of Canada

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Custody	Institutional Health Services Public Health Services	Ongoing	4.2	<a href="#">ER 7.1</a> <a href="#">ER 7.2</a>
<b>Total</b>		Ongoing	4.2	

**Expected Results for 2013–14:**

**ER 7.1:** Increased knowledge and awareness of the nature of HIV/AIDS and ways to address the disease achieved through health surveillance activities, knowledge transfer to service providers, educational program delivery, and distribution of disease prevention materials to federal offenders.

**ER 7.2:** Enhanced engagement and collaboration on approaches to address HIV/AIDS through the development and strengthening of partnerships with provincial/territorial governments, federal departments, and community partners. Results will be achieved through meetings and ongoing communication with Federal/Provincial/Territorial Heads of Corrections Working Group on Health, Community Consultation Committee on Public Health, and meetings and presentations with other federal departments and community partners.

Total Allocation For All Federal Partners (from Start to End Date)	Total Planned Spending for All Federal Partners for 2013–14
Ongoing	72.3

Results to be Achieved by Non-Federal Partners (if Applicable): N/A

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## Preparedness for Avian and Pandemic Influenza

**Name of Horizontal Initiative:** Preparedness for Avian and Pandemic Influenza Initiative

**Name of Lead Department(s):** Public Health Agency of Canada (the Agency)

**Lead Department Programs:** Public Health Infrastructure, Health Promotion and Disease Prevention, Health Security

**Start Date of the Horizontal Initiative:** June 21, 2006

**End Date of the Horizontal Initiative:** Ongoing

**Total Federal Funding Allocation (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 (e.g., 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 both avian and pandemic influenza is 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](#), the [Canadian Food Inspection Agency](#), [Health Canada](#), and the [Canadian Institutes of Health Research](#) 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 avian and pandemic influenza 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.

**Planning Highlights:** In 2013-14, the Agency will continue to work collaboratively with its partners towards preparedness measures for the risks of an avian influenza or human influenza pandemic. This includes continuing to ensure a supply of antivirals and pandemic influenza vaccines and revision of the Canadian Pandemic Influenza Plan. Health Canada will continue to coordinate policy and programs for emergency preparedness and provide timely decisions for antiviral and vaccine regulatory submissions that meet the highest standards of safety, quality and efficacy. The Canadian Food Inspection Agency will continue to increase human resource and regulatory capacity, enhance stakeholder knowledge and awareness of avian influenza while continuing to ensure timely identification of potential outbreaks through an integrated Canadian surveillance system. The Canadian Institutes of Health Research will continue to support the activities of an influenza research network which is fundamental to the ongoing pandemic preparedness in Canada.

**Federal Partner:** The Agency

(\$M)

Program	Sub-program	Total Allocation (from Start to End Date)	Planned Spending for 2013-14	Expected Results for 2013-14
Public Health Infrastructure	Public Health Capacity Building	Ongoing	5.2	<a href="#">ER 1.1</a>
	Public Health Information and Networks	Ongoing	1.0	<a href="#">ER 2.1</a>
	Public Health Laboratory Systems	Ongoing	11.5	<a href="#">ER 3.1</a> <a href="#">ER 3.2</a>
Health Promotion and Disease Prevention	Infectious Disease Prevention and Control	Ongoing	6.0	<a href="#">ER 4.1</a> <a href="#">ER 4.2</a>
Health Security	Emergency Preparedness and Response	Ongoing	20.4	<a href="#">ER 5.1</a> <a href="#">ER 5.2</a>
<b>Total</b>		Ongoing	44.1	

**Expected Results for 2013-14:**

**ER 1.1:** Public Health Officers address a range of public health issues across Canada and increase the capacity of partner organizations to fulfil their identified public health needs through the continuous applied transfer of acquired, experiential and ongoing development of skills.

**ER 2.1:** Strengthen the capacity for public health surveillance and data coordination in Canada to support prevention and response to pandemic influenza.

**ER 3.1:** 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.

**ER 3.2:** Canada is able to prepare for and anticipate risks associated with novel influenza strains and is therefore able to identify, and mitigate and control disease transmission at the initial outbreak stage in order to reduce the potential impact of influenza epidemics and pandemics.

**ER 4.1:** Predictive and assessment models used for pandemic preparedness are developed and established.

**ER 4.2:** Respiratory and vaccine preventable diseases and vaccine safety are monitored and reported in a timely manner.

**ER 5.1:** Further strengthen F/P/T capacity to respond to an influenza pandemic by facilitating and supporting PT and National Emergency Stockpile Services (NESS) in the maintenance of national antiviral stockpiles.

**ER 5.2:** Canada has the capacity to carry out public health interventions by ensuring Canada has access to a supply of vaccines in the event of a pandemic influenza, as well as emergency response and a maintained state of readiness of the Health Portfolio's Emergency Operations Centre.

**Federal Partner:** Health Canada

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Health Products	Regulatory activities related to pandemic influenza vaccine	Ongoing	1.2	<a href="#">ER 6.1</a>
	Resources for review and approval of antiviral drug submissions for treatment of pandemic influenza	Ongoing	0.3	<a href="#">ER 7.1</a>
	Establishment of a crisis risk management unit for monitoring and post-market assessment of therapeutic products	Ongoing	0.3	<a href="#">ER 8.1</a>
Health Infrastructure Support for First Nations and Inuit	Strengthen Federal public health capacity through governance and infrastructure support to FN/I Health System	Ongoing	0.7	<a href="#">ER 9.1</a>
	FN/I emergency preparedness, planning, training and integration	Ongoing	0.3	<a href="#">ER 10.1</a>

Specialized Health Services	Public health emergency preparedness and response (EPR) on conveyances	Ongoing	0.1*	<a href="#">ER 11.1</a>
<b>Total</b>		Ongoing	2.9	

\* As part of Budget 2012, the Government of Canada amalgamated Health Canada's (HC's) Travelling Public Program with the Public Health Agency of Canada's Office of Quarantine Services into a single Office of Border Health Services managed by the Agency as of April 1, 2013. The amalgamation of the two programs is intended to improve the efficiency and effectiveness of travel and border health services within the Health Portfolio. HC reduced the Avian and Pandemic program funding for this initiative by \$0.1M. The remaining \$0.1M will be transferred to the Agency as of April 1, 2013 in order to continue supporting the Avian and Pandemic program.

**Expected Results for 2013–14:**

**ER 6.1:** Policies, guidance and protocols are relevant for pandemic influenza; coordinated communications among jurisdictions with stakeholders and the public.

**ER 7.1:** Provision of timely decisions for antiviral and vaccine regulatory submissions that meet the highest standards of safety, quality and efficacy.

**ER 8.1:** Timely and effective post-market monitoring and assessment of health products.

**ER 9.1:** Enhanced collaboration with Aboriginal Affairs, Northern Development Canada and the Public Health Agency of Canada as well as P/T 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.

**ER 10.1:** Continue to support the testing and revision of community pandemic plans based on H1N1 lessons learned.

**ER 11.1:** 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.

**Federal Partner:** Canadian Food Inspection Agency

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Animal Health and Zoonotics Program/Internal Services		Ongoing	20.3	<a href="#">ER 12.1</a> <a href="#">ER 12.2</a> <a href="#">ER 12.3</a> <a href="#">ER 12.4</a> <a href="#">ER 12.5</a> <a href="#">ER 12.6</a> <a href="#">ER 12.7</a> <a href="#">ER 12.8</a> <a href="#">ER 12.9</a>
<b>Total</b>		Ongoing	20.3	

**Expected Results for 2013–14:**

**ER 12.1:** 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.

**ER 12.2:** Enhanced stakeholder and the general public knowledge and awareness of the poultry industry service sector.

**ER 12.3:** Enhanced/integrated Canadian surveillance system to ensure timely identification of potential outbreaks and response to avian influenza situations. Targeted wild bird surveillance plan for 2013 is currently being reviewed.

**ER 12.4:** 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.

**ER 12.5:** A trained, skilled and equipped workforce ready to respond to potential avian influenza and animal disease outbreaks.

**ER 12.6:** Improve, through investment in research, Federal capacity for the control, risk assessment, diagnostics, modelling, and vaccine component of avian influenza issues to enhance evidence-based decision-making on avian influenza responses and the effectiveness of disease control measures to help mitigate risks to human health and economic loss.

**ER 12.7:** Continue to provide assistance to the 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.

**ER 12.8:** Maintaining, coordinating and managing the Canadian Animal Health Surveillance Network, an integrated network of Federal, Provincial and university labs. This network allows for rapid testing, detection and reporting of AI.

**ER 12.9:** Continued development of a viable response plan for avian influenza and animal disease outbreaks, including HR capacity, and data management tools.

**Federal Partner:** Canadian Institutes of Health Research

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Health and Health Services Advances	Pandemic Preparedness Research Strategic Initiative (PPSRI)	45.3*	1.5	<a href="#">ER 13.1</a> <a href="#">ER 13.2</a>
<b>Total</b>		45.3	1.5	

\*The end date of the PPSRI was March 31, 2011; however, the renewal of a major project launched through the PPSRI extended funding beyond the original end date.

**Expected Results:**

**ER 13.1:** Progress on funded projects and outcomes of research are reviewed.

**ER 13.2:** Uptake of research results is facilitated, and consultations on future research needs are completed through reports and meetings of researchers, stakeholders and decision makers.

Total Allocation For All Federal Partners (from Start to End Date)	Total Planned Spending for All Federal Partners for 2013–14
Ongoing	68.8

Results to be Achieved by Non-Federal Partners (if Applicable): N/A

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### Canadian HIV Vaccine Initiative

**Name of Horizontal Initiative:** [Canadian HIV Vaccine Initiative](#)

**Name of Lead Department(s):** Public Health Agency of Canada (the Agency)

**Lead Department Program:** Health Promotion and Disease Prevention

**Start Date of the Horizontal Initiative:** February 20, 2007

**End Date of the Horizontal Initiative:** March 31, 2017

**Total Federal Funding Allocation (Start to End Date):** \$111 M

**Description of the Horizontal Initiative (Including Funding Agreement):** [The Canadian HIV Vaccine Initiative](#) (CHVI) is a collaborative undertaking between the Government of Canada (GoC) 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 Memorandum of Understanding signed by both parties in August 2006 and renewed in July 2010, builds on the Government of Canada's commitment to a comprehensive, long-term approach to address HIV/AIDS. Participating Federal departments and agencies are the Agency, Health Canada, Industry Canada, the Canadian International Development Agency, and the Canadian Institutes of Health Research.

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 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 (1–3 years) 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 Alliance Coordinating Office established.

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 mother to child transmission of HIV; and
- A 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 Minister of Industry and the Minister of International Cooperation, is the lead Minister for the CHVI. An Advisory Board will be established and be responsible for making recommendations to responsible Ministers regarding projects to be funded and will oversee the implementation of the Memorandum of Understanding between the GoC and the BMGF. The CHVI Secretariat, housed in the Agency will continue to provide a coordinating role to the GoC and the BMGF.

**Planning Highlights:** Participating departments and agencies will further initiatives commenced in 2012–13. For example, improve domestic and international research projects, as well as continue to support the Alliance Coordinating Office.

Plans for 2013–14 include: hosting the 2013 Health Products and Food Branch International Regulatory Forum and 2013 Pan American Network for Drug Regulatory Harmonization Conference; continue to support the CHVI Regulatory Capacity Building Mentorship Program; continue delivery of the Canadian HIV Technology Development Program; explore monoclonal antibody capacity in Canada; continue support for implementation research to eliminate mother-to-child transmission in sub-Saharan Africa; continue to support Canadian research teams working on prevention trials capacity building and on HIV vaccine discovery and social research; and develop and launch additional research funding opportunities to continue to advance the basic science of HIV vaccine discovery and social research.

The Government of Canada and the Bill & Melinda Gates Foundation will continue to work together to define areas of investment to accelerate the development of a safe, effective, affordable and accessible HIV vaccine as one of the key priorities.

**Federal Partner:** The Agency

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Health Promotion and Disease Prevention	Healthy Communities	18.0	2.7	<a href="#">ER 1.1</a> <a href="#">ER 1.2</a> <a href="#">ER 1.3</a> <a href="#">ER 1.4</a>
<b>Total</b>		18.0	2.7	

**Expected Results for 2013–14:**

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

**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.

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

**ER 1.4:** Ensure effective communications, strategic planning, coordination, reporting and evaluation within the Government of Canada.

**Federal Partner:** Health Canada

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Internal Services	Governance and Management Support Services	1.0*	0.1*	<a href="#">ER 2.1</a>
Health Products	Regulatory Capacity Building Program for HIV Vaccines	4.0	0.7	<a href="#">ER 2.1</a> <a href="#">ER 3.1</a>
<b>Total</b>		5.0	0.8	

\*A Budget Transfer Agreement was established to allow a transfer of funds between Internal Services and Health Products in the amount of \$0.1M for FY 2013-14. These funds will be used to address ER 2.1.

**Expected Results for 2013–14:**

**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.

**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.

**Federal Partner:** Industry Canada

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Commercialization and Research and Development Capacity in Targeted Canadian Industries	Industrial Research Assistance Program's Canadian HIV Technology Development (CHTD) Component	13.0	4.2*	<a href="#">ER 4.1</a>
<b>Total</b>		13.0	4.2*	

\* Including the CHTD re-profiling, which was approved in November 2011: \$1.73M has been re-profiled from FY 2011-12 to FY 2013-14.

**Expected Results for 2013–14:**

**ER 4.1:** New and innovative technologies for the prevention, treatment and diagnosis of HIV in pre-commercial development are advanced at small and medium-sized enterprises operating in Canada.

Federal Partner: Canadian International Development Agency

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Global Engagement and Strategic Policy	International Development Assistance Program	60.0	12.2	<a href="#">ER 5.1</a> <a href="#">ER 5.2</a> <a href="#">ER 5.3</a> <a href="#">ER 5.4</a>
<b>Total</b>		60.0	12.2	

**Expected Results for 2013–14:**

**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.

**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.

**ER 5.3:** Increased number of women accessing high quality HIV Prevention of Mother-to-Child services.

**ER 5.4:** Increased capacity of regulatory authorities in LMICs, especially those where clinical trials are planned or ongoing, through training and networking initiatives.

Federal Partner: Canadian Institutes of Health Research

(\$M)

Federal Partner Program	Names of Programs funded under the Horizontal Initiative	Total Allocation (from Start to End Date)	Planned Spending for 2013–14	Expected Results for 2013–14
Health and Health Services Advances	Institute Strategic Advances – HIV/AIDS	15.0	2.8	<a href="#">ER 6.1</a> <a href="#">ER 6.2</a> <a href="#">ER 6.3</a>
<b>Total</b>		15.0	2.8	

**Expected Results for 2013–14:**

**ER 6.1:** Greater support for new ideas, concepts, approaches and technologies by developing and launching funding opportunities in HIV vaccine research.

**ER 6.2:** Increased cadre of Canadian and LMIC vaccine researchers, through new investments in and ongoing support to funded CHVI investigators and teams.

**ER 6.3:** 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 the development, testing and availability of an effective vaccine for HIV.



Total Allocation For All Federal Partners (from Start to End Date)	Total Planned Spending for All Federal Partners for 2013-14
111.0	22.7

**Results to be Achieved by Non-Federal Partners (if Applicable):** Non-governmental stakeholders (including research institutions and not-for-profit community organizations) are integral to the success of the CHVI. Their role is to engage and collaborate with participating departments and agencies, the Bill & Melinda Gates Foundation and other funders to contribute to the CHVI goals and to Canada's contribution towards the Global HIV Vaccine Enterprise.

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## Upcoming Internal Audits and Evaluations for the Next Three Fiscal Years

### A. All Upcoming Internal Audits Over the Next Three Fiscal Years

Name of Internal Audit	Internal Audit Type	Status	Expected Completion Date
<b>2013-14</b>			
Audit of Values and Ethics and Conflict of Interest	Internal Services	In progress	2013-14
Audit of Project Management	Internal Services	Planned	2013-14
Audit of the Economic Action Plan – Governance, Planning, Project Management and Implementation Activities	Initiative	Planned	2013-14
Audit of Information Technology Planning	IT	Planned	2013-14
Audit of PeopleSoft	HR, IT	Planned	2013-14
Audit of Key Financial Controls – Year 3	Financial	Planned	2013-14
Horizontal Audit of Efficiency in Procurement and Contracting Practices	Financial	Planned	2013-14
Audit of Surveillance Activities and Systems	Program	Planned	2013-14
Audit of Programs Administered by the Centre for Communicable Disease and Infection Control	Program	Planned	2013-14
Audit of Agency Planning Process	Internal Services	Planned	2013-14
<b>2014- 15</b>			
Audit of the Economic Action Plan – Implementation Activities	Initiative	Planned	2014-15
Audit of the Departmental Evaluation Function	Internal Services	Planned	2014-15
Audit of Key Financial Controls – Year 4	Financial	Planned	2014-15
Audit of IT Business Continuity Planning for Mission Critical Systems	IT	Planned	2014-15
Audit of Outsourced Information Technology Services	IT	Planned	2014-15
Audit of Regional Operations	Program	Planned	2014-15
OCG Horizontal Audit of Grants and Contributions Framework (Phase 2)	Internal Services	Planned	2014-15

Name of Internal Audit	Internal Audit Type	Status	Expected Completion Date
Audit of the Risk Management Framework	Internal Services	Planned	2014-15
Audit of Business Continuity Planning	Internal Services	Planned	2014-15

Electronic Link to Internal Audit Plan: N/A

## B. All Upcoming Evaluations Over the Next Three Fiscal Years

Name of Evaluation	Program	Status	Expected Completion Date
<b>2013-14</b>			
Evaluation of Canadian Public Health Service	Public Health Infrastructure	Underway	June 2013
International Health Grants Program (IHGP) including the Contribution to the Pan-American Health Organization	Public Health Infrastructure	Underway	June 2013
Evaluation of National Collaborating Centres	Public Health Infrastructure	Planned	March 2014
Evaluation of the Federal Initiative on HIV/AIDS in Canada	Public Health Infrastructure Health Promotion and Disease Prevention	Underway	March 2014
Evaluation of Fetal Alcohol Spectrum Disorder	Health Promotion and Disease Prevention	Planned	March 2014
Evaluation of the Active and Safe Injury Prevention Initiative	Health Promotion and Disease Prevention	Planned	March 2014
Evaluation of Biosecurity	Health Security	Planned	March 2014
<b>2014-15</b>			
Evaluation of HIV Vaccine Initiative	Health Promotion and Disease Prevention	Planned	March 2015

Name of Evaluation	Program	Status	Expected Completion Date
Evaluation of the Emergency Preparedness and Response – Health Emergency Surge Capacity	Health Security	Planned	March 2015
Evaluation of Chronic Disease Prevention and Mitigation	Health Promotion and Disease Prevention	Planned	March 2015
Evaluation of Lung and Neurological Diseases	Health Promotion and Disease Prevention	Planned	March 2015
Evaluation of the Innovation Strategy	Health Promotion and Disease Prevention	Planned	March 2015
Evaluation of Immunization	Health Promotion and Disease Prevention	Planned	March 2015
<b>2015-16</b>			
Evaluation of Border Health Security	Health Security	Planned	March 2016
Evaluation of Travel and Migration Health	Health Promotion and Disease Prevention	Planned	March 2016
Evaluation of Tuberculosis	Health Promotion and Disease Prevention	Planned	March 2016
Horizontal Evaluation of Family Violence Initiative	Health Promotion and Disease Prevention	Planned	March 2016
Evaluation of Science and Technology for Public Health	Public Health Infrastructure Health Promotion and Disease Prevention Health Security	Planned	March 2016
Evaluation of Public Health Workforce/Evaluation of Field Services Program	Public Health Infrastructure Health Promotion and Disease Prevention Health Security	Planned	March 2016

Electronic Link to Evaluation Plan: N/A

## Sources of Respendable and Non-Respendable Revenue

### Respendable Revenue

(\$M)

Program	Forecast Revenue 2012-13	Planned Revenue 2013-14	Planned Revenue 2014-15	Planned Revenue 2015-16
Health Security Sale to Federal, Provincial, Territorial (F/P/T) departments and agencies, airports and other federally regulated organizations of first aid kits to be used in disaster and emergency situations (\$50,000)	0.1	0.1	0.1	0.1
<b>Subtotal</b>	0.1	0.1	0.1	0.1
<b>Total Respendable Revenue</b>	0.1	0.1	0.1	0.1

### Summary of Capital Spending by Program

(\$M)

Program	Forecast Spending 2012-13	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
Public Health Infrastructure	17.0	5.0	4.5	4.5
Health Security	2.5	3.3	1.6	1.2
<b>Total</b>	19.5	8.3	6.1	5.7

Note: All figures are rounded.