

**Supplementary Information Tables:
Public Health Agency of Canada 2024–25
Departmental Plan**

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Details on transfer payment programs (TPPs)

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

Aboriginal Head Start in Urban and Northern Communities

Start date: 1995–96

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result:

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

Expected results:

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

Performance indicators:

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

Fiscal year of last completed evaluation:

2022–23

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2027–28

General targeted recipient groups:

- Indigenous community-based non-profit recipients; and,

- Organizations serving First Nations, Inuit, and Métis children and their families who live off-reserve in rural, remote, urban, and northern communities across Canada.

Initiatives to engage applicants and recipients:

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

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	31,399,393	31,399,393	31,399,393	31,399,393
Total other types of transfer payments	0	0	0	0
Total program	31,399,393	31,399,393	31,399,393	31,399,393

Canada Prenatal Nutrition Program

Start date: 1994–95

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

Expected results:

- Pregnant and postnatal individuals and their families who are living in vulnerable situations participate in CPNP projects;
- CPNP projects collaborate with organizations from various sectors to support the needs of participants; and,
- Program participants gain knowledge and build skills to support the health and wellbeing of pregnant and postnatal individuals, infants and families.

Performance indicators:

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

Fiscal year of last completed evaluation:

2020–21

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2025–26

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Funded recipients are engaged in a variety of knowledge exchange activities, including training opportunities to support efforts to measure and report on results, as well as engagement and capacity building to inform program renewal.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	27,189,000	27,189,000	27,189,000	27,189,000
Total other types of transfer payments	0	0	0	0
Total program	27,189,000	27,189,000	27,189,000	27,189,000

Community Action Program for Children

Start date: 1994–95

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

Expected results:

- Parents/caregivers and their children living in vulnerable situations participate in CAPC projects;
- CAPC projects collaborate with organizations from various sectors to support the needs of participants; and,
- Parents/caregivers and their children gain knowledge and build skills to support parental, child, and family health.

Performance indicators:

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

Fiscal year of last completed evaluation:

2020–21

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2025–26

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Funded recipients are engaged in a variety of knowledge exchange activities, including training opportunities to support efforts to measure and report on results, as well as engagement and capacity building to inform program renewal.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	53,400,000	53,400,000	53,400,000	53,400,000
Total other types of transfer payments	0	0	0	0
Total program	53,400,000	53,400,000	53,400,000	53,400,000

Centre for Aging and Brain Health Innovation

Start date: 2022–23

End date: 2024–25

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2022–23

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

Expected results:

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

Performance indicators:

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

Fiscal year of last completed evaluation:

2019–20

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2028–29 as part of the next Aging, Seniors and Dementia evaluation.

General targeted recipient groups:

- The only eligible recipient is the Centre for Aging and Brain Health Innovation.

Initiatives to engage applicants and recipients:

PHAC engages with CABHI on a regular basis, through calls between CABHI and program officers. Progress is monitored through regular mid-year, annual and final reporting throughout the funding term.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	11,000,000	11,000,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	11,000,000	11,000,000	0	0

Healthy Canadians and Communities Fund

Start date: 2005–06

End date: Ongoing

Type of transfer payment: Grants and Contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2013–14

Link to departmental result(s):

- Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory:

- Chronic Disease Prevention

Purpose and objectives of transfer payment program:

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

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

Expected results:

- Intersectoral partners are engaged in interventions that aim to support individual, community/environmental, policy and system changes
- Population(s) participate in interventions that aim to support individual, community/environmental, policy and system changes;
- Project participants have increased capabilities to support health;
- Environments that support health are improved;
- Project participants have improved health behaviours; and,
- Project participants have improved health.

Performance indicators:

- Percentage of project participants that improve physical or mental health;
- Percentage of project participants that improve health behaviours;
- Percentage of built environment-dedicated projects demonstrating improvement in the built environment to support health;
- Percentage of project participants who report social, physical/built or food environments are improved to support health;
- Percentage of project participants demonstrating improved knowledge of chronic disease or risk/protective factors and/or health determinants;
- Percentage of project participants demonstrating improved skills/ability to support health;
- Number of individuals participating in interventions overall;

- Number of individuals participating in interventions from priority population; and,
- Number of intersectoral partners engaged.

Fiscal year of last completed evaluation:

2019–20

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2025–26

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Open solicitations are posted on PHAC's website and promoted on social media, through stakeholder engagements lists and applicant webinars, to help interested organizations improve their application for project funding. Targeted and directed solicitations are used to engage prospective applicants on specific chronic disease programming objectives. Stakeholders are engaged based on a continuous multi-year strategy to inform program and solicitation priorities.

Funding recipients are engaged through ongoing communications and site visits to support project delivery.

A variety of forums will continue to be used to share learnings from funded projects, such as key insights and evaluation results.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	2,749,000	2,749,000	2,749,000	2,749,000
Total contributions	20,197,000	19,697,000	19,022,000	18,831,334
Total other types of transfer payments	0	0	0	0
Total program	22,946,000	22,446,000	21,771,000	21,580,334

HIV and Hepatitis C Community Action Fund

Start date: 2005–07

End date: Ongoing

Type of transfer payment: Grants and Contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Communicable Disease and Infection Control

Purpose and objectives of transfer payment program:

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

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

Guided by the [Pan-Canadian Framework for Action on STBBI](#) and the [Government of Canada Five Year Action Plan on STBBI](#), CAF aims to:

- Place community-based efforts to reach key populations, including those unaware of their HIV/Hepatitis C status, and link them to testing, prevention, treatment and care;
- Design and implement evidence-based front-line projects to prevent new and reoccurring infections in communities;
- Bring high-impact interventions to scale so that more people benefit from them; and,
- Implement community-based efforts to reduce stigma toward populations disproportionately affected by STBBI, including people living with HIV or Hepatitis C.

Expected results:

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

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

Fiscal year of last completed evaluation:

2018–19

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2023–24

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	8,484,000	8,084,000	8,084,000	8,459,000
Total contributions	27,310,000	18,335,000	18,335,000	18,335,000
Total other types of transfer payments	0	0	0	0
Total program	35,794,000	26,419,000	26,419,000	26,794,000

Immunization Partnership Fund

Start date: 2016–17

End date: 2025–26

Type of transfer payment: Grant and Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2022–23

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Vaccination

Purpose and objectives of transfer payment program:

The [Immunization Partnership Fund](#) (IPF) seeks to increase confidence and uptake of vaccination in Canada, particularly among populations who may face greater barriers to vaccination, higher rates of vaccine hesitancy, and increased susceptibility to serious illness associated with vaccine-preventable diseases.

Beginning in 2024–25, the IPF will focus on two areas:

- Developing and implementing community-centered vaccination education, promotion, or outreach activities that aim to improve vaccine literacy and vaccine confidence, or reduce barriers to vaccination among priority populations; and,
- Building the capacity of healthcare service providers or related organizations to better serve priority populations by increasing access to vaccination, providing positive vaccination experiences, sharing easy-to-understand and tailored information on vaccination, and providing effective counselling to vaccine-hesitant individuals.

Expected results:

Stakeholders have access to information and tools to improve vaccination coverage rates and control health risks associated with vaccine preventable diseases. The program achieves this by supporting vaccine education and promotion initiatives that are culturally safe, evidence-informed and equity-promoting.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2024–25

General targeted recipient groups:

- Canadian not-for-profit organizations and corporations; incorporated groups, societies, and coalitions;
- Provincial/territorial, regional and municipal governments or agencies;
- First Nations, Inuit, Métis and other Indigenous organizations; and,

- Organizations and institutions supported by provincial/territorial governments (e.g., regional health authorities, schools, and post-secondary institutions, etc.).

Initiatives to engage applicants and recipients:

Applicants and recipients will be engaged through various means of communication, including Community of Practice discussions to share information and best practices among IPF recipients concerning reducing vaccine-preventable diseases, confidence building, and vaccine acceptance and uptake among priority populations in Canada.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	10,000,000	5,000,000	5,000,000	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	10,000,000	5,000,000	5,000,000	0

Indigenous Early Learning and Child Care Transformation Initiative

Start date: 2018–19

End date: Ongoing

Type of transfer payment: Contribution¹

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

- Results 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

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

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

Expected results:

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

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

The IELCC Transformation Initiative will also demonstrate progress on the shared outcome regarding the number of children accessing culturally appropriate and inclusive IELCC.

Performance indicators:

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

Fiscal year of last completed evaluation:

2022–23

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2023–24

General targeted recipient groups:

- Existing AHSUNC recipients alongside distinctions-based (First Nations, Métis, and Inuit) providers of IELCC.

Initiatives to engage applicants and recipients:

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

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	30,954,490	41,088,524	35,231,875	35,649,175
Total other types of transfer payments	0	0	0	0
Total program	30,954,490	41,088,524	35,231,875	35,649,175

National Collaborating Centres for Public Health

Start date: 2004–05

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health
- Result 1.2: Canadians have improved health behaviours
- Result 1.3: Chronic diseases are prevented
- Result 2.1: Infectious diseases are prevented and controlled
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced
- Result 3.3: Public health risks associated with travel are reduced

Link to the department's Program Inventory:

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

Purpose and objectives of transfer payment program:

The [National Collaborating Centres \(NCC\) for Public Health](#) program increases public health system capacity in Canada by improving the ability of research to be applied and implemented in public health settings.

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

Expected results:

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

Performance indicators:

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

Fiscal year of last completed evaluation:

2018–19

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2023–24

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

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

Workplans are reviewed and approved annually.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	7,215,220	5,992,000	5,992,000	5,842,000
Total other types of transfer payments	0	0	0	0
Total program	7,215,220	5,992,000	5,992,000	5,842,000

Pan-Canadian Suicide Prevention Service and 988 Suicide Crisis Helpline

Start date: 2020–21

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

The purpose of this program is to support the implementation and sustainability of a pan-Canadian suicide prevention service. The objective of the suicide prevention service is to provide people across Canada with access to 24/7, 365 days/year bilingual crisis support from trained responders using the technology of their choice: voice or text.

The Public Health Agency of Canada (PHAC) is supporting the implementation of 9-8-8: Suicide Crisis Helpline, an evolution of Talk Suicide Canada, the pan-Canadian suicide prevention service. As announced on July 24, 2023, PHAC is providing \$156 million over three years to the Centre for Addiction and Mental Health (CAMH) to administer 9-8-8. Of this amount, \$4,267,000 per year is related to the Budget 2019 announcement of the pan-Canadian suicide prevention service, Talk Suicide Canada. As of November 30, 2023, people in Canada can call or text 9-8-8 to access suicide prevention support, in English and French, 24 hours a day, every day of the year.

Expected results:

People reaching out to 9-8-8 are connected to a responder in a timely way, and gain resources, knowledge and skills to help them cope with suicide crises or emotional distress.

Performance indicators:

- Percent of serviceable calls that are answered;
- Percent of serviceable texts that are answered;
- Average wait time before an interaction is answered by a responder; and,
- Average length of connected interactions.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2025–26

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Not applicable.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	8,000,000	0	0	0
Total contributions	42,267,000	54,567,000	59,367,000	4,267,000
Total other types of transfer payments	0	0	0	0
Total program	50,267,000	54,567,000	59,367,000	4,267,000

Pan-Canadian Vaccine Injury Support Program

Start date: 2021–22

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Vaccination

Purpose and objectives of transfer payment program:

The [Pan-Canadian Vaccine Injury Support Program](#) (VISP) aims to provide fair access to financial support for all people in Canada who experience a serious and permanent injury as a result of receiving a Health Canada-authorized vaccine, administered in Canada on or after December 8, 2020.

A third-party administrator was selected via an open solicitation to administer the VISP (except for Québec). Québec is continuing to deliver its longstanding [Vaccine Injury Compensation program](#) with federal funding.

Expected results:

Canadians have access to financial support in the rare instance of a serious and permanent injury experienced as a result of receiving a vaccine authorized by Health Canada.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2024–25

General targeted recipient groups:

- For-profit organizations;
- Not-for-profit organizations and charities; and,
- Provincial and Territorial governments.

Initiatives to engage applicants and recipients:

PHAC has been meeting regularly with funding recipients to discuss operational considerations and inform future policy direction of the VISP.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	33,419,156	9,000,000	9,000,000	9,000,000
Total other types of transfer payments	0	0	0	0
Total program	33,419,156	9,000,000	9,000,000	9,000,000

ParticipACTION

Start date: 2018–19

End date: 2024–25

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

- Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory:

- Chronic Disease Prevention

Purpose and objectives of transfer payment program:

Support ParticipACTION's "Let's Get Moving" initiative to continue encouraging and supporting Canadians across the country who are less active to increase physical activity levels. These diverse groups may include persons who experience health inequities due to social or economic disadvantage such as people living on low income, newcomers and racialized groups, people with disabilities, 2SLGBTQ2IA+ communities and Indigenous Peoples.

Expected results:

- Populations participate in interventions that aim to support individual, community/environmental, policy and system changes;
- Project participants have increased capabilities to support healthy behaviours;
- Project participants have improved health behaviours; and,
- Project participants have improved health.

Performance indicators:

- Overall number of individuals participating in interventions;
- Number of individuals from priority populations participating in intervention;
- Percentage of project participants demonstrating increased knowledge of chronic disease or risk/protective factors and/or health determinants (e.g., physical activity);
- Percentage of project participants that improve health behaviours (e.g., increase in physical activity); and,
- Percentage of project participants that improve physical or mental health (e.g., perceived health and mental health, social well-being).

Fiscal year of last completed evaluation:

2023–24

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

Not applicable

General targeted recipient groups:

- The sole recipient of this contribution funding is ParticipACTION.
- ParticipACTION will work with its many partners, including sport, physical activity, recreation organizations, government, and corporate sponsors, to coordinate and implement the activities associated with this initiative across Canada.

Initiatives to engage applicants and recipients:

ParticipACTION provides progress reports and an annual report to PHAC. PHAC uses these reports to review the project's progress, including the budget and work plan activities. Revisions to plans are made as required based on these submitted reports. Ad-hoc reports are produced in relation to the development of new or specific elements of the "Let's Get Moving" initiative to ensure activities remain within the approved scope of the project.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	5,000,000	5,000,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	5,000,000	5,000,000	0	0

Preventing and Addressing Family Violence: The Health Perspective (formerly Supporting the Health of Survivors of Family Violence)

Start date: 2015–16

End date: Ongoing

Type of transfer payment: Grants and Contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

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

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

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

Expected results:

- Participants acquire knowledge and skills through information, training and support.
- Participants use and apply knowledge and skills;
- Participants experience enhanced outcomes (positive change in attitude and behaviour, improved health outcomes);
- Professionals use knowledge of effective programs and approaches to safely and effectively support survivors of violence; and,
- Increased evidence is available on what works to prevent family violence and address its health impact.

Performance indicators:²

- Number of population health interventions developed and/or adapted;
- Number of participants/individuals reached through funded projects;
- Number of health professionals and other service providers reached through funded projects;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of participants who gain knowledge and/or skills as a result of programming;
- Percentage of participants who change their behaviours;
- Percentage of participants who state their mental health or well-being is better as a result of programming;
- Percentage of health professionals and other service providers reporting they use the GBV-related knowledge/skills in their policy and programming work;

- Percentage of projects reporting positive changes in behaviour amongst participants;
- Percentage of projects reporting improved well-being amongst participants;
- Percentage of projects sustained post-PHAC funding; and,
- Number and type of evidence products (e.g., surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year.

Note: Due to the nature of intervention research funded under this TPP, some results are only available in the final years of a project cycle and may not be reported on annually.

Fiscal year of last completed evaluation:

2019–20

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2024–25

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

In 2024–25, plans to engage funding applicants and recipients outside of regular project monitoring include information sessions around aspects of annual report, including instructions for reporting in the spring and sharing back results in the early fall in relation to learnings and progress of projects. PHAC will also engage with recipients through the Knowledge Hub Community of Practice to support capacity building, knowledge dissemination and linkages between programming, research and policy.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	5,300,000	5,300,000	5,300,000	5,300,000
Total contributions	950,000	950,000	950,000	950,000
Total other types of transfer payments	0	0	0	0
Total program	6,250,000	6,250,000	6,250,000	6,250,000

Preventing Gender-Based Violence: The Health Perspective

Start date: 2017–18

End date: Ongoing

Type of transfer payment: Grant and Contribution³

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

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

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

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

Expected results:

- Participants acquire knowledge and skills through information, training and support;
- Participants use and apply knowledge and skills;
- Participants experience enhanced outcomes (positive change in attitude and behaviour, improved well-being);
- Professionals and service providers adopt trauma-informed and violence-informed practices in all their activities; and,
- Increased evidence is available on what works to prevent gender-based violence and address its health impact.

Performance indicators:⁴

- Number of population health interventions developed and/or adapted;
- Number of participants/individuals reached;
- Number of health professionals and other service providers reached through funded projects;
- Percentage of projects that engage in multi-sectoral collaborations;
- Percentage of participants who gain knowledge and/or skills as a result of programming;
- Percentage of participants who improve their behaviours;
- Percentage of health professionals and other service providers reporting they use the GBV-related knowledge/skills in their policy and programming work;
- Percentage of projects sustained through the post-PHAC funding period; and,

- Number and type of evidence products (surveillance data, analysis, research findings, guidelines, infographics, webinars, reports, frameworks, etc.) released per fiscal year.

Note: Due to the nature of the intervention research funded under this TPP, some results are only available in the final years of a project cycle and may not be reported on annually.

Fiscal year of last completed evaluation:

2023–24

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2027–28

General targeted recipient groups:

- Not-for-profit organizations;
- Research organizations or academic institutions;
- Indigenous governments; and,
- Indigenous not-for-profit organizations, such as Indigenous youth and Two-Spirit organizations.

Initiatives to engage applicants and recipients:

In 2024–25, plans to engage funding applicants and recipients outside of regular project monitoring include information sessions around aspects of annual report, including instructions for reporting in the spring and sharing back results in the early fall in relation to learnings and progress of projects. PHAC will also engage with recipients through the PREVNet Community of Practice to support capacity building, knowledge dissemination and linkages between programming, research and policy.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	1,788,462	1,860,954	2,366,613	500,000
Total contributions	10,450,000	10,450,000	12,300,000	8,750,000
Total other types of transfer payments	0	0	0	0
Total program	12,238,462	12,310,954	14,666,613	9,250,000

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

Start date: 2017–18

End date: Ongoing

Type of transfer payment: Grants and Contributions⁵

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

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

Link to the department's Program Inventory:

- Health Promotion
- Communicable Disease and Infection Control

Purpose and objectives of transfer payment program:

Led by Health Canada, the purpose of the [Canadian Drugs and Substances Strategy](#) (CDSS) is to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities.

As a partner agency, PHAC receives contributions under the CDSS to support federal harm reduction efforts through the [Harm Reduction Fund](#) (HRF). Through the HRF, PHAC complements provincial and territorial harm reduction strategies by investing \$7 million annually to support time-limited projects across Canada. The goal is to help reduce HIV and Hepatitis C among those who share drug use equipment (i.e., injection and inhalation).

Expected results:

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

Fiscal year of last completed evaluation:

2023–24

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2028–29

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Current federal/provincial/territorial engagement is carried out via several means, including through the Committee on Problematic Substance Use and Harms that is co-chaired by Health

Canada and the Province of British Columbia. Secretariat support for the CDSS is provided by the Controlled Substances Directorate within Health Canada.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	3,500,000	3,500,000	3,500,000	3,500,000
Total contributions	5,300,000	3,500,000	3,500,000	3,500,000
Total other types of transfer payments	0	0	0	0
Total program	8,800,000	7,000,000	7,000,000	7,000,000

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

Antimicrobial Stewardship Initiatives

Start date: April 1, 2023

End date: March 31, 2026

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2023–24

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Communicable Disease and Infection Control

Purpose and objectives of transfer payment program:

The development and real-time distribution of antimicrobial prescribing guidelines to eligible Canadian health professionals will serve as an evidence-based prescribing decision-making tool accessible where and when necessary in order to minimize inappropriate/unnecessary use of antimicrobials which constitutes the main driver of antimicrobial resistance (AMR). Based on health care practices that were piloted in previous years, an enhanced prescribing monitoring program protocol is in development to collect data on antimicrobial prescribing practices in Canadian hospitals and other settings

Expected results:

In alignment with the [Pan-Canadian Action Plan for AMR](#), the funding is particular to the development and distribution of national antimicrobial prescribing guides for eligible Canadian health professionals. Specifically, the funded projects will develop:

- a series of 25 prescribing guidelines based on the WHO AWaRe recommendations;
- an advanced digital solution to ease wider distribution of these guidelines to eligible Canadian health professionals; and
- network and its infrastructures that include an enhanced data collection protocol and an IT platform to support data exchange and analysis on antimicrobial prescribing practices in Canada.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2028–29

General targeted recipient groups:

- 4 Ps – prescribers, public, practitioners, and producers

Initiatives to engage applicants and recipients:

PHAC will collaborate with internal and external partners and stakeholders to advance stewardship initiatives (education and awareness, evidence-informed practice and audits and feedback) including provincial, territorial, and other government departments, as well as academia to advance evidence informed work. Guideline panels with clinical expertise will be assembled, which will include infectious disease physicians, medical microbiologists, and other specialists. Discussion of approaches and milestones will be undertaken through the organization of multiple video calls and in-person meetings, on an as needed basis. To ensure the development of a satisfactory digital solution for the distribution and dissemination of guidelines to health professionals, the Agency will collaborate with ad hoc partners, as needed. Work to undertake initiatives will ensure geographical representation across Canada at provincial/territorial levels, urban centre size for antimicrobial prescribing appropriateness, gender, and racial/ethnic representation.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	325,000	300,000	300,000	0
Total other types of transfer payments	0	0	0	0
Total program	325,000	300,000	300,000	0

Blood Safety

Start date: 1998–99

End date: 2025–26

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2004–05

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Communicable Disease and Infection Control

Purpose and objectives of transfer payment program:

The [Blood Safety Contribution Program](#) (BSCP) supports the development and/or enhancement of provincial and territorial systems that monitor adverse events associated with the transfusion of blood/blood products and the transplantation of Cells, Tissues, and Organs (CTOs). The recipients of BSCP funding include provincial and territorial governments, transfusion and transplantation centres, agencies or groups designated by provincial and territorial ministries of health to carry out surveillance for adverse events related to blood, blood products, cells, tissue or organs, and Canadian not-for profit organizations that support transfusion and transplantation adverse event surveillance activities.

Recipients of the funding then transfer information to PHAC via BSCP's Transfusion Error Surveillance System (TESS), Transfusion-Transmitted Injuries Surveillance System (TTISS) and Cells, Tissues and Organs Surveillance System (CTOSS). This information is prepared, analyzed and reported at a national level and is made available to recipients and other stakeholders of the transfusion and transplantation system. This information is used to identify adverse event and error trends, to benchmark provincial/territorial adverse events against national-level data, and to make international comparisons. The surveillance information has also contributed to the development of transfusion guidelines to improve transfusion practices.

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

In partnership with Canadian sentinel hospitals, PHAC manages the collection, management and analysis of the TTISS, TESS and CTOSS data as well as the production of reports summarizing key findings. These data and products are used to inform public health and policy action and support continuous improvement of PHAC's surveillance standards.

Expected results:

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

Fiscal year of last completed evaluation:

2022–23

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

Not applicable

General targeted recipient groups:

- Provincial and territorial governments;
- Transfusion and/or transplantation centres and agencies and/or groups designated by provincial and territorial ministries of health to carry out surveillance for adverse events related to blood, blood products, cells, tissue or organs; and,
- Canadian not-for-profit organizations that support transfusion and/or transplantation adverse event surveillance activities in provinces and territories. e.g., charities, foundations, non-governmental organizations, universities, research institutions, health related entities).

Initiatives to engage applicants and recipients:

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	2,190,000	2,190,000	2,190,000	0
Total other types of transfer payments	0	0	0	0
Total program	2,190,000	2,190,000	2,190,000	0

Canadian Immunization Research Network

Start date: 2014

End date: March 2029

Type of transfer payment: Grants

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Vaccination

Purpose and objectives of transfer payment program:

The [Canadian Immunization Research Network](#) (CIRN) is a multidisciplinary 'network of networks' that addresses diverse immunization research requirements in Canada on topics related to safety, efficacy/effectiveness, uptake, program delivery, and evaluation.

CIHR's Institute of Pandemic Preparedness will oversee the administration of funding through a directed grant to CIRN. PHAC is the primary funding source, transferring funds to CIHR. Through this grant funding, CIRN will undertake coordinated, collaborative, and multi-disciplinary vaccine- and immunization-related research and will continue to strengthen Canada's research capacity, evidence base, and expertise in immunization and vaccine research, support clinical trials for vaccine-preventable diseases, as well as establish structures and processes to pivot and reprioritize research activities to respond to emerging infectious public health events with actual or potential significant negative impacts to the health of people in Canada.

Expected results:

In this next phase, CIRN plans to:

- Strengthen national vaccine research, using an inclusive approach, by undertaking and coordinating collaborative multidisciplinary research amongst vaccine and immunization researchers, clinicians, public health professionals, and local, provincial, territorial and federal policymakers with relevant mandates for public health and healthcare systems, across all research areas;
- Strengthen Canada's state of readiness by building and enhancing capacities, processes, and expertise to provide a rapid, priority-driven, vaccine research response to infectious public health events with actual or potential significant negative impacts to the health of people in Canada;
- Strengthen capacities, processes, and expertise to undertake clinical trials of vaccine candidates for vaccine-preventable diseases in alignment with domestic and global vaccine clinical trial strategies;
- Increase the availability of high-quality and real-time evidence, improve data-sharing and knowledge mobilization with local, provincial, territorial, national and international knowledge users in both official languages, and achieve maximum research impact to improve the health of all people in Canada; and,
- Train and support the diverse next generation of vaccine and immunization researchers.

Research areas will include the following:

- Development of methodologies to test vaccines in areas such as short- and long-term safety, effectiveness and protection;
- Rapid evaluation of vaccine candidates for safety and immunogenicity in persons of all ages;
- Evaluation of vaccine safety (including adverse events following immunization) and effectiveness through population health research, including in priority populations, following release for general use;
- Evaluation of current immunization programs and policies for accessibility, coverage and effectiveness in Canada;
- Research on interventions to improve vaccine acceptance and uptake and address misinformation and disinformation, including consideration of priority populations and priority research projects to inform current and future public health policy; and,
- Modeling and economic analyses to support the roll-out of vaccines and public health immunization strategies.

CIRN will address equity, diversity and inclusion considerations, including socio-demographic variables related to sex, gender, ethnicity (e.g. persons who identify as members of Black communities), Indigenous Peoples, newcomers and refugees, seniors, pregnant people, individuals experiencing homelessness, and Official Language Minority Communities, among others. CIR will also engage with people with lived or living experience.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2024–25

General targeted recipient groups:

- CIRN is a collaborative national research network that brings together more than 150 investigators across a wide range of Canadian institutions. CIRN provides research capacity that is responsive and scalable to undertake research during an infectious disease crisis, and to provide Canadian vaccine-related research for public health decision-making. For funding that is set to begin in 2024–25, eligibility is limited to a current investigator of the CIRN.

Initiatives to engage applicants and recipients:

A funding offer was issued in November 2023, calling for applications by February 2024. The purpose of the funding opportunity for the CIRN is to support coordinated, collaborative, and multidisciplinary vaccine and immunization-related research. The pan-Canadian network will continue to strengthen Canada's research capacity, evidence base, and expertise in immunization and vaccine research, support clinical trials for vaccine-preventable diseases, and establish structures and processes to pivot and reprioritize research activities to respond to emerging infectious public health events posing significant negative impacts to the health of people in Canada.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	0	0	3,000,000	3,000,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	0	0	3,000,000	3,000,000

Combating Antibiotic-Resistance Bacteria (CARB-X)

Start date: 2023–24

End date: 2024–2025

Type of transfer payment: Grants

Type of appropriation: PHAC carry-forward

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Communicable Disease and Infection Control

Purpose and objectives of transfer payment program:

[CARB-X](#) is a leading global organization whose mission is to drive a diverse portfolio of innovative antibacterial products towards clinical development. CARB-X fills a critical gap to help stem the rise of AMR by focusing both on the most serious drug-resistant bacteria identified by the WHO and the U.S. Centers for Disease Control and Prevention (CDC), as well as on the syndromes with the highest degrees of mortality and morbidity.

CARB-X is currently funded by a global consortium of governments and foundations, including the United States, United Kingdom, Germany, the [Bill and Melinda Gates Foundation](#), and [Wellcome Trust](#). It is also recognized by world leaders, including by [G7 Health Ministers in their 2023 Communiqué](#), and [G20 Health Ministers in their 2023 Outcome Document](#).

Funding from Canada will support CARB-X's efforts in replenishing the global clinical pipeline with high-impact products which the world, including Canada, needs to address AMR in the years to come.

Expected results:

By providing funding to CARB-X, Canada is contributing to global AMR innovation by increasing funding to a global pooled fund that accelerates development of innovative solutions around the world.

This project is intended to increase scientific, regulatory and business support to product developers of diagnostics, therapeutics, and preventatives around the globe who are focused on the most serious drug-resistant bacteria identified by the WHO and the U.S. CDC and on the syndromes with the highest degrees of mortality and morbidity.

In addition, this funding will allow Canada to benefit from the successful outcomes of CARB-X investments in new antimicrobial drugs (in the longer term), and to become part of a partnership of co-founders and innovators who are leading the global AMR innovation agenda.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2028–29

General targeted recipient groups:

- Antimicrobial developers around the world.

Initiatives to engage applicants and recipients:

Open solicitations are posted on [the CARB-X website](#) and promoted on social media, through stakeholder engagements lists and applicant webinars, to help interested organizations improve their application for project funding. A new solicitation is expected to be made public by CARB-X in 2024. Events, and stakeholder meetings are also used to engage recipients, including connecting them through Communities of Practice. Stakeholders are engaged based on a continuous multi-year global strategy to inform program and solicitation priorities.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	3,000,000	3,000,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	3,000,000	3,000,000	0	0

Dementia Community Investment

Start date: 2018–19

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

This funding program supports community-based projects that seek to improve the well-being of people living with dementia and family/friend caregivers; and increase knowledge about dementia and its risk and protective factors. The program also supports a knowledge hub to facilitate a community of practice for Dementia Community Investment projects, helping them build capacity, share findings, collaborate, and provide an overview of dementia priority areas and gaps.

Expected results:

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

Performance indicators:⁶

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

Fiscal year of last completed evaluation:

2023–24

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2028–29

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Applicants are invited to submit proposals via an open solicitation process every two years. Solicitation information is published on PHAC's website and shared widely with key dementia and older adult stakeholders. Dementia Community Investment recipients are expected to undertake intervention research projects which develop, test, and scale-up resources, tools and supports, in order to build capacity in communities to improve the well-being of people living with dementia and their family/friend caregivers. Information and results for the Dementia Community Investment is shared with internal and external stakeholders using various communication methods and materials. Feedback is used to improve monitoring, evaluation, program design, and delivery. All funding recipients are also required to collaborate with the Dementia Community Investment's knowledge hub.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	3,400,000	3,400,000	3,400,000	3,400,000
Total other types of transfer payments	0	0	0	0
Total program	3,400,000	3,400,000	3,400,000	3,400,000

Emerging Respiratory Illness Issues – Enhanced Respiratory Virus Surveillance program

Start date: 2020–21

End date: 2024–25

Type of transfer payment: Grant

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2024–25

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced

Link to the department's Program Inventory:

- Communicable Disease and Infection Control

Purpose and objectives of transfer payment program:

These funds will be used to support targeted surveillance to address emerging and re-emerging respiratory illness issues and better understand their impacts. This will generate evidence to support Canadians' informed decision-making for their health, and intelligence to support decisions and actions by public health stakeholders, including local, jurisdictional and federal public health authorities.

Expected results:

The expected results for the intended studies and initiatives include:

- contributing to a baseline understanding of the impacts of these illnesses and factors contributing to their severity;
- strengthening the skills and abilities of people living in Canada to prevent infections and to improve health outcomes related to respiratory infectious diseases;
- supporting people living in Canada in taking preventative actions to minimize their risk of acquiring emerging and re-emerging respiratory infectious diseases; and
- increasing the knowledge base of effective evidence-based respiratory infectious diseases prevention measures.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2027–28

General targeted recipient groups:

- Canadian public and other stakeholders
- Federal, provincial, territorial, local governments and their agencies, organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, post-secondary institutions)

Initiatives to engage applicants and recipients:

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	1,300,000	500,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	1,300,000	500,000	0	0

Emerging Respiratory Illness Issues – External Grants Program (focused on evidence-based public health guidance and advice)

Start date: 2022–23

End date: Ongoing

Type of transfer payment: Contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2023–24

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Communicable Disease and Infection Control

Purpose and objectives of transfer payment program:

The purpose of this program is to fund research that will fill knowledge gaps in scientific evidence to inform public health measures guidance and advice to Canadians regarding respiratory infectious diseases (such as COVID-19, influenza, and RSV). This will help to ensure that Canadian recommendations are based on current evidence thereby contributing to a stronger, more informed, and more resilient public health system. Priority topics for each solicitation are identified through consultations and by aligning with national and international research priorities. Previous objectives included funding projects focused on investigating the effectiveness of public health measures for COVID-19 and those that examine the transmission dynamics of respiratory infectious diseases, including COVID-19, influenza, and RSV.

Expected results:

The results from research funded through this program are expected to inform federal public health measures guidance and support the work of providing advice to Canadians for respiratory infectious diseases, including COVID-19, influenza, and RSV. Findings from the research projects will also contribute to the publicly available public health measures evidence base, identify lessons learned, and contribute to future pandemic planning and response activities.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2027–28

General targeted recipient groups:

Researchers affiliated with a Canadian postsecondary institution or an affiliated institution including hospitals, research institutes, or non-profit and non-governmental organizations with a mandate for health research and/or knowledge translation.

Initiatives to engage applicants and recipients:

Recipients are engaged through virtual presentations with PHAC at the end of the grant term. This allows recipients to present research findings and answer questions from PHAC.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	250,000	250,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	250,000	250,000	0	0

Fetal Alcohol Spectrum Disorder National Strategic Projects Fund

Start date: 1999–2000

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory:

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

Purpose and objectives of transfer payment program:

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

Expected results:

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

Performance indicators:

- Number of health promotion-themed evidence products released per fiscal year.

Fiscal year of last completed evaluation:

2022–23

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

The timing of this evaluation will be determined during the development of a future Departmental Evaluation Plan

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Solicitations under the [FASD National Strategic Projects Fund](#) are posted on the [Grant and Contribution funding opportunities page](#) for the Public Health Agency of Canada. Recipients are also engaged through open, targeted or directed solicitations. Recipients are also regularly invited to connect and share results.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	1,499,000	1,499,000	1,499,000	1,499,000
Total other types of transfer payments	0	0	0	0
Total program	1,499,000	1,499,000	1,499,000	1,499,000

Framework for Diabetes in Canada

Start date: 2021–22

End date: 2025–26

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory:

- Chronic Disease Prevention

Purpose and objectives of transfer payment program:

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

Expected results:

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

Performance indicators:

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

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

Not applicable

General targeted recipient groups:

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

- National, provincial, and community-based Indigenous organizations, including band councils; and,
- Private sector organizations.

Initiatives to engage applicants and recipients:

Directed and targeted solicitations are utilized to attract potential applicants. Stakeholders are engaged to inform potential program and solicitation priorities. Funding recipients are engaged through ongoing communications and site visits to support project delivery. A variety of forums will be used to share learnings from funded projects, such as key learnings and evaluation results.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	593,510	593,510	593,510	0
Total other types of transfer payments	0	0	0	0
Total program	593,510	593,510	593,510	0

Healthy Early Years – Official Languages in Minority Communities

Start date: 2018–19

End date: Ongoing

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

This funding supports communities to develop comprehensive, culturally and linguistically appropriate programs to improve the health and development of children (0-6 years). It's also intended to improve access to early childhood health promotion programming for children and their families living in Official Language Minority Communities (OLMC). It is an initiative under the [2018-2023 Action Plan for Official Languages](#), as well as the updated [Action Plan for Official Languages 2023-2028](#).

Expected results:

- Vulnerable families in OLMCs will have access to programming that will support them to gain knowledge and skills and improve health behaviours; and,
- Vulnerable families in OLMCs have improved health and wellbeing as a result of access to programming in the official language of their choice.

Performance indicators:

- Number of projects funded by the [Healthy Early Years](#) (HEY) program;
- Number of parents, caregivers and children participating in the HEY program;
- Program participants gain knowledge and skills to improve their family and health practice; and,
- Program participants (parents/caregivers) experience improved health and wellbeing.

Fiscal year of last completed evaluation:

2022–23

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2027–28

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

An extensive consultation process was conducted at the beginning of the Healthy Early Years Program to identify potential applicants. Ongoing exchanges and site visits/meetings take place with recipients. Recipients are regularly invited to connect and share their results and best practices for improving access to early childhood health promotion programming for children and families living in OLMC.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	1,890,000	1,890,000	1,890,000	1,890,000
Total other types of transfer payments	0	0	0	0
Total program	1,890,000	1,890,000	1,890,000	1,890,000

Immunization Surveillance

Start date: 2022–23

End date: 2024–25

Type of transfer payment: Grant and Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2022–23

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Vaccination

Purpose and objectives of transfer payment program:

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

Objectives include:

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

Expected results:

Funding is currently supporting multiple projects, including the following:

- McMaster University's [Platelet Immunology Laboratory](#) project for Vaccine-Induced Immune Thrombotic Thrombocytopenia;
- the Canadian Cardiovascular Society's study of [Myocarditis and/or Pericarditis following mRNA COVID-19 Vaccination](#) to enhance COVID-19 vaccine safety surveillance;

- Dalhousie University’s Canadian Vaccine Safety Network project which conducts active surveillance of COVID-19 and influenza vaccine safety;
- the Provincial Health Services Authority of [British Columbia’s Sentinel Practitioner Surveillance Network](#) study of acute respiratory illness in virus and vaccine effectiveness monitoring;
- the [University of Ottawa’s Interdisciplinary Centre for Black Health](#) for the study of vaccine effectiveness and immunization coverage in Black, Asian, and Arab communities; and,
- [CANImmunize](#) to administer the Canadian Vaccine Catalogue to provide vaccine terminology and vaccine product information.

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

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2024–25

General targeted recipient groups:

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

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

Initiatives to engage applicants and recipients:

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	9,214,473	6,977,193	2,043,334	0
Total contributions	350,000	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	9,564,473	6,977,193	2,043,334	0

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

Start date: 2016–17

End date: 2027–28

Type of transfer payment: Grants and Contributions⁷

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018

Link to departmental result(s):

- Result 2.1: Infectious diseases are prevented and controlled

Link to the department's Program Inventory:

- Foodborne and Zoonotic Diseases

Purpose and objectives of transfer payment program:

The [Infectious Disease and Climate Change Fund](#) (IDCCF) is aimed at preparing and protecting people living in Canada from climate-sensitive infectious diseases that are zoonotic, foodborne and waterborne. This includes actions that stimulate public health innovation using a [One Health](#) approach by linking human, animal and environmental health and in advancing climate change adaptation.

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

- Increasing capacity to understand and respond to the rising demands posed by climate-sensitive infectious diseases; and,
- Equipping health professionals and people living in Canada with timely and accurate information to better understand their risks and take measures to prevent infection.

The IDCCF focuses on the following activities:

- Monitoring and surveillance
 - building baseline data and enhancing knowledge and expertise to understand, predict, and monitor current and future risks through innovative approaches to surveillance, detection, and analysis of climate-sensitive infectious diseases; and,
 - developing collaborative and novel approaches for the collection, sharing, and use of data to support evidence-based public health actions that equip and empower Canadians to adapt.
- Education and awareness
 - Promoting the development, distribution, and uptake of education and awareness materials for health professionals; and,
 - Facilitating education, awareness, and the dissemination of tools and best practices within or across Canadian communities and among vulnerable populations.

Expected results:

The fund will support delivery of commitments within the [Horizontal Management Framework for Clean Growth and Climate Change](#), as well as Canada's National Adaptation Strategy and accompanying Government of Canada Action Plan (GOCAAP) by reducing the risks associated

with climate-driven infectious diseases. Investments made under the Fund will help to continue to:

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

Enabling new and innovative partnerships, equipping people with tools, building capacity and increasing knowledge mobilization will help communities, organizations and people living in Canada be better prepared to prevent and respond to the health risks associated with climate sensitive infectious diseases.

Fiscal year of last completed evaluation:

2021–22

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2025–26

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Applicants and recipients are engaged through solicitation evaluation processes, as well as ongoing monitoring of funding agreements, reporting and performance measurement and bi-annual check-in discussions. They are encouraged to provide feedback on the delivery and design of the program which contributes to overall adjustments and improvements in the program.

Funding recipients are also engaged in knowledge mobilization activities to raise awareness of project objectives, activities and results through participation in PHAC's Zoonoses and Adaptation in a Changing World webinar series. In 2024–25, the IDCC Program will also explore the establishment of a community of practice for recipients to share information, build relationships, and support ongoing work across Canada.

PHAC will also continue to work with the Métis Nation together with Crown Indigenous Relations and Northern Affairs to address the health effects of climate change to connect this work to broader initiatives to address climate change as PHAC's contribution agreements come to a close in 2024–25.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	843,058	400,000	400,000	400,000
Total contributions	1,994,200	1,752,191	1,600,000	1,600,000
Total other types of transfer payments	0	0	0	0
Total program	2,837,258	2,152,191	2,000,000	2,000,000

Innovative Solutions Canada

Start date: 2023–24

End date: Ongoing

Type of transfer payment: Grant

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2023–24

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- 1.3 Evidence for Health Promotion and Chronic Disease Injury

Purpose and objectives of transfer payment program:

The [Innovative Solutions Canada](#) (ISC) program seeks to use Challenges to leverage capacity among Canadian small and medium enterprises (SME) to develop solutions targeting public health priorities defined by the Agency. The Public Health Agency of Canada (PHAC) is one of several federal departments and agencies that have set aside funding to support ISC Challenge projects.

Expected results:

The program currently has one grant-based Challenge addressing the need for objective concussion diagnosis and prognosis determination. PHAC seeks a technology, procedure or technique that provides the means to detect concussions based on the objective measure of clinical indicators.

At the program level, program performance is measured by funding support provided to SMEs, noting that the program uses both Vote 1 and Vote 10 funding depending on the context of the specific challenge. PHAC seeks to maximise allocation of its ISC funding envelope.

At the project level, the current Concussion Challenge criteria are as follows:

- Support a diagnosis OR prognosis for recovery on the detection of a concussion using objective indicators that derive from minimally invasive testing (e.g. fluid sampling, blood draw, imaging).
- Produce a result that can be issued during an individual's initial visit to a health practitioner (i.e. within 3 hours of presentation under normal circumstances and NOT requiring a follow-up visit from the individual).
- Be usable by health practitioners and allied professionals (e.g. physician assistants) with little specialised training required.
- Be usable in medical settings (e.g. hospitals, clinics) and in the community (e.g. community centres).

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

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

General targeted recipient groups:

- Canadian small and medium enterprise

Initiatives to engage applicants and recipients:

ISC is a program led by Innovation Science and Economic Development Canada (ISED) in which PHAC participates. Overarching engagement with industry groups for purposes of program design are led by ISED. Result reporting in relation to individual challenge projects is done by interim update meetings with recipients and reports at a Phase 1 summary report for gating to Phase 2. PHAC challenges are posted on the Government of Canada [Buy and Sell site](#) and submitted via a program portal maintained by ISED.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	650,000	250,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	650,000	250,000	0	0

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

Start date: 2005–06

End date: Ongoing

Type of transfer payment: Grants and Contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018

Link to departmental result(s):

- Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory:

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

Purpose and objectives of transfer payment program:

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

Expected results:

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

Fiscal year of last completed evaluation:

2014–15

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2026–27

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

The Enhanced Surveillance for Chronic Disease Program launched an open solicitation, which closed December 8, 2022. Funding for successful applications will be allotted for 2024-25 for a three-year period. Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually, until they expire (2027–28).

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	395,000	395,000	395,000	395,000
Total contributions	2,334,000	2,334,000	2,034,000	2,034,000
Total other types of transfer payments	0	0	0	0
Total program	2,729,000	2,729,000	2,429,000	2,429,000

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

Start date: 2005–06

End date: Ongoing

Type of transfer payment: Grants

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory:

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

Purpose and objectives of transfer payment program:

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

The [School Health Grant for Youth Program](#) provides youth aged 13 to 19 and enrolled in grades 9 to 12 with the opportunity to apply for small grant funding to develop youth-led initiatives that encourage and promote healthy living in their school. Youth projects must align with the following Public Health Agency of Canada (PHAC) priorities: substance use and related harms, positive mental health and well-being, healthy eating and nutrition, and/or physical activity. This youth grant program was established in 2022 and ran two targeted solicitations in 2022–23, and an open solicitation in 2023–24. Funding for the School Health Grant for Youth comes from existing A-Base resources for the JCSH.

Expected results:

Pan-Canadian Joint Consortium for School Health Grant:

- Maintain the Joint Consortium for School Health, which consists of federal, provincial, and territorial representatives from ministries responsible for health and education to support the health and learning of students in school settings using a Comprehensive School Health approach;
- Strengthen collaboration among federal, provincial, and territorial ministries responsible for health and education; and,
- Increase the capacity of ministries responsible for health and education to work together more effectively and efficiently.

School Health Grant for Youth Program:

- Encourage healthy living in Canadian youth through youth-driven and youth-inspired projects;

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

Fiscal year of last completed evaluation:

2015–16

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

Not applicable

General targeted recipient groups:

- Unincorporated groups; societies and coalitions; provincial, territorial, regional, and municipal governments; and,
- Individuals deemed capable of conducting population health activities.

Initiatives to engage applicants and recipients:

Applicants for the JCSH are engaged through a targeted solicitation process.

Applicants for the School Health Grant for Youth are engaged through an open solicitation process, via key points throughout the academic year to align with students’ availability in a school setting.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	250,000	250,000	250,000	250,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	250,000	250,000	250,000	250,000

International Health Grants Program

Start date: 2008–09

End date: Ongoing

Type of transfer payment: Grants and assessed contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2013 – ongoing⁸

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health
- Result 1.2: Canadians have improved health behaviours
- Result 1.3: Chronic diseases are prevented
- Result 2.1 Laboratory Science Leadership and Services
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively
- Result 3.2 Biosecurity

Link to the department's Program Inventory:

- Chronic Disease Prevention
- Communicable Disease and Infection Control
- Foodborne and Zoonotic Diseases

Purpose and objectives of transfer payment program:

The purpose of this program is to facilitate the [Health Portfolio's](#) international engagement to advance Canada's health priorities at home and abroad through knowledge transfer and capacity building; strengthening relationships with international partners; and promoting increased awareness and understanding of current and emerging global health issues to inform policy and program development.

Objectives:

- Identify, assess, and promote approaches, models, and best practices that respond to Canada's global health priorities and international commitments;
- Increase knowledge on current and emerging global health issues to inform policy and program development and contribute to improving health outcomes within and outside Canada;
- Increase collaboration and strengthen relationships with key partners and stakeholders on global health issues of importance to the Health Portfolio;
- Support Canada's participation in select multilateral organizations in line with Canada's international health commitments and obligations;
- Strengthen Canada's leadership on global health and ensure that Canada's priorities are reflected in the international health agenda; and,
- Enhance global health capacity/participation in areas directly related to Government of Canada foreign policy objectives.

Expected results:

Immediate Results:

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

Intermediate & Long-Term Results:

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

Fiscal year of last completed evaluation:

2018–19

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

IHGP will also be evaluated as part of four separate evaluations in 2028–29 (Sexually Transmitted and Blood-Borne Infections); 2025–26 (Health Portfolio’s Tobacco and Vaping Activities and Biosecurity Program), and 2027–28 (Food-borne and Water-borne Enteric Diseases).

General targeted recipient groups:

International entities (i.e. bilateral and multilateral international organizations and institutions with established and/or emerging relationships with Canada) and Canadian not-for-profit organizations and institutions with an international mandate, including academic and research-based institutions.

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

Initiatives to engage applicants and recipients:

Applicants will continue to be engaged through targeted solicitation processes and ongoing discussions with internal Health Portfolio partners to identify priority international projects and funding opportunities to advance Canada’s domestic and global health priorities. Funded recipients are expected to implement international projects and initiatives facilitating knowledge generation and uptake (e.g., applied research) and supporting international capacity building (e.g., mental health and climate change).

As a reporting requirement, international recipients are expected to submit a final report within thirty (30) days of the end of a project, outlining whether the intended deliverables of the grant have been achieved. Final reports are assessed to determine whether program objectives have been met. In the final reports, international organizations indicate the various performance

measurement strategies they have used to internally measure the achievement of project results.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	3,119,724	1,180,000	250,000	250,000
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	3,119,724	1,180,000	250,000	250,000

Intersectoral Action Fund (formerly Promoting Health Equity: Intersectoral Action on the Social Determinants of Health)

Start date: 2021–22

End date: 2025–26

Type of transfer payment: Grant and Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2023–24

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Chronic Disease Prevention

Purpose and objectives of transfer payment program:

The Intersectoral Action Fund (ISAF) is a community-based funding program dedicated to promoting collective upstream action on the social determinants of health (SDOH). The ISAF seeks to build community capacity for intersectoral action (ISA) on the structural drivers of health inequity by supporting:

- Organizational identification of priority areas for collective action on the SDOH and wellbeing;
- Transformative partnerships to facilitate action; and,
- Overall capacity to take action on the SDOH and wellbeing.

The ISAF is designed to address a broad range of SDOH and ultimately, to improve population health and health equity through sustained cross-sectoral interventions.

Expected results:

- Intersectoral partners are engaged in interventions that aim to support individual, community/environmental, policy and system changes;
- Population(s) participate in interventions that aim to support individual, community/environmental, policy and system changes; and,
- Environments that support health are improved.

Performance indicators:

- Percentage of project participants that improve physical or mental health;
- Percentage of project participants that improve health behaviours;
- Percentage of built environment-dedicated projects demonstrating improvement in the built environments to support health;
- Percentage of project participants who report social, physical/built or food environments are improved to support health;
- Percentage of project participants demonstrating increased knowledge of chronic disease or risk/protective factors and/or health determinants;
- Percentage of project participants demonstrating improved skills/ability to support health;
- Number of individuals participating in interventions overall;
- Number of individuals participating in interventions from priority population; and,

- Number of intersectoral partners engaged.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

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

General targeted recipient groups:

- Canadian not-for-profit voluntary organizations and corporations;
- Organizations and institutions supported by provincial and territorial governments (regional health authorities, community health centres, schools, post-secondary institutions, etc.);
- Indigenous organizations, including Indigenous government organizations;
- Regional and municipal governments and agencies; and,
- For-profit organizations (must apply in partnership with a not-for-profit organization).

Initiatives to engage applicants and recipients:

In 2024–2025, the Intersectoral Action Fund plans to support prospective applicants and funding recipients through information sessions and ongoing correspondence. This will include support for the implementation of high-merit projects that were identified through the 2021 open solicitation.

Program officials will also continue to fund a knowledge exchange and transfer project administered through the Tamarack Institute for Community Engagement to further share best practices uncovered through ISAF project results.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	3,000,000	2,000,000	2,000,000	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	3,000,000	2,000,000	2,000,000	0

Mental Health Promotion Innovation Fund

Start date: 2019–20

End date: Ongoing

Type of transfer payment: Grants and Contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental results:

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

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

The [Mental Health Promotion Innovation Fund](#) (MHP-IF) is a funding program to support positive mental health for children, youth, their caregivers and communities, as well as reduce systemic barriers for population mental health in Canada. The program uses a multi-phased approach to fund the testing and delivery of innovative, community-based interventions that aim to promote health equity, build protective factors and address the underlying determinants of health at the population level. Knowledge gained from the evaluation of each community-based intervention is then applied to public health policy and practice to accelerate change for positive mental health in Canada. The MHP-IF also funds a Knowledge Development and Exchange (KDE) Hub that supports funded projects in sharing lessons learned, connecting with various stakeholders and applying new knowledge to a broader policy and systems change agenda.

Expected results:

In the immediate term, expected results are that up to 15 funded projects continue to develop and adapt population health interventions to promote positive mental health and wellbeing among children, youth, and their caregivers. As part of this work, immediate and medium term expected results include increased multisectoral engagement and collaborations among projects; increased knowledge and skills; increased reports of positive change in behaviour and protective factors; and overall wellbeing of intervention participants. Longer term expected results include the majority of funded projects reporting readiness for scale up to reach more people and create lasting systems change, and generating knowledge, informing policy and practice.

Performance indicators:

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

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

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

Fiscal year of last completed evaluation:

2019–20

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2025–26

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

The program engages applicants and recipients through ongoing capacity building activities to support program design, delivery, evaluation and knowledge exchange. This includes the provision of resources and tools, fostering connections across projects, supporting the development of evaluation plans and providing recipients with access to a Knowledge, Development and Exchange Hub (KDE Hub).

The KDE Hub: co-designs studies with funded projects that contribute new knowledge; curates knowledge and resources to fill meaningful gaps, and to share lessons from the funded projects; makes connections amongst funded projects and between projects and others with relevant expertise, experiences and networks; provides access to advice and guidance on intervention planning, research, evaluation, and knowledge exchange; and hosts an annual symposium on mental health promotion for both recipients and potential applicants.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	2,070,000	2,070,000	2,070,000	2,070,000
Total contributions	2,877,000	2,877,000	2,877,000	2,877,000
Total other types of transfer payments	0	0	0	0
Total program	4,947,000	4,947,000	4,947,000	4,947,000

National Microbiology Laboratory – Integral Genomics Innovation Program

Start date: 2021–22

End date: 2023–24

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

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

Link to the department's Program Inventory:

- Laboratory Science Leadership and Services

Purpose and objectives of transfer payment program:

The purpose of this program is to strengthen public health infrastructure in Canada by helping public health laboratories to innovate and integrate genome-sequencing productivity across surveillance of high-consequence pathogens. The program complements existing partnerships by accelerating the speed of genomic sequencing and integrating its outputs within existing public health surveillance activities.

This funding opportunity aims to mobilize public health networks to enhance the generation and availability of genomic information for the detection and tracking of evolution within high-consequence pathogens (e.g., COVID-19, tuberculosis, and antimicrobial resistance). The Integral Genomics Innovation Program will improve completeness and the timely availability of genomic information on emerging variants and support PHAC's work with provinces, territories, and international partners to improve monitoring, public health surveillance, and outbreak response across Canada.

This funding opportunity will support the following program objectives:

- Accelerate the availability of analysis-ready genomics (sequences plus contextual data) within a province/territory;
- Improve the completeness, quality, and maintainability of contextual data supporting genomics to better enable use of genomics in effective public health responses;
- Improve the bidirectional relationship between laboratory-generated sequences and health authority data to enable genomic epidemiology analyses (e.g., vaccine effectiveness by variant);
- Facilitate the timely dissemination, exchange, and application of analysis-ready information with public health partners; and,
- Contribute to a coherent and effective genomic surveillance network across Canada.

Expected results:

Recipient laboratories define Operational Impact metrics relevant to their projects within the guidance of the Program with a focus on the operational improvements in terms of quantity, quality, and timeliness of analysis-ready sequence information for use by each laboratories stakeholders.

Performance indicators:

- PHAC collects metrics from PT partners, including Integral Innovation supported laboratories to track numbers or sequences, quality management parameters, and pipeline timing metrics that are reported regularly to partners laboratories and summarised within NMLB. Within each Contribution Agreement, self-reported metrics are defined specific to each project based on the technical risks and challenges relevant to their PHAC supported objective.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2024–25⁹

General targeted recipient groups:

- Government, specifically provincial laboratories and territorial public health authorities within [the Canadian Public Health Laboratory Network](#) (CPHLN) involved in genomic surveillance as part of detection, tracking, and response to COVID-19 and other infectious diseases at local and Canada-wide scales.

Initiatives to engage applicants and recipients:

A Genomics Innovation Summit for all Integral Innovation partners was held in Winnipeg in November 2023 to discuss shared challenges across the life-cycle of research, development and innovation in the operational adoption and application of whole genome sequencing of pathogens in Canada for public health planning, preparation and response. The Summit was held in collaboration with internal PHAC recipients of Genomic Research Development Initiative funding that may further enhance Integral Innovation recipients' future capabilities. An annual cadence of thematic summits is planned, subject to budget availability, to maintain alignment of program and project goals.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Total grants	2,100,000	0	0	0
Total contributions	3,350,000	2,980,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	5,450,000	2,980,000	0	0

National Microbiology Laboratory – Wastewater Innovative Technologies

Start date: 2020–21

End date: 2024–25

Type of transfer payment: Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2020–21

Link to departmental result(s):

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

Link to the department's Program Inventory:

- Laboratory Science Leadership and Services

Purpose and objectives of transfer payment program:

The purpose of this program is to build wastewater testing capacity for SARS-CoV-2 surveillance at the Federal/Provincial/Territorial (FPT) level, develop a testing hub for Eastern provinces, improve laboratory methods and tools, expand the program to other priority pathogens, and maintain or expand wastewater surveillance at the key Canadian international airports. Wastewater-based surveillance of infectious diseases is beyond the standard complement of program funding for PHAC. The contributions will provide funding for provincial, territorial, indigenous, and academic partners in the wastewater surveillance network to collect and test samples (within communities or at FPT public health labs) for pathogens such as SARS-CoV-2, influenza, RSV, mpox, etc. Wastewater testing can provide an early warning signal to detect new and emerging infectious diseases, inform public health action (e.g., vaccination programs) and inform Canadians on the risk of COVID-19 in their community.

Expected results:

Outputs/outcomes for the National Microbiology Laboratory Wastewater Innovative Technologies program includes the:

- Increased capacity for conducting wastewater surveillance across Canada;
- Increased availability of data and its interpretation for public health action and to Canadians;
- Facilitation of further analysis, such as trend analysis and predictive modelling;
- Expansion of wastewater surveillance to other priority pathogens;
- Right-sizing wastewater testing to broaden the pan-Canadian wastewater surveillance network;
- Maintaining or expanding wastewater surveillance at key international airports;
- Increased wastewater knowledge mobilization; and,
- Strengthened collaboration and trust across all levels of government, indigenous communities and academic partners.

Performance indicators:

- Number of provincial public health laboratories, international airports, or indigenous communities that have implemented and/or expanded wastewater surveillance through NMLB’s National Wastewater Surveillance (NWS) G&C program;
- Metrics of pathogen presence and analysis (e.g., detections, trends, sequencing);
- Percentage of people accessing the PHAC wastewater dashboard (i.e., web analytics); and,
- Knowledge mobilization through publications, reports, and, protocols generated and shared with partners.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2024–25¹⁰

General targeted recipient groups:

- Academia and public institutions;
- Indigenous communities; and,
- Provincial, territorial, and indigenous governments.

Initiatives to engage applicants and recipients:

Provincial, territorial, and municipal governments, indigenous community groups, and academic applicants will be engaged through existing public health governance tables and bilateral discussions to support at-risk locations and respond to public health needs specific to a province, territory, communities, and/or regions.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	8,988,000	2,980,000	0	0
Total contributions	2,388,250	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	11,376,250	2,980,000	0	0

Nutrition North Canada

Start date: 2016–17

End date: Ongoing

Type of transfer payment: Contribution¹¹

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2021–22

Link to departmental result(s):

- Result 1.2: Canadians have improved health behaviours

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

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

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

Expected results:

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

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2024–25

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Recipients are engaged through targeted solicitations and consulted on the development of knowledge products to support culturally appropriate, nutrition education activities

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	0	0	0	0
Total contributions	335,000	335,000	335,000	335,000
Total other types of transfer payments	0	0	0	0
Total program	335,000	335,000	335,000	335,000

Post COVID-19 Condition

Start date: 2022–23

End date: 2024–25

Type of transfer payment: Contribution Agreement

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

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

Purpose and objectives of transfer payment program:

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

Objectives:

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

Expected results:

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

Performance indicators:

- Six comprehensive, evidence-based guidelines on PCC are developed;
- Educational materials and events are developed and delivered;
- Target audiences find the materials and tools easy to understand, accessible, and usable;
- Target audiences intend to adopt the recommendations;
- Target audiences indicate using the recommendations;
- Successful publication and execution of the evaluation plan; and,
- Successful effectiveness, which will be determined by improvements in priority process outcomes and patient-important health outcomes that will be identified as part of the guidelines development process.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2026–27

General targeted recipient groups:

- Academia and public institutions.

Initiatives to engage applicants and recipients:

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

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	4,000,000	4,000,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	4,000,000	4,000,000	0	0

Public Health Scholarship and Capacity Building Initiative

Start date: 2006

End date: Ongoing

Type of transfer payment: Grant

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2020–21

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health
- Result 1.2: Canadians have improved health behaviours
- Result 1.3: Chronic diseases are prevented
- Result 2.1: Infectious diseases are prevented and controlled
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively
- Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced
- Result 3.3: Public health risks associated with travel are reduced

Link to the department's Program Inventory:

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

Purpose and objectives of transfer payment program:

The purpose of the [Applied Public Health Chairs \(APHC\) program](#), under the Public Health Scholarship and Capacity Building Initiative, is to support inclusive and equitable applied research programs that tackle pressing public health challenges, and to integrate applied public health research from various sectors and communities into Canadian decision-making processes to help support evidence-informed decisions that improve health and health equity. The APHC program is a partnership with the Canadian Institutes of Health Research (CIHR).

Expected results:

PHAC and the CIHR will continue to fund research that strengthens the impact of policies and programs designed to tackle pressing public health needs. PHAC will strengthen its ability to build public health capacity in new areas and address identified gaps. Between 2021–2022 and 2023–2024, one cohort of seven Applied Public Health Chairs was launched in 2022 and a second cohort of 12 Chairs is expected to be announced in early 2024. Neither cohort will have reached the end of the established reporting period in this time frame (one mid-term report after the third year of the award and one final report).

Fiscal year of last completed evaluation:

2016–17

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

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

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

The Agency works at arm’s length as funding for the Program is transferred to CIHR. CIHR is responsible for engaging target recipients and managing the funding opportunity. Since the renewal of the APHC Program in 2020, CIHR consults directly with the Agency prior to each launch to determine public health gaps, direction, themes, and priorities that will influence future research activities. The Agency and CIHR collaborate to ensure effective and relevant performance measurement and reporting on key results is built into program design and delivery. The CIHR has well-established networks with academia and engages potential recipients through its own mechanisms.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	126,667	60,000	0	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	126,667	60,000	0	0

Scientific Support to the Canadian Task Force on Preventive Health Care

Start date: 2012–13

End date: Ongoing

Type of transfer payment: Grant and Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2005–06

Link to departmental result(s):

- Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory:

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

Purpose and objectives of transfer payment program:

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

Expected results:

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

Performance indicators:

- Number of evidence products released per fiscal year;
- Number of sessions an evidence product was accessed by stakeholders;
- Number of citations to articles published in external peer-reviewed journals (4-calendar year rolling average); and,
- Percentage of stakeholders using evidence.

Fiscal year of last completed evaluation:

2022–23

Decision following the results of last evaluation:

Continuation

Fiscal year of next planned evaluation:

2026–27

General targeted recipient groups:

- The sole recipient of this contribution funding is the home organization of the chair or of one of the co-chairs of the Canadian Task Force on Preventive Health Care.

Initiatives to engage applicants and recipients:

- PHAC engages with the Task Force to support its work in establishing and updating clinical screening guidelines for health care practitioners and to support knowledge translation and promotion activities and initiatives;
- PHAC engages with and supports the Task Force in ensuring rigorous and appropriate methods are used to analyze the scientific evidence forming the basis of the independent recommendations made by the Task Force; and,
- PHAC provides guideline development methods expertise and organizational support to the Task Force.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	46,000	46,000	46,000	46,000
Total contributions	871,000	871,000	871,000	871,000
Total other types of transfer payments	0	0	0	0
Total program	917,000	917,000	917,000	917,000

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

Start date: 2021–22

End date: 2024–25

Type of transfer payment: Grants and Contributions

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

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

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

The objectives of this program are to:

- Promote mental health and prevent mental illness in populations most affected by the COVID-19 pandemic;
- Build evidence regarding effective interventions to promote mental health and prevent mental illness in the context of the COVID-19 pandemic and post-pandemic recovery; and,
- Enhance capacity of individuals, service providers and organizations to promote mental health and prevent mental illness in safe, effective and trauma-informed ways.

Expected results:

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

Performance indicators:

- Number of health interventions developed or adapted;
- Percentage of funded interventions that focus on the COVID-19 and recovery context;
- Number of participants/individuals reached;
- Percentage of participants facing conditions of risk;
- Percentage of projects reporting increased knowledge and/or skills among participants;
- Percentage of projects reporting positive change in behaviour among participants;
- Percentage of projects reporting improved well-being among participants;
- Percentage of stakeholders using health promotion evidence;
- Percentage of participants accessing resources; and,

- Percentage of participants who state their mental health is better as a result of programming.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2025–26

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

Knowledge exchange events, site visits and stakeholder meetings are used to engage recipients, including connecting them through Communities of Practice that will build capacity and develop measurement strategies and tools.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	11,000,000	0	0	0
Total contributions	36,301,503	4,800,000	0	0
Total other types of transfer payments	0	0	0	0
Total program	47,301,503	4,800,000	0	0

Type 2 Diabetes Prevention Challenge

Start date: 2021–22

End date: 2025–26

Type of transfer payment: Grant and Contribution

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2017–18

Link to departmental result(s):

- Result 1.3: Chronic diseases are prevented

Link to the department's Program Inventory:

- Chronic Disease Prevention

Purpose and objectives of transfer payment program:

In partnership with [Impact Canada](#), PHAC is delivering the [Type 2 Diabetes \(T2D\) Prevention Challenge](#). The Challenge seeks to attract innovators to develop and implement community co-designed approaches that address the barriers and determinants of health that lead to having an increased risk for Type 2 Diabetes.

This challenge is delivered through a [Grand Challenge](#) model, which uses open and thematic competitions to fund a broad range of potential innovations on a prospective basis and focuses on rigorous evaluations of effectiveness. The Challenge is being delivered in three stages:

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

Expected results:

The T2D Prevention Challenge seeks to:

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

Performance indicators:

- Percentage of project participants that improve physical or mental health;
- Percentage of project participants that improve health behaviours;
- Percentage of built environment-dedicated projects demonstrating improvement in the built environments to support health;
- Percentage of project participants who report social, physical/built or food environments are improved to support health;
- Percentage of project participants demonstrating increased knowledge of chronic disease or risk/protective factors and/or health determinants;
- Percentage of project participants demonstrating improved skills/ability to support health;
- Number of individuals participating in interventions overall;

- Number of individuals participating in interventions from priority population; and,
- Number of intersectoral partners engaged.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

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

General targeted recipient groups:

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

Initiatives to engage applicants and recipients:

PHAC officials engaged stakeholders to inform the design and development of the Challenge. The T2D Prevention Challenge was launched using an open (public) call for proposals posted on the Impact Canada website, along with an applicant guide and detailed information to attract potential applicants. Stakeholders and funded recipients also have opportunities to stay informed about the challenge through a variety of channels, such as a newsletter and webinars.

Funding recipients are engaged through ongoing communications to support project delivery.

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

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	700,000	4,200,000	2,561,048	0
Total contributions	0	0	0	0
Total other types of transfer payments	0	0	0	0
Total program	700,000	4,200,000	2,561,048	0

Youth Substance Use Prevention Program (Renewed Canadian Drugs and Substances Strategy)

Start date: November 1, 2023

End date: March 31, 2028

Type of transfer payment: Grants and Contributions¹²

Type of appropriation: Appropriated annually through Estimates

Fiscal year for terms and conditions: 2018–19

Link to departmental result(s):

- Result 1.1: Canadians have improved physical and mental health

Link to the department's Program Inventory:

- Health Promotion

Purpose and objectives of transfer payment program:

In the 2023 federal budget, the Government of Canada announced an investment of \$20.2 million for a new, community-based program to prevent substance use and its related harms among young people, as part of the renewed Canadian Drugs and Substances Strategy¹³. Using a collaborative approach, the Youth Substance Use Prevention Program focuses on building protective factors that promote overall health and well-being, and prevent substance use harms among youth. These factors include healthy relationships, safe environments and school and community connectedness.

The Program is based on the Icelandic Prevention Model (IPM) which is recognized internationally for its collaborative approach to preventing substance use harms among youth. Developed by the Icelandic Centre for Social Research and Analysis (ICSRA), it applies a community-driven approach to influence the risk and protective factors associated with substance use. Since it originated in 1997, ICSRA has expanded their work to over 30 countries worldwide under the organization name of Planet Youth.

The Program aims to build capacity in communities to implement an upstream youth substance use prevention model that follows the guiding principles and key steps of the IPM, support the Canadian implementation of the IPM, and support the subsequent knowledge development and exchange based on the evaluation of the IPM in the Canadian context.

Expected results:

A Call for Proposals (CFP) is planned for 2023–24. Targets and baselines will be updated following the awarding of funds.

Performance indicators:

- Percentage of participants who gain knowledge and / or skills as a result of programming; and,
- Number of new youth prevention collaborators/partners/organizations.

Fiscal year of last completed evaluation:

Not applicable

Decision following the results of last evaluation:

Not applicable

Fiscal year of next planned evaluation:

2028–29

General targeted recipient groups:

- Canadian not-for-profit organizations and unincorporated groups, societies, and coalitions involved in delivering programs or initiatives to teens or youth at the community or local level; and,
- Regional and municipal governments and their agencies involved in the delivery of programs or initiatives to teens or youth at the community or local level.

Initiatives to engage applicants and recipients:

Under the terms of the contribution agreements established, recipients will be responsible for submitting semi-annual progress reports and annual program reports. Grant recipients will be engaged through regular meetings and performance measurement activities following the completion of the grant period.

Financial information (dollars)

Type of transfer payment	2023-24 forecast spending	2024–25 planned spending	2025–26 planned spending	2026-27 planned spending
Total grants	500,000	500,000	500,000	500,000
Total contributions	250,000	812,500	2,625,000	3,187,500
Total other types of transfer payments	0	0	0	0
Total program	750,000	1,315,500	3,125,000	3,687,500

Sex and Gender-based analysis plus

Institutional SGBA Plus Capacity

Governance

The Agency is committed to using a Sex- and Gender-Based Analysis Plus (SGBA Plus) approach to operationalize intersectionality, to systematically assess how social determinants of health interact and intersect with each other and broader systems of power and discrimination. An SGBA Plus lens is applied to incorporate Equity, Diversity, and Inclusion (EDI) considerations into all policies, programs, research, evaluation, monitoring and reporting, among other initiatives.¹⁴

In 2024–25, PHAC's SGBA Plus focal point, alongside the SGBA Plus Network, SGBA Plus Planning Committee, including Branch Leads and Coordinators, and program areas, will advance the implementation strategy for the PHAC SGBA Plus Action Plan Framework which was endorsed in 2022, including the four priority areas:

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

The Agency will continue to embed EDI considerations into key activities related to programs and operations through the integration of SGBA Plus at various governance committees. In addition, it will demonstrate progress on its priorities through annual reporting to the Agency's Executive Committee.

Institutional Leadership

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

- Developing and implementing branch-specific SGBA Plus integration plans with activities, expected outcomes, and their associated performance indicators;
- Establishing and maintaining accountability for advancing SGBA Plus in decision-making among senior management;
- Identifying challenges and opportunities to enhance the collection and reporting of socio-demographic and socio-economic data;
- Working to ensure that all employees include SGBA Plus into their learning plans for 2024–25; and
- Developing collaborative partnerships with diverse stakeholders and continuing to increase knowledge, awareness and capacity to deliver equity-informed, culturally relevant policies and programming.

PHAC's SGBA Plus focal point will continue to deliver the Agency's challenge and support function by developing timely evidence reviews with intersectional analyses; enhancing SGBA

Plus capacity by expanding SGBA Plus tailored trainings and resources; and monitoring the progress of the policy's implementation. Furthermore, the SGBA Plus focal point will enhance its application by establishing ongoing partnerships with diverse groups including experts researchers, organizations, communities and persons with lived and living experiences.

PHAC's SGBA Plus focal point will further integrate SGBA Plus and EDI considerations, such as embedding inclusive and non-stigmatizing language, in all internal guidance and external high visibility documents including, Memoranda to Cabinet, Budget Proposals, and Treasury Board Submissions. Accountability mechanisms include an internal SGBA Plus attestation process, which emphasizes intersectionality approaches be carried out in all Cabinet documents, as well as policies and programs. The Agency will also continue to implement the [Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices](#), which aims to modernize how the Government of Canada handles information on sex and gender.

Capacity

For 2024–25, the Agency's focal point will enhance knowledge, awareness and capacity by integrating SGBA Plus into the Agency's core functions through organizational change tools, training, and presentations tailored to the public health context. In addition, the focal point will promote SGBA Plus and health equity learning roadmaps that are aligned with current public health competencies. Moreover, the focal point is committed to advancing health equity informed evidence and providing guidance and insights into domestic and International policies, research and reports.

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

Human Resources

In 2024–25 approximately seven Full-Time Equivalents (FTEs) will be dedicated to SGBA Plus implementation in the Agency:

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

Highlights of SGBA Plus Results Reporting Capacity by Program

Core Responsibility: Health Promotion and Chronic Disease Prevention

Program Name: Health Promotion

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

The program plans to continue to collect CAPC and CPNP participant level data every five years. The next iteration of the survey will collect data on the demographic characteristics of the participants reached by the program and outcomes experienced. For CAPC, the program plans to disaggregate data related to the outcomes of the program by gender, income, and ethnicity and for CPNP by income and ethnicity.

Dementia Community Investment (DCI)

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

Preventing Gender-Based Violence: The Health Perspective and Addressing Family Violence: The Health Perspective

SGBA+ is used to bolster this goal in two main ways: selection criteria for new projects, and reporting requirements for existing projects. In 2024-25, PHAC will fund projects to prevent youth dating violence and child maltreatment in priority groups that were identified in part through an analysis Health equity is a core principle of the family and gender-based violence investments, and of underserved populations. With existing projects, PHAC will continue to encourage projects to collect data disaggregated by socio-demographic factors, where it is relevant, safe and feasible to do so, and to report on these data annually. Annual report templates further ask projects to report on efforts towards advancing cultural competency/humility in their organization, as well as reconciliation with Indigenous Peoples. The Program currently collects as much information as is safe and feasible.

Mental Health Promotion Innovation Fund (MFI-IF)

The MHP-IF program applies equity analysis to core elements of program design and implementation. For example, the invitation to submit funding requests built specific equity and cultural safety considerations into the process in order to support priority audiences, including First Nations, Inuit and Métis, 2SLGBTQI+, and newcomers and refugees. The MHP-IF also requires that all funded projects make specific efforts to address systemic health inequities, based on a grounded understanding of the intersection of diverse experiences of marginalisation (e.g., social identities). The MHP-IF supports funded projects to apply intersectional analysis at various stages of the project; including design, adaptation, implementation, scaling, and evaluation, using health equity tools developed by the program. In addition, projects must complete annual reporting which includes the collection of basic information for the distribution of benefits of funded interventions by age group and by priority group, where appropriate (e.g., First Nations, Métis and Inuit, Newcomers, 2SLGBTQI+, Official language minorities and racialized communities).

Pan-Canadian Suicide Prevention Service and 988 Suicide Crisis Helpline

The 9-8-8: Suicide Crisis Helpline will collect data that is disaggregated by modality (call or text), official language, and province/territory.

Program Name: Chronic Disease Prevention

Heathy Canadians and Communities Fund (HCCF)

Organizations funded through the Heathy Canadians and Communities Fund (HCCF) are required to provide the number of individuals reached by gender (female, male, or other gender), age groups (children and youth, adults, older adults), and geographical location (the first three digits of postal codes). Funded projects are also encouraged to disaggregate any outcome related to knowledge, skills, social environments, health behaviours, and health status according to gender and age groups. Disaggregated outcomes are reported upon availability of data and on a voluntary basis as this was not a program requirement when most funded organizations started their projects. Since 2021–22, newly funded organizations must report this information in a more systemic manner and this reporting requirement is now embedded in contribution agreements.

While additional identity factors such as employment status, education level, income range, immigration status, and sexual orientation are optional for HCCF projects, funded organizations are encouraged to collect this information if relevant. This enhanced project results data allows for a better understanding of the project's impacts on participants who may experience health and social inequities. Since 2022–23, HCCF officials also estimate project participants' income, education, and visible minority status by connecting first three digits of their postal code with socio-economic indicators derived from census data.

The HCCF will continue to work closely with funded projects to improve their capacity for collecting and disaggregating SGBA Plus data. HCCF will invite newly funded organizations to voluntarily test promising tools and processes for SGBA Plus data collection and disaggregation. The objective of this exercise will be to address challenges encountered in SGBA Plus data collection and disaggregation within organizations.

The Intersectoral Action Fund (ISAF)

Equity is a foundation of the Intersectoral Action Fund ISAF program, which prioritizes upstream action on the socio-economic, institutional, racial, and cultural barriers that limit access to positive health outcomes. SGBA Plus considerations are embedded throughout the ISAF's solicitation process to encourage a systematic application of diversity and equity in applicants' project activities. Applicants are required, for example, to indicate if and how marginalized groups with lived experience will be engaged in their work. Organizations must subsequently report on the successful integration of these factors through a final report.

The Invitation to submit a Funding Request form and Final Report questionnaire constitute the two key programmatic tools that enable the assessment of program impacts by diversity and gender. Among various indicators, the program is positioned to evaluate the number of individuals or organizations reached by demographic group or identity (e.g., age, 2SLGBTQI+, Indigenous and racialized communities), geography (e.g., official language minority communities, rural/urban), sector, and more. Qualitative indicators on partner and/or community engagement also enable the program to capture efforts in procedural equity and the involvement of diverse individuals in formative project work. Additional indicators include the frequency and type of knowledge mobilization activities undertaken and concurrently, the uptake of knowledge products across target and non-target communities.

In 2022-23, the ISAF funded 13 projects that prioritized health equity and upstream action on systemic inequities. An analysis of project results in 2023–24 demonstrated how organizations integrated SGBA Plus in their projects in various ways, including:

- Enhanced diverse representation on project teams, advisory committees, and other collaborative groups, to help integrate anti-oppression principles in the design of the project;
- Collection of disaggregated data to measure the impacts of systemic inequities on marginalized communities;
- Collaboration with residents and community members to align projects with community needs;
- Improved organizational capacity in SGBA Plus implementation, particularly in project design and monitoring; and,
- Clarified priorities for action on health inequities, shared through partner networks and settings.

The ISAF plans to build multi-stakeholder capacity for equity-driven action on the social determinants of health by sharing these, and other lessons acquired through future solicitations.

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

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

As part of the solicitation process, initiatives funded through this program are required to integrate SGBA Plus considerations into their proposals, which are assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. Since the projects established their own activities, each of them will report on different SGBA Plus indicators. Some examples of information being captured for analysis in this program include sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions, visible minority and immigration status.

Post Covid-19 Condition

As part of the solicitation process, initiatives funded through this program are required to integrate SGBA Plus considerations into their proposals, which are assessed as part of the screening process. These guidelines will consider equity groups (e.g., Indigenous peoples, refugees and migrants, 2SLGBTQIA+, and frail elderly).

Core Responsibility: Infectious Disease Prevention and Control

Program Name: Laboratory Science Leadership and Services

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

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

Program Name: Communicable Disease and Infection Control

A continuous improvement approach is applied in the areas of surveillance and data collection. To better reflect the impacts of its programs on gender and diversity, the program is in the process of developing an SGBA Plus data collection plan to facilitate and streamline collection of data. Additionally, plans are in place to update collection and reporting on data disaggregated by socio-demographic and socio-economic factors. The related identity factors include gender, sex, age groups, race, ethnicity, income, geography, employment, and level of education.

Program Name: Vaccination

Funding applicants will be provided with a guide to support them in considering health equity by incorporating SGBA Plus considerations in their funding proposals. The use of this guide helps recipients consider how diverse groups of people access and experience activities related to their projects through a more inclusive lens. This is monitored and assessed through the life cycle of the project through reporting requirements. Similarly, annual performance measurement data collection tools will continue to be refined to gather demographic information, where feasible, to inform the interpretation and application of program results.

As a continuation of the efforts to expand PHAC's capacities to report on impacts by gender and diversity, the program will enhance capacity within Canada to monitor vaccine safety and coverage, particularly within specific underserved populations (e.g., Indigenous, those with lower socio-economic status and racialized communities). This will support the inclusion of sex, gender, and other intersecting identity factors where possible, as well as their integration throughout the project lifecycle. PHAC incorporates SGBA Plus considerations by conducting epidemiological vaccine safety investigations to better understand the gender-based differential risk of adverse events following immunization. The program will continue to integrate SGBA Plus where possible in the testing, design, methods and analysis, and interpretation of findings.

Program Name: Foodborne and Zoonotic Disease

In 2024–25, the Infectious Disease and Climate Change (IDCC) Program will continue to improve and integrate SGBA Plus considerations into the next cycle of solicitation documents, including the funding application form and application guide. The application guide provides applicants with an overview of SGBA Plus requirements and outlines the considerations that

must be given to gender, as well as other identity factors such as age, education, language, geographic area, culture and income. Additionally, through the IDCC Program, collaboration with experts will improve the integration of SGBA Plus metrics into project reporting tools and templates. An information session will be held with funding recipients to help them strengthen SGBA Plus considerations in the implementation of projects.

Core Responsibility: Health Security

Program Name: Emergency Preparedness and Response

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

Program Name: Biosecurity Program

Though the collection of disaggregated SGBA Plus data on impacts is limited at this time, PHAC is exploring opportunities to collect this data to inform the design and prioritization of tools, guidelines and outreach activities. In the interim, as part of the legislative renewal of the Human Pathogens and Toxins Regulations, PHAC will incorporate SGBA Plus in assessing relevant influential socio-demographic factors for facilities and organizations handling human pathogens and toxins and incorporate these considerations into the regulatory amendment package as it moves forward through 2024–2025. Finally, PHAC will continue to ensure that specific health risks to particular populations (e.g., children, older adults, pregnant women) are considered in the development of publications that describe the hazardous properties of a human pathogen or toxin and/or provide guidance and advice, on how to work safely with these agents in a laboratory setting.

Program Name: Border and Travel

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

The program has started using online intercept surveys to collect disaggregated data from visitors to the Government of Canada's Travel and Tourism site (travel.gc.ca) who seek travel health advice. Lessons from use of these online intercept surveys will inform ongoing assessment and evolution of the program.

Certain clients for border and travel health services – including Yellow Fever Vaccination Centre Designation (YFV) and Ship Sanitation Inspections (SSI) – are corporate entities and disaggregated data collection is therefore Not applicable. Where feasible and in compliance with Privacy Act requirements, the program will continue to explore ways to collect disaggregated data at the individual level through the development of case management data systems.

¹ As part of Horizontal Initiative led by Employment and Social Development Canada

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- ² Frequency of reporting varies depending on the indicator, data collection and methodology and results may not necessarily be reported annually. Some results may not be available until the Final Project Reports or until after project completion.
- ³ As part of the Horizontal Initiative led by Department for Women and Gender Equality.
- ⁴ Frequency of reporting varies depending on the indicator, data collection and methodology and results may not necessarily be reported annually. Some results may not be available until the Final Project Reports or until after project completion.
- ⁵ As part of the Horizontal initiative led by Health Canada.
- ⁶ First set of results for these performance indicators are expected at the end of fiscal year 2023-24.
- ⁷ As part of the Horizontal Initiative led by Environment and Climate Change Canada.
- ⁸ Terms and Conditions were updated in 2013.
- ⁹ This TPP to be evaluated as part of the Data Modernization Evaluation.
- ¹⁰ This TPP is to be evaluated as part of the Data Modernization evaluation.
- ¹¹ As part of the Horizontal Initiative led by CIRNAC.
- ¹² As part of the Horizontal Initiative lead by Health Canada.
- ¹³ The renewed Canadian Drugs and Substances Strategy (CDSS) is the federal government's compassionate, equitable, collaborative and comprehensive response to substance use-related harms, including the overdose crisis, in Canada. The CDSS is an all-substances, public health and public safety-focused strategy that covers a broad range of legal and illegal substances, including tobacco, cannabis, alcohol, and opioids. The goal of the CDSS is to improve the health and safety of all Canadians by minimizing the impact of substance use related harms for individuals, families, and communities. It is based on four interconnected foundational elements: prevention and education, substance use services and supports, evidence, and substance controls.
- ¹⁴ "GBA Plus" is used throughout the entire Government of Canada, while "SGBA Plus" is used within the Health Portfolio to emphasize the role that biological sex plays in influencing health outcomes.