

The Public Health Agency of Canada 2024–25 Departmental Plan

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Public Health
Agency of Canada

Agence de la santé
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Public Health Agency of Canada's 2024–25 Departmental Plan at a glance

A departmental plan describes a department's priorities, plans and associated costs for the upcoming three fiscal years.

- [Vision, mission, raison d'être and operating context](#)
- [Minister of Health's mandate letter](#)
- [Minister of Mental Health and Addictions and Associate Minister of Health's mandate letter](#)
- [Minister of Sport and Physical Activity's mandate letter](#)

[\[Read the full departmental plan\]](#)

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Key priorities

- Support the mental health of people in Canada and suicide prevention efforts
- Promote optimal health in aging and support those affected by dementia
- Support Canadians with autism, their families and caregivers
- Improve understanding of substance use and prevent substance-related harms
- Support positive early development and stronger beginnings for people in Canada
- Prevent and address family and gender-based violence, and promote healthy living and prevent and manage chronic disease
- Promote physical activity as a fundamental element of health and well-being and encourage all Canadians, especially children and youth, to integrate and increase physical activity in their daily lives
- Prepare for and respond to infectious disease outbreaks, pandemics and other public health emergencies
- Continue international and domestic work to prevent outbreaks and resurgence of diseases, reduce the emergence and spread of antimicrobial resistance and the health impacts of sexually transmitted and blood-borne infections
- Advance data and information management in public health, lead science and innovation and build system capacity, and build on a foundation of science
- Reduce health and safety risks associated with the use of pathogens and toxins
- Monitor, mitigate, and address public health risks related to travel
- Continue to build a healthy, diverse, and inclusive workforce
- Modernize financial and corporate management services

Refocusing Government Spending

In Budget 2023, the government committed to reducing spending by \$14.1 billion over the next five years, starting in 2023–24, and by \$4.1 billion annually after that.

As part of meeting this commitment, the Public Health Agency of Canada (PHAC) is planning the following spending reductions.

- **2024-25:** \$13,218,000
- **2025-26:** \$19,027,000
- **2026-27 and after:** \$27,642,000

PHAC will achieve spending reductions through the following:

- \$15.8M by FY 2026-27 through operational adjustments to improve efficiency as well as through the continued ramp-down from PHAC's peak pandemic posture. This will include a multi-pronged approach to better streamline service delivery models; optimize the use of innovative and hybrid tools/methodologies; and right-size programs originally stood up to respond to the pandemic to better reflect current operational needs outside of an emergency state.
- \$5.6M by FY 2026-27 through targeted reductions to existing grants and contributions programs. This will include: sunseting of programs that demonstrated lower effectiveness; ensuring proportional reductions to programs based on overall program size and availability of alternate sources of funding where possible; as well as reductions to select programs to minimize stakeholder impacts.
- \$6.2M by FY 2026-27 to meet travel and professional services reduction targets. Travel reductions will be based on an average of both pre-pandemic and post-pandemic travel expenditures.

The plans identified above include reductions in internal services spending for corporate functions such as human resources, real property, security communications, information technology, financial and material management as well as audit and evaluation. PHAC will also seek cost efficiencies through streamlining the use of digital platforms, decommissioning old technology, increasing automation where possible, and through the consolidation of some corporate services.

Spending reductions have been informed by an analysis of program effectiveness and efficiency. As such, proposed reductions are not anticipated to create future service delivery or program integrity pressures and programs are in alignment with PHAC's mandate and future vision.

The figures in this departmental plan reflect these reductions.

Highlights

A Departmental Results Framework consists of an organization's core responsibilities, the results it plans to achieve, and the performance indicators that measure progress toward these results.

Core responsibility 1: Health promotion and chronic disease prevention

Departmental results:

- Result 1.1 Canadians have improved physical and mental health
- Result 1.2 Canadians have improved health behaviours
- Result 1.3 Chronic diseases are prevented

Planned spending: \$396,402,364

Planned human resources: 648

The Agency will continue to prioritize the mental health of people in Canada with a focus on suicide prevention, and will work towards preventing substance-related harms. In 2024-25, PHAC will:

- conduct a nation-wide Parental Experience Survey with Statistics Canada on Canadians' mental health, access to mental health services, and other key issues;
- continue to support and monitor the implementation of the [9-8-8: Suicide Crisis Helpline](#), and lead development of a National Suicide Prevention Action Plan;
- strengthen the evidence base on Canada's drug toxicity crisis to inform the development of public health guidance for health professionals; and
- support schools with the implementation of best practices to prevent substance-related harms among youth.

PHAC will continue to support healthy aging with the goal of improving the quality of life for older adults. This work includes promoting good health and independence, increasing knowledge on dementia, and raising awareness on risk and protective factors. For example, PHAC will:

- continue to promote the implementation of the [Age Friendly Communities initiative](#) to help older adults live safely and stay involved;
- continue to fund the [Enhanced Dementia Surveillance Initiative](#), to address key data gaps for policy and program development.

PHAC remains committed to enhancing public health surveillance efforts and obtaining evidence to inform the [National Autism Strategy](#). To advance concussion prevention, detection, and management, PHAC will continue to support [Parachute](#), a national injury prevention organization, and their work to update concussion resources, protocols and tools.

In continued support of the implementation of the [IELCC Framework](#) with Indigenous rights holders and partners and the [Indigenous Early Learning and Child Care \(IELCC\)](#) system, PHAC is focused on strengthening and advancing the [Aboriginal Head Start in Urban and Northern Communities](#) program, which aims to provide high-quality, culturally responsive, early learning programming for Indigenous children living off-reserve in urban and northern communities.

As [healthy living](#) serves as a protective factor for chronic disease, the Agency is committed to funding community-based projects to address behavioural risk factors, including physical inactivity, unhealthy eating, and tobacco use. PHAC will continue to support organizations fostering healthy relationships and preventing child maltreatment, intimate partner violence, and mistreatment of older adults, including a series of new interventions to prevent youth dating violence.

More information about core responsibility 1: Health promotion and chronic disease prevention can be found in the full departmental plan.

Core responsibility 2: Infectious disease prevention and control

Departmental results:

- Result 2.1 Infectious diseases are prevented and controlled
- Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to effectively

Planned spending: \$1,032,945,934

Planned human resources: 2,081

PHAC will continue to support the Government of Canada's commitment to keeping Canadians safe and healthy and is working to make evidence available to understand and appropriately respond to the public health impacts of the pandemic (e.g., Post COVID-19 Condition [PCC]) while preventing and controlling the spread of infectious diseases and preparing for future health emergencies. The use of aggregate public health data will inform decision making including improving the Agency's ability to detect, understand, and act on public health risks.

In 2024-25, PHAC will continue to enhance monitoring of trends and mitigate impacts of antimicrobial resistance in health institutions, communities, and the environment while using Canadian expertise to develop and strengthen international collaboration in the application of a [One Health](#) approach. This includes designing and implementing a pilot project to secure access to new antimicrobials for people living in Canada. PHAC will further develop and strengthen collaborative partnerships to develop guidelines accessible in real-time, implement targeted education and awareness campaigns, promote change, and monitor interventions. The Agency will also accelerate efforts to meet the World Health Organization's global Sexually Transmitted and Blood-borne Infections (STBBI) targets to reduce the incidence of STBBI in Canada, and to support access to testing, treatment, and ongoing care and support.

Recognizing that integrated public health data is critical to the effective operation of public health surveillance systems that inform timely responses to public health events, PHAC will advance public health surveillance and the sharing of research. In 2024-25, PHAC will:

- drive progress toward commitments made under the [FPT Joint Action Plan](#) on Health Data and Digital Health;
- meaningfully engage and collaborate with Indigenous rights holders and partners to meet its commitments under the [United Nations Declaration on the Rights of Indigenous Peoples Act Action Plan](#);
- develop strategies to improve the health data literacy of people in Canada and enhance public trust in PHAC's collection, sharing, analysis and use of public health data;
- continue to advance its Open Science Action Plan commitments to make public health data and research open by design and by default;
- integrate epidemiology and laboratory surveillance of COVID-19 with other respiratory disease surveillance to identify threats earlier and with greater efficiency; and
- expand and strengthen public health surveillance systems to help transform how public health decisions are made and support the ability of people in Canada to make informed health decisions.

The pandemic response demonstrated the value of timely science advice in informing public health guidance and practice. The Agency will leverage innovations and build on scientific advancements to prepare for future public health risks and enable public health actions.

PHAC will work to position itself as a key collaborator, convenor, and leader on climate action and support efforts that prepare for health risks associated with climate-sensitive infectious diseases. PHAC

will improve its ability to further reduce infectious disease outbreaks and pandemics from emerging, re-emerging and ongoing zoonotic threats, and improve the effectiveness of responses by:

- continuing to work with federal partners, provinces, territories, Indigenous rights holders and partners, other stakeholders, and communities to integrate a climate-health lens into public health functions, tools, and interventions;
- reducing the impact of foodborne illness outbreaks by conducting disease surveillance, detecting and responding to outbreaks and providing advice to protect health;
- refocusing efforts towards tuberculosis elimination and addressing its impact on individuals, families and communities;
- developing processes and methodologies to monitor, evaluate and report ongoing and emerging infectious disease threats in Canada and abroad; and
- incorporating lessons learned and reviewing the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector (CPIP) to inform development of a Canadian Pandemic Preparedness Plan.

More information about core responsibility 2: Infectious disease prevention and control can be found in the full departmental plan.

Core responsibility 3: Health security

Departmental results:

- 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

Planned spending: \$285,383,537

Planned human resources: 754

PHAC will maintain a robust preparedness and response posture to address new and emerging threats with the support and collaboration of other government departments, provinces and territories, academia and other stakeholders. In 2024-25, the Agency will:

- maintain and strengthen the National Emergency Strategic Stockpile response capabilities;
- address recommendations relating to public health intelligence made by the [Independent Review of the Global Public Health Intelligence Network \(GPHIN\)](#) and the Auditor General (OAG) 2021 [Report #8 on Pandemic Preparedness, Surveillance, and Border Control Measures](#);
- strengthen emergency preparedness by leveraging lessons learned during the COVID-19 pandemic and maintaining a trained public health emergency workforce; and
- continue to strengthen its emergency response by bolstering emergency management operations and enhancing capacity for surge support.

PHAC will continue to monitor and strengthen compliance with the Human Pathogens and Toxins Act and Regulations (HPTA/R) to meet the demands of Canada's growing biomanufacturing and life sciences sector. The Agency will reduce public health risks associated with the use of pathogens and toxins by:

- enhancing engagement with laboratories in Canada working or intending to work with human pathogens and toxins;
- strengthening regulatory oversight; and
- continuing to work with international partners to strengthen global health security.

PHAC will continue to monitor and mitigate the communicable disease health risks related to travel. In 2024-25, the Agency will:

- continue to administer and enforce the *Quarantine Act* for international travelers entering or in the process of departing from Canada, to prevent the introduction and spread of communicable diseases;
- provide science-based travel health advice for outbound travelers on the [Government of Canada's Travel and tourism website](#);
- provide evidence-based travel health guidance for healthcare professionals on the prevention and treatment of infectious diseases and other health hazards; and
- conduct inspections to reduce public health risks on conveyances.

More information about core responsibility 3: Health security can be found in the full departmental plan.

Internal services

Planned spending: \$154,724,825

Planned human resources: 591

Building a healthy, diverse, and inclusive workplace is essential to delivering on the Agency's commitments to people in Canada. In 2024-25, PHAC will:

- continue work to attract and retain a representative workforce by using practices intended to reduce bias and barriers in recruitment and advancing strategies and programs to embed equity, diversity and inclusion;
- continue to advance the Agency's Indigenous reconciliation approach, including implementing the Indigenous Cultural Competency Training Policy and Roadmap and developing an Indigenous engagement strategy; and
- nurture workplace mental health and wellness through the implementation of the Mental Health and Wellness Strategy.

To provide timely, trusted, and evidence-based information to people in Canada, the Agency will:

- continue the development, implementation, and management of a flexible data infrastructure to meet the diverse operational needs of PHAC programs;
- advance its behavioural science research activities which will lead to more accurately defined and prioritized public health risks;
- renew the 2019 PHAC Data Strategy, leveraging lessons learned from the pandemic; and

- work towards transparency, openness and collaboration in Agency science, with the intention of releasing PHAC’s inaugural Science Strategy and launching the Federal Open Science Repository of Canada to make the latest scientific evidence more accessible.

The Agency will reinforce Canada’s continued global leadership in health by advancing domestic and international health policy priorities. This includes active participation in multilateral health fora, such as negotiating or implementing the amendments to the International Health Regulations (IHR, 2005) and the new WHO convention (“Pandemic Instrument”) on pandemic preparedness and response.

The Agency will also undertake key initiatives to modernize its financial and corporate management services. In 2024-25, PHAC will:

- re-stabilize operations in the post-pandemic context by strengthening financial budgeting, resource allocation and business planning to enable sound stewardship of funds;
- manage and mitigate the updated corporate risks and determine how to leverage its resources in the post-pandemic operating context;
- streamline processes and innovative tools to ensure strong management of Grant and Contribution program delivery; and
- modernize its approach for the delivery of business administration services by streamlining, standardizing and aligning the administrative services foundation with the Agency’s programming.

More information about internal services can be found in the full departmental plan.

The Public Health Agency of Canada 2024–25 Departmental Plan

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From the Ministers

We are pleased to present the 2024-25 Departmental Plan for the Public Health Agency of Canada (PHAC). This plan describes how PHAC has transitioned from its peak COVID-19 pandemic response efforts and how these efforts have led to a more effective and proactive organization, which is better prepared to address public health threats as they arise.



Monitoring for and responding to public health threats is at the core of PHAC’s mandate and its ability to protect the health of people in Canada. As new outbreaks of communicable diseases can emerge from both within and outside of our borders, PHAC is continuing its work to monitor the spread of disease, as well as other public health threats such as antimicrobial resistance, tuberculosis and polio.

Additionally, to better support Indigenous self-determination, PHAC’s new reconciliation approach will respond to the Agency’s obligations and commitments under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) Act, as well as the Missing and Murdered Indigenous Women and Girls (MMIWG) and Truth and Reconciliation Commission (TRC) action plans, providing a framework to advance equitable outcomes for Indigenous Peoples.

The Agency is committed to ensuring scientific excellence and leadership through Open Science, with a goal of making public health data open by design and by default. PHAC will leverage data sharing innovations and build on scientific advancements made during the pandemic response to prepare for future public health risks.

Considering the increasing impact of climate change on health, PHAC will continue to address ongoing challenges related to climate-sensitive diseases and food-borne illnesses that can cause negative health outcomes and put some populations at greater risk. Social determinants can also negatively impact the health of some populations more than others. PHAC will continue to apply a health equity lens to its work, increasing access to opportunities and conditions that support community resilience and optimal health for all, while also supporting global One Health objectives.

Being physically active is key to good overall health and to preventing chronic disease, yet less than half of Canadian children or adults meet the recommended levels per week to obtain the optimum health benefits. PHAC is committed to improving the physical activity levels of those living in Canada through initiatives such as those led by ParticipACTION. To further help Canadians achieve their optimal physical health, the Agency will continue to fund projects that support healthy aging and active living, healthy built environments, and healthy eating.

We know that mental health is as important as physical health, and they both directly affect the other. The Agency is dedicated to building and expanding accessible mental health services and supports, especially for racialized communities, people who experience social or economic inequities, older adults, and youth. Most recently, we took an important step to provide suicide prevention support for people who need it, when they need it the most, with the launch of the 9-8-8: Suicide Crisis Helpline. The implementation of 9-8-8 will be supported and monitored in 2024-25. PHAC will also continue to advance efforts to prevent substance-related harms and address family and gender-based violence.

Combatting misinformation and disinformation is also key to protecting the health and safety of people in Canada. To help Canadians make informed decisions regarding their health, PHAC will continue to fund community-based knowledge translation projects and communities of practice that will support timely access to credible public health information and advice. PHAC will also continue to work closely with federal, provincial, territorial, Indigenous and international partners to support scientific advancement, share best practices and create the conditions for healthy people in Canada and communities in a healthier world.

We encourage everyone to read the 2024-25 PHAC Departmental Plan to learn more about the many ways PHAC is working to prevent disease and injuries, prepare for and respond to public health threats and promote good physical and mental health.

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Minister of Mental Health and Addictions and Associate Minister of Health

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Minister of Sport and Physical Activity

Plans to deliver on core responsibilities and internal services

Core responsibilities and internal services:

- [Health promotion and chronic disease prevention](#)
- [Infectious disease prevention and control](#)
- [Health security](#)
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Core responsibility 1: Health promotion and chronic disease prevention

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Description

Promote the health and well-being of Canadians of all ages by conducting surveillance and public health research and supporting community-based projects which address the root causes of health inequities and the common risk and protective factors that are important to promoting better health and preventing chronic disease.

Quality of life impacts

Health promotion and chronic disease prevention activities contribute to the [Health Domain](#) of the [Quality of Life Framework for Canada](#), (“Self-rated health”, “Self-rated mental health”, and “Health-adjusted life expectancy”). All activities in this core responsibility also support the [Good Governance Domain](#) (“Confidence in institutions”) and activities supporting community-based interventions contribute to the [Society Domain](#) (“Sense of belonging to local community” and “Someone to count on”). The [Fairness and Inclusion lens](#) is applied through Sex and Gender-based analysis plus and an equity-based approach in program design and implementation, and the [Sustainability and Resilience lens](#) is applied with long-term considerations incorporated into program planning.

Results and targets

The following tables show, for each departmental result related to Core Responsibility 1: Health Promotion and Chronic Disease Prevention, the indicators, the results from the three most recently reported fiscal years,¹ the targets and target dates approved in 2024–25.

Table 1: Indicators, results and targets for departmental result 1.1: Canadians have improved physical and mental health

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
% of low-income children in very good or excellent health	84.1% (CHSCY 2019)	84.1% (CHSCY 2019)	84.1% (CHSCY 2019)	At least 80%	Mar. 31, 2025
% of population who have high psychological well-being ²	75% (CCHS 2019)	75% (CCHS 2019)	75% (CCHS 2019)	At least 75%	Mar. 31, 2025

Table 2: Indicators, results and targets for departmental result 1.2: Canadians have improved health behaviours

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
% increase in average minutes per day of physical activity among adults	+13.8% (28 min/day) (CHMS 2020–21)	+13.8% (28 min/day) (CHMS 2020–21)	+13.8% (28 min/day) (CHMS 2020–21)	At least 20% above baseline (with a baseline of 25 min/day, a 20% increase represents 30 min/day)	Mar. 31, 2025
% increase in average minutes per day of physical activity among children and youth	+0.9% (58.3 min/day) (CHMS 2020–21) (baseline: 57.8 min/day, CHMS 2012-13)	+0.9% (58.3 min/day) (CHMS 2020–21) (baseline: 57.8 min/day, CHMS 2012-13)	+0.9% (58.3 min/day) (CHMS 2020–21) (baseline: 57.8 min/day, CHMS 2012-13)	At least 10% above baseline (with a baseline of 58 min/day, a 10% increase represents 64 min/day)	Mar. 31, 2025

Table 3: Indicators, results and targets for departmental result 1.3: Chronic diseases are prevented

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
% increase in years lived in good health by seniors	1% 15 years (Statistics Canada, 2010–2012 to 2015–2017)	1% 15 years (Statistics Canada, 2010–2012 to 2015–2017)	1% 15 years (Statistics Canada, 2010–2012 to 2015–2017)	At least 4% (HALE at age 65 = 17.0 years. The baseline value for the % increase in years lived in good health by seniors is 14.9 years.)	Mar. 31, 2025
Age-standardized rate per 1000 of new diabetes cases (types combined, excluding gestational diabetes) among Canadians age 1 year and older ³⁴	6.2 per 1,000 ages 1 and older (CCDSS 2019-20)	6.2 per 1,000 ages 1 and older (CCDSS 2019-20)	6.2 per 1,000 ages 1 and older (CCDSS 2019-20)	At most 6.2 (cases per 1,000 Canadians age 1 and older)	Mar. 31, 2025
% of adults who are obese ⁵	24.4% (CHMS 2018-19)	24.4% (CHMS 2018-19)	24.4% (CHMS 2018-19)	At most 28%	Mar. 31, 2025
% of children and youth who are obese ⁶	10% (CHMS 2018-19)	10% (CHMS 2018-19)	10% (CHMS 2018-19)	At most 13%	Mar. 31, 2025

The financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

Plans to achieve results

Result 1.1: Canadians have improved physical and mental health

Supporting the mental health of people in Canada

The Agency continues to prioritize the mental health of people in Canada, recognizing the vital connection between mental health and overall well-being including through physical activity, which is an

important protective factor for positive mental health and well-being. In 2024-25, through the [Mental Health Promotion Innovation Fund](#), PHAC will support 15 projects to expand, assess, and adapt mental health promotion interventions that aim to build protective factors for children, youth, young adults, and their caregivers and promote positive mental health in Canada. In addition, PHAC plans to initiate and complete data collection on the Parental Experience Survey, a national survey conducted in partnership with Statistics Canada, which will provide valuable data on Canadians' mental health, access to mental health services and other key issues.

The Agency will continue to leverage evidence related to mental health issues (e.g., family violence, stress and burnout, mental health impacts of Post COVID-19 Condition) to inform decision-making, as well as the research efforts underway related to public health surveillance and modelling. Other continued efforts include strengthening collaboration and linkages around addressing Post-Traumatic Stress Disorder (PTSD) and trauma, including a review of the effectiveness of the [Federal Framework on PTSD](#).

Strengthening suicide prevention measures

Suicide is a pressing public health concern due to its far-reaching impact on individuals, families, and communities. Recognizing and addressing the root causes and risk factors, including mental health issues, allows for better-informed preventative strategies. PHAC will continue to lead national public health surveillance for mental health, including positive mental health, mental illness, suicide, self-harm, family violence, and related risk and protective factors.

Did you know? Approximately 4,500 people die by suicide each year. This is equivalent to 12 people dying by suicide every day. Every year in Canada, there are approximately 21,000 hospitalizations due to self-harm, 100,000 people who make a suicide attempt, 250,000 people who make suicide plans, and 840,000 people who have serious thoughts of suicide.

PHAC will continue to work with key partners to support and monitor the [9-8-8: Suicide Crisis Helpline](#), which aims to provide access to trauma-informed and culturally competent suicide crisis support across Canada. On a complementary basis, PHAC will administer the [Distress Line Equity Fund](#) to help fund projects that address gaps in equity, diversity, and inclusion.

In addition, PHAC will lead the development of a National Suicide Prevention Action Plan that will pave the way toward a strengthened response to suicide prevention and contribute to reducing suicide rates in Canada.

Furthering initiatives to support healthy aging

Supporting healthy aging in Canada not only enhances the quality of life for older adults, but also contributes to the overall well-being of our society. By promoting health and independence in the older population, we build more resilient communities and reduce healthcare burdens. In 2024-25, PHAC will promote public health messaging on the benefits of physical activity for older adults, such as the existing [24-Hour Movement Guidelines](#) for persons aged 65+. We will continue to be a leader in coordinating the Government of Canada's efforts to support the [United Nations \(UN\) Decade of Healthy Ageing](#) (2021-2030). PHAC's activities will focus on raising awareness, increasing physical activity, building capacity, and encouraging action on healthy aging.

Furthermore, PHAC will foster healthy aging by providing expertise, knowledge, and tools to support communities with the implementation and evaluation of age-friendly initiatives. PHAC will continue to promote the uptake and implementation of the [Age Friendly Communities \(AFC\) initiative](#) throughout Canada to help older adults live safely, enjoy good health, and stay involved.

Supporting those affected by dementia and advancing prevention efforts

PHAC will continue to advance the implementation of [Canada's national dementia strategy](#), which aims to prevent dementia, advance therapies, and improve the quality of life for people living with dementia and their caregivers. Through the [Dementia Community Investment](#), PHAC will continue supporting community-based projects that seek to improve the well-being of people living with dementia and their caregivers, and increase knowledge about dementia, its risk and protective factors. As a part of this work, the Agency will continue to fund the [Enhanced Dementia Surveillance Initiative](#), to address key data gaps in understanding dementia to provide greater support for policy and program development and health service planning.

Did you know? Between the ages of 65 and 84, the risk of being diagnosed with dementia doubles with every 5-year increase in age. After the age of 80, nearly one in every five people in Canada is diagnosed with dementia.

Supporting individuals with Autism Spectrum Disorder (ASD), their families and caregivers

The [Federal Framework on Autism Spectrum Disorder Act](#) came into effect in 2023, and requires the development of a federal framework to support autistic Canadians, their families and caregivers. Canada's [National autism strategy](#) will set out a detailed, multi-year strategic plan. PHAC remains committed to enhancing its autism public health surveillance efforts and obtaining evidence to inform the strategy. The Agency will continue to work closely with federal, provincial and territorial partners to provide reliable estimates on the number of autistic Canadians, and the impact on autistic individuals and their families. More specifically, PHAC will:

- continue to report on existing data sources, including national surveys such as the [Canadian Health Survey on Children and Youth](#);
- develop new data sources, including piloting the use of provincial and territorial health administrative data for national surveillance of autism; and
- fund [Autism Speaks Canada](#) to conduct the Pandemic Canadian Autism Needs Assessment Survey and ensure the timeliness of data.

This work will help highlight sociodemographic factors among autistic individuals, guide future research efforts, and shape the development of policies and programs to better support autistic individuals, their families, and caregivers.

Did you know? According to the 2019 Canadian Health Survey on Children and Youth, 1 in 50 (or 2%) of children and youth aged 1 to 17 years have been diagnosed with autism in Canada. Of these individuals, males were diagnosed approximately four times more frequently than females, over two-thirds (68.7%) had another long-term health condition, and close to three-quarters (73.3%) of those aged 2 to 17 years had difficulty in at least one functional domain (e.g., communication, accepting change, and/or making friends are among the most common).

Result 1.2: Canadians have improved health behaviours

Improving the understanding and prevention of substance-related harms

Substance-related harms have significant adverse health, social, and economic impacts in Canada from the immediate risks of overdose and injuries to the long-term consequences of addiction. With the drug toxicity crisis constituting an ever-evolving challenge for public health, PHAC remains committed to strengthening and enhancing its data base to better guide evidence-based strategies and interventions. The Agency will continue to work closely with provincial and territorial public health authorities, Chief Coroners, and Chief Medical Examiners to collect and publish data each quarter on substance-related harms; and conduct research to better understand contextual information of those who have experienced fatal or non-fatal toxicity events. PHAC will also continue to publish updated modelling of opioid-related deaths to inform public health measures and government action at all levels in their prevention and response efforts. In collaboration with Canada's Chief Public Health Officer and the Minister of Mental Health and Addictions and Associate Minister of Health, PHAC is committed to lead the work on the prevention of substance-related harms by:

- supporting schools and communities in implementing best practices for preventing substance-related harms among youth,⁷ with a focus on approaches such as videos, publications, and infographics that enhance resilience, address root causes, reduce stigma, promote equity, and reduce the social and health harms of substance use;
- applying a public health lens to address substance-related harms through the promotion of approaches informed by equity, diversity, and trauma;
- working with partners for more timely, comprehensive, and disaggregated data on substance use and harms to enable better decision making; and
- supporting people in Canada, particularly populations facing an increased risk of experiencing substance-related harms, in making informed decisions about their substance use by providing evidence-based public education messaging including on harm reduction and treatment supports available. Additional resources will also be developed and shared with health professionals to address stigma as a barrier to care for substance users.

The Agency is also launching the new Youth Substance Use Prevention Program, as part of the renewed Canadian Drugs and Substances Strategy, a horizontal initiative led by Health Canada.

Supporting tobacco cessation and prevention for people in Canada

PHAC supports [Canada's Tobacco Strategy](#), which aims to reduce rates of tobacco use to less than 5% by 2035, through the [Healthy Canadians and Communities Fund \(HCCF\)](#). The HCCF supports community-based tobacco use prevention and cessation projects and aims to reach groups with higher smoking rates, including Indigenous Peoples, 2SLGBTQI+ communities, and individuals with low incomes. An example of a prevention project funded by the HCCF is a health intervention program for schools titled [Students Together Moving to Prevent Tobacco Use \(STOMP\)](#), a multi-year pilot project which seeks to reduce tobacco use among participating students in grades 7 to 12, across eight provinces and in the Yukon territory, by improving their understanding of the influences of tobacco use and encouraging informed decision-making about tobacco consumption. In another example, participants in the HCCF-funded [Tobacco Dependence Management for Marginalized Populations project](#) in Ottawa and Toronto

will have access to supports such as counselling, nicotine replacement therapy, and peer support to help them reduce and stop using tobacco.

Advancing concussion prevention, detection and management

Every year, thousands of people in Canada are diagnosed with traumatic brain injuries, including concussions. To work towards safe participation in sport and physical activity, it is important to provide access to the latest guidance on concussion prevention, detection and management. PHAC is providing funding to [Parachute](#), a national injury prevention organization, to update the existing [Canadian Guideline on Concussion in Sport](#) and other key concussion resources, including Return-to-School and Return-to-Sport protocols and tools for coaches, parents and teachers. These updates will consider the [new international recommendations for concussion in sport](#) published in June 2023.

Did you know? PHAC is working in collaboration with Innovation Science and Economic Development, Innovative Solutions Canada Program to deliver the [Detecting Concussions Using Objective Indicators Challenge](#), which called upon innovators across Canada to identify a technology, procedure, or technique capable of detecting concussions based on objective clinical indicators. In 2024-25, PHAC will announce and award the \$1 million challenge prize to the project that most effectively demonstrates the achievement of the challenge's objectives.

Fostering positive early development and stronger beginnings for people in Canada

Healthy behaviours in childhood and adolescence tend to carry over into adulthood. That is why we must help children integrate physical activity into their daily lives at a young age, and ensure positive access to physical activity opportunities. PHAC continues to invest in programs that support the development and lifelong adoption of healthy behaviours, specifically:

- the [Community Action Program for Children](#) which promotes good health and well-being among children (from birth to six years of age) and their families living in vulnerable situations and reaches 225,000 participants annually;
- the [Canada Prenatal Nutrition Program](#) which supports the health and well-being of pregnant people who experience social or economical inequities and their infants and reaches 45,000 participants annually;
- the [Healthy Early Years Program](#) which aims to support the healthy development of children living in official language minority communities and reaches 10,000 participants annually; and
- the [School Health Grant for Youth](#) program which promotes the health and well-being of school-aged youth (13 to 19 years, enrolled in secondary school).

To support positive health behaviours from preconception through childhood, PHAC will continue developing and sharing information, tools and guidance for parents, caregivers and public health partners. Examples of existing resources that are available include:

- [Your Guide to Postpartum Health and Caring for Your Baby](#)
- [Canada's Breastfeeding Progress Report](#)
- [Family-Centred Maternity and Newborn Care: National Guidelines](#)

The Agency will also continue to fund the [Nobody's Perfect parenting program](#) which supports parents and caregivers of young children (from birth to five years of age) who experience social or economic inequities.

Investing in Indigenous early learning and childcare

Through the [Aboriginal Head Start in Urban and Northern Communities \(AHSUNC\)](#) program, PHAC is prioritizing an Indigenous-led approach that further leverages important investments in [Indigenous Early Learning and Child Care \(IELCC\)](#). Through these strategic investments and a commitment to priorities set in partnership with the National Aboriginal Head Start Council (NAHSC), the AHSUNC Program strives to provide high-quality, culturally responsive, early learning programming for Indigenous children living off-reserve in urban and northern communities.

Did you know? Annually impacting up to 4,300 young Indigenous children and their families nationwide, the AHSUNC Program supports upstream health promotion and positive educational outcomes through its six core program components. These components cover a comprehensive spectrum, encompassing Indigenous culture and language, education and school readiness, health promotion, nutrition, social support, and parental involvement.

PHAC remains dedicated in its commitment to collaborative efforts with Indigenous rights holders and partners, including the NAHSC and regional bodies. This ongoing collaboration is aimed at furthering the implementation of the [IELCC Framework](#). PHAC is focused on strengthening and advancing the AHSUNC Program through a multifaceted approach. This includes proactive governance initiatives, capacity-building, and the enhancement of program delivery at all AHSUNC sites.

Preventing and addressing family and gender-based violence

Child maltreatment, intimate partner violence and mistreatment of older adults are strongly linked to negative physical and mental health outcomes. PHAC will continue to support organizations that deliver and test interventions to prevent violence and foster healthy relationships. In 2024-25, PHAC plans to:

- fund a series of new projects to scale-up promising interventions to prevent youth dating violence, as well as projects that support prevention efforts with priority groups, including Indigenous communities, through the [Preventing Gender-Based Violence: the Health Perspective Investment](#);
- continue to support existing projects under the [Preventing and Addressing Family Violence Investment](#);
- continue to collect data on children placed in out-of-home care through the Canadian Child Welfare Information System (CCWIS) to inform the policies and programs aimed at improving child and family health in Canada; and
- publish a second report using the CCWIS' data collected, which will have increased data coverage and additional indicators. The report will be the result of collaboration with provinces, territories, National Indigenous organizations, and Indigenous Services Canada.

Result 1.3: Chronic diseases are prevented

Addressing Post COVID-19 condition

The Agency will continue to advance the understanding of the longer-term health impacts of COVID-19 to inform future areas of focus for public health and to guide the medical community to better respond to patients' needs. PHAC, in collaboration with Statistics Canada, has conducted several surveys, including the [Canadian COVID-19 Antibody and Health Survey](#) and [Canadian COVID-19 Antibody and Health Survey - Follow-up Questionnaire](#), to estimate the prevalence of longer-term COVID-19 symptoms, understand risk and protective factors, determine the severity of symptoms, and the impact on daily lives. Results are expected to be published in 2024-25.

The Canadian guidelines on PCC, funded by PHAC and to be developed by McMaster University, will focus on the prevention, diagnosis, and treatment of PCC and adapted to meet the needs of all people in Canada. PHAC will continue to monitor the evolving situation related to PCC and build the evidence base for this disease, such as the socioeconomic impacts of and healthcare models to address PCC as a chronic disease.

Monitoring risk factors and reporting on chronic disease

PHAC will continue to monitor chronic disease risk factors through tools including the [Canadian Chronic Disease Indicators Data Tool](#) and the [Physical Activity, Sedentary behaviour and Sleep \(PASS\) Indicators](#). These provide detailed sociodemographic breakdowns for risk factors, such as nutrition, tobacco use, alcohol consumption, and physical activity. The [Canadian Risk Factor Atlas](#), an interactive database providing a pan-Canadian look at risk factors, will be updated in 2024-25 to include comprehensive trend analyses providing critical evidence to support programs and policies that help prevent chronic diseases.

Did you know? 44% of adults 20 years of age or older have at least 1 of 10 common chronic conditions.
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In partnership with provinces and territories, PHAC will monitor and report on chronic diseases through the [Canadian Chronic Disease Surveillance System](#). Continued investments and collaboration with provinces and territories for diabetes monitoring and reporting will facilitate feasibility studies distinguishing between Type 1 and Type 2 diabetes, exploring complications, comorbidities, and strategies for diabetes management and control. PHAC will continue expanding the multi-ethnic [CANRISK questionnaire](#) to include detection of Type 2 diabetes risk in adults 18 to 39, and explore external stakeholder collaboration, especially with populations that experience inequities. Earlier detection of chronic disease among priority populations will support the development of more tailored diabetes prevention programs.

Helping people living in Canada prevent diabetes

In 2024-25, PHAC will continue to engage a variety of stakeholders to facilitate action on addressing diabetes following the [Framework for Diabetes in Canada](#). The Framework provides a common policy direction for governmental and non-governmental organizations to focus efforts to address diabetes. Through funding to [Diabetes Canada](#), PHAC supports the development and sharing of evidence-based tools and resources to help people in Canada increase their awareness and understanding of diabetes,

and take action on prevention. The National Indigenous Diabetes Association will continue its engagement with First Nations, Inuit, and Métis organizations, communities, and peoples to better inform tailored approaches for addressing diabetes for Indigenous persons across Canada. PHAC and its partner Impact Canada launched the [Type 2 Diabetes Prevention Challenge](#), to tackle health determinants and social barriers that increase the risk of Type 2 diabetes, especially in communities with higher risk of diabetes. In 2024-25, up to seven finalists from the second phase will be announced, and these finalists will be expected to rigorously test and evaluate the effectiveness of their concept.

Encouraging healthy living behaviours: physical activity and healthy eating

In November 2023, PHAC launched a challenge with Innovative Solutions Canada seeking solutions that aim to increase access to nutritious and culturally preferred foods for people living Canadian rural and remote areas. In 2024, up to three finalists will be selected to develop a proof of concept for their proposed solutions. With a \$10 million investment through Budget 2023, [ParticipACTION](#) will launch its Active Communities Challenge in June 2024 to help communities provide accessible, low or no cost physical activity opportunities for people living in Canada including support for populations that experience health and social inequities. Initiatives supported through this challenge will be delivered through community organizations, recreation centres, schools, sport clubs, older adult centres, cultural organizations, and workplaces.

Did you know? Not everyone living in Canada has access to enough nutritious and culturally preferred food. The term “culturally preferred foods” is used to describe safe and nutritious foods that meet the diverse tastes and needs of customers based on their cultural identity. People who are experiencing food insecurity tend to have a less varied diet, have a lower intake of fruit and vegetables, and are also more likely to consume less nutritious foods. Food environments are a major determinant of food choices and diet-related outcomes, such as chronic diseases.

Snapshot of planned resources in 2024–25

- Planned spending: \$ 396,402,964
- Planned full-time resources: 648

Related government priorities

Sex- and gender-based analysis plus

The Agency will continue to disaggregate public health surveillance data by sociodemographic factors when available, to conduct detailed analyses on the impact of mental health, substance-related harms, and healthy living on diverse population groups. PHAC’s surveillance indicator frameworks, including the [Positive Mental Health Indicator Framework](#), the [Suicide Surveillance Indicator Framework](#), and the [Child Maltreatment Indicator Framework](#), are strengthening their ability to examine the impact of gender and identify health inequities to support policies and programming.

PHAC will also continue to apply SGBA plus in public health programming to ensure equitable and inclusive outcomes for people in Canada. Examples of this work in 2024-25 include:

- [The Healthy Canadians and Communities Fund](#) will continue to work closely with funded projects to improve their capacity for collecting and disaggregating SGBA Plus data. In 2024-25, the HCCF will invite newly funded organizations to voluntarily explore and test promising tools

and processes for SGBA Plus data collection and disaggregation to help address challenges encountered in this area. Improved disaggregated data collection will enhance understanding of how diverse people are impacted and benefit from improved health outcomes through HCCF-funded projects.

- The [Community Action Program for Children](#), [Canada Prenatal Nutrition Program](#) and [Healthy Early Years Program](#), will continue to facilitate programs designed to provide stigma-free, culturally-safe, and inclusive environments that promote positive health behaviours and outcomes for all people, including Indigenous Peoples, new immigrants, racialized people, 2SLGBTQIA+ communities, and people with disabilities.
- Project administrators for the [New Brunswick Healthy Seniors Pilot Project](#) will continue to be required to identify participant demographics, promoting diversity and inclusion. Reporting on SGBA plus lessons learned is mandatory, leading to adjustments in recruitment and program design to ensure inclusion of diverse populations.
- Family and gender-based violence investments will fund projects aimed at preventing youth dating violence and child maltreatment. Existing projects will be encouraged to collect and report disaggregated data, where it is relevant, safe, and feasible.

United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals PHAC promotes health and well-being by conducting public health surveillance and research, and supporting community-based projects. This is in alignment with the UN SDG 3: Good Health and Well-being. PHAC's public health surveillance identifies populations most affected and undertakes data collection and analysis to monitor physical and mental health, including positive mental health, mental illness, suicide and self-harm, family violence, and related risk and protective factors. This data is used to inform and support PHAC programs like [Preventing Gender-Based Violence: the Health Perspective Investment](#), [Preventing and Addressing Family Violence Investment](#), the [Mental Health Promotion Innovation Fund](#), and the Pan-Canadian Suicide Prevention Service, including the [Federal Framework for Suicide Prevention](#).

More information on PHAC's contributions to Canada's Federal Implementation Plan on the 2030 Agenda and the Federal Sustainable Development Strategy can be found in our [Departmental Sustainable Development Strategy](#).

Program inventory

Health promotion and chronic disease prevention is supported by the following programs:

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

Supporting information on planned expenditures, human resources, and results related to PHAC's program inventory is available on [GC Infobase](#).

Core responsibility 2: Infectious disease prevention and control

In this section

- [Description](#)
- [Quality of life impacts](#)
- [Results and targets](#)
- [Plans to achieve results](#)
- [Snapshot of planned resources in 2024-25](#)
- [Related government priorities](#)
- [Program inventory](#)

Description

Protect Canadians from infectious diseases by predicting, detecting, assessing, and responding to outbreaks and new threats; and, contribute to the prevention, control, and reduction of the spread of infectious disease among Canadians.

Quality of life impacts

Infectious disease prevention and control contributes to the [Health Domain](#) (“Self-rated health” and “Health-adjusted life expectancy”), the [Environment Domain](#) (“Natural disasters and emergencies”), the [Prosperity Domain](#) (“Investment in in-house research and development”), and the [Good Governance Domain](#) (“Confidence in institutions”). The [Fairness and Inclusion lens](#), is applied through SGBA plus and an equity-based approach in program design and implementation, and the [Sustainability and Resilience lens](#) is applied through long-term considerations that are incorporated into program planning.

Results and targets

The following tables show, for each departmental result related to Core Responsibility 2: Infectious Disease Prevention and Control, the indicators, the results from the three most recently reported fiscal years,⁸ the targets and target dates approved in 2024–25.

Table 4: Indicators, results and targets for departmental result 2.1: Infectious diseases are prevented and controlled

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
% of 2 year old children who have received all recommended vaccinations	68% (2019)	71.4% (2021)	71.4% (2021)	At least 95%	Dec. 31, 2025
Proportion of national vaccination coverage goals met for children by 2 years of age ⁹	0/7 (2019)	0/7 (2021)	0/7 (2021)	Exactly 7	Dec. 31, 2025

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV) ¹⁰	4.3 Cases per 100,000 (2020)	3.8 Cases per 100,000 (2021)	4.7 Cases per 100,000 (2022)	At most 0.6 (cases per 100,000 population)	Dec. 31, 2030
Rate of a key antimicrobial resistant infection identified among people in hospitals	0.86 Cases per 1,000 patient admissions (2020)	0.84 Cases per 1,000 admissions (2021)	0.84 Cases per 1,000 admissions (2021)	At most 0.7 (per 1,000 patient admissions for MRSA Blood Stream Infections)	Jun. 1, 2025

Table 5: Indicators, results and targets for departmental result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
% of foodborne illness outbreaks responded to within 24 hours of notification	93%	97%	94%	At least 90%	Mar. 31, 2025
% of new pathogens of international concern that Canada has the capacity to accurately test for	100% (2020)	100% (2021)	100% (2022)	At least 90%	Dec. 31, 2025

The financial, human resources and performance information for PHAC’s program inventory is available on [GC InfoBase](#).

Plans to achieve results

Result 2.1: Infectious diseases are prevented and controlled

Developing immunization guidance and policy to support provincial and territorial immunization programs

PHAC will develop a cohesive framework to guide effective and efficient management of [Canada's immunization programs](#) by engaging with provinces, territories, Indigenous rights holders and partners, and stakeholders on the renewal of the [National Immunization Strategy](#). The Agency will also continue to monitor and provide guidance on the delivery of the [Vaccine Injury Support Program](#) to facilitate access to financial support to individuals who were seriously and permanently injured after receiving a Health Canada-authorized vaccine on or after December 8, 2020.

The Agency will support provincial and territorial decision-making on vaccination policies and programs by developing and providing expert guidance from the [National Advisory Committee on Immunization \(NACI\)](#) on:

- Respiratory Syncytial Virus (RSV), Human Papillomavirus (HPV), mpox, Pneumococcal, Influenza, and COVID-19 vaccines for health care providers;
- practical information for immunization providers to enhance the integration of Indigenous perspectives in national vaccine guidance by engaging with First Nations, Inuit, and Métis communities while implementing process improvements; and
- advancing projects that aim to increase rates of vaccination in key populations, such as racialized populations, immigrants, and persons living in rural communities, and close immunization coverage gaps, by renewing investment to organizations through the [Immunization Partnership Fund](#).

Advancing studies on vaccine safety and effectiveness

The Agency is investing \$5.2 million to address gaps in vaccine safety, coverage and effectiveness to maintain public confidence in immunization. This includes examining long-term outcomes resulting from adverse events following vaccination and leveraging networks to conduct active public health surveillance of all aspects of occurrence and spread of disease.

Reducing the emergence and spread of Antimicrobial Resistance and Use

Antimicrobial Resistance (AMR) poses one of the greatest threats to public health in Canada and globally. PHAC will work with its partners to coordinate action and apply a [One Health](#) approach by implementing the [Pan-Canadian Action Plan on AMR](#) and addressing the [Auditor General's Report on AMR](#). This includes delivering on 10 shared priority actions in the following five areas: research and innovation; public health surveillance; stewardship; infection prevention and control; and leadership. The Agency will do this by:

- enhancing the [Canadian Integrated Program for Antimicrobial Resistance Surveillance](#);
- expanding the [Canadian Nosocomial Infection Surveillance Program](#);
- developing targeted tools for health professionals to reduce unnecessary antimicrobial prescriptions and use;

- designing and implementing a pilot project to secure access to new antimicrobials for people living in Canada;
- integrating innovative technologies, such as [interactive data visualization](#), for more timely data reporting and whole-genome sequencing, to better track and understand how AMR circulates among humans, food production, and the environment;
- working with provincial and territorial public health organizations and laboratories to understand the extent of AMR in Canada through [AMRnet](#); and
- supporting the Canadian Institutes of Health Research and Agriculture and Agri-Food Canada in developing a national One Health AMR research strategy to help determine effective interventions.

Reducing the health impacts of Sexually Transmitted and Blood-borne Infections

PHAC is focused on advancing efforts to meet the World Health Organization’s global Sexually Transmitted and Blood-borne Infections (STBBI) targets and the [Pan-Canadian STBBI Framework for Action](#) to accelerate prevention, diagnosis and treatment to reduce the health impacts of STBBIs. In 2024-25, PHAC will:

- provide strategic funding oversight and program policy for STBBI initiatives and other priority areas, and engaging stakeholders through the [HIV and Hepatitis C Community Action Fund](#) and the [Harm Reduction Fund](#);
- enhance the capacity of community-based Indigenous rights holders and partners and stakeholders to prevent and control communicable diseases in Canada;
- implement the Government of Canada’s renewed [STBBI Action Plan](#); and
- continue to inform and engage people living in Canada, including priority population groups and health professionals, on the prevention and treatment of STBBIs through various means, including through stakeholder engagement, public statements, news releases, social media, content on [Canada.ca](#), and marketing activities.

The Agency will also review methods and processes related to STBBI surveillance systems, including the HIV/AIDS Surveillance System and Canadian Notifiable Disease Surveillance System, to improve data quality and strengthen the measurement of progress against STBBI elimination goals.

Did you know? Undetectable = Untransmittable (U=U) is a global campaign that underscores that HIV is not passed on through sex when a person living with HIV is on treatment and the amount of HIV in their blood remains very low. This life-changing science has transformed what it means to live with HIV across the globe. Following Canada’s endorsement of the global U=U calls to action that was announced at the 2022 AIDS Conference, PHAC has launched a national U=U awareness campaign in Canada, which was developed in collaboration with people living with HIV, key population groups, and health professionals. This campaign aims to increase awareness and understanding of U=U. Knowing about U=U prevents new HIV infections, reduces stigma and discrimination, helps people get tested and treated properly, and improves the quality of life of people living with HIV. These benefits all support the global goal of ending HIV and AIDS as a public health concern by 2030.

Advancing public health surveillance and sharing research

Integrated public health data is critical to the effective operation of public health surveillance and intelligence systems that inform timely responses to public health events. PHAC will work with partners and stakeholders to drive collective progress across five data-specific commitments stemming from the [Working Together to Improve Health Care for Canadians](#) plan, and the Joint FPT Action Plan on Health Data and Digital Health.

PHAC will also lead the adoption of standardized approaches and tools for public health data collection, sharing, and utilization with key partners. PHAC will also engage partners (e.g., Statistics Canada and the Canadian Institute for Health Information) to enable access to timely, reliable, and comprehensive public health data. To support the advancement of reconciliation in a tangible way, PHAC will engage in meaningful collaboration with Indigenous rights holders and partners to meet its commitments under the [United Nations Declaration on the Rights of Indigenous Peoples Act Action Plan](#). The Agency is committed to supporting Indigenous Data Sovereignty and will help with efforts to provide First Nations, Inuit, and Métis People with the sustainable data capacity needed to deliver effective services to their Peoples, to tell their own stories, and to realize their respective visions for self-determination.

In collaboration with provinces and territories, PHAC will develop strategies to support health data literacy and enhance public trust in PHAC's collection, sharing, analysis and use of public health data. This work supports the development of:

- threat identification and risk assessments to inform public health actions;
- public health guidance products; and
- communications to inform the public's personal decisions related to protective behaviours and preventative strategies.

PHAC will collaborate with its partners to advance genomic sequencing and public health surveillance, including establishing a shared framework for the integration of large genomic sequencing datasets, and preparing new epidemiological analyses to inform public health actions. It will also take action to address respiratory diseases and vaccine preventable diseases by introducing new and refined products and approaches, such as working towards the creation of an integrated, publicly available dashboard showing up-to-date Canadian public health surveillance data.

PHAC will continue to advance its [Open Science Action Plan](#) to make public health data and research open by design and by default. In 2024-25, reports and publications from PHAC will be findable and accessible through the [Federal Open Science Repository of Canada](#). PHAC will continue to support the creation and sharing of scientific evidence to inform the Agency's activities, provide people living in Canada with evidence-informed recommendations to reduce their risk of infectious diseases, and enable the creation of evidence products to address cross-cutting issues, emerging threats and support emergency preparedness and planning. The scientific evidence used to inform PHAC activities considers equity, diversity, and inclusion principles to promote an understanding of the health disparities related to infectious diseases and the impact of public health interventions. PHAC will also continue to publish peer-reviewed scientific evidence in its journal [Canada Communicable Diseases Report \(CCDR\)](#). This open access journal publishes across all areas of communicable and infectious diseases and is celebrating its 50th anniversary in 2024.

Did you know? On an ongoing basis, PHAC maintains and updates a suite of infection prevention and control guidelines for healthcare practitioners, health care organizations and provincial and territorial health authorities. This is to better control and prevent transmission of communicable diseases in healthcare settings. These guidelines help to inform provincial and territorial policies and programs.

Advancing health systems and interoperability

PHAC remains committed to ensuring that public health data are discoverable, accurate, interoperable and re-used wherever possible. Through collaboration and shared learning with our partners and stakeholders, we will enhance our capacity for sharing health data and information by means of policy, governance, workflow, and technical alignment including on PHAC's 64 public health surveillance systems. Understanding the diversity of core data management activities will prepare programs to meet future challenges by identifying concrete opportunities to enhance and modernize data capabilities, interoperability, and programmatic efficiencies.

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

Expanding technical and data infrastructure to address public health threats

In 2024-25, the Agency will continue to implement activities funded under the Detect, Understand, Act (DUA) framework to strengthen the infrastructure that protects public health. Other planned initiatives funded under the DUA framework include collaborating with Statistics Canada to fill existing gaps in [Vital Statistics Data](#) for Quebec, Ontario, and Yukon; and expanding risk assessment focused on infectious diseases to include all-hazards. PHAC will also upgrade the Integrated Threat Assessment Platform and the Outbreak Management Division System, with the intention of developing a standardized and modern public health application that meets the diverse operational needs of PHAC programs.

Expanding existing disease surveillance operations

PHAC will expand existing COVID-19, vaccine preventable diseases, invasive bacterial diseases and other emerging respiratory disease surveillance operations and capacity to address public health threats, by:

- enhancing methodologies and tools to support rapid outbreak detection and response, including integration of COVID-19, influenza and RSV outbreak monitoring;
- supporting education by routinely updating vaccine preventable disease guidelines for the prevention and control of outbreaks;
- enhancing a public health surveillance data platform for respiratory diseases, and implementing innovative tools and approaches to collect and analyze information on respiratory diseases and vaccine preventable diseases, with a focus on populations who experience health and social inequities;
- engaging with international organizations to identify and prepare for emerging global threats and coordinate international responses;
- detecting disease threats and assessing risk to provide decision-makers, the Canadian public and other interested parties with the information required to make informed, evidence-based decisions;
- identifying and reporting on domestic and international emerging and re-emerging disease occurrences; and

- generating guidance and communications products to inform personal decisions for uptake of vaccines and personal protective measures, helping to protect people in Canada from respiratory diseases and vaccine preventable diseases.

PHAC will endeavour to increase safe, timely and equitable access to vaccines, diagnostics, and therapeutics by strengthening national supply chains for medical countermeasures by leveraging digital data platforms and advancing track and trace technologies. This includes supporting the new Moderna mRNA vaccine facility in Quebec which is expected to be operational by late 2024 or 2025.

Leveraging innovations and building on scientific advancements due to the COVID-19 pandemic

The pandemic response demonstrated the value of timely science advice in informing public health guidance and practice, the need to position the Agency as a trusted source of science-supported information for people living in Canada, and the need to build public trust and counter mis- and dis-information. PHAC will continue to leverage science research and pandemic-inspired innovations in methods for rapid review of scientific evidence. This allows the Agency to provide internal decision-makers and partners with valuable scientific information to inform recommendations and decisions about public health interventions. Learning on another lesson learned from the COVID-19 pandemic on the need to anticipate future public health risks, PHAC is implementing the Public Health Risk Prioritization Initiative to identify and prioritize future public health risks in Canada using an innovative multi-criteria decision and foresight analysis approach. Lastly, the pandemic accelerated the adoption of rapid diagnostic testing and advances in diagnostic tools, particularly in point-of-care testing. This has offered opportunities for more efficient STBBI testing and quicker results, leading to improved outcomes for persons living in Canada.

Advancing and leveraging laboratory science and leadership

PHAC will continue to advance laboratory science to guide and enable public health actions including increasing the timeliness, accuracy, and detail of the scientific evidence generated. This will allow the Agency to take more strategic, risk-informed, and contextualized public health actions. In 2024-25, PHAC will advance laboratory reference testing and public health surveillance including:

- high-consequence pathogen detection and characterization to support and inform public health and national security responses;
- wastewater surveillance optimization within the Canadian context including monitoring SARS-CoV-2 and other pathogens of concern and the prioritization of sampling locations; and
- strategic adaptation of SARS-CoV-2 of genomic sequencing capabilities to include other priority pathogens in collaboration with federal, provincial, and territorial networks and stakeholders.

In addition, the Agency will further develop and implement predictive modelling to identify and assess pathogen-associated risks, including climate-sensitive infectious diseases. The Agency will also work to maintain and enhance domestic laboratory surge capacity, deployment capability, laboratory-based emergency management, and integrated laboratory surveillance functions for pandemic and outbreak preparedness and response. Finally, PHAC will continue to conduct applied public health and discovery research, including pre-clinical medical countermeasure studies.

Advancing work to mitigate the impacts of climate sensitive infectious diseases

Through its [Infectious Disease and Climate Change Program](#), PHAC supports the implementation of the [Pan-Canadian Framework on Clean Growth and Climate Change](#) as well as the [National Adaptation Strategy](#) and associated [Government of Canada Adaptation Action Plan](#). In 2024-25, PHAC will:

- continue to work with federal partners, provinces, territories, Indigenous rights holders and partners to support the advancement of a climate change adaptation policy and activities in Canada to build resilience, particularly among communities who are more affected by climate change impacts;
- support the development of a Climate Change and Public Health Hub and Plan for the Agency;
- carry out risk assessments to identify current and future climate risks, prevention and control methods, and develop tools to support early warning of emerging infectious diseases;
- develop, improve and maintain public health surveillance systems on climate-sensitive infectious diseases to inform people in Canada of the risks;
- enhance systems and tools to support health professionals in understanding the health risks associated with climate-sensitive infectious diseases and the importance of taking action to protect health; and
- promote the development, uptake and distribution of education and awareness resources for persons who are disproportionately impacted, including children and caregivers, outdoor workers, people living in at-risk areas, and Indigenous communities, to support prevention and early diagnosis.

Reducing the impact of foodborne illness outbreaks

PHAC will work with provinces, territories and local public health partners in efforts to reduce the impact of foodborne ([enteric](#)) illness outbreaks by conducting disease surveillance, detecting and responding to outbreaks and providing advice to protect health. Using the [One Health](#) approach, this work will support the development of future food safety policy, interventions and prevention strategies as well as consumer education and awareness activities. Additionally, PHAC has launched the [Foodbook 2.0](#) survey to collect data on the types of food people in Canada eat over a seven-day period. In 2024-25, anonymized data collected will be available online via open data to support enteric illness investigation, contribute to other public health studies and determine trends in food consumption across Canada.

Reducing the incidence of tuberculosis while addressing its impact

Tuberculosis (TB) remains a public health challenge in Canada which disproportionately impacts Indigenous Peoples and people born outside of Canada. Among Indigenous Peoples, the Inuit, particularly those living in [Inuit Nunangat](#), face the highest rates of TB. The disproportionate impact of TB among these priority populations reflects longstanding social and health inequities and remains a public health priority.

In 2024-25, PHAC will refocus efforts towards TB elimination and work collaboratively with federal, provincial, territorial, and Indigenous rights holders and partners to:

- develop a framework for action and strengthen national public health surveillance of active TB and drug resistance;
- provide support for requests for assistance (e.g., laboratory and epidemiological supports for TB outbreaks, community wide screening);
- leverage public health officers placed in northern, rural, and remote jurisdictions to support TB monitoring and follow-up; and
- explore options for improving access to critical TB medications.

Preparing for and responding to infectious disease outbreaks and pandemics

To better protect the health of people in Canada, PHAC will improve its ability to further reduce infectious disease outbreaks and pandemics from emerging, re-emerging and ongoing zoonotic threats, and improve the effectiveness of responses to health emergencies, by using a [One Health](#) approach to:

- support the rapid identification and coordinated response of diseases targeted for global eradication (e.g., polio, measles, rubella);
- strengthen domestic and international collaboration for non-enteric zoonotic diseases;
- take action through activities such as rapid risk assessments, surveillance, developing guidance; and
- provide technical expertise and advice that could inform public health and clinical practice.

In collaboration with its domestic and international collaborators, PHAC will develop processes and methodologies to monitor, assess and report ongoing and emerging infectious disease threats in Canada and abroad. PHAC will also focus its efforts on key initiatives and activities to strengthen and advance pandemic preparedness and response planning by integrating lessons learned from the COVID-19 pandemic in the development of a Canadian pandemic preparedness plan, including a review of the [Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector](#) publication to address a wider range of pathogens of pandemic potential which be informed through broad consultation.

PHAC, in its role in emerging public health issues, will lead the development of a multisectoral interdisciplinary research agenda for Avian Influenza A (H5N1), which will include priorities related to vaccine safety and effectiveness, following principles of equity, diversity and inclusion.

PHAC will also continue to detect, prioritize, and assess all reported adverse events following immunization against COVID-19 and other emerging diseases and identify safety signals for potential regulatory or public health action. It will monitor vaccine coverage for COVID-19 and other vaccine-preventable diseases in Canada and the factors that influence uptake of vaccines.

The Agency will carry out activities to enhance its capability to monitor mpox trends in Canada, to inform actions aimed at eliminating person-to-person transmission.

Snapshot of planned resources in 2024–25

- Planned spending: \$1,032,945,934
- Planned full-time resources: 2,081

Related government priorities

Sex- and gender-based analysis plus

In 2024-25, the Agency will strive to integrate SGBA plus considerations into its efforts to prevent, control and reduce the spread of infectious disease. PHAC plans to expand the accessibility, availability, and cultural relevance of public health resources to reach populations that are disproportionately impacted and are at an increased risk of becoming infected with an infectious disease, including children and youth, older adults, and those living with low income.

PHAC will continue to explore opportunities to increase its capacity to collect disaggregated data to support projects in considering and assessing socio-demographic and socio-economic factors. The [Immunization Partnership Fund](#)'s core principles of being equity-promoting, culturally safe, and evidence informed support the development and implementation of tailored, community-driven initiatives. PHAC's [Infectious Disease and Climate Change Program](#) will integrate SGBA plus considerations into funding application forms and guides. Additionally, an SGBA plus lens will be integrated into STBBI policies and programs, which will include the collection and analysis of disaggregated health data to identify disparities in STBBI rates and the overall impacts of interventions on diverse populations.

In 2023, the Chief Public Health Officer of Canada released a [Health of People in Canada dashboard](#) as part of her [annual report to Parliament](#), which has a focus on health equity and providing users with the opportunity to examine data on how health outcomes differ based on sex and, where available, age and geographic location. This dashboard will continue to expand and evolve in 2024 as new data become available.

In addition, PHAC will continue to advance SGBA plus through the [COVID-19 Virtual Library of Health Data and Evidence](#). Specific evidence on children and youth, First Nations, Inuit and Métis, and racialized communities is included, indexed and meta-tagged in the Virtual Library. NACI will continue to employ an Ethics, Equity, Feasibility, Acceptability framework to address inequities in immunization recommendations based on race, gender, education and socioeconomic status, among others. Such socio-demographic and socio-economic factors will also be strengthened in routine public health surveillance efforts, including epidemiological and knowledge products disseminated via FluWatch and the Respiratory Virus Detection Surveillance System.

United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals PHAC's work to improve public health surveillance, strengthen infection prevention and control measures, and reduce transmission of disease in Canada supports the United Nation's Agenda for Sustainable Development. PHAC's planned activities will advance UN SDGs 3: Good Health and Well-being. PHAC will collaborate with partners to increase knowledge and reduce barriers to accessing health services, and work to lower rates of vaccination hesitancy in key populations, to support individuals in making healthy decisions for themselves and their families. The Agency will facilitate federal, provincial, and territorial use of existing mechanisms to enable provincial and territorial governments to provide free routine vaccinations via provincial and territorial government immunization programs, as well as through certain federal departments responsible for healthcare delivery to their populations, and the [National Immunization Strategy](#) for 2025-2030. These efforts are intended to maintain Canada's status as a leader in immunization and align our priorities with the [World Health Organization's Immunization Agenda 2030](#).

More information on PHAC’s contributions to Canada’s Federal Implementation Plan on the 2030 Agenda and the Federal Sustainable Development Strategy can be found in our [Departmental Sustainable Development Strategy](#).

Program inventory

Infectious disease prevention and control is supported by the following programs:

- Laboratory Science Leadership and Services
- Communicable Diseases and Infection Control
- Vaccination
- Foodborne and Zoonotic Diseases

Supporting information on planned expenditures, human resources, and results related to PHAC’s program inventory is available on [GC Infobase](#).

Core responsibility 3: Health security

In this section

- [Description](#)
- [Quality of life impacts](#)
- [Results and targets](#)
- [Plans to achieve results](#)
- [Snapshot of planned resources in 2024-25](#)
- [Related government priorities](#)
- [Program inventory](#)

Description

Prepare for and respond to public health events and emergencies (e.g., floods, forest fires, and outbreaks such as COVID-19); address health and safety risks associated with the use of pathogens and toxins; and address travel-related public health risks.

Quality of life impacts

Health security contributes to the [Health Domain](#) (“Self-rated health”), the [Environment Domain](#) (“Natural disasters and emergencies”), and the [Good Governance Domain](#) (“Confidence in institutions”). The [Fairness and Inclusion lens](#) is applied through SGBA plus and an equity-based approach in program design and implementation, and the [Sustainability and Resilience lens](#) is applied as long-term considerations are incorporated into program planning.

Results and targets

The following tables show, for each departmental result related to Core Responsibility 3: Health Security, the indicators, the results from the three most recently reported fiscal years,¹¹ the targets and target dates approved in 2024–25.

Table 6: Indicators, results and targets for departmental result 3.1: Public health events and emergencies are prepared for and responded to effectively

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
Level of Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization	4.5	4.5	4.5	At least 4.5 (Rating out of 5)	Mar 31, 2027
% of provincial and territorial requests for assistance (for deployment of Agency staff) responded to within negotiated timelines	100%	100%	100%	Exactly 100%	Mar 31, 2027
% of provincial and territorial requests for assistance (for the provision of supplies) responded to within negotiated timelines	100%	100%	100%	Exactly 100%	Mar 31, 2027
% of provincial and territorial requests for assistance (for inter-jurisdictional mutual aid for health care professionals) responded to within negotiated timelines	100%	100%	100%	Exactly 100%	Mar 31, 2027

Table 7: Indicators, results and targets for departmental result 3.2: Public health risks associated with the use of pathogens and toxins are reduced

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
% of compliance issues in Canadian laboratories successfully responded to within established timelines	100%	98%	99%	At least 85%	Mar 31, 2027

Table 8: Indicators, results and targets for departmental result 3.3: Public Health risks associated with travel are reduced

Indicator	[2020–2021] result	[2021–2022] result	[2022–2023] result	Target	Date to achieve
Level of Canada's capacity ¹² for effective public health response at designated points of entry into Canada	5	5	5	At least 4 (Rating out of 5)	Jun 1, 2028
% of inspected passenger transportation operators that meet public health requirements	100%	98%	97%	At least 95%	Mar 31, 2026

The financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

Plans to achieve results

Result 3.1: Public health events and emergencies are prepared for and responded to effectively

Preparing Canada to respond to public health events

The Agency will continue to leverage lessons learned from its responses to public health events and emergencies in order to support a robust preparedness and response posture to address new and emerging threats. This will be supported by multi-sectoral collaboration and engagement with other government departments, provinces and territories, academia, and other stakeholders.

In 2024-25, PHAC will maintain and strengthen the [National Emergency Strategic Stockpile \(NESS\)](#) response capabilities through efforts to:

- support public health emergency management in Canada by facilitating access to surge medical assets when provincial/territorial capacities are exhausted or not immediately available;
- sustain medical countermeasure capabilities for natural, deliberate and accidental chemical, biological and radio-nuclear threats; and
- finalize the NESS Comprehensive Management Plan and implement priority action items in support of improved pan-Canadian access to the life-saving, medical assets for public health emergency management.

The Agency will strengthen emergency preparedness in 2024-25 through efforts to:

- monitor event-based public health surveillance to provide awareness and early warning to stakeholders of potential public health threats worldwide;
- address recommendations relating to public health intelligence made by the [Independent Review of the Global Public Health Intelligence Network \(GPHIN\)](#) and the Auditor General (OAG) 2021 [Report #8 on Pandemic Preparedness, Surveillance, and Border Control Measures](#);
- update methods and tools supporting risk and capability assessments needed to inform public health decisions;
- update and maintain core Health Portfolio emergency management plans;
- conduct after-action reviews following Health Portfolio responses to identify best practices and lessons learned; and
- maintain a trained public health emergency workforce to support public health across Canada.

Additionally, PHAC will continue to strengthen its emergency response. The Agency will:

- maintain proactive coordination of responses to threats in close collaboration with non-governmental organizations, as well as federal, provincial, territorial, Indigenous rights holders and partners, and international partners;
- bolster emergency management operations and establish structures to support incident management systems for a swift, scalable, and well-coordinated response to emergencies with public health implications;
- enhance its capacity for surge support, resource mobilization, and the overall coordination of emergency response efforts to support domestic requests for assistance with public health emergency management;
- provide critical support to the World Health Organization through requests for assistance from the [Global Outbreak Alert Response Network](#); and
- capture and apply lessons learned to work towards a more efficient, seamless and equitable emergency response.

Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced

PHAC's Biosecurity program, which oversees the safe use and secure containment of human and terrestrial animal pathogens and toxins in Canadian facilities, is a foundational enabler of the Government of Canada's [Biomufacturing and Life Sciences Strategy \(BLSS\)](#), which saw over \$2.2 billion invested in Budget 2021 to grow the domestic life sciences sector and to improve pandemic readiness

and directly supports the Minister of Health's commitment to work with colleagues to advance the BLSS.

Enhancing PHAC's oversight and engagement with Canadian laboratories working or intending to work with human pathogens and toxins

PHAC will continue to monitor and strengthen compliance with the [Human Pathogens and Toxins Act](#) and [Regulations \(HPTA/R\)](#) to meet the demands of Canada's growing biomanufacturing and life sciences sector. In 2024-25, PHAC will:

- continue to make both licensing decisions for controlled activities and security clearance decisions for individuals seeking access to security sensitive biological agents;
- undertake risk-based inspections and assessments of federally-regulated facilities through on-site, remote, and hybrid approaches;
- monitor and analyze laboratory incident notifications and leverage this and other stakeholder intelligence to strengthen compliance by providing current, comprehensive, and evidence-informed guidance and tools; and
- continue work underway to modernize the program's case management system to a cloud-based platform.

Advancing global health security priorities in biosafety and biosecurity

PHAC will continue working with other countries and international partners to strengthen global health security. In 2024-25, PHAC will seek redesignation as a World Health Organization Collaborating Centre for Biosafety and Biosecurity, which strengthens the Agency's ability to leverage Canadian experience and expertise to advance Canada's global health security commitments. The Agency will also bolster capacity building on its role of secretariat to the [International Experts Group of Biosafety and Biosecurity Regulators](#) and co-chair of the steering committee focusing on delivering the Technical Expertise Program in African and the Association Southeast Asian Nations (ASEAN) regions to enhance their capacity in biosafety, biosecurity, and dual use regulations.

Result 3.3: Public health risks associated with travel are reduced

PHAC monitors and mitigates the communicable disease health risks posed by incoming and outgoing travelers, provides science-based travel health advice for outbound travelers, and conducts inspections to manage health risks related to travel. Through these activities, the Agency directly supports the Minister of Health's commitment to protect the health and safety of people in Canada, including through safe, responsible and compassionate management of the border and ports of entry. In addition, border and travel health activities that take place at Canada's ports of entry contribute to the fulfilment of Canada's [International Health Regulations](#) commitments.

Strengthening border operations and quarantine services

In 2024-25, PHAC will continue to administer and enforce the *Quarantine Act* for international travelers entering and in the process of departing from Canada to prevent the introduction and spread of communicable diseases. The Agency will integrate lessons learned from the COVID-19 pandemic and collaborate with partners such as Canada Border Services Agency, Transport Canada, and police of jurisdiction on preparedness to respond to public health risks associated with travel across Canada's

borders. In response to recommendations made by OAG in the 2021 [Report #8 on Pandemic Preparedness, Surveillance, and Border Control Measures](#), PHAC will also continue to develop options for a robust, scalable, and agile case management platform, which would provide PHAC with a world-class solution to administer the *Quarantine Act* during day-to-day operations, while maintaining readiness for emergency response, and improving our ability to receive and share information.

Identifying and mitigating public health risks related to travel

In 2024-25, PHAC will strive to reduce the public health risks of international travel by:

- providing travel health advice to outbound travelers on the [Government of Canada's Travel and tourism website](#);
- administering the [Yellow Fever Designation Centre Program](#) to meet the requirements of International Health Regulations; and
- providing and promoting evidence-based travel health guidance for healthcare professionals developed by the [Committee to Advise on Tropical Medicine and Travel](#), for which PHAC serves a secretariat function.

Did you know? Yellow Fever is currently the only disease designated under the IHR where proof of vaccination or prophylaxis may be required for travelers as a condition of entry to a country.

Additionally, the Agency will conduct inspections to manage public health risks on passenger conveyances that arise from poor sanitation, improper food preparation and storage, and unsafe drinking water. PHAC will also support Canada's efforts to keep ports of entry free of sources of infection or contamination under the International Health Regulations.

Snapshot of planned resources in 2024–25

- Planned spending: \$284,433,537
- Planned full-time resources: 754

Related government priorities

Sex- and gender-based analysis plus

In 2024-25, the Agency will strive to integrate SGBA plus considerations into its response to public health events. This will include:

- working to consider the needs of priority populations during emergency response activities, such as requests for assistance, and tailoring approaches, infographics and communications products during emergency responses;
- updating, coordinating, and delivering training on how applied epidemiological methods must be adapted to work effectively with persons of all genders and/or sexual orientations when collecting, analyzing and interpreting health data; and
- continuing to integrate health equity, diversity and inclusion considerations into the Applied Epidemiology and Public Health Emergency Management curriculums to equip responders to work in ways which address existing health inequities.

The Agency will continue to include SGBA plus analysis in the development of publications including biosafety advisories, directives, and pathogen safety data sheets.

PHAC will also incorporate SGBA plus considerations into identifying and mitigating public health risks faced by travelers to and from Canada, and on conveyances. To enable this, PHAC will use voluntary intercept surveys offered to travelers visiting the [Government of Canada's Travel and tourism website](#) seeking health advice in order to collect disaggregated data on gender, age, geographic distribution and identification as a member of a visible minority. The Agency will expand messaging to underserved populations (e.g., organizations supporting occupational workers, youth, and temporary foreign workers) as part of engagement with key partners and stakeholders.

United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals PHAC's efforts to strengthen response capacity, enhance coordination, and support domestic/ international assistance align with the broader global agenda of sustainable development and well-being for all. PHAC's planned activities will advance the UN SDG 3: Good Health and Well-being. By strengthening its response capacity and coordination with federal, provincial, and territorial partners, the Agency will support public health, thereby reducing the impact of health crises on communities and thus promoting overall well-being. Health Security initiatives also contribute to strengthening the capacity of all countries for early warning, risk reduction and management of local and global health risks. For example, ongoing border-related activities undertaken by PHAC strengthen Canada's ability to detect and mitigate the importation of communicable diseases.

More information on PHAC's contributions to Canada's Federal Implementation Plan on the 2030 Agenda and the Federal Sustainable Development Strategy can be found in our [Departmental Sustainable Development Strategy](#).

Program inventory

Health security is supported by the following programs:

- Emergency Preparedness and Response
- Biosecurity
- Border and Travel Health

Supporting information on planned expenditures, human resources, and results related to PHAC's program inventory is available on [GC Infobase](#).

Internal services

In this section

- [Description](#)
- [Plans to achieve results](#)
- [Snapshot of planned resources in 2024-25](#)
- [Key risks](#)
- [Related government priorities](#)

Description

Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services:

- management and oversight services
- communications services
- legal services
- human resources management services
- financial management services
- information management services
- information technology services
- real property management services
- materiel management services
- acquisition management services

Plans to achieve results

Recruiting and retaining talent

The Agency will work to attract and retain a diverse, bilingual, and representative workforce within a healthy, equitable and inclusive workplace by working to:

- include bias-, discrimination- and barrier-free practices for recruitment, onboarding, and retention;
- increase recruitment, retention and representation of persons with disabilities in support of the [Accessibility Strategy for the Public Service of Canada](#), and ensuring that the Agency hires its share of the Government of Canada commitment to hire 5,000 persons with disabilities by 2025;
- eliminate workplace barriers for internal and external candidates during staffing processes by implementing accommodation measures using the [GC Workplace Accessibility Passport](#);
- continue to implement the First Nations, Inuit and Métis HR Strategy while co-developing the action plan and achieving hiring targets set for Indigenous Peoples;
- continue to implement the Recruitment and Career Advancement Strategy for Black and Racialized Employees in accordance with the [Call to Action forward direction message to deputies](#);
- continue to implement the [Mentorship Plus Program](#) with a specific emphasis on members of underrepresented groups who aspire to leadership and executive positions; and
- implement the Agency's [Action Plan for Official Languages 2023-2028](#) with a focus on supporting a workplace that encourages bilingualism.

Did you Know? The recently enacted *Act for the Substantive Equality of Canada's Official Languages* amended the *Official Languages Act*. Following these amendments, the *Official Languages Act* now recognizes health as a key sector for official language minority communities (s 41(6) committee(v)) and recognizes, in its preamble, that legal obligations relating to official languages apply at all times, including during emergency situations.

Supporting diversity and inclusion

The Centre for Ombuds, Resolution and Ethics (CORE) will continue to offer employees, at all levels, a safe space to share experiences and explore options, recourse, and resources for resolving any work-related issues or concerns without fear of reprisal. As part of the role of the Ombuds, the Centre will raise awareness of systemic issues and trends to those with the authority to act and will foster collaborative approaches to managing workplace conflicts. In addition, it will continue to offer a range of individual and organizational training and services in conflict resolution including topics such as emotional intelligence and values and ethics. Finally, CORE will advance the renewal of the Departmental Code of Values and Ethics.

The Agency remains committed to its ongoing response to the [Clerk's Call to Action on Anti-Racism, Equity, and Inclusion in the Federal Public Service](#), the [Call to Action forward direction message to deputies](#), the [Deputy Minister Commitments on Diversity and Inclusion](#), and the President of the Treasury Board's Priorities for actions to increase diversity and inclusion in the public service. Priorities for 2024-25 include:

- promoting strategic discussions through collaborative platforms;
- ensuring employee networks contributions are considered in initiatives focused on reducing systemic racism, discrimination and barriers to inclusion in the workplace;
- developing evidence-based measures of inclusion and belonging, applying an equity, diversity and inclusion lens to staffing, and optimizing employee feedback mechanisms with input from partners and experts for increased inclusivity and transparency; and
- monitoring and communicating performance in the different dimensions of equity, diversity and inclusion, anti-racism, anti-discrimination, and SGBA plus initiatives.

PHAC is committed to authentic, consistent, and transparent engagement with employees to further support diversity and inclusion and wellness efforts through robust internal communications initiatives and tactics, including but not limited to regular employee townhall meetings, smaller employee consultative meetings, monthly newsletters that focus on the diversity of its people, and more.

Indigenous reconciliation approach

In 2024-25, PHAC will continue to advance work, including implementing the Indigenous Cultural Competency Training Policy and Roadmap, developing an Indigenous engagement strategy to support meaningful engagement and co-development opportunities, advancing concrete actions that lead to equitable outcomes in partnership with Indigenous Peoples (policy and programs), and establishing governance to ensure appropriate oversight and accountability for the implementation of concrete actions.

Tools like the Indigenous Cultural Competency Policy and Indigenous Learning Road Map build organizational capacity to work in a culturally humble and safe manner. Though the primary intention is improved services and outcomes for Indigenous people, the Agency will see the added benefit of a safe and supportive culture.

Supporting the mental health and wellness of employees

The Agency will continue to create a culture of care where conditions nurture workplace mental health and wellness through the implementation of the Mental Health and Wellness Strategy. In 2024-25, PHAC will:

- continue the promotion of tools, training and resources, including [Employee Assistance Services](#), [LifeSpeak](#) (a digital platform with expert-led wellness content) and [Torchlight](#);
- further the development of the Psychosocial Risk Factor Education Campaign and via the 14th [Psychosocial Risk Factor on Diversity and Inclusion](#);
- promote and support annual mental health campaigns; and
- support the planned expansion of the Peer Support Program to all Health Canada and PHAC employees in 2024.

Enhancing data infrastructure and governance to provide timely, trusted, and evidence-based information

PHAC will continue the development, implementation, and management of a flexible data infrastructure to meet the diverse operational needs of PHAC programs including continued investment in modern cloud-based informatics infrastructure. Additionally, PHAC will work to define and establish minimum performance standards for public health surveillance systems as part of its Vision for Public Health Surveillance 2030, which will launch in 2024-25. PHAC will also renew the 2019 PHAC Data Strategy, leveraging lessons learned from the pandemic and emerging data opportunities in a public health ecosystem. This will build on the [2023-2026 Federal Public Service Data Strategy](#).

Empowering people in Canada to make informed decisions and better understand public health issues

The Agency will continue to provide people living in Canada with inclusive, timely, culturally-appropriate and evidence-based information (evidence is based on scientific research, lived experience and community knowledge) to help them make informed decisions on their health and safety. The Agency will inform and engage people living in Canada through various means, including through stakeholder and community engagement, public statements, news releases, press conferences, social media, content on Canada.ca, marketing, advertising, outreach, and partnerships. In addition, in November 2023 the Agency and Health Canada launched a joint Healthy Canadians Podcast on YouTube that features discussions on health and public-health related topics, such as radon in homes, with Departmental subject-matter experts as well as external guests. Communication platforms and services will be leveraged to provide trusted, accurate, accessible, and culturally appropriate information that meets the needs of individuals in Canada, including in its design and functionality.

Working towards transparency, openness and collaboration in Agency science policy

PHAC is committed to upholding scientific integrity in its work to promote science excellence. The Agency will continue to leverage mechanisms established during the COVID-19 pandemic to create and share trustworthy and reliable scientific evidence to inform Agency activities and recommendations. PHAC intends to release its inaugural Science Strategy, and to establish a new external Science Advisory Committee to guide implementation of the strategy, offer external validation of ongoing science prioritizing and planning activities, and advise on social and scientific trends that PHAC's scientific

community should be preparing for. PHAC will also pilot a formal process for rostering scientific experts to enhance transparency in the selection process, actively mitigate conflicts of interest, and ensure consideration of equity, diversity, and inclusion. Together, these moves towards transparency, openness and collaboration in Agency science policy will increase our credibility as a science-based organization and trusted source of public health information for people in Canada.

Reinforcing Canada’s global leadership in health

PHAC works with Health Portfolio partners and other government departments to build and maintain policy coherence to reinforce Canada’s health priorities in global health fora. Health Portfolio priorities in key global health issues are advanced through active participation in multilateral health fora, such as negotiating or implementing the amendments to the [International Health Regulations \(IHR, 2005\)](#) and the new WHO convention (“Pandemic Instrument”) on pandemic preparedness and response as part of Canada’s role in the global health landscape. While the IHR amendments will focus on detection and response to international health emergencies more broadly, the Pandemic Instrument aims to strengthen pandemic prevention, preparedness and response actions using a whole-of-government, whole-of-society approach. Both negotiations include close collaboration with a broad range of stakeholders, including relevant federal government departments and agencies, provincial and territorial governments, Indigenous partners, academia, civil society, the private sector, and youth. These negotiations are currently underway and outcomes are expected to be presented at the 77th World Health Assembly in May 2024. PHAC will continue strengthening global health governance through Canada's term on the WHO Executive Board (2022-2025), as a member of the Pan-American Health Organization Executive Committee (2023-2026), and through the G7 and G20 health tracks, as well as leading up to Canada’s 2025 G7 presidency in 2025. PHAC will continue to promote policy dialogues and explore opportunities for deepened partnership with key allies and non-traditional partners, such as the U.S., the U.K., other G7 members, Five Eyes, and the Indo-Pacific region, to enhance technical cooperation.

Modernizing Financial and Corporate Management Services

With a commitment to innovation and robust financial stewardship of public funds, PHAC is modernizing its internal financial and corporate functions to strengthen management and program delivery, ensuring value for money for all people in Canada.

In 2024-25, PHAC will:

- Strengthen financial budgeting, resource allocation and business planning to enable sound stewardship of funds. This will be achieved by standardizing financial and operational planning and reporting, strengthening financial literacy, and linking operational plans to resources, priorities, corporate risks, and science-based activities. This will support the Agency in re-stabilizing its operations in the post-pandemic context.
- Manage and mitigate its corporate risks, which have been updated to reflect the evolving post-pandemic operating context and includes risks related to increasingly complex events, accurate information, communication, infrastructure, and resource management. This will support the Agency in mitigating these risks and determining how to leverage its resources in this complex and changing context.

- Ensure strong management of Grant and Contribution program delivery through streamlined processes and innovative tools including the planned modernization of its Grants and Contributions Information Management System.
- Modernize its approach for the delivery of business administration services in the areas of budget management, contracting and procurement and workforce management. This will be achieved by streamlining and standardizing approached to administration services and supporting a sustainable and scalable administration services foundation in line with the Agency's programming.

Modernizing Digital Solution Delivery

The Agency will be guided by the recently developed Digital Strategy. The five pillars of the strategy (1. Service Excellence, 2. Data and Analytics, 3. Enabling Infrastructure, 4. Governance, 5. People, Culture and Skills) are designed to build a modern, digital first organization where innovative technologies and client-centric solutions are priorities.

Snapshot of planned resources in 2024-25

- Planned spending: \$154,724,825
- Planned full-time resources: 591

Key risks

PHAC has risk management guidelines that provide guidance to employees on implementing risk management and assessment principles, as well as a policy outlining the roles, responsibilities, and defining risk terminology. PHAC's Corporate Risk Profile (CRP) supports the Agency's risk management approach, allows for the monitoring and reporting of these risks, and provides a snapshot of the Agency's most significant corporate risks. The five risks identified in the CRP that pose the most significant challenges to PHAC's objectives in 2024-25 are:

1. **Increasingly frequent, severe and complex events:** There is a risk that PHAC will not be able to manage and respond effectively to increasingly frequent, severe, and complex public health events.
2. **Access to and dissemination of timely and accurate data:** There is a risk that due to this lack of data integration, PHAC will not be able to access, or disseminate quality, timely, reliable, science-based and accurate data and public health information.
3. **Risk communication:** There is a risk that PHAC will not be able to access, analyze, integrate, and communicate timely, reliable, and accurate public health information.
4. **Leveraging infrastructure to protect people in Canada:** There is a risk that PHAC may not be able to keep pace and effectively leverage its infrastructure and processes to adequately protect people in Canada.
5. **Managing Agency resources amid change:** There is a risk that PHAC will not have sufficient financial and human resources available to meet prioritized needs amid changing circumstances.

To manage these risks, PHAC has risk mitigations and control themes in place to help reduce the likelihood and impact levels of these risks. The corporate risk management team at PHAC provides support to stakeholders to enable them to respond and manage their risks internally.

In 2024-25, the corporate risk mitigation strategies identified through the CRP will be validated by senior management to ensure their relevance. These risk mitigation strategies will be further reviewed by supporting enterprise risk management processes.

Related government priorities

Planning for contracts awarded to Indigenous businesses

PHAC remains committed to generating economic opportunities for Indigenous Peoples through federal procurement and advancing the government's reconciliation agenda. This includes a commitment to award at least 5% of the value of PHAC contracts to businesses managed and led by Indigenous Peoples. The Agency has implemented several initiatives to establish oversight and increase awareness of business owners and procurement practitioners to identify opportunities for Indigenous businesses including quarterly progress reports. These will be widely communicated internally, including to senior management. Additional guidance and tools will be developed and refined as best practices come to light.

In support of its mandate, pharmaceutical and medical products make up a significant portion of the Agency's procurements. Researching and developing these products takes years and requires significant testing, monitoring, and adherence to rigorous regulations. As there are currently no Indigenous led businesses in this area, the Agency has experienced challenges in seeking Indigenous business capacity for this commodity. An exception was put in place for fiscal year 2023-24 and it is likely that this exception will need to be extended. To compensate, stronger efforts are being made in other goods and services procured by the Agency including better integration of planning for opportunities for Indigenous businesses as part of the investment planning exercise and requirements for market research. In addition, capacity will be monitored to determine whether certain goods or services may benefit from targeted procurement strategies, for example, through the Procurement Strategy for Indigenous Businesses (PSIB).

PHAC, through its shared services partnership with Health Canada, will continue to work in close collaboration with other federal departments, and participate as active members of Indigenous Services Canada's PSIB coordinator network, Treasury Board Secretariat of Canada's Indigenous Tiger Team, and other collaborative forums to leverage best practices and support the implementation of this target across government. This includes participation in the Treasury Board of Canada Secretariat's Indigenous Procurement Micro-Credentialing Pilot to develop in-house expertise on Indigenous procurement by understanding the historical relation and cultural aspects that influence the relationship between Indigenous Peoples and the Government of Canada. The Pilot will also assist the agency in supporting procurement commitments made under the Truth and Reconciliation Calls to Action [57 \(Professional development and training for public servants\)](#) and [92 \(Business and Reconciliation\)](#).

Despite the specialized and technical nature of the Agency's procurements, it intends to meet or exceed the procurement target to award 5% of all Agency contracts to Indigenous businesses for 2024-25 via a flexible, top-of-mind, and evolving Indigenous procurement strategy that is capable of adapting to challenges and builds on successes to advance reconciliation.

Table 9: Actual, forecasted and planned value for the target of 5% total percentage of contracts with Indigenous businesses

5% reporting field	2022-23 actual result	2023-24 forecasted result	2024-25 planned result
Total percentage of contracts with Indigenous businesses	N/A	N/A	5%

Sex- and gender-based analysis plus

In 2024-25, the Agency will continue to strengthen the systematic integration of equity, diversity and inclusion considerations into its initiatives, programs, and all internal/external services.

Anti-racism in science

PHAC is in the process of developing and implementing an anti-racism in science Action Plan expected for release in early 2024, which aims to respect and promote diversity and inclusion of all peoples and communities in scientific processes. The Agency plans to:

- design and implement training programs and resources to support PHAC staff and researchers on integration of SGBA plus in anti-racism in science work, including the intersection of other systems of oppression (e.g., sexism, ableism, classism) with racism;
- promote the collection of disaggregated data needed to support intersectional analysis through an SGBA plus lens;
- establish a monitoring system to track the progress and impact of the action plan; and
- develop a community engagement plan that involves systematically racialized communities and the organizations serving them in shaping anti-racism initiatives and ensuring SGBA plus is effectively integrated into these efforts, including public awareness campaigns.

More information on SGBA plus is available in the SGBA plus supplementary information table.

Planned spending and human resources

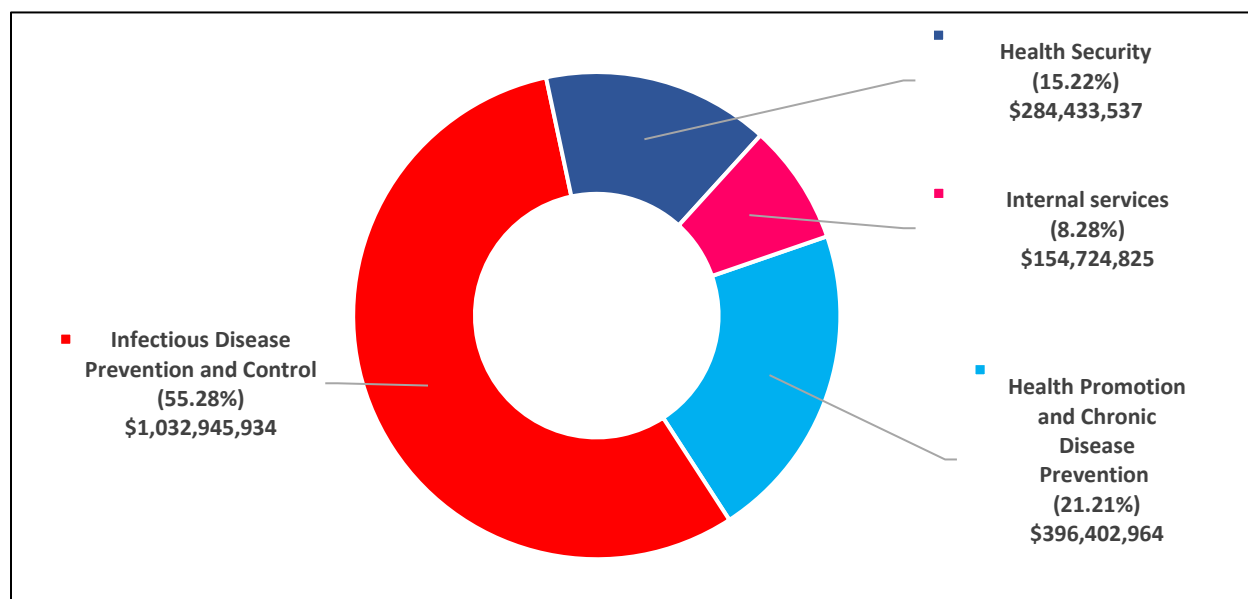
This section provides an overview of PHAC's planned spending and human resources for the next three fiscal years and compares planned spending for 2024–25 with actual spending from previous years.

In this section

- [Spending](#)
- [Funding](#)
- [Future-oriented condensed statement of operations](#)
- [Human resources](#)

Spending

Figure 1: Spending by core responsibility in 2024–25



Explanation of figure 1

Further explanation for the 2024-25 spending can be found following Table 11.

Table 10: Actual spending summary for core responsibilities and internal services (\$ dollars)

The following table shows information on spending for each of PHAC's core responsibilities and for its internal services for the previous three fiscal years. Amounts for the current fiscal year are forecasted based on spending to date.

Core responsibilities and internal services	[2021–2022] actual expenditures	[2022–2023] actual expenditures	[2023–2024] forecast spending
Core Responsibility 1: Health Promotion and Chronic Disease Prevention	288,018,815	406,844,196	527,494,243
Core Responsibility 2: Infectious Disease Prevention and Control	6,863,543,133	4,514,633,198	3,956,722,333
Core Responsibility 3: Health Security	1,350,729,504	624,448,818	435,372,909
Subtotal	8,502,291,452	5,545,926,211	4,919,639,486
Internal services	203,141,045	239,851,505	208,517,439
Total	8,705,432,497	5,785,777,716	5,128,156,925

Explanation of table 10

The growth in spending in Health Promotion and Chronic Disease Prevention since 2021-22 is mainly a result of new or increases in grants and contributions initiatives including the Indigenous Early Learning and Child Care and Mental Health, Mental Health of those most affected by COVID-19, Addressing Posttraumatic Stress Disorder (PTSD) and Trauma, and supporting distress centers, and sero-surveillance. Additionally in 2023-24, the Agency received new budgetary authorities to launch 9-8-8, a new three-digit suicide crisis line to provide suicide prevention support.

Spending in Infectious Disease Prevention and Control decreased since 2021-22 with the gradual reduction of the procurement and distribution of COVID-19 vaccines and rapid-tests, and the removal of border and travel measures including COVID-19 testing services. The forecasted spending in 2023-24 reflects elements of the Agency's continued COVID-19 response, including the procurement of COVID-19 vaccines. It also includes additional funding for the procurement of vaccines to protect Canadians against mpox and the initiative to strengthen key surveillance and risk assessment capabilities to help prepare for future pandemics.

Under Health Security, the Agency made significant investments since 2021-22 towards the COVID-19 response, mainly to support border and travel measures, and for the procurement and management of medical supplies and equipment, including personal protective equipment. These investments have gradually decreased in these areas as the pandemic response evolved over time.

Spending in Internal Services reflects the funding received to sustain the Agency's COVID-19 pandemic response and to strengthen key surveillance and risk assessment capabilities by supporting corporate functions such as governance, communications, human resources, finance and administration, information management and technology, strategic policy, and material management.

Table 11: Budgetary planning summary for core responsibilities and internal services (dollars)

The following table shows information on spending for each of PHAC's core responsibilities and for its internal services for the upcoming three fiscal years.

Core responsibilities and internal services	[2024-25] budgetary spending (as indicated in Main Estimates)	[2024-25] planned spending	[2025-26] planned spending	[2026-27] planned spending
Core Responsibility 1: Health Promotion and Chronic Disease Prevention	396,402,964	396,402,964	356,394,746	287,375,007
Core Responsibility 2: Infectious Disease Prevention and Control	1,032,945,934	1,032,945,934	907,200,851	711,317,029
Core Responsibility 3: Health Security	284,433,537	284,433,537	223,503,806	162,914,424
Subtotal	1,713,782,435	1,713,782,435	1,487,099,403	1,161,606,460
Internal services	154,724,825	154,724,825	137,550,962	104,993,736

Core responsibilities and internal services	[2024-25] budgetary spending (as indicated in Main Estimates)	[2024-25] planned spending	[2025-26] planned spending	[2026-27] planned spending
Total	1,868,507,260	1,868,507,260	1,624,650,365	1,266,600,196

Explanation of table 11

Each of the Agency’s core responsibilities and internal services include a significant and gradual reduction in planned spending due to the expiration of budgetary authorities for the Surveillance and Risk Assessment initiative in 2024-25 and the expiry of budgetary authorities to establish an agile, resilient and adaptive workforce in 2026-27.

In addition, decreases in future planned spending in Health Promotion and Chronic Disease Prevention relate to the expiry and reductions of budgetary authorities for the Centre for Aging and Brain Health Innovation, Mental Health of those most affected by COVID-19, three-digit number for suicide prevention and emotional distress, and ParticipACTION.

Planned spending in Infectious Disease Prevention and Control also decreases due to the gradual expiry of budgetary authorities for the procurement of COVID-19 vaccines through 2026-27. This reduction is partially offset with an increase in funding for the procurement of influenza vaccines from 2025-26 to 2026-27.

Decisions on the renewal of initiatives with expiry of budgetary authorities will be made in future budgets and reflected accordingly in subsequent Estimates and Departmental Plans.

Table 12: 2024–25 budgetary gross and net planned spending summary (dollars)

The following table reconciles gross planned spending with net planned spending for 2024–25.

Core responsibilities and internal services	[2024-25] gross planned spending (dollars)	[2024-25] planned revenues netted against spending (dollars)	[2024-25] planned net spending (dollars)
Core Responsibility 1: Health Promotion and Chronic Disease Prevention	396,402,964	-	396,402,964
Core Responsibility 2: Infectious Disease Prevention and Control	1,032,945,934	-	1,032,945,934
Core Responsibility 3: Health Security	285,383,537	(950,000)	284,433,537
Subtotal	1,714,732,435	(950,000)	1,713,782,435
Internal services	154,724,825	-	154,724,825
Total	1,869,457,260	(950,000)	1,868,507,260

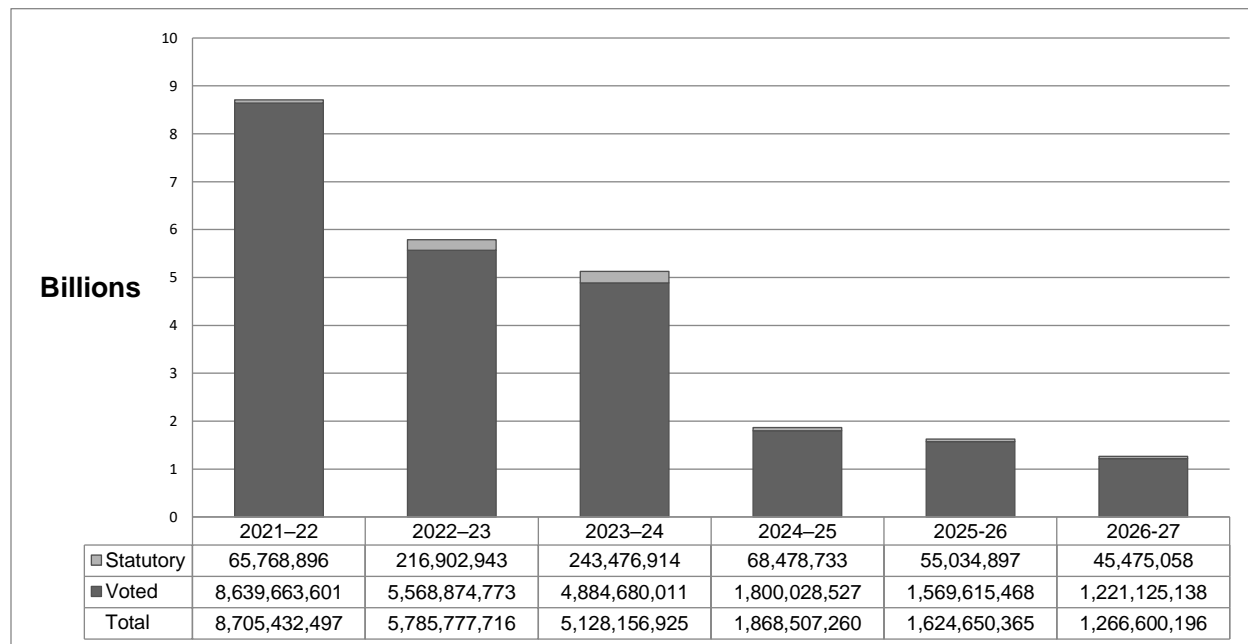
Explanation of table 12

As signatory to the WHO’s International Health Regulations (2005), PHAC earns revenue from inspections conducted on international maritime vessels and issuing Ship Sanitation Certificates and Ship Sanitation Exemption Certificates. Fees are charged in accordance with Canada’s Service Fees Act. The Agency’s planned revenue from the inspection of maritime vessels in 2024-25 is \$0.95 million.

Funding

Figure 2: Departmental spending 2021–22 to 2026–27

The following graph presents planned spending (voted and statutory expenditures) over time.



The Agency experienced a gradual decrease in spending since the height of the COVID-19 pandemic response. From 2021-22 to 2023-24, reductions in spending are mainly attributable to the gradual reduction in activities for key COVID-19 response areas such as the procurement and distribution of COVID-19 vaccines, therapeutics, rapid test kits and medical supplies and equipment, including personal protective equipment, border testing and travel health measures, isolation sites, and bolstering surge capacity to sustain the Agency’s pandemic response.

The decrease in planned spending in 2024-25 is mainly due to further gradual reduction in activities related to the COVID-19 response, including procurement and distribution of COVID-19 vaccines, and the expiry of budgetary authorities for the management of medical supplies and equipment, including of personal protective equipment, funding to protect Canadians against mpox and other areas.

The decreases in planned spending for 2025-26 and 2026-27 are related to the expiry of budgetary authorities for the surveillance and risk assessment initiative, for the three-digit number for suicide prevention and emotional distress, the procurement of COVID-19 and influenza vaccines, to establish an agile, resilient and adaptive workforce, and for reductions as part of the refocussed government spending announced in Budget 2023.

Decisions on the renewal of initiatives with expiry of budgetary authorities will be made in future budgets and reflected accordingly in subsequent Estimates and Departmental Plans.

Estimates by vote

Information on PHAC’s organizational appropriations is available in the [2024–25 Main Estimates](#).

Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of PHAC’s operations for 2023–24 to 2024–25.

The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net cost of operations with the requested authorities, are available on [PHAC’s website](#).

Table 13: Future-oriented condensed statement of operations for the year ending March 31, 2025 (dollars)

Financial information	[2023–24] forecast results	[2024–25] planned results	Difference ([2024–25] planned results minus [2023–24] forecast results)
Total expenses	6,604,601,599	2,226,240,259	(4,378,361,340)
Total revenues	14,499,695	14,732,455	232,760
Net cost of operations before government funding and transfers	6,590,101,904	2,211,507,804	(4,378,594,100)

Explanation of table 13

The decrease in net cost of operations for 2024-25 is mainly due to further reductions in activities related to the COVID-19 response, including the procurement and distribution of COVID-19 vaccines, funding to protect Canadians against mpox, procurement and management of medical supplies and equipment/personal protective equipment, sero-surveillance and other various areas.

The Agency’s Future-Oriented Statement of Operations is based on its 2024-25 Main Estimates and accrual information and does not include future supplementary estimates. Amounts for 2023-24 include estimated funding to be received in Supplementary Estimates (C).

Human resources

Table 14: Actual human resources for core responsibilities and internal services

The following table shows a summary of human resources, in full-time equivalents (FTEs), for PHAC’s core responsibilities and for its internal services for the previous three fiscal years. Human resources for the current fiscal year are forecasted based on year to date.

Core responsibilities and internal services	[2021–22] actual FTEs	[2022–23] actual FTEs	[2023–24] forecasted FTEs
Core Responsibility 1: Health Promotion and Chronic Disease Prevention	564	653	649
Core Responsibility 2: Infectious Disease Prevention and Control	1,697	1,948	2,295
Core Responsibility 3: Health Security	1,448	1,282	896
Subtotal	3,709	3,883	3,841
Internal services	659	682	610
Total	4,368	4,565	4,451

Explanation of table 14

Increases in full-time equivalents for Health Promotion and Chronic Disease Prevention are the result of funding received for the Surveillance and Risk Assessment initiative and the Youth Substance Use Prevention Program.

Increases in full-time equivalents in Infectious Disease Prevention and Control relate directly to the funding received for the Surveillance and Risk Assessment initiative, to support Canada’s COVID-19 vaccine procurement strategy and to protect Canadians against the threat of pandemic influenza.

The decrease in full-time equivalents in Health Security relates largely to the removal of all COVID-19 entry restrictions for those entering Canada, which led to a decrease in FTEs in areas related to border travel measures and COVID-19 testing services.

Table 15: Human resources planning summary for core responsibilities and internal services

The following table shows information on human resources, in full-time equivalents (FTEs), for each of PHAC’s core responsibilities and for its internal services planned for 2024–25 and future years.

Core responsibilities and internal services	[2024–25] planned fulltime equivalents	[2025–26] planned fulltime equivalents	[2026–27] planned fulltime equivalents
Core Responsibility 1: Health Promotion and Chronic Disease Prevention	648	577	556
Core Responsibility 2: Infectious Disease Prevention and Control	2,081	1,373	1,137
Core Responsibility 3: Health Security	754	594	369
Subtotal	3,483	2,544	2,062
Internal services	591	561	398

Core responsibilities and internal services	[2024–25] planned fulltime equivalents	[2025–26] planned fulltime equivalents	[2026–27] planned fulltime equivalents
Total	4,074	3,105	2,460

Explanation of table 15

The Agency's planned FTEs start gradually decreasing in 2024-25, nearing a return to pre-pandemic staffing levels by 2026-27. The decrease in FTEs from 2024-25 to 2026-27 within each core responsibility and internal services is mainly due to the expiration of budgetary authorities for the Surveillance and Risk Assessment initiative in 2024-25 and to establish an agile, resilient and adaptive workforce in 2026-27.

Decisions on the renewal of initiatives with expiry of budgetary authorities will be taken in future budgets and reflected accordingly in subsequent Estimates and Departmental Plans.

Corporate information

Organizational profile

Appropriate ministers:

The Honourable Mark Holland, P.C., M.P.
Minister of Health

The Honourable Ya'ara Saks, P.C., M.P.
Minister of Mental Health and Addictions and Associate Minister of Health

The Honourable Carla Qualtrough, P.C., M.P.
Minister of Sport and Physical Activity

Institutional head: Heather Jeffrey

Ministerial portfolio: Health

Enabling instruments: [Public Health Agency of Canada Act](#), [Department of Health Act](#), [Emergency Management Act](#), [Quarantine Act](#), [Human Pathogens and Toxins Act](#), [Health of Animals Act](#), [Federal Framework on Lyme Disease Act](#), and [Federal Framework for Suicide Prevention Act](#).

Year of incorporation / commencement: 2004

Other: In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. These include: human resources; real property; information management/information technology; security; internal financial services; communications; emergency management; international affairs; internal audit services; and evaluation services.

Organizational contact information

Mailing address

Public Health Agency of Canada

130 Colonnade Road

Ottawa, ON K1A 0K9

Telephone: 1-844-280-5020

Website: [Public Health Agency of Canada](#)

Supplementary information tables

The following supplementary information tables are available on [PHAC's website](#):

- [Details on transfer payment programs](#)
- [Sex- and gender-based analysis plus](#)

Information on PHAC's departmental sustainable development strategy can be found on [PHAC's website](#).

Federal tax expenditures

PHAC's Departmental Plan does not include information on tax expenditures.

Tax expenditures are the responsibility of the Minister of Finance. The Department of Finance Canada publishes cost estimates and projections for government wide tax expenditures each year in the [Report on Federal Tax Expenditures](#).

This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis plus.

[Expand/collapse sections]

Definitions

appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

core responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)

A document that sets out a department's priorities, programs, expected results and associated resource requirements, covering a three-year period beginning with the year indicated in the title of the report. Departmental Plans are tabled in Parliament each spring.

departmental result (résultat ministériel)

A change that a department seeks to influence. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)

A factor or variable that provides a valid and reliable means to measure or describe progress on a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report on a department's actual performance in a fiscal year against its plans, priorities and expected results set out in its Departmental Plan for that year. Departmental Results Reports are usually tabled in Parliament each fall.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

gender-based analysis plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool used to support the development of responsive and inclusive policies, programs and other initiatives. GBA Plus is a process for understanding who is impacted by the issue or opportunity being addressed by the initiative; identifying how the initiative could be tailored to meet diverse needs of the people most impacted; and anticipating and mitigating any barriers to accessing or benefitting from the initiative. GBA Plus is an intersectional analysis that goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography, language, race, religion, and sexual orientation.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2024–25 Departmental Plan, government-wide priorities are the high-level themes outlining the government’s agenda in the 2021 Speech from the Throne: building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighter harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation and fighting for a secure, just, and equitable world.

horizontal initiative (initiative horizontale)

An initiative in which two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

Indigenous business

As defined on the [Indigenous Services Canada website](#) in accordance with the Government of Canada’s commitment that a mandatory minimum target of 5% of the total value of contracts is awarded to Indigenous businesses annually.

non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (rendement)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

plan (plan)

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

Individual or groups of services, activities or combinations thereof that are managed together within a department and that focus on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

An inventory of a department's programs that describes how resources are organized to carry out the department's core responsibilities and achieve its planned results.

result (résultat)

An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead, they are within the area of the organization's influence.

statutory expenditures (dépenses législatives)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

target (cible)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an Appropriation Act. The vote wording becomes the governing conditions under which these expenditures may be made.

¹ Where new results are not yet available, the most recent will be repeated until new data is available.

² High psychological well-being is an indicator of positive mental health and it measures the number of participants surveyed with a mean score of 20 or higher on a scale of 0–28, based on the six psychological well-being questions contained in the Canadian Community Health Survey (CCHS) Mental Health Continuum Short-Form (MHC-SF). This is for adults 18+ only – improved psychological well-being may be measured differently for youth and children.

³ This indicator measures the number of new cases of diabetes diagnosed in the population in a particular year over the total population at risk for diabetes in a particular year.

⁴ While 2020-21 data is now available, some CCDSS indicators, including diabetes incidence, were influenced by the COVID-19 pandemic. Changes may be driven by multiple factors, such as differences in health seeking behaviour, the availability and use of healthcare services, and actual changes in health status. As such, 2019-20 data is reported. Next year's update will include 2021-22 data.

⁵ This indicator measures the number of adults aged 18 and older that are classified as obese according to Body Mass Index. For adults, obesity is defined as BMI >= 30.0 kg/m².

⁶ This indicator measures the number of children and youth aged 5–17 that are classified as obese according to Body Mass Index.

⁷ PHAC's Blueprint for Action defines youth as, individuals in the period of transition from the dependence of childhood to adulthood's independence. Given that this transition can take place at different points in time, depending on the individual, there are no specific age limits on who may be considered a "youth."

⁸ Where new results are not yet available, the most recent will be repeated until new data is available.

⁹ The National Immunization Strategy has set a vaccination coverage goal of 95% for each of [seven childhood vaccines](#).

¹⁰ In Canada, the provision of health care is primarily within provincial/territorial jurisdiction, and PHAC has a key role in public health protection and promotion. Provincial and territorial governments provide health care in collaboration with others, including different levels of government, hospitals, and non-government organizations. As a result, the lowering of this rate is a shared, common goal among all stakeholders.

¹¹ Where new results are not yet available, the most recent will be repeated until new data is available.

¹² Capacity is defined by the WHO's International Health Regulations (2005) Monitoring and Evaluation Framework, Joint External Evaluation Tool.